

# Tariff 2024



**CHRISTIAN MEDICAL COLLEGE  
VELLORE  
Tamil Nadu**

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>ST</sup> APRIL 2024**

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>01000</b>	<b>CLINICAL PATHOLOGY</b>			
01001	ESR	275	325	355
01002	HAEMOGLOBIN	130	155	170
01003	P.C.V.	180	215	240
01004	RETICULOCYTE COUNT	405	480	525
01005	PLATELET COUNT	200	240	265
01007	WBC TOTAL	180	215	240
01008	ABSOLUTE EOSINOPHIL COUNT	260	310	340
01009	WBC DIFFERENTIAL	230	270	300
01017	MANUAL URINE MICROSCOPY & CRYSTALS	325	390	425
01021	MALARIAL PARASITES	405	480	525
01022	BLEEDING TIME	435	520	570
01024	PT WITH INR	655	785	860
01030	HAMS AND SUCROSE LYSIS	915	1095	1200
01033	ALKALI DENATURATION	800	955	1045
01038	AUTO HAEMOLYSIS	1520	1815	1990
01040	BONE MARROW	3005	3580	3925
01044	COAGULATION WORK UP COMPLETE	10710	12770	14010
01048	BONE MARROW ESTERASE	1990	2370	2600
01050	HEINZ BODY	1080	1285	1410
01058	OSMOTIC FRAG	1910	2280	2500
01065	PLATELET FUNCTION TESTS(LIGHT TRANSMISSION AGGREGO	9680	11540	12655
01071	SEMEN ANALYSIS	590	705	775
01072	SICKLE PREP	260	310	340
01078	TT	285	340	375
01079	UNSTABLE HB	675	805	885
01080	URINE HAEMOSIDERIN	260	310	340
01082	URINE UNCENTRIFUGED FOR WBC	235	280	305
01083	UREA CLOT SOLUBILITY	370	440	485

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
01088	URINE PHASE CONTRAST MICROSCOPY	385	460	500
01093	LUPUS ANTICOAGULANT	3030	3610	3960
01097	CBC PROFILE	1065	1270	1395
01101	FACTOR II ASSAY	3485	4155	4555
01103	APTT	935	1115	1225
01104	APTT MINI SCREEN	5985	7140	7830
01106	HAEMOGLOBINURIA	260	310	340
01107	CELL COUNTS CSF	285	340	375
01108	CYTOSPIN STUDY	540	645	705
01111	MEAN CORPUSCULAR VOLUME	130	155	170
01112	GASTRIC JUICE FOR HAEMOSIDEROPHAGES	260	310	340
01113	FACTOR VIII INHIBITOR SCREENING	2995	3575	3920
01114	FACTOR VIII INHIBITOR (BETHESDA) ASSAY	8625	10285	11280
01116	RBC COUNT	155	185	205
01117	T R A P STAIN	1990	2370	2600
01122	BILE FOR MICROLITHS	525	630	690
01123	FIBRINOGEN	2390	2850	3130
01124	EUGLOBULIN CLOT LYSIS TIME PRE AND POST OCCLUSION	700	835	920
01125	D.DIMER	1805	2155	2365
01127	ANTI THROMBIN III	2770	3300	3620
01128	PROTEIN C CHROMOGENIC	3685	4395	4820
01130	PROTEIN S FREE	3915	4665	5115
01131	APC RESISTANCE	3485	4155	4555
01132	THROMBOTIC WORK UP COMPLETE	23795	28375	31120
01133	HAEMOGLOBIN H	260	310	340
01134	E P S ANALYSIS	455	545	595
01137	VON WILLEBRAND WORK-UP	12540	14950	16395
01138	PT WITH INR ON ANTICOAGULANT	555	660	725
01139	APTT ON ANTICOAGULANT	1075	1280	1405
01140	NBT STAIN	1085	1295	1420

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
01141	BONE MARROW SPECIAL STAIN:- PAS and SBB ONLY	1990	2370	2600
01144	URINALYSIS ROUTINE	430	510	560
01145	VWFACTOR:COLLAGEN BINDING ASSAY	2875	3425	3755
01150	MULTIMER ANALYSIS	7845	9355	10260
01151	FACTOR V ASSAY	3485	4155	4555
01152	FACTOR VII ASSAY	3485	4155	4555
01153	FACTOR VIII ASSAY	3485	4155	4555
01154	FACTOR IX ASSAY	3485	4155	4555
01155	FACTOR X ASSAY	3485	4155	4555
01156	FACTOR XI ASSAY	3485	4155	4555
01157	FACTOR XII ASSAY	3485	4155	4555
01158	VWFACTOR:FVIII BINDING ASSAY	7845	9355	10260
01159	FVIII ANTIGEN ASSAY	9800	11685	12820
01160	HEPARIN MONITORING BY ANTI-XA	4830	5760	6315
01163	THROMBOELASTOGRAPH	1755	2095	2295
01164	ADAMTS 13	5960	7105	7795
01165	THROMBIN GENERATION TEST	1755	2095	2295
01166	FXIII ASSAY	2340	2790	3060
01167	FIBRINOGEN ANTIGEN	735	735	735
01168	URINE EOSINOPHIL COUNT	415	415	415
01170	MCH	170	200	220
01171	MCHC	170	200	220
01172	RDW-CV	170	200	220
01173	MPV	170	200	220
01174	ABSOLUTE NEUTROPHIL COUNT	235	280	305
01175	ABSOLUTE LYMPHOCYTE COUNT	235	280	305
01177	URINE MYOGLOBIN	260	310	340
01180	FETO MATERNAL HEMORRAGE	1230	1465	1605
01182	MANUAL URINE MICROSCOPY & ROUTINE URINALYSIS	720	860	945
01183	MICROFILARIA PARASITE	405	480	525

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
01184	PLATELET FUNCTION ANALYSIS FOR ASPIRIN RESPONSE	4005	4775	5235
01185	PLATELET FUNCTION ANALYSIS FOR THIENOPYRIDINE(CLOP	9395	11200	12285
01186	COAGULATION SCREEN (PT+APTT)	1645	1960	2150
01187	HEPARIN MONITORING BY APTT	955	1140	1250
01188	CELL COUNTS SPUTUM (INDUCED)	4405	5255	5765
01189	CD 34 QUANTIFICATION (TMIH)	10880	12975	14230
01190	CRYO PRESERVATION PROCEDURE OF PBSC (TMIH)	9030	10765	11805
01191	VWF: ANTIGEN FOR MONITORING	1880	2240	2455
01192	RISTOCETIN CO FACTOR FOR MONITORING	1105	1320	1445
01193	KLEIHAUER BETKE TEST	590	705	775
01194	APT TEST	255	305	330
01195	B CELL ENUMERATION BY FLOWCYTOMETRY	5805	6920	7590
01196	HAEMOGLOBIN ELECTROPHORESIS	2345	2800	3070
01197	CELL COUNTS OF ASCITIC FLUID	345	410	450
01198	CELL COUNTS OF PLEURAL FLUID	345	410	450
01199	CELL COUNTS OF PERICARDIAL FLUID	345	410	450
01200	CELL COUNTS OF PERITONEAL FLUID	345	410	450
01201	CELL COUNTS OF SYNOVIAL FLUID AND CRYSTALS	345	410	450
01202	CELL COUNT OF CAPD FLUID	265	320	350
01203	CELL COUNTS OF BRANCHO ALVEOLAR LAVAGE (BAL) FLUID	345	410	450
01204	DHR-TEST FOR CHRONIC GRANULOMATOUS DISEASE(CGD)	4715	5620	6165
01205	FACTOR VIII CHROMOGENIC ASSAY	5615	6695	7345
01206	HOME BLOOD AND SAMPLE COLLECTION 1	225	225	225
01208	HOME BLOOD AND SAMPLE COLLECTION 2	270	270	270
01209	UPLOADING OF IMAGING STUDIES TO CMCPACS	1285	1285	1285
01210	HEPARIN INDUCED THROMBOCYTOPENIA THROMBOSIS	8995	10725	11765

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
02000	BLOOD BANK			
02003	RH GENOTYPING	2010	2395	2625
02004	FULL ANTIGEN TYPING	6460	7705	8450
02005	COOMBS TEST -DIRECT	765	915	1005
02007	CROSS MATCH COOMBS	960	1145	1260
02009	ANTIBODY TITRATION (SALINE)	590	705	775
02010	ANTIBODY TITRATION FOR COLD ANTIBODIES	860	1025	1120
02016	ELUTION FOR ANTIBODIES WITH IDENTIFICATION	4535	5410	5935
02017	ANTIBODY IDENTIFICATION	3315	3955	4335
02020	ANTIBODY TITRATION(COOMBS)	4445	5300	5815
02023	COOMBS TEST INDIRECT	830	990	1090
02025	BLOOD GROUPING & RH TYPING	905	1080	1180
02040	DONOR SCREENING - NOT DONATED	3540	3540	3540
02044	MEDICAL VENESECTION	1080	1285	1410
02060	BLOOD IRRADIATION CHARGE ONE UNIT	140	140	140
02063	WHOLE BLOOD ONE UNIT	1450	1450	1450
02065	PACKED CELLS ONE UNIT	1450	1450	1450
02067	FRESH FROZEN PLASMA ONE	400	400	400
02068	ADD TRANSFUSION CHARGE - FRESH FROZEN	600	600	600
02069	PLASMA ONE UNIT	400	400	400
02070	ADD TRANSFUSION CHARGE - PLASMA	600	600	600
02071	CRYOPRECIPITATE ONE UNIT	250	250	250
02072	ADD TRANSFUSION CHARGE - CRYOPRECIPITATE	600	600	600
02073	PLATELET CONCENTRATE ONE UNIT	400	400	400
02074	ADD TRANSFUSION CHARGE - PLATELET	600	600	600
02076	REJUVANATED RED CELLS ONE UNIT	1450	1450	1450
02093	COST OF BLOOD BAG - SINGLE	195	195	195
02094	COST OF BLOOD BAG - DOUBLE	305	305	305
02095	COST OF STERILE CONNECTING DEVICE	260	260	260

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
02096	ADDITIONAL CHARGES FOR LEUCODEPLETED RED CELLS	1605	1605	1605
02098	NAT TEST CHARGES FOR APTAERESIS	2360	2360	2360
02099	ADDITIONAL TRANSFUSION CHARGE-PACKED RED CELLS	280	280	280
02100	ADDITIONAL TRANSFUSION CHARGE-WHOLE BLOOD	295	295	295
02101	ADDITIONAL TRANSFUSION CHARGE-RED CELL WITH ADDITI	295	295	295
02102	PLATELET PHERESIS	11550	11550	11550
02111	CRYOSUPERNATANT ONE UNIT	400	400	400
02112	ADD TRANSFUSION CHARGE - CRYOSUPERNATANT	600	600	600
02117	INDIRECT COOMBS TEST IN DILUTION	4445	5300	5815
02118	ANTIBODY SCREENING	375	375	375
02121	PREPARATION OF PLATELETS FOR PROCEDURES	2755	3285	3605
02122	PLATELET CROSSMATCH - SINGLE PATIENT CROSSMATCH	7210	8595	9425
02123	PLATELET CROSSMATCH - 2 PATIENTS AND ABOVE	3750	4470	4905
02124	MONOSPECIFIC DAT	1565	1870	2050
02125	IGG1, IGG3 SUBCLASS	1565	1870	2050
02126	PLATELET - APTHERESIS (100ml)	4210	4210	4210
02127	BUFFY COAT PRIMARY BAG CHARGES	3860	4605	5050
02128	ADDITIONAL BUFFY COAT BAGS	1775	2115	2320
02129	INDIVIDUAL SINGLE ANTIGEN PHENOTYPING	320	380	415
02130	MOLECULAR ABO VARIANT TYPING	13610	16230	17800
02131	MOLECULAR WEAK D TYPING	15690	18710	20520
02132	MOLECULAR PARTIAL D TYPING	12810	15275	16755
02133	PLASMA EXCHANGE (SINGLE SESSION)	35895	42795	46935
03000	CLINICAL BIOCHEMISTRY			
03001	LFT	1965	2340	2565
03002	BILIRUBIN TOTAL	260	310	340
03003	BILIRUBIN DIRECT & TOTAL	425	505	555
03004	PROTEIN TOTAL	260	310	340



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CODE	DESCRIPTION	R RATE	P RATE	D RATE
03005	ALBUMIN	260	310	340
03006	AST (SGOT)	370	440	485
03007	ALT (SGPT)	370	440	485
03008	ALKALINE PHOSPHATASE	405	480	525
03009	LDH	405	480	525
03010	SODIUM	285	340	375
03011	POTASSIUM	285	340	375
03012	BICARBONATE	285	340	375
03013	CHLORIDE	285	340	375
03014	UREA	285	340	375
03015	CREATININE	260	310	340
03016	URIC ACID	405	480	525
03017	CALCIUM	285	340	375
03018	PHOSPHORUS	285	340	375
03019	GLUCOSE FASTING	215	255	280
03020	GLUCOSE 2HRS POST FOOD	215	255	280
03021	GLUCOSE RAN PL	215	255	280
03023	URINE (24 HOURS) CREATININE CLEARANCE	570	680	750
03024	URINE (24 HOURS) PROTEIN	345	410	450
03025	CSF GLUCOSE	275	325	355
03026	CSF PROTEIN	260	310	340
03027	CSF CHLORIDE	285	340	375
03028	CHOLESTEROL - TOTAL	500	595	655
03029	TRIGLYCERIDE SERUM	500	595	655
03031	URINE SPOT BENCE JONES PROTEIN	735	875	960
03033	URINE SPOT COPROPORPHYRIN	385	460	500
03034	URINE SPOT 5 HIAA	285	340	375
03036	URINE SPOT PORPHOBILINOGEN	385	460	500
03037	URINE SPOT UROBILINOGEN	385	460	500
03038	URINE (24 HOURS) CALCIUM	345	410	450

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
03039	URINE (24 HOURS) CHLORIDE	345	410	450
03041	URINE (24 HOURS) PHOSPHORUS	345	410	450
03042	URINE (24 HOURS) POTASSIUM	345	410	450
03043	URINE (24 HOURS) SODIUM *	345	410	450
03044	URINE (24 HOURS) URIC ACID	435	520	570
03046	ASCITIC FLUID PROTEIN	260	310	340
03047	ASCITIC FLUID GLUCOSE	275	325	355
03048	CHOLESTEROL - HDL	555	660	725
03051	T4 (TOTAL T4 AND FREE T4)	1300	1550	1700
03052	TSH	1040	1240	1360
03053	T3(TOTAL)	690	820	900
03054	PARATHYROID HORMONE (PTH)	1880	2240	2455
03055	LH	1235	1475	1615
03056	FSH	1235	1475	1615
03057	TESTOSTERONE	1235	1475	1615
03058	PROLACTIN (HPRL)	1235	1475	1615
03059	17 OH PROGESTERONE-LCMS	2405	2870	3145
03060	HCG-BETA	1445	1720	1885
03061	ESTRADIOL	1235	1475	1615
03064	HGH	1235	1475	1615
03066	CORTISOL SERUM	1235	1475	1615
03067	URINE (24 HOURS) CORTISOL	1255	1495	1640
03069	DHEAS	1445	1720	1885
03071	ALPHA ANTITRYPSIN	690	820	900
03072	AMYLASE SERUM	690	820	900
03073	URINE (24 HOURS) AMYLASE	700	835	920
03074	CHOLINESTERASE	500	595	655
03075	CPK (CK)	540	645	705
03077	G6PDH	815	970	1065
03078	GAMMA GT	500	595	655

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
03080	AFP	1235	1475	1615
03081	CRYOGLOBULINS QUALIT	260	310	340
03082	EFFUSION FLUID PROTEIN	260	310	340
03083	EFFUSION FLUID GLUCOSE	275	325	355
03085	ELECTROPHORESIS SERUM	1210	1440	1580
03087	URINE HOMOGENITIC ACID(RANDOM)	675	805	885
03089	IMMUNOGLOBULIN A(IGA)	915	1095	1200
03090	IMMUNOGLOBULIN G(IGG)	915	1095	1200
03091	IMMUNOGLOBULIN M(IGM)	915	1095	1200
03092	IMMUNOGLOBULINS (IGA, IGG AND IGM)	2185	2605	2855
03093	IMMUNOGLOBULIN E(IGE)	1235	1475	1615
03097	DELTA ALA (24 HOURS)	415	495	545
03102	CERULOPLASMIN	555	660	725
03103	COPPER	760	905	995
03104	URINE (24 HOURS) COPPER	800	955	1045
03105	IRON	845	1010	1105
03107	LEAD BLOOD	4220	5030	5515
03108	MAGNESIUM	955	1140	1250
03109	ZINC	760	905	995
03110	LITHIUM	455	545	595
03114	AMMONIA	720	860	945
03120	CALCULI ANALYSIS - FTIR	1455	1735	1905
03121	URINE (24 HOURS) CREATININE	325	390	425
03122	URINE PH SPOT	285	340	375
03124	FAECES REDUCING SUBSTANCES	260	310	340
03126	SEMEN FRUCTOSE	260	310	340
03133	SERUM ELECTROLYTES	760	905	995
03134	CALCIUM AND PHOSPHATE	540	645	705
03135	A\G RATIO	455	545	595
03136	LIPID PROFILE - FASTING	1480	1765	1940

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
03138	HGH (1 HR POST GLUCOSE)	1235	1475	1615
03142	MULTIPLE ELECTROLYTE AND RENAL	2570	3060	3360
03145	URINE SPOT OSMOLALITY	390	465	510
03146	SERUM OSMOLALITY	390	465	510
03147	PLEURAL FLUID PROTEIN	260	310	340
03148	PLEURAL FLUID GLUCOSE	275	325	355
03149	PLEURAL FLUID LDH	520	620	680
03150	ASCITIC FLUID LDH	520	620	680
03151	CALCITONIN	1965	2340	2565
03152	METHEMOGLOBIN	285	340	375
03153	URINE SPOT SODIUM	325	390	425
03154	NA/K	590	705	775
03155	UREA/CREATININE	500	595	655
03156	CSF	540	645	705
03157	ELEC/RENAL	1235	1475	1615
03160	URINE (4 HOUR) AMYLASE	690	820	900
03161	URINE SPOT UROPORPHYRIN	385	460	500
03162	URINE SPOT SUGAR BY CHROMATOGRAPHY	700	835	920
03163	PROSTATE SPECIFIC ANTIGEN (PSA)	2010	2395	2625
03165	FERRITIN	1345	1605	1760
03166	CYCLOSPORINE ASSAY	3505	4180	4580
03167	FRUCTOSAMINE ASSAY	785	940	1030
03168	INSULIN ASSAY	1020	1215	1335
03169	CARBAMAZEPINE ASSAY	870	1040	1140
03170	PHENOBARBITAL ASSAY	870	1040	1140
03171	PHENYTOIN ASSAY	870	1040	1140
03172	VALPROIC ACID ASSAY	870	1040	1140
03173	CA 125	1470	1750	1920
03174	CEA	1210	1440	1580
03176	HBA1 C (GLYCOSYLATED Hb)	895	1070	1175

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
03177	ACTH (ICED SAMPLE)	1660	1975	2170
03178	ALDOSTERONE	2085	2490	2730
03179	URINARY SPOT MICROALBUMIN	700	835	920
03181	ANTI - PR3 & ANTI - MPO	2010	2395	2625
03183	PROGESTERONE	1235	1475	1615
03184	METHOTREXATE	2540	3030	3325
03185	TSH(NEONATAL)	690	820	900
03186	LIPASE	690	820	900
03187	BETA 2 MICROGLOBULIN	2010	2395	2625
03188	THYROGLOBULIN	1280	1525	1675
03189	URINE (24 HOURS) OXALATE	1220	1455	1600
03190	BLOOD LACTATE	955	1140	1250
03193	VITAMIN B12 AND FOLIC ACID	2315	2760	3025
03194	INTRINSIC FACTOR ANTIBODY	2315	2760	3025
03196	CA 19-9	1470	1750	1920
03197	GASTRIN	2295	2735	3000
03199	VITAMIN D(25 OH)	2085	2490	2730
03201	URINE SPOT CREATININE	310	370	410
03202	URINE SPOT PROTEIN	325	390	425
03203	URINE SPOT PORPHYRIN	385	460	500
03205	URINE (24 HOURS) CITRATE	775	925	1010
03207	UROLITHIASIS - BASIC METABOLIC EVALUATION	2195	2620	2875
03208	UROLITHIASIS-DETAILED METABOLIC WORK UP	4695	5595	6135
03210	URINE SPOT PROTEIN/CREATININE RATIO PACKAGE	385	460	500
03211	CHOLESTEROL - LDL	540	645	705
03212	C-PEPTIDE	1220	1455	1600
03213	ANTI - DESMOGLEIN 1	1625	1940	2125
03214	ANTI - DESMOGLEIN 3	1625	1940	2125
03215	INSULIN LIKE GROWTH FACTOR (IgF-1)	1390	1660	1820
03216	URINE SPOT CALCIUM / CREATININE	435	520	570

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
03217	CYSTATIN C	915	1095	1200
03219	ERYTHROPOIETIN ASSAY	1965	2340	2565
03220	KAPPA CHAIN AND LAMBDA CHAIN(FREE)	4900	5845	6410
03221	IMMUNOFIXATION ELECTROPHORESIS	6330	7550	8280
03222	PERNICIOUS ANAEMIA ANTIBODY SCREEN	3775	4505	4940
03223	CHROMOGRANIN A (TUMOUR MARKERS)	9275	11060	12130
03225	PROCALCITONIN	2315	2760	3025
03226	ADENOSINE (ADA) PLEURAL FLUID	1280	1525	1675
03227	ANGIOTENSIN CONVERTING ENZYME (ACE) SERUM	2595	3095	3390
03230	NT - pro BNP	3485	4155	4555
03233	URINE (24 HOURS) METANEPHRINE AND NONMETANEPHRINE	3795	4525	4965
03234	PLEURAL FLUID ALBUMIN	260	310	340
03235	ASCITIC FLUID ALBUMIN	260	310	340
03236	ASCITIC FLUID AMYLASE	690	820	900
03238	PLASMA ALCOHOL	990	1180	1290
03239	PREALBUMIN	915	1095	1200
03240	TRANSFERRIN	915	1095	1200
03241	SWEAT CHLORIDE	4685	5590	6130
03243	FIRST TRIMESTER SCREENING FOR TRISOMY	3915	4665	5115
03244	II ND TRIMESTER SCREENING FOR TRISOMY	3915	4665	5115
03247	ANTI-GAD (GAD AUTOANTIBODY)	1910	2280	2500
03248	ANTI-IA2 (ISLET CELL AUTOANTIBODY)	2840	3385	3715
03249	TROPONIN T	1605	1915	2100
03250	CKMB MASS	955	1140	1250
03253	GTT 75 GMS GLUCOSE	650	775	850
03254	MYOGLOBIN	500	595	655
03255	HOMOCYSTEINE ESTIMATION (ICED SAMPLE)	1645	1960	2150
03256	URINE (24 HOURS) ARSENIC / WATER	3095	3690	4045
03257	ARSENIC WHOLE BLOOD OR TISSUE	4440	5295	5805
03258	URINE (24 HOURS) COBALT / WATER	3095	3690	4045

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
03259	COBALT WHOLE BLOOD OR TISSUE	4440	5295	5805
03260	URINE (24 HOURS) CHROMIUM / WATER	3095	3690	4045
03261	CHROMIUM WHOLE BLOOD OR TISSUE	4440	5295	5805
03262	URINE (24 HOURS) MERCURY / WATER	3095	3690	4045
03263	MERCURY WHOLE BLOOD OR TISSUE	4440	5295	5805
03265	ANTI MULLERIAN HORMONE	2840	3385	3715
03267	POTASSIUM STAT (HEPARIN)	285	340	375
03268	ELECTROLYTES STAT (HEPARIN)	760	905	995
03269	Na/K STAT (HEPARIN)	590	705	775
03270	5 a DIHYDROTESTOSTERONE (DHT)	1805	2155	2365
03271	FIBROBLAST GROWTH FATOR 23 (FGF-23)	4220	5030	5515
03272	BETA-CROSSLAPS IN SERUM	915	1095	1200
03273	URINE SPOT CORTISOL / CREATININE RATIO	1605	1915	2100
03274	TSH RECEPTOR ANTIBODY	1645	1960	2150
03275	URINE SPOT POTASSIUM	325	390	425
03276	URINE (24 HOURS) LEAD / WATER	3095	3690	4045
03277	HGH PROFILE AFTER 100G GLUCOSE	3550	4230	4640
03278	THYMUS AND ACTIVATION REGULATED CHEMOKINE	2920	3480	3815
03280	ANTI - BP180	2840	3385	3715
03282	HEAVY METAL SCREEN	6500	7750	8500
03283	URINE SPOT CHLORIDE	325	390	425
03284	URINE (24 HOURS) FLUORIDE	600	715	780
03285	FREE TESTOSTERONE INDEX	2390	2850	3130
03288	MAST CELL TRYPTASE	9925	11835	12980
03289	ANTI BP 230	2710	3230	3545
03290	ANTI - PR3	1145	1365	1495
03291	ANTI - MPO	1145	1365	1495
03293	DIRECT RENIN	2085	2490	2730
03294	URINE (24 HOURS) PROTEIN & CREATININE	570	680	750
03295	URINE (24 HOURS) UREA	390	465	510

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
03297	FLUID/URINE SPOT TRIGLYCERIDES	500	595	655
03298	PINP - PROCOLLOGEN TYPE 1 N PEPTIDE	1165	1390	1520
03301	PROLACTIN IN DILUTION	1565	1870	2050
03302	SHBG	1235	1475	1615
03303	URINE 24 HOURS UREA CLEARANCE	570	680	750
03304	URINE 24 HOURS MAGNESIUM	970	1155	1265
03305	VITAMIN C	2315	2760	3025
03306	INTERLEUKIN 6 (IL6)	1060	1265	1385
03307	SERUM OXALATE	1210	1440	1580
03308	BILE ACIDS (TOTAL) serum (fasting)	1045	1250	1370
03309	SALIVARY CORTISOL	1400	1665	1830
03310	17 OH Progesterone - ELISA	1415	1690	1855
03312	FT3	545	650	715
03313	HYDRASHIFT	15800	18840	20665
03314	URINE SPOT CITRATE	760	905	995
03315	URINE SPOT OXALATE	1210	1440	1580
03316	URINE SPOT URIC ACID	425	505	555
03317	URINE SPOT MAGNESIUM	955	1140	1250
03318	URINE SPOT PHOSPHORUS	325	390	425
04000	MICROBIOLOGY			
04001	WIDAL	700	835	920
04002	WEIL FELIX	700	835	920
04003	BRUCELLA	700	835	920
04007	COLD AGGLUTINATION	405	480	525
04009	ASO	955	1140	1250
04010	ADNB	1300	1550	1700
04013	RHEUMATOID FACTOR	815	970	1065
04015	SERUM COMPLEMENT	1055	1255	1375



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CODE	DESCRIPTION	R RATE	P RATE	D RATE
04016	C3C C4	3180	3790	4155
04018	CRP	720	860	945
04021	THYROID ANTIBODIES	2010	2395	2625
04023	ANA	1430	1705	1870
04025	FA FOR PNEUMOCYSTIS CARINII	6850	8170	8960
04026	ANTIBIOTIC ASSAY	1690	2015	2210
04029	AFB SMEAR	285	340	375
04030	ANTIGEN CRYPTOCOCCAL	3080	3675	4030
04031	FLOURESCCE MICROSCOPY	700	835	920
04032	MICROSCOPY MISC	405	480	525
04033	CULTURE CSF	1080	1285	1410
04034	CULTURE FLUIDS	1080	1285	1410
04035	CULTURE EYE SWAB	1105	1320	1445
04036	CULTURE NASAL SWAB	1055	1255	1375
04037	CULTURE THROAT SWAB	990	1180	1290
04038	STERILITY CHECKING	1620	1930	2115
04039	CULTURE SPUTUM	1260	1505	1650
04040	CULTURE URINE	1125	1340	1470
04041	CULTURE PUS SWAB	1300	1550	1700
04042	CULTURE EAR SWAB	1175	1405	1540
04043	CULTURE BLOOD	1790	2130	2340
04044	CULTURE FAECES	1470	1750	1920
04046	CULTURE FAECES HD	1660	1975	2170
04047	MYCOBACTERIA CULTURE (LJ METHOD)	1755	2095	2295
04048	CULTURE FUNGUS	1965	2340	2565
04050	CULTURE ANAEROBIC	1865	2225	2440
04051	CULTURE OTHER	1300	1550	1700
04052	SURVEILLANCE AEROBIC	1105	1320	1445
04053	SURVEILLANCE ANAEROB	1300	1550	1700
04054	WATER PRESUMPTIVE	1500	1790	1965

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
04055	WATER CONFIRMED TEST	2555	3045	3340
04057	MYCOBACTERIA SENS 1ST LINE(LJ METHOD)	1925	2295	2515
04058	MYCOBACTERIA SENS 2ND LINE(LJ METHOD)	1055	1255	1375
04099	SMEAR FOR PNEUMOCYSTIS CARINII	990	1180	1290
04100	FAECES SURVEILLANCE CULTURE	4895	5835	6400
04101	THROAT SURVEILLANCE CULTURE	3255	3885	4260
04102	TPHA	700	835	920
04103	DS DNA ESTIMATION(ELISA)	1470	1750	1920
04107	RIF XPERT TB PCR	3525	4200	4605
04109	SCRUB TYPHUS TEST	1880	2240	2455
04112	MYCOBACTERIA CULTURE (MGIT AUTOMATION)	3295	3930	4310
04159	SENS ROUT COMMON	1470	1750	1920
04160	SENSITIVITY SPECIAL	700	835	920
04161	C/S CSF COMMON	2540	3030	3325
04162	C/S FLUID COMMON	2540	3030	3325
04164	C/S NASAL COMMON	2340	2790	3060
04165	C/S THROAT COMMON	2145	2560	2805
04166	C/S SPUTUM COMMON	2665	3180	3485
04167	C/S URINE COMMON	2075	2475	2710
04168	C/S PUS SWAB COMMON	2755	3285	3605
04169	C/S EAR SWAB COMMON	2390	2850	3130
04170	C/S BLOOD COMMON	3180	3790	4155
04171	C/S FAECES COMMON	2735	3265	3580
04173	C/S FAECES HD COMMON	3010	3590	3935
04174	MYCOBACTERIA CULTURE & SENS 1ST LINE(LJ METHOD)	3405	4060	4455
04176	C/S ANAEROBIC COMMON	3080	3675	4030
04177	C/S OTHER COMMON	2540	3030	3325
04198	MICROSCOPIC FOR LEPTOSPIROSIS	1520	1815	1990
04199	ANTICARDIOLIPIN	1520	1815	1990
04203	ELISA ANTI RNP	1710	2040	2235

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
04204	ELISA JO-1	1710	2040	2235
04205	ELISA CENP	1710	2040	2235
04207	ELISA SCL-70	1710	2040	2235
04208	ELISA TEST FOR LEPTOSPIROSIS	1865	2225	2440
04209	HS CRP	690	820	900
04210	FLUIDS PROCESSED IN SPECIAL CULTURE MEDIUM	1660	1975	2170
04211	C/S FLUIDS PROCESSED IN SPECIAL CULTURE MEDIUM			
04213	SPOTTED FEVER IGM ELISA	1880	2240	2455
04214	SENSITIVITY ROUTINE & SPL. BLOOD	1710	2040	2235
04215	SENSITIVITY ROUTINE & SPL. CSF	1710	2040	2235
04216	SENSITIVITY ROUTINE & SPL. FLUID	1710	2040	2235
04217	PNEUMOCOCCAL ANTIGEN DETECTION IN CSF	2195	2620	2875
04218	RAPID TEST FOR CLOSTRIDIUM DIFFICILE	2755	3285	3605
04219	ANTI SSB ELISA TEST	990	1180	1290
04220	ANTI CCP ELISA TEST	1925	2295	2515
04221	ANTI SM ELISA TEST	990	1180	1290
04222	ANTI SSA ELISA TEST	990	1180	1290
04223	ANTIMITOCHONDRIAL ANTIBODY (AMA)	2340	2790	3060
04224	LKM -1 ANTIBODY	1710	2040	2235
04226	FLUCONZOLE - ANTI FUNGAL SUSCEPTIBILITY TESTING	5690	6780	7440
04227	ITRACONAZOLE - ANTI FUNGAL SUSCEPTIBILITY TESTING	5690	6780	7440
04228	VORICONAZOLE - ANTI FUNGAL SUSCEPTIBILITY TESTING	5690	6780	7440
04229	FLUCYTOSINE - ANTI FUNGAL SUSCEPTIBILITY TESTING	5690	6780	7440
04230	AMPHOTERICIN B ANTI FUNGAL SUSCEPTIBILITY TESTING	5690	6780	7440
04231	ANTI - RIBOSOMAL P-PROTEIN ELISA	870	1040	1140
04233	IgM ANTIBODIES TO B2- GLYCOPROTEIN I COMPLEX	990	1180	1290
04234	IgG ANTIBODIES TO B2- GLYCOPROTEIN I COMPLEX	990	1180	1290
04237	MYOSITIS PROFILE TEST (IMMUNOBLOT)	7515	8960	9825
04238	ANTI-HISTONE ELISA	845	1010	1105
04239	MYCOBACTERIUM COMBINED-CULTURE & SENS 1&2 L(LJM)	4630	5520	6050

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
04240	MYCOBACTERIA CULTURE & SENS 1ST LINE(MGIT AUTO.)	10290	12270	13455
04241	MYCOBACTERIA SENS 1ST LINE(MGIT AUTOMATION)	7175	8555	9385
04242	AUTO-IMMUNE HEPATITIS(AIH)PANEL TEST	6480	7725	8475
04243	ANTI- GANGLIOSIDE IgM AND IgG ANTIBODY	12895	15375	16865
04244	ANTI-NEURONAL/ ONCONEURAL ANTIBODY PROFILE	13470	16060	17610
04245	ANTI- AQUAPORIN-4 IIFT	3835	4575	5015
04246	ANTI- ACETYLCHOLINE RECEPTOR ANTIBODY	8130	9695	10635
04247	BLOOD CULTURE AND SUSCEPTIBILITY BY VITEK 2	3095	3690	4045
04248	BLOOD CULTURE & IDENTIFICATION & SUSCEPTIBILITY BY	3720	4435	4860
04249	BLOOD CULTURE SET (AEROBIC & ANAEROBIC)	2295	2735	3000
04250	CULTURE VASCULAR LINE	1300	1550	1700
04251	CULTURE SENSITIVITY VASCULAR LINE	2555	3045	3340
04252	CULTURE MISCELLANEOUS TIPS	1300	1550	1700
04253	CULTURE SENSITIVITY MISCELLANEOUS TIPS	2555	3045	3340
04254	CULTURE RESPIRATORY TIPS	1260	1505	1650
04255	CULTURE SENSITIVITY RESPIRATORY TIPS	2470	2945	3230
04256	MUSK ANTIBODY ELISA	12895	15375	16865
04260	PAEDIATRIC ATOPY IMMUNOBLOT	7365	8780	9630
04262	GALACTOMANNAN ELISA	1755	2095	2295
04263	QUANTIFERON GOLD	5225	6230	6835
04264	MYCOBACTERIA SENS 2ND LINE (MGIT AUTOMATION)	5030	6000	6580
04267	ANTIBODY TO VGKC ASSOCIATED PROTEINS	9460	11275	12370
04268	ANTIBODY TO NMDA RECEPTOR	6090	7260	7965
04269	AUTOIMMUNE ENCEPHALITIS PANEL	17490	20855	22875
04270	DRUG SUSCEPTIBILITY TESTING FOR NOCARDIA/NON TUBER	5030	6000	6580
04271	MYCOBACTERIA 1ST LINE - LINE PROBE ASSAY	4550	5425	5950
04272	MYCOBACTERIA 2ND LINE - LINE PROBE ASSAY	4550	5425	5950
04274	SEQUENCING	5215	6215	6815
04275	GENITAL CULTURE (GN)	1300	1550	1700
04276	GENITAL CULTURE/SUSCEPTIBILITY (GN C/S)	2540	3030	3325

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
04277	MGIT EXTENDED DRUG SUSCEPTIBILITY TEST	7175	8555	9385
04278	NMOSD SCREEN	6080	7245	7950
04279	C1 ESTERASE INHIBITOR ESTIMATION	5615	6695	7345
04280	CORNEAL ULCER COMMON	3330	3970	4350
04281	BIOFILM ARRAY MENINGITIS/ENCEPHALITIS PANEL	15900	18955	20790
04282	PERTUSSIS QPCR	3685	4395	4820
04283	DIPHTHERIA QPCR	3685	4395	4820
04384	HISTOPLASMA ELISA	3685	4395	4820
04385	PNEUMOCYSTIS (PCP) PCR	5370	6400	7020
04386	SYPHILIS SCREEN ELISA	700	835	920
04387	ANTI-CCP (ACPA) CLIA TEST	1760	2100	2305
04388	ANTI-PHOSPHOLIPID COMBO CLIA TEST	2995	3575	3920
04389	ANTI-SCL 70 CLIA TEST	1595	1900	2085
04390	GN SPECIAL	2540	3030	3325
04391	RAPID PLASMA REAGIN (RPR)	890	1060	1165
04392	IgG1	3365	4015	4405
04393	IgG2	3365	4015	4405
04394	IgG3	3365	4015	4405
04395	IgG4	3365	4015	4405
04396	CULTURE BONE MARROW	1795	2140	2345
04397	C/S BONE MARROW COMMON	3185	3800	4165
04398	Beta D Glucan test	7915	9440	10355
04399	XDR Xpert TB PCR	5200	6200	6800
04400	Anti-ds DNA CLIA	895	1070	1175
04401	Anti-IgG LON 5 IFA	6015	7170	7865
04402	DPPX test - Immunofluorescence test	4455	5310	5825
04403	BEDAQUILINE AND DELAMINID SUSCEPTIBILITY TESTING	3935	4690	5145

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>05000</b>	<b>RADIOLOGY</b>			
05301	X-RAY ABDOMEN/KUB ADULT	665	665	665
05302	X-RAY ABDOMEN/KUB CHILD	635	635	635
05303	X-RAY CHEST ADULT	515	515	515
05304	X-RAY CHEST CHILD	425	425	425
05305	X-RAY HAND & WRIST - 1 VIEW	545	545	545
05306	X-RAY HAND & WRIST - 2 VIEWS	805	805	805
05307	X-RAY ELBOW / FOREARM ADULT - 1 VIEW	545	545	545
05308	X-RAY ELBOW / FOREARM CHILD - 1 VIEW	490	490	490
05309	X-RAY ELBOW / FOREARM ADULT - 2 VIEWS	960	960	960
05310	X-RAY ELBOW / FOREARM CHILD - 2 VIEWS	805	805	805
05311	X-RAY FINGER / TOE 2 VIEWS	545	545	545
05312	X-RAY HUMERUS ADULT - 2 VIEWS	960	960	960
05313	X-RAY HUMERUS CHILD - 2 VIEWS	805	805	805
05314	X-RAY SHOULDER 1 VIEW	480	480	480
05315	X-RAY PELVIS & HIP JNTS ADULT	590	590	590
05316	X-RAY PELVIS & HIP JNTS CHILD	480	480	480
05318	X-RAY FEMUR ADULT - 2 VIEWS	1250	1250	1250
05319	X-RAY FEMUR CHILD - 2 VIEWS	960	960	960
05320	X-RAY LEG ADULT - 1 VIEW	665	665	665
05321	X-RAY LEG CHILD - 1 VIEW	590	590	590
05322	X-RAY LEG ADULT - 2 VIEWS	1250	1250	1250
05323	X-RAY LEG CHILD - 2 VIEWS	960	960	960
05324	X-RAY ANKLE & FOOT	480	480	480
05325	X-RAY ANKLE & FOOT - 3 VIEWS	1040	1040	1040
05326	X-RAY CERVICAL SPINE - 1 VIEW	480	480	480
05327	X-RAY THORACO-LUMBAR SPINE (ADULT) - 1 VIEW	665	665	665
05328	X-RAY THORACO-LUMBAR SPINE (CHILD) - 1 VIEW	480	480	480
05329	X-RAY SKULL (ONE VIEW)	480	480	480

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
05330	X-RAY PNS / MANDIBLE	515	515	515
05331	X-RAY MASTOID / STYLOID PROCESS 2 VIEWS	805	805	805
05332	X-RAY FOETOGRAM / INFANTOGRAM	960	960	960
05333	FLUOROSCOPY CHEST	805	805	805
05334	X-RAY PORTABLE (ADULT)	960	960	960
05335	X-RAY TOMOGRAM ONE EXPOSURE	960	960	960
05338	X-RAY SHOULDER - 2 VIEWS	875	875	875
05339	X-RAY SKULL - 2 VIEWS	805	805	805
05340	X-RAY THORACO-LUMBAR SPINE (ADULT) - 2 VIEWS	590	590	590
05341	X-RAY THORACO-LUMBAR SPINE (CHILD) - 2 VIEWS	875	875	875
05342	X-RAY PORTABLE ADDITIONAL CHARGE	395	395	395
05343	X-RAY PORTABLE (PEDIATRIC)	805	805	805
05344	X-RAY CERVICAL SPINE - 2 VIEWS	805	805	805
05345	X-RAY CHEST - 2 VIEWS - AP / LATERAL	960	960	960
05347	X-RAY S.I. JOINT BILATERAL	805	805	805
05348	X-RAY NECK SOFT TISSUE LATERAL	480	480	480
05349	X-RAY NASOPHARYNX SOFT TISSUE LATERAL	480	480	480
05350	X-RAY STYLOID PROCESS BILATERAL	720	720	720
05401	BARIUM SWALLOW	2550	2550	2550
05402	BARIUM MEAL FOLLOW THROUGH	6090	6090	6090
05403	BARIUM MEAL UPPER GI	4350	4350	4350
05404	BARIUM ENEMA	6480	6480	6480
05405	BARIUM DISTAL COLONOGRAM	4350	4350	4350
05406	BARIUM SMALL BOWEL ENEMA	5795	5795	5795
05408	GASTROGRAFIN SWALLOW	4645	4645	4645
05409	T-TUBE CHOLANGIOGRAM 40ml contrast	3190	3190	3190
05411	IR - PTBD	15265	15265	15265
05412	MYELOGRAM - 1 REGION WITH CONTRAST	6715	6715	6715
05414	SINUSOGRAM	3190	3190	3190
05415	SIALOGRAM 1 SIDE	2550	2550	2550

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05416	SIALOGRAM 2 SIDES	3770	3770	3770
05417	HSG	4930	4930	4930
05420	INTRAVENOUS UROGRAM	6850	6850	6850
05421	INTRAVENOUS UROGRAM - 20 MTS SINGLE VIEW ONLY	2790	2790	2790
05422	CYSTOURETHROGRAM (MCU)	5795	5795	5795
05423	NEPHROSTOGRAM 50ml CONTRAST	4100	4100	4100
05425	FLUORO GUIDED PROCEDURE	4645	4645	4645
05426	IR - ANGIOGRAPHY	19090	19090	19090
05430	IR - VENOUS ACCESS - (KIT NOT INCLUDED)	6345	6345	6345
05432	IR - TJLB	25375	25375	25375
05433	IR - PCN (UNILATERAL)	12050	12050	12050
05435	IR - BRONCHIAL ARTERY EMBOLIZATION	63435	63435	63435
05436	IR - ANGIOPLASTY BODY (1 REGION)	50745	50745	50745
05437	IR - ANGIOPLASTY + STENTING	101485	101485	101485
05440	IR - TIPS UNCOVERED	186245	186245	186245
05441	IR - TIPS COVERED	310810	310810	310810
05445	IR - VENOUS ACCESS - PORT (KIT INCLUSIVE)	25365	25365	25365
05450	IR - TUMOUR EMBOLIZATION (A)	69780	69780	69780
05451	IR - TUMOUR EMBOLIZATION (B)	88800	88800	88800
05453	IR - IVC FILTER	65965	65965	65965
05454	IR - VENOGRAM	6345	6345	6345
05456	IR - PCN (BILATERAL)	15225	15225	15225
05469	IR - PERIPHERAL SCLEROTHERAPY	8000	8000	8000
05470	IR - PCN + DJ STENTING	15225	15225	15225
05472	IR - THROMBOLYSIS / THROMBECTOMY	223000	223000	223000
05475	IR - UTERINE ARTERY EMBOLISATION	44405	44405	44405
05502	ULTRASOUND GUIDED FNAC / FNAB	7615	7615	7615
05503	ULTRASOUND GUIDED THERAPEUTIC PROCEDURE	9130	9130	9130
05504	ULTRASOUND ABDOMEN & PELVIS (PORTABLE)	3630	3630	3630
05506	ULTRASOUND KIDNEYS	1120	1120	1120



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05507	ULTRASOUND POST VOID RESIDUE	395	395	395
05508	ULTRASOUND STUDY	835	835	835
05509	ULTRASOUND IP FOLLOW UP	1060	1060	1060
05510	ULTRASOUND CHEST	960	960	960
05511	ULTRASOUND CHEST - PORTABLE	2180	2180	2180
05521	MAMMOGRAPHY UNILATERAL	2710	2710	2710
05522	MAMMOGRAPHY BILATERAL	3335	3335	3335
05523	NEEDLE WIRE LOCALISATION	6850	6850	6850
05551	C-ARM THEATRE (CATEGORY-A)	2230	2230	2230
05552	C-ARM THEATRE (CATEGORY-B)	4350	4350	4350
05553	C-ARM THEATRE (CATEGORY-C)	6390	6390	6390
05554	ULTRASOUND FOCUSED - ONE ORGAN	1130	1130	1130
05601	CT BRAIN (PLAIN & CONTRAST)	7460	7460	7460
05602	CT BRAIN (PLAIN STUDY)	4200	4200	4200
05603	CT BRAIN (CONTRAST STUDY)	5220	5220	5220
05605	CT ABDOMEN / PELVIS	13710	13710	13710
05606	CT THORAX & ABDOMEN / PELVIS	19585	19585	19585
05609	CT ADDITIONAL SCANS	2410	2410	2410
05610	CT GUIDED THERAPEUTIC PROCEDURE	12180	12180	12180
05611	CT GUIDED FNAC/ BIOPSY	9895	9895	9895
05614	CT HIGH-RESOLUTION THORAX (LOW DOSE)	9115	9115	9115
05618	CT SCANOGRAM	925	925	925
05619	CT SI JOINTS	5070	5070	5070
05622	CT BONE RECONSTRUCTION - NON CONTRAST	6390	6390	6390
05623	CT KUB (NON CONTRAST)	8935	8935	8935
05624	CT ABDOMEN (NON CONTRAST)	10045	10045	10045
05627	CT LIMITED (RADIOLOGIST)	4265	4265	4265
05628	CT THORAX	12425	12425	12425
05630	CT TEMPORAL BONE / TMJ HIGH RESOLUTION	10045	10045	10045
05631	CT MYELOGRAM(CONTRAST/SCREENING INCLUDED)	8375	8375	8375

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05632	CT STUDY PROTOCOL	2910	2910	2910
05633	CT RECONSTRUCTION	1090	1090	1090
05652	MRI SCAN ADDITIONAL	4135	4135	4135
05653	MRI CONTRAST	4015	4015	4015
05658	MRI (ADDITIONAL FUNCTIONAL)	8400	8400	8400
05660	MRI CARDIAC	21820	21820	21820
05662	MRI CARDIAC (STRESS)	25175	25175	25175
05664	MRI PERIPHERAL VENOGRAM	18450	18450	18450
05668	MRI SPINE WITH WHOLE SPINE SCREENING	15220	15220	15220
05682	CONTRAST (ORAL) 30ML	420	420	420
05683	CONTRAST (NON-IONIC) 20 ML	810	810	810
05684	CONTRAST (NON-IONIC) 50 ML	885	885	885
05685	CONTRAST (NON-IONIC) 100 ML	1775	1775	1775
05687	CT / MRI TYPE - A ( UPTO 2 FILMS )	835	835	835
05688	CT / MRI TYPE - B ( MORE THAN 2 FILMS )	2030	2030	2030
05689	PLAIN X-RAY SINGLE IMAGE PRINT (14 X 17)	205	205	205
05690	PLAIN X-RAY SINGLE IMAGE PRINT (8 X 10)	85	85	85
05691	CONTRAST (IONIC) 20 ML	260	260	260
05692	CD COPY OF CMC RADIOLOGY INVESTIGATIONS	150	150	150
05693	BARIUM ENEMA AND DEFECOGRAPH	9130	9130	9130
05705	DEFECOGRAPH	6850	6850	6850
05706	IR - GASTROSTOMY (KIT INCLUSIVE)	25605	25605	25605
05707	X-RAY HIP JOINT AP / LATERAL	960	960	960
05708	X-RAY KNEES BILATERAL - 2 VIEWS	1270	1270	1270
05712	X-RAY SCAPHOID SERIES (4 IN 1)	960	960	960
05719	IR - VENOUS ACCESS - PICC LINE (KIT INCLUSIVE)	12685	12685	12685
05720	IR - DJ STENTING UNILATERAL (AFTER PCN)	7610	7610	7610
05721	IR - NEURO ANEURYSM COILING - BASIC	228345	228345	228345
05722	IR - TJLB + HEPATIC WEDGE PRESSURE	29815	29815	29815
05723	IR - HEPATIC WEDGE PRESSURE (WITHOUT TJLB)	12050	12050	12050

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05725	IR - INTERVENTION ADDITIONAL A	1595	1595	1595
05726	IR - INTERVENTION ADDITIONAL B	3870	3870	3870
05727	IR - INTERVENTION ADDITIONAL C	7610	7610	7610
05728	IR - INTERVENTION ADDITIONAL D	15225	15225	15225
05729	IR - INTERVENTION ADDITIONAL E	31720	31720	31720
05730	IR - INTERVENTION ADDITIONAL F	44405	44405	44405
05731	IR - INTERVENTION ADDITIONAL G	57090	57090	57090
05732	IR - INTERVENTION ADDITIONAL I	69780	69780	69780
05733	IR - INTERVENTION ADDITIONAL J	101485	101485	101485
05734	IR - INTERVENTION ADDITIONAL K	139545	139545	139545
05735	IR - INTERVENTION ADDITIONAL L	222005	222005	222005
05736	IR - INTERVENTION ADDITIONAL M	285440	285440	285440
05737	IR - INTERVENTION ADDITIONAL N	418640	418640	418640
05738	IR - EMBOLIZATION - BASIC	31720	31720	31720
05740	ULTRASOUND GUIDED RENAL BIOPSY	2550	2550	2550
05741	MAMMOGRAPHY GUIDED STEREOTACTIC BIOPSY	10070	10070	10070
05742	CT NECK, THORAX, ABDOMEN, PELVIS	21500	21500	21500
05743	CT NECK AND THORAX	14345	14345	14345
05748	OUTSIDE X-RAY FILM SCANNING (UPTO 8 FILMS)	530	530	530
05749	X-RAY CERVICAL SPINE - 3 VIEWS	1270	1270	1270
05750	IR - RF/MW ABLATION	117980	117980	117980
05751	ULTRASOUND GUIDED FOAM SCLEROTHERAPY	5305	5305	5305
05752	MRI BRAIN WITH VENOGRAM	18450	18450	18450
05754	CT SINUSOGRAM	8375	8375	8375
05756	OUTSIDE X-RAY FILM SCANNING AND REPORT (1 STUDY)	865	865	865
05758	MRI BRAIN	10660	10660	10660
05759	MRI SPINE (ONE REGION)	7920	7920	7920
05760	MRI ABDOMEN AND PELVIS - NON CONTRAST	18450	18450	18450
05761	MRI PELVIS	11075	11075	11075
05762	MRI BRAIN, ORBIT, CR NERVES (DRIVE, FAT SAT GADO)	18450	18450	18450

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05763	MRI ACUTE STROKE PROTOCOL(FLAIR,DWI,SWI,MRA)	7595	7595	7595
05764	MRI SPINE (ONE REGION) WITH PLEXUS	11725	11725	11725
05765	MRI MSK - TUMOUR PROTOCOL (BONE/SOFT TISSUE TUMOUR	9600	9600	9600
05766	MRI BRAIN WITH FILM	13235	13235	13235
05767	MRI BRAIN WITH CONTRAST	15070	15070	15070
05768	MRI BRAIN WITH CONTRAST AND FILM	16925	16925	16925
05769	MRI SPINE WITH CONTRAST (ONE REGION)	11950	11950	11950
05770	MRI SPINE WITH FILM (ONE REGION)	9895	9895	9895
05771	MRI SPINE WITH CONTRAST AND FILM (ONE REGION)	13400	13400	13400
05774	IR - RADIOLOGY CONSULTATION	935	935	935
05776	ULTRASOUND ABDOMEN AND PELVIS	1915	1915	1915
05777	ULTRASOUND MSK - SOFT TISSUE	1915	1915	1915
05778	ULTRASOUND THYROID - NECK	1595	1595	1595
05779	ULTRASOUND BREAST AND AXILLA	2160	2160	2160
05780	ULTRASOUND ARFI ADDITIONAL	1355	1355	1355
05781	ULTRASOUND SCROTUM	1595	1595	1595
05782	ULTRASOUND - PORTABLE ADDITIONAL	1440	1440	1440
05783	COLOUR DOPPLER - TEMPORAL ARTERY	1760	1760	1760
05784	COLOUR DOPPLER - PENILE	6090	6090	6090
05785	COLOUR DOPPLER - AV FISTULA (ONE LIMB)	4350	4350	4350
05786	COLOUR DOPPLER - AV FISTULA (TWO LIMBS)	6700	6700	6700
05787	COLOUR DOPPLER - BILATERAL ILEO-FEMORAL	2870	2870	2870
05788	COLOUR DOPPLER - ABDOMEN (EXCLUDING RENAL)	4495	4495	4495
05789	COLOUR DOPPLER - RENAL	4645	4645	4645
05790	COLOUR DOPPLER - VENOUS FOR DVT (ONE REGION)	2400	2400	2400
05791	COLOUR DOPPLER - VENOUS FOR DVT (TWO REGIONS)	3700	3700	3700
05792	COLOUR DOPPLER - ARTERIAL (ONE REGION)	4350	4350	4350
05793	COLOUR DOPPLER - ARTERIAL (TWO REGIONS)	6700	6700	6700
05794	COLOUR DOPPLER - CAROTID ARTERY	3480	3480	3480
05795	COLOUR DOPPLER - TRANSCRANIAL	3335	3335	3335

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05796	COLOUR DOPPLER - VARICOSE VEINS (ONE REGION)	3770	3770	3770
05797	COLOUR DOPPLER - VARICOSE VEINS (TWO REGIONS)	5945	5945	5945
05798	COLOUR DOPPLER - PORTABLE	6090	6090	6090
05800	CT ORBIT - PLAIN - AXIAL AND CORONAL	5660	5660	5660
05801	CT ORBIT - CONTRAST - AXIAL AND CORONAL	7000	7000	7000
05802	CT OMC - PLAIN - CORONAL ONLY	5220	5220	5220
05803	CT OMC - PLAIN - AXIAL CORONAL AND SAGITTAL	6090	6090	6090
05804	CT PNS ONLY - CONTRAST - AXIAL CORONAL AND SAGITTA	7765	7765	7765
05805	CT NECK (SKULL BASE TO T4) CONTRAST-AXIAL CORONAL	9695	9695	9695
05806	CT NECK (BASE OF SKULL TO T4) PLAIN-AXIAL CORONAL	6780	6780	6780
05807	X-RAY HIP TO TOE (CHILD) STITCH - 1 VIEW	1915	1915	1915
05808	X-RAY HIP TO TOE (CHILD) STITCH - 2 VIEWS	2870	2870	2870
05809	X-RAY SPINE WHOLE (ADULT) STITCH - 1 VIEW	2230	2230	2230
05810	X-RAY SPINE WHOLE (ADULT) STITCH - 2 VIEWS	3335	3335	3335
05811	COLON TRANSIT STUDY	1920	1920	1920
05812	GASTROGRAFFIN MEAL FOLLOW THROUGH	7310	7310	7310
05813	GASTROGRAFFIN ENEMA	7310	7310	7310
05814	CONTRAST (ISO OSMOLAR) 50ML	2040	2040	2040
05815	IR - DIALYSIS FISTULOGRAM	7615	7615	7615
05816	IR - VENOUS ACCESS - HICKMANS (KIT INCLUSIVE)	21320	21320	21320
05817	IR - VENOUS ACCESS - DIALYSIS CATH (KIT INCLUSIVE)	24355	24355	24355
05820	CT THORAX, ABDOMEN AND PELVIS (NON-CONTRAST)	16475	16475	16475
05821	MRI FACE / NECK - PLAIN	10930	10930	10930
05822	MRI FACE / NECK - CONTRAST	14800	14800	14800
05823	MRI THORAX - PLAIN	8400	8400	8400
05824	MRI THORAX - CONTRAST	11750	11750	11750
05826	ULTRASOUND NEUROSONOGRAM	1760	1760	1760
05827	ULTRASOUND ENDOANAL	2160	2160	2160
05828	ULTRASOUND TRANSRECTAL	1595	1595	1595
05829	ASCENDING URETHROGRAM	2990	2990	2990

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05830	MRI CARDIAC (T2* HEART AND LIVER)	4295	4295	4295
05831	CT CORONARY ANGIOGRAPHY	20140	20140	20140
05832	X-RAY THORACIC SPINE (ADULT) - 1 VIEW	590	590	590
05833	X-RAY LUMBO-SACRAL SPINE (ADULT) - 1 VIEW	590	590	590
05834	X-RAY THORACIC SPINE (CHILD) - 1 VIEW	480	480	480
05835	X-RAY LUMBO-SACRAL SPINE (CHILD) - 1 VIEW	480	480	480
05836	X-RAY THORACIC SPINE (ADULT) - 2 VIEWS	1040	1040	1040
05837	X-RAY LUMBO-SACRAL SPINE (ADULT) - 2 VIEWS	1040	1040	1040
05838	X-RAY THORACIC SPINE (CHILD) - 2 VIEWS	875	875	875
05839	X-RAY LUMBO-SACRAL SPINE (CHILD) - 2 VIEWS	875	875	875
05840	CT CARDIAC (PAEDIATRIC)	16780	16780	16780
05841	CT CARDIAC (ADULT)	20140	20140	20140
05843	X-RAY HIP TO TOE (ADULT) STITCH - 2 VIEWS	3335	3335	3335
05844	X-RAY HIP TO TOE (ADULT) STITCH - 1 VIEW	2400	2400	2400
05845	X-RAY SPINE WHOLE (CHILD) STITCH - 1 VIEW	1915	1915	1915
05846	X-RAY SPINE WHOLE (CHILD) STITCH - 2 VIEWS	2870	2870	2870
05848	CT ANGIOGRAM THORAX / PULMONARY ANGIOGRAM	13430	13430	13430
05849	CT ANGIOGRAM - LL PERIPHERAL	16780	16780	16780
05850	CT ANGIOGRAM - UL PERIPHERAL	16780	16780	16780
05851	CT ANGIOGRAM - NECK VESSELS TO FEMORAL ARTERIES	20140	20140	20140
05852	CT ANGIOGRAM - NECK WITH CIRCLE OF WILLIS	15110	15110	15110
05853	CT ANGIOGRAM - ABDOMINAL	15110	15110	15110
05854	CT ANGIOGRAM - VKD	15110	15110	15110
05855	CT ANGIOGRAM - TAVI	30215	30215	30215
05856	CT ANGIOGRAM - ARCH TO TOES	21820	21820	21820
05857	CT ANGIOGRAM - VERTEX TO TOES	35255	35255	35255
05858	MRI BREAST WITH CONTRAST	14800	14800	14800
05859	MRI ANGIOGRAM - LL PERIPHERAL	16780	16780	16780
05860	MR ANGIOGRAM - UL PERIPHERAL	16780	16780	16780
05861	MR ANGIOGRAM - MID NECK TO ILIAC BIFURCATION	20140	20140	20140

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
05862	MR ANGIOGRAM - VERTEX TO TOES	23495	23495	23495
05863	MR ANGIOGRAM - NECK WITH CIRCLE OF WILLIS	15110	15110	15110
05864	MR ANGIOGRAM - RENAL ARTERIES (NON CONTRAST)	8400	8400	8400
05865	MRI THORAX - PLAIN WITH CINE	10070	10070	10070
05866	MRI MSK - JOINT	9240	9240	9240
05867	MRI SI JOINTS INCLUDING PELVIS - NON-CONTRAST	13430	13430	13430
05868	MRI SPINE LS WITH LIMITED SI JOINTS	9130	9130	9130
05869	MRI AND CT BASE OF SKULL WITH GADOLINIUM	16780	16780	16780
05870	MRI AND CT TEMPORAL BONE	14770	14770	14770
05871	ULTRASOUND MSK - JOINT (2 REGIONS)	4350	4350	4350
05872	IR - BRTO	55945	55945	55945
05873	IR - TACE	50745	50745	50745
05874	CT ANGIOGRAM - CIRCLE OF WILLIS	13430	13430	13430
05875	MR ENTEROGRAPY (WITH CONTRAST)	18450	18450	18450
05876	MR DEFECOGRAPHY	9895	9895	9895
05877	MRI ABDOMEN AND PELVIS WITH CONTRAST	22250	22250	22250
05878	IR - CATHETER REPLACEMENT	3265	3265	3265
05879	IR - CATHETER PATENCY / POSITION CHECK	2660	2660	2660
05880	IR - PORT REMOVAL	1330	1330	1330
05881	MRI AND CT CSF RHINORRHOEA	14770	14770	14770
05882	ULTRASOUND MSK - JOINT (1 REGION)	3480	3480	3480
05883	ULTRASOUND MSK - NERVE	5365	5365	5365
05884	X-RAY KNEE UNILATERAL - 1 VIEW	480	480	480
05885	X-RAY KNEE UNILATERAL - 2 VIEWS	805	805	805
05886	MRI FETAL	10660	10660	10660
05887	CT BRAIN (PLAIN STUDY) (NU FUND)	3920	3920	3920
05888	CT ANGIOGRAM - NECK WITH CIRCLE OF WILLIS (NU F	14395	14395	14395
05889	MRI ACUTE STROKE PROTOCOL (NU FUND)	7235	7235	7235
05900	CT ACUTE STROKE PROTOCOL	7615	7615	7615
05901	CT PERFUSION - ADDITIONAL (ONE REGION)	5365	5365	5365

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
05902	MR ENTEROGRAPHY WITH FISTULA PROTOCOL	22075	22075	22075
05903	MRI SI JOINTS WITH WHOLE SPINE AND PELVIS SCRE	13550	13550	13550
05904	MRI MSK - WHOLE BODY IMAGING	14495	14495	14495
05905	ULTRASOUND - FAST	2060	2060	2060
05906	CT PELVIS FOR ACUTE TRAUMA	6530	6530	6530
05907	DOPPLER - LIMITED FOR ACUTE TRAUMA	2315	2315	2315
05908	CT HEAD AND CERVICAL SPINE FOR ACUTE TRAUMA	7975	7975	7975
05910	CT ABDOMEN / PELVIS WITH MRCP	16895	16895	16895
05911	MRCP	7975	7975	7975
05912	IR - THROMBOLYSIS / THROMBECTOMY OF ACUTE LOV	79925	79925	79925
05913	CT ANGIOGRAM(NECK WITH CIRCLE OF WILLIS)TRIPLE PH	18505	18505	18505
05914	MRI CARDIAC LIMITED FOLLOW UP (RADIOLOGIST)	12335	12335	12335
05915	CT THORAX & ABDOMEN / PELVIS WITH MRCP	22285	22285	22285
05916	CT HEAD TO PELVIS (TRAUMA)	22285	22285	22285
05917	CT NECK 4D	13710	13710	13710
05918	ULTRASOUND GUIDED JOINT INJECTION / ASPIRATION	2420	2420	2420
05919	MRI PELVIS WITH CONTRAST	14395	14395	14395
05920	MRI LIVER ELASTOGRAPHY WITH FAT QUANTIFICATION	7975	7975	7975
05921	CT COLONOGRAPHY	19190	19190	19190
05922	MRI BRACHIAL PLEXUS (TRAUMA) WITH SCAN ADDITIONAL	14345	14345	14345
05923	CHILD-CT BRAIN (PLAIN & CONTRAST)	6340	6340	6340
05924	CHILD-CT BRAIN (PLAIN STUDY)	3570	3570	3570
05925	CHILD-CT BRAIN (CONTRAST STUDY)	4435	4435	4435
05926	CHILD-CT ABDOMEN / PELVIS	11650	11650	11650
05927	CHILD-CT THORAX & ABDOMEN / PELVIS	16650	16650	16650
05928	CHILD-CT ADDITIONAL SCANS	2050	2050	2050
05929	CHILD-CT GUIDED THERAPEUTIC PROCEDURE	10355	10355	10355
05930	CHILD-CT GUIDED FNAC/ BIOPSY	8410	8410	8410
05931	CHILD-CT HIGH-RESOLUTION THORAX (LOW DOSE	7745	7745	7745
05932	CHILD-CT SCANOGRAM	790	790	790



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
05933	CHILD-CT SI JOINTS	4315	4315	4315
05934	CHILD-CT BONE RECONSTRUCTION - NON CONTRA	5435	5435	5435
05935	CHILD-CT KUB (NON CONTRAST)	7595	7595	7595
05936	CHILD-CT ABDOMEN (NON CONTRAST)	8540	8540	8540
05937	CHILD-CT LIMITED (RADIOLOGIST)	3625	3625	3625
05938	CHILD-CT THORAX	10560	10560	10560
05939	CHILD-CT TEMPORAL BONE / TMJ HIGH RESOLUT	8540	8540	8540
05940	CHILD-CT MYELOGRAM(CONTRAST/SCREENING INC	7115	7115	7115
05941	CHILD-CT STUDY PROTOCOL	2470	2470	2470
05942	CHILD-CT RECONSTRUCTION	935	935	935
05943	CHILD-CT NECK, THORAX, ABDOMEN, PELVIS	18275	18275	18275
05944	CHILD-CT NECK AND THORAX	12200	12200	12200
05945	CHILD-CT SINUSOGRAM	7115	7115	7115
05946	CHILD-CT ORBIT - PLAIN - AXIAL AND CORONA	4810	4810	4810
05947	CHILD-CT ORBIT - CONTRAST - AXIAL AND COR	5950	5950	5950
05948	CHILD-CT OMC - PLAIN - CORONAL ONLY	3400	3400	3400
05949	CHILD-CT OMC - PLAIN - AXIAL CORONAL AND	6600	6600	6600
05950	CHILD-CT PNS ONLY - CONTRAST - AXIAL CORO	6600	6600	6600
05951	CHILD-CT NECK (SKULL BASE TO T4) CONTRAST	8245	8245	8245
05952	CHILD-CT NECK (BASE OF SKULL TO T4) PLAIN	5765	5765	5765
05953	CHILD-CT THORAX, ABDOMEN AND PELVIS (NON-	14005	14005	14005
05954	CHILD-CT CORONARY ANGIOGRAPHY	17110	17110	17110
05955	CHILD-CT ANGIOGRAM THORAX / PULMONARY ANG	11410	11410	11410
05956	CHILD-CT ANGIOGRAM - LL PERIPHERAL	14260	14260	14260
05957	CHILD-CT ANGIOGRAM - UL PERIPHERAL	14260	14260	14260
05958	CHILD-CT ANGIOGRAM - NECK VESSELS TO FEMO	17125	17125	17125
05959	CHILD-CT ANGIOGRAM - NECK WITH CIRCLE OF	12845	12845	12845
05960	CHILD-CT ANGIOGRAM - ABDOMINAL	12845	12845	12845
05961	CHILD-CT ANGIOGRAM - VKD	12845	12845	12845
05962	CHILD-CT ANGIOGRAM - TAVI	25685	25685	25685

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
05963	CHILD-CT ANGIOGRAM - ARCH TO TOES	18545	18545	18545
05964	CHILD-CT ANGIOGRAM - VERTEX TO TOES	29970	29970	29970
05965	CHILD-CT ANGIOGRAM - CIRCLE OF WILLIS	11410	11410	11410
05966	CHILD-CT BRAIN (PLAIN STUDY) (NU FUND)	3335	3335	3335
05967	CHILD-CT ANGIOGRAM - NECK WITH CIRCLE OF	12235	12235	12235
05968	CHILD-CT ACUTE STROKE PROTOCOL	6475	6475	6475
05969	CHILD-CT PERFUSION - ADDITIONAL (ONE REGI	4565	4565	4565
05970	CHILD-CT PELVIS FOR ACUTE TRAUMA	5550	5550	5550
05971	CHILD-CT HEAD AND CERVICAL SPINE FOR ACUT	6785	6785	6785
05972	CHILD-CT ABDOMEN / PELVIS WITH MRCP	14365	14365	14365
05973	CHILD-CT ANGIOGRAM(NECK WITH CIRCLE OF WI	15730	15730	15730
05974	CHILD-CT THORAX & ABDOMEN / PELVIS WITH M	18950	18950	18950
05975	CHILD-CT HEAD TO PELVIS (TRAUMA)	18950	18950	18950
05976	CHILD-CT NECK 4D	11650	11650	11650
05977	CHILD-CT COLONOGRAPHY	16315	16315	16315
06000	CARDIOLOGY			
06001	ECG(CARDIOLOGY)	610	730	800
06004	TREADMILL	3190	3805	4175
06005	RHYTHM STRIP ECG	860	1025	1120
06006	E.C.G. - OFF TIME/BED SIDE	1055	1255	1375
06009	CATH.LAB			
06014	HOLTER	4610	5495	6025
06018	PACEMAKER IMPLANTATION	51935	61925	67915
06019	PTCA	127825	127825	127825
06021	BMV/BAV	97590	116360	127620
06022	PERIPHERAL ANGIOPLASTY ( 1 REGION)	65280	65280	65280
06023	TEMPORARY PACE MAKER	8215	9795	10745
06026	STENT			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
06029	VISIPAQUE			
06031	OMNI PAQUE			
06032	STREPTOKINASE			
06033	UROKINASE			
06034	REOPRO			
06035	PDA COIL CLOSURE - COIL COST INCLUDED	97590	116360	127620
06036	PDA DEVICE CLOSURE (DEVICE COST EXTRA)	78040	93045	102050
06037	ASD/VSD DEVICE CLOSURE (DEVICE COST EXTRA)	78040	93045	102050
06038	PERIPHERAL ANGIO	23510	23510	23510
06039	TEMPORARY PACEMAKER MORE THAN 2 DAYS	12320	14685	16110
06041	EMERGENCY ECHO	5010	5975	6555
06042	ANGIO CHARGES	13045	13045	13045
06044	RENAL ANGIOPLASTY ( 1 REGION)	65280	65280	65280
06045	PACEMAKER EXPLANTATION	58550	69810	76570
06046	HUTT TEST	3425	4085	4480
06047	ELECTROPHYSIOLOGY STUDY	34905	41620	45645
06048	RADIOFREQUENCY ABLATION - PACKAGE DEALS	116310	138680	152100
06049	ELECTROPHYSIOLOGY+ANGIO	46840	55845	61250
06050	SEPTAL ABLATION	156110	186130	204145
06051	CARDIAC MONITOR	385	385	385
06053	AMBULATORY BP CARDIOLOGY	3010	3590	3935
06054	CARDIAC LIFE STYLE COUNSELING SERVICES	590	705	775
06055	BALLOON - NEW			
06056	PRIMARY PCI	70000	70000	70000
06058	ARTRIAL FIBRILLATION RADIOFREQUENCY ABLATION	369065	369065	369065
06059	CRT IMPLANTATION CHARGES	81610	97300	106720
06060	ICD IMPLANTATION CHARGES	62320	74305	81500
06061	COMPLEX RADIOFREQUENCY ABLATION CHARGES-PACKAGE	415855	495830	543815
06062	RADIOFREQUENCY ABLATION (WITHOUT PACKAGE)	106430	126900	139180
06063	EMERGENCY ECHO / OFF TIME	7770	9260	10160

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
06065	INJECTION AGGRIBLOCK			
06067	CARDIOPLEGIA			
06068	TEE CARDIOLOGY	5855	6985	7660
06069	ECHO - ADULT - CARDIOLOGY	3685	4395	4820
06070	ECHO - CHILD - CARDIOLOGY	3685	4395	4820
06071	VENTILATOR CHARGES			
06072	VENTILATOR TUBE CHARGES			
06073	BLADE CHARGES			
06074	PACEMAKER DEVICE CHARGES			
06075	INJ. TIROFIBAN			
06077	PACEMAKER INTERROGATION	815	970	1065
06078	ICD/CRT INTERROGATION	1645	1960	2150
06079	PACEMAKER PULSE GENERATOR CHANGE	38580	45995	50450
06080	SIGNAL AVERAGE ECG	320	380	415
06081	CONDUCTION SYSTEM PACING	59350	70765	77615
06082	DOBUTAMINE STRESS ECHOCARDIOGRAM	6975	8315	9120
06427	TROPONIN 1 CARTRIDGE	720	720	720
06479	ABG - CARDIOLOGY	1025	1225	1345
06480	ACT - CARDIOLOGY			
06481	ECHO CONTRAST			
06482	CARDIAC REHABILITATION	15900	18955	20790
06483	CPET ASSESSMENT	8835	10535	11550
06501	POCKET REVISION	15000	17885	19620
06502	DEVICE EXPLANTATION (SIMPLE)	20300	24205	26545
06528	BAIN CIRCUIT KIT - ADULT	2035	2035	2035
06529	AIR CUSHION SCENTED FACE MASK	480	480	480
06530	FLOW SENSOR	3330	3330	3330
06531	3 DAYS HOLTER	4685	4685	4685
06532	EP CATHETER			
06533	LEAD REPOSITIONING			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
06534	DEVICE - COCOON PFO			
06535	EP CATHETERS			
06536	CARDIOVERSION			
06537	CD COPY - CARDIOLOGY	190	190	190
06538	REMOTE DEVICE MONITORING INTERROGATION			
06539	STENT - MeRes100			
06540	7 DAYS HOLTER	9240	9240	9240
07000	VIROLOGY			
07001	SEROLOGY-ANTIBODIES TO POLIO VIRUS	6050	6050	6050
07004	ANTI-MUMPS IGM	2970	3540	3885
07005	CMV TITRE	1725	2055	2255
07006	ANTI-MEASLES IGM	2815	3355	3680
07007	ANTI-HSV 1 & 2 IGM	2690	3210	3520
07010	DENGUE SEROLOGY	2050	2440	2680
07011	ANTI-JAPANESE ENCEPHALITIS IFA	4490	5355	5875
07012	HBSAG	1025	1225	1345
07013	E ANTIGEN	1965	2340	2565
07014	E ANTIBODIES	1965	2340	2565
07015	ANTI HBC	2710	3230	3545
07016	ANTI HBS	1585	1890	2075
07022	HIV ELISA	690	690	690
07024	DELTA ANTIBODY	3330	3970	4350
07025	IGM CORE	4205	5015	5500
07026	IGM HAV	3405	4060	4455
07029	HCV ANTIBODY	1220	1455	1600
07030	CMV-IGM	3365	4015	4405
07031	WESTERN BLOT TEST	4805	4805	4805
07038	RAPID HIV	1260	1505	1650

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
07039	RAPID HBSAG	1260	1505	1650
07041	CMV-PCR	6380	6380	6380
07043	IGM HEV	3190	3805	4175
07046	HTLV 1 ANTIBODY	2840	3385	3715
07047	PARVOVIRUS B19 SEROLOGY	3965	4730	5185
07048	VIRUS CULTURE - ANY	5080	5080	5080
07049	VARICELLA ZOSTERA ANTIBODY	3330	3970	4350
07054	ANTI-HCV-RAPID ONLY	1280	1525	1675
07055	VACCINE RESPONSE SCREEN	9445	11260	12350
07057	QUANTITATIVE PCR FOR CMV	6415	6415	6415
07058	BLOOD BORNE VIRUS SCREEN	2755	3285	3605
07059	QUANTITATIVE PCR FOR HCV	7315	7315	7315
07060	QUANTITATIVE PCR FOR HIV	6220	6220	6220
07061	ACUTE HEPATITIS SCREEN(ANTI HAV IGM,HBSAG,ANTI HEV	6560	7820	8575
07062	RUBELLA IGM	3010	3590	3935
07063	RUBELLA IGG	3010	3590	3935
07064	QUANTITATIVE PCR FOR HBV	7050	7050	7050
07065	QUALITATIVE PCR FOR JE VIRUS	6075	6075	6075
07066	QUALITATIVE PCR FOR HSV	6075	6075	6075
07067	QUALITATIVE PCR FOR ENTEROVIURS	6075	6075	6075
07068	QUALITATIVE PCR FOR HHV-6	6385	6385	6385
07070	CD4 T CELL ESTIMATION	1530	1530	1530
07071	HCV GENOTYPING	8910	8910	8910
07072	PCR FOR MULTIPLE VIRUSES	6075	6075	6075
07073	HIV - 1 DRUG RESISTANCE	12650	12650	12650
07074	CD4 T CELL ESTIMATION & QUANTITATIVE PCR FOR HIV-1	7405	7405	7405
07075	QUALITATIVE PCR FOR DENGUE VIRUS	4190	4190	4190
07076	CHIKUNGUNYA REAL-TIME PCR	3830	3830	3830
07077	QUALITATIVE PCR FOR HANTAVIRUS	4190	4190	4190
07078	ANTI-HSV-2 IgG	2690	3210	3520

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
07079	ANTI-MEASLES VIRUS IgG	2775	3310	3630
07080	ANTI-MEASLES VIRUS(IFA)	4490	5355	5875
07081	QUALITATIVE JC VIRUS PCR	5935	5935	5935
07082	QUANTITATIVE PCR FOR BK VIRUS	6415	6415	6415
07083	ANTI-MUMPS VIRUS IgG	2840	3385	3715
07084	ANTI-EBV-CA IgM	2840	3385	3715
07085	QUALITATIVE EBV PCR	6075	6075	6075
07086	ANTI-CHIKUNGUNYA VIRUS IgM	3380	4030	4420
07087	QUALITATIVE VZV PCR	6075	6075	6075
07088	OPV TITRATION	6220	6220	6220
07089	QUALITATIVE INFLUENZA VIRUS PCR	4595	4595	4595
07090	RAPID BLOOD BORNE VIRUS SCREEN	3425	4085	4480
07091	CONVERSION OF ROUTINE BBVS TO RAPID BBVS	650	775	850
07092	QUALITATIVE HPV DNA	1975	2355	2585
07093	RAPID HBSAG AND ANTI-HCV(RAPID HBSAG & HCV ANTIBOD	2295	2735	3000
07096	QUALITATIVE ADENOVIRUS PCR	6075	6075	6075
07097	QUANTITATIVE PCR FOR EBV	6415	6415	6415
07098	QUALITATIVE PCR FOR HHV - 8	6385	6385	6385
07099	ANTI-HSV IFA	4490	5355	5875
07100	RUBELLA IGG, CMV IGG & HSV IGG - COMBO	6560	7820	8575
07101	RUBELLA IGM, CMV IGM & HSV IGM - COMBO	8355	9960	10925
07102	HCV CORE ANTIGEN	2215	2645	2900
07107	QUALITATIVE PCR FOR SARS COV-2	1055	1055	1055
07110	CD4+ T CELL ESTIMATION NACO			
07111	QUANTITATIVE PCR FOR HIV-1 NACO			
07114	COVID ANTIBODY TESTING	1545	1845	2025
07118	XPRT EXPRESS SARSCOV2	4395	5240	5745

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
08000	CL.PHARMACOLOGY			
08011	PARACETAMOL	2495	2975	3265
08013	THEOPHYLLINE	2050	2440	2680
08021	MPA 6 HOUR AUC	6810	8120	8910
08022	MPA 12 HOUR AUC	8865	10570	11595
08023	SIROLIMUS	3530	4210	4615
08024	LEFLUNOMIDE	1430	1705	1870
08027	CLOZAPINE ASSAY	1770	2110	2310
08028	TACROLIMUS ASSAY	2495	2975	3265
08029	MPA 4 Or 5 Point Procedure	3805	4535	4975
08031	EVEROLIMUS TROUGH	3530	4210	4615
08032	ASSAY OF LAMOTRIGINE	1620	1930	2115
08033	MPA - NA- RENFOR 8 HOUR AUC	7080	8440	9255
08035	VANCOMYCIN	1630	1945	2135
08036	LEVETIRACETAM	2035	2425	2660
08037	EMERGENCY TACROLIMUS ASSAY	2755	3285	3605
08038	TACROLIMUS LSS AUC	4045	4820	5285
08039	POSACONAZOLE ASSAY	3980	4745	5200
08040	TOTAL AUC 0-12 FOR TACROLIMUS	7080	8440	9255
08041	HOMOGENEISTIC ACID	1660	1975	2170
08042	MITOTANE ASSAY	6080	7245	7950
08043	ISONIAZID ASSAY	2670	3185	3495
08044	RIFAMPICIN ASSAY	2670	3185	3495
08045	THIOPURINEMETHYL TRANSFERASE(TPMT)ENZYME ACTIVITY P	3315	3955	4335
08048	COLISTIN A AND B ASSAY - AUC	7590	9050	9930
08049	MEROPENEM SINGLE SPECIMEN TEST	1565	1870	2050
08050	ACYLCARNITINE SCREENING TEST	2670	3185	3495
08051	VANCOMYCIN AUC 24HR	6305	7520	8245
08052	VORICONAZOLE TROUGH	4055	4835	5305



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CODE	DESCRIPTION	R RATE	P RATE	D RATE
08053	6-TG AND 6-MMP ASSAY	2920	3480	3815
08054	INDOCYANINE GREEN CLEARANCE TEST	5155	6145	6740
08055	OXCARBAZEPINE ASSAY	2690	3210	3520
08056	COLISTIN A & B TROUGH/SINGLE SPECIMEN	3730	4450	4880
08057	PARACETAMOL EMERGENCY ASSAY	2520	3005	3300
08058	PYRAZINAMIDE ASSAY	2405	2870	3145
08059	URACIL AND DIHYDROURACIL / URACIL RATIO	2970	3540	3885
08060	5-FLUOROURACIL AUC	4160	4960	5440
08061	AMIKACIN DOSE OPTIMISATION	3710	4425	4855
08062	POLYMYXIN B DOSE OPTIMISATION	6755	8055	8830
08063	ITRACONAZOLE AND HYDROXY ITRACONAZOLE ASSAY	4455	5310	5825
08064	OSIMERTINIB AND ACTIVE METABOLITES	4070	4850	5320
08065	LACOSAMIDE TDM	2830	3370	3700
09000	G E C			
09101	GASTROSCOPY	4785	5705	6255
09102	OEOPHAGEAL DILATATION-EACH SESSION (SG)	14535	17330	19005
09104	PNEUMATIC DILATATION-RIGIFLEX	23250	27720	30405
09106	ESOPHA EXPAND MET.PROSTHESIS	98380	117295	128650
09108	SCLEROTHERAPY-PER SESSION	5330	6355	6970
09112	ENDOSCOPIC VARICEAL BANDING-REGULAR	10600	12640	13865
09113	ENDOSCOPIC TUBE PLACEMENT STOMACH/DUODENUM	9710	11580	12700
09114	ENDOSCOPIC NASO JEJUNAL TUBE PLACEMENT	9710	11580	12700
09115	PEG	29070	34660	38010
09118	ENTERAL EXPANDABLE MET.STENT-UNCOVERED	113505	135330	148425
09120	PNEUMATIC DILATATION-CRE	27470	32750	35920
09123	ADRENALINE INJECTION	1760	2100	2305
09151	COLONOSCOPY	9990	11910	13065
09152	LIMITED COLONOSCOPY	7365	8780	9630

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
09153	POLYPECTOMY	9710	11580	12700
09154	PROCTOSIGMOIDOSCOPY	1340	1595	1750
09155	INTRA OPERATIVE ENTEROSCOPY	23250	27720	30405
09157	CAPSULE ENDOSCOPY	83240	99245	108850
09202	ERCP CHECK PROCEDURE	3030	3610	3960
09203	SPHINCTEROTOMY	11620	13855	15200
09204	NASOBILIARY DRAINAGE	4535	5410	5935
09205	BILIARY STENT-PLASTIC-WITHOUT DILATATION	4535	5410	5935
09206	BILIARY STENT-PLASTIC-WITH DILATATION	10180	12135	13310
09207	BILIARY STENT-EXPANDABLE METAL-UNCOVERED	75665	90220	98950
09208	BILIARY STENT-EXPANDABLE METAL-COVERED	105930	126300	138525
09209	BILIARY DILATATION-BALLOON	21890	26100	28630
09210	STONE EXTRACTION-BASKET	23250	27720	30405
09211	STONE EXTRACTION-MECHANICAL LITHOTRIPTER	42625	50825	55745
09212	ENDOSCOPIC BILIARY BIOPSY/CYTOLOGY	16755	19980	21915
09213	NASOPANCREATIC DRAIN	4535	5410	5935
09215	PANCREATIC STENTING THERAPEUTIC	21305	25405	27865
09217	PANCREATIC PSEUDO CYST DRAINAGE	70670	84260	92410
09218	SIDE VIEWING ENDOSCOPY	8060	9610	10540
09219	STONE EXTRACTION (BALLOON)	23250	27720	30405
09252	OESOPHAGEAL PH	15140	18050	19795
09254	BIOPSY PROCEDURE COST-SEPARATE FROM HPE	970	1155	1265
09256	FOREIGN BODY EXTRACTION	12975	15470	16965
09257	SILVER PROBE - PER SESSION	10275	12255	13440
09260	ARGON PLASMA COAGULATION(APC)	14535	17330	19005
09262	LIVER BIOPSY PROCEDURE	6105	7280	7980
09264	BONE MARROW-ASPIRATION/BIOPSY	1665	1985	2175
09267	BLOOD TRANSFUSION(OPD)	635	760	835
09268	ERCP PROCEDURE + XRAY	19545	23305	25560
09270	HEMO CLIP CHARGES - PER CLIP (OLYMPUS)	1410	1680	1845

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
09275	GEC ANAESTHESIA - DIAGNOSTIC	4195	5000	5485
09277	RUT CHARGES	1270	1510	1660
09289	CENTRAL LINE	1280	1525	1675
09291	SENGSTAKEN TUBE PROCEDURE	11160	13305	14595
09296	BILE COLLECTION CHARGES	805	960	1055
09298	ENDOSCOPIC ULTRASOUND (EUS)	17055	20335	22305
09301	DIAGNOSTIC ASCITIC TAP	795	945	1035
09302	THERAPEUTIC ASCITIC TAP	1280	1525	1675
09305	INJ. HUMAN SERUM ALBUMIN INFUSION	695	830	910
09311	E.U.S - FNAC	23250	27720	30405
09312	HYDROGEN BREATH TEST	5330	6355	6970
09313	DOUBLE CHANNEL THERAPEUTIC ENDOSCOPY	17440	20795	22805
09314	E.U.S - CELIAC PLEXUS BLOCK	23250	27720	30405
09315	COLONIC METALLIC STENTING	105930	126300	138525
09320	BIOHAZARD CHARGES	12215	14565	15970
09321	CYANOACRYLATE PROCEDURE CHARGE	5615	6695	7345
09322	CYANOACRYLATE INJECTION NEEDLE(1)	4240	5055	5540
09323	CYANOACRYLATE(0.5ML)	2340	2790	3060
09324	CO-GRASPER	10075	12015	13175
09325	HIGH RESOLUTION MANOMETRY	10660	12710	13940
09326	ENDO LOOP CHARGES(PER LOOP)	6280	7485	8210
09327	ENDO LOOP PROCEDURE CHARGES	7470	8905	9765
09328	VENTILATOR WHDU	4395	5240	5745
09331	PORTABLE ENDOSCOPY (ADDITIONAL CHARGE)	10660	12710	13940
09332	ENDOSCOPIC COLONIC DECOMPRESSION	16470	19640	21540
09333	BALLOON ENTEROSCOPE	53275	63520	69665
09334	GLUCOMETER CHARGE	110	130	145
09337	ORGAN (DONOR) MAINTENANCE CHARGES			
09339	LIVER NURSE EDUCATOR	275	325	355
09340	PEG REPLACEMENT	7575	9030	9905

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
09343	BILIARY SPHINCTEROPLASTY	12695	15135	16600
09344	EUS GUIDED BILIARY DRAINAGE	71210	84900	93120
09345	ENDOSCOPIC MUCOSAL RESECTION	23250	27720	30405
09346	SPYGLASS CHOLANGIOSCOPY	90805	108270	118745
09347	SPYBITE BIOPSY	15140	18050	19795
09349	ENDOSCOPIC NECROSECTOMY (PER SESSION)	15990	19065	20910
09350	BEDSIDE USG (LESS THAN 3 SCANS PER DAY)	795	945	1035
09351	BESIDE USG ( 3 OR MORE PER DAY)	1325	1580	1735
09358	TRELUMINA NASOJEJUNAL TUBE	17035	20315	22280
09359	IBD NURSE EDUCATOR CONSULTATION	735	875	960
09361	PANCREATIC STENTING PROPHYLACTIC	4850	5780	6340
09362	NARROW BAND IMAGING ADDITIONAL CHARGE	2325	2775	3045
09363	INFLUENZA VACCINATION - LIVER NURSE	1485	1485	1485
09364	HEPATITIS B VACCINATION - LIVER NURSE	195	195	195
09365	POEM PROCEDURE CHARGES	79260	94505	103650
09366	LASER LITHOTRIPSY CHARGES	48440	57755	63340
09367	BILIARY RFA CHARGES	30525	36395	39915
09368	EUS GUIDED PANCREATIC DUCT DRAINAGE	71210	84900	93120
09369	EUS CONTRAST STUDY ADDITIONAL CHARGE	14435	17215	18880
09370	HEMOSEAL CHARGES	21305	25405	27865
09371	PUSH ENTEROSCOPY CHARGES	17055	20335	22305
09372	PROCORE EUS NEEDLE ADDITIONAL CHARGES	14240	16980	18625
09373	BILIARY METALLIC STENT UNCOVERED (BOSTON)	52970	63155	69265
09374	BILIARY METALLIC STENT COVERED (BOSTON)	75665	90220	98950
09375	HEMOCLIP CHARGES-PER CLIP (MI TECH)	5330	6355	6970
09376	HEMOCLIP CHARGES-PER CLIP (BOSTON)	11620	13855	15200
09377	NAGI STENT (FOR PSEUDOCYST)	83240	99245	108850
09378	ANORECTAL BIOFEEDBACK TRAINING (3 SESSIONS)	13625	16245	17815
09379	GEC ANAES INTERVENTION < 1 HOUR	10600	12640	13865
09380	GEC ANAES INTERVENTION > 1 HOUR	19375	23105	25340

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
09381	ENDOSCOPIC SUBMUCOSAL DISSECTION	48440	57755	63340
09382	ENDOSCOPY VISIT - DOCUMENTATION	105	125	135
09384	DAY CARE MONITORING CHARGE	760	905	995
09385	ENDOSCOPIC SETON PLACEMENT	5285	6300	6910
09386	EUS COILING (PER COIL)	13625	16245	17815
09387	PLEX (HEPATOLOGY)	1760	2100	2305
09388	ENDOSCOPY - PPE CHARGES	310	310	310
09389	BIPAP A40 VENTILATOR	2295	2735	3000
09390	HIGH FLOW NASAL CANNULA (HFNC)	2730	3255	3570
09391	HOT LAMS	196735	234570	257270
09392	INTRA GASTRIC BALLOON (ORBERA)	196735	234570	257270
09393	EUS GUIDED GJ	78695	93830	102910
09394	EUS GUIDED GB DRAINAGE	70670	84260	92410
09395	OESOPHAGEAL DILATATION-EACH SESSION (PAEDIATRIC)	21735	25915	28425
09396	OVESCO CLIP CHARGE	90805	108270	118745
09397	OVESCO PAD LOCK CHARGE	90805	108270	118745
09398	CHECK FLUOROSCOPY CHARGE	1510	1800	1970
09399	HUMAN FGF-19 QUANTIKINE ELISA TEST	4455	5310	5825
09400	PANCREATIC NURSE EDUCATOR	275	325	355
09401	FIBRO SCAN	2685	3200	3510
10000	GEN PATHOLOGY			
10001	BIOPSY CMCH VELLORE	3330	3970	4350
10002	BIOPSY CONTRIBUTING MISSION HOSPITALS	2695	2695	2695
10003	BIOPSY PRIVATE HOSPITALS	3740	3740	3740
10005	IMMUNOFLUORESCENCE ON SKIN ETC.	6170	7355	8065
10007	SURG PATHOLOGY SPECIMEN	6005	7160	7855
10010	FROZEN SECTIONS	2235	2665	2925
10011	AUTOPSY SECTIONS FOR MISSION HOSPITALS	3340	3340	3340

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
10012	KEEPING THE BODY IN THE MORTUARY CHARGES/DAY	9060	9060	9060
10013	PRESERVATION OF BODY	6210	7400	8120
10033	PATH CHARGE FOR PHOTOMICR ->5 PER ITEM	1140	1140	1140
10039	DISPOSAL OF BODIES (FOETAL)	210	210	210
10040	DISPOSAL OF BODIES (CHILD)	455	455	455
10041	DISPOSAL OF BODIES (ADULT)	1375	1375	1375
10043	DISPOSAL OF BODY IN DOUBLE BAG (BIO HAZARD)	1680	1680	1680
10045	SURGICAL PATHOLOGY - MISSION HOSPITAL	4825	4825	4825
10046	SURGICAL PATHOLOGY - PRIVATE HOSPITAL	8730	8730	8730
10055	HER2/NEU IHC	4220	5030	5515
10059	COST OF EXTRA SLIDE	630	750	825
10060	COST OF PARAFFIN BLOCK	930	1110	1215
10065	CMC MULTIFOCAL BIOPSIES - MORE THAN 2 SITES	5180	6175	6775
10066	MISSION - MULTIFOCAL BIOPSIES - MORE THAN 2 SITES	3985	3985	3985
10067	PRIVATE MULTIFOCAL BIOPSIES - MORE THAN 2 SITES	7460	7460	7460
10068	PCR FOR SYNOVIAL SARCOMA ON FFPE TISSUES	11830	14105	15470
10069	CMC - SPECIAL BIOPSIES	3575	4265	4675
10070	MISSION - SPECIAL BIOPSIES	2750	2750	2750
10071	PRIVATE - SPECIAL BIOPSIES	5010	5010	5010
10073	PCR FOR EWINGS SARCOMA ON FFPE TISSUES	9855	11750	12885
10074	IGH GENE CLONALITY ASSAY	20225	20225	20225
10075	MUTATIONAL ANALYSIS FOR KRAS GENE ON FFPE TISSUES	13060	15570	17075
10076	RET GENE MUTATIONAL ANALYSIS	14975	17855	19585
10078	TCRG GENE CLONALITY ASSAY	19980	19980	19980
10081	MSP FOR MGMT PROMOTER METHYLATION ON FRESH TISSUE	7515	8960	9825
10082	RET GENE MUTATIONAL ANALYSIS FOR SCREENING	6030	7190	7890
10083	EGFR MUTATIONAL ANALYSIS ON FFPE TISSUES	14990	17870	19600
10084	EARLY DIAGNOSTIC CONFIRMATION OF INHERITED EPIDERM	14990	17870	19600
10085	BREAST CARCINOMA PANEL 1 (ER ,PR, AND MIBI)	8885	10595	11620
10086	BREAST CA PANEL 2 (ER,PR,HER2 /NEU IHC/FISH/MIBI)	15100	18005	19745

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
10088	EBER ISH TEST	9725	11595	12715
10089	TUMOUR IMMUNOHISTOCHEMISTRY	10895	10895	10895
10092	MICROSATELLITE INSTABILITY ASSAY	14860	17715	19430
10094	FROZEN SECTION AND BIOPSY	5390	6425	7045
10095	FROZEN SECTION AND SURGICAL SPECIMEN	8100	9655	10590
10096	IDH GENE MUTATIONAL ANALYSIS	13455	16045	17595
10097	VHL GENE MUTATIONAL AND LARGE DELETION ANALYSIS	19000	22655	24845
10098	SDHX(SDHB,SDHC,SDHD)GENE MUTATIONAL ANALYSIS	24295	28970	31775
10099	VHL AND SDHX(SDHB,SDHC,SDUD)GENE MUTATIONAL ANALYS	43285	51610	56600
10100	MUTATIONAL ANALYSIS OF KIT AND PDGFRA GENES	12150	14485	15885
10101	MSI STATUS - IHC PANEL	9875	11775	12910
10103	MUTATIONAL ANALYSIS FOR BRAF GENE ON FFPE TISSUES	9250	11030	12095
10105	EXTENDED RAS MUTATIONAL ANALYSIS	11330	13510	14815
10106	EXTENDED RAS MUTATIONAL ANALYSIS WITH MSI	14145	16865	18495
10107	MEN1 MUTATION AND LARGE DELETION ANALYSIS	21025	21025	21025
10108	EGFR MUTATIONAL ANALYSIS ON PLASMA	12595	15020	16475
10109	TERT PROMOTER MUTATIONAL ANALYSIS	7645	9115	9995
10114	FLUORESCENCE INSITU HYBRIDIZATION:LYMPHOMA P-1	23965	28575	31340
10115	FLUORESCENCE INSITU HYBRIDIZATION:LYMPHOMA P-2	26565	31675	34740
10116	FLUORESCENCE INSITU HYBRIDIZATION:LYMPHOMA P-3	13375	15950	17495
10117	FLUORESCENCE INSITU HYBRIDIZATION:SURGICAL BIOPSY	13375	15950	17495
10118	FLUORESCENCE INSITU HYBRIDIZATION:LUNG PANEL	18325	21850	23960
10120	IMMUNOFLUORESCENCE ON RENAL	7395	8820	9675
10121	SINGLE MARKER IMMUNOHISTOCHEMISTRY-CATEGORY A	2605	3110	3410
10122	SINGLE MARKER IMMUNOHISTOCHEMISTRY-CATEGORY B	3525	4200	4605
10123	SINGLE MARKER IMMUNOHISTOCHEMISTRY-CATEGORY C	4165	4970	5450
10124	SINGLE MARKER IMMUNOHISTOCHEMISTRY-CATEGORY D	5205	6210	6810
10125	MDM2 IMMUNOHISTOCHEMISTRY	5920	7060	7745
10126	ALK D5 F3 IMMUNOHISTOCHEMISTRY	11770	14035	15395
10127	PDL 1 (SP263) IMMUNOHISTOCHEMISTRY	11770	14035	15395

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
10128	PRIVATE HOSPITAL IMMUNOFLOURESCENCE ON RENAL	8535	8535	8535
10129	PRIVATE HOSPITAL IMMUNOFLOURESCENCE ON SKIN,ETC	7090	7090	7090
10130	TUMOUR IMMUNOCHEMISTRY 1 IMMUNE MARKER-OUTSIDE-A	3700	3700	3700
10131	TUMOUR IMMUNOCHEMISTRY 1 IMMUNE MARKER-OUTSIDE-B	4925	4925	4925
10132	TUMOUR IMMUNOCHEMISTRY 1 IMMUNE MARKER-OUTSIDE-C	5900	5900	5900
10133	IMMUNOHISTOCHEMISTRY LIVER PANEL	11970	11970	11970
10134	TUMOUR IMMUNOCHEMISTRY 1 IMMUNE MARKER-OUTSIDE-D	7495	7495	7495
10135	BRAF and TERT mutational analysis by ddPCR	15140	18050	19795
10136	IMMUNOHISTOCHEMISTRY FOR ANTIBODIES - LYMPHOMA	16810	20040	21980
10137	IMMUNOHISTOCHEMISTRY FOR ANTIBODIES - SARCOMA	18830	22450	24625
10138	10-GENE GLIOMA NGS PANEL	13870	16540	18140
10140	MLPA FOR LOW GRADE GLIOMAS	9445	11260	12350
10141	72-GENE CUSTOM NGS PANEL	25170	25170	25170
10142	POLE MUTATIONAL ANALYSIS BY PCR SEQUENCING	12110	14440	15835
10143	MLH1 PROMOTER HYPERMETHYLATION ASSAY	7415	8845	9700
10144	PAN CANCER NGS PANEL(52 GENES,CNV AND FUSIONS)	28260	33695	36960
10145	NEPHRECTOMY FOR RCC + IHC	21405	25520	27990
10146	MORTUARY COOLER-NON-MLC(in-pt.death)gen.ward 24hr			
10147	MORTUARY COOLER-NON-MLC(in-Pt.)gen.ward>24h perday			
10148	MORTUARY COOLER-NON-MLC(in-Pt.death)Pvt.ward 24hrs			
10149	MORTUARY COOLER NON-MLC(in-pt.)pvt.ward>24h perday	9060	9060	9060
10150	MORTUARY COOLER-MLC(in pt.death)gen.ward upto 24hr			
10151	MORTUARY COOLER-MLC(in-pt.)gen.ward >24hrs perday			
10152	MORTUARY COOLER-MLC(in pt.death)pvt.ward upto 24h			
10153	MORTUARY COOLER-MLC(in-pt.death)pvt.ward>24hrs per	9060	9060	9060
10154	MORTUARY COOLER-MLC-before autopsy in-pt.gen.24hrs			
10155	MORTUARY COOLER-MLC-before autopsy in-pt.gen>24hrs			
10156	MORTUARY COOLER-MLC-before autopsy in-pvt upto 24h			
10157	MORTUARY COOLER-MLC-before autopsy in-pt.pvt.>24hr	9060	9060	9060
10158	MORTUARY COOLER-MLC-after autopsy-in-pt.gen.24hrs			



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CODE	DESCRIPTION	R RATE	P RATE	D RATE
10159	MORTUARY COOLER-MLC-after autopsy-in-pt.gen>24hrs			
10160	MORTUARY COOLER-MLC-after autopsy-in-pt.pvt. 24hrs	9060	9060	9060
10161	MORTUARY COOLER-MLC-after autopsy-in-pt.pvt.>24hrs	9060	9060	9060
10162	MORTUARY COOLER-brought dead to ed non-mlc upto 24	9060	9060	9060
10163	MORTUARY COOLER-brought dead to ed non-mlc>24hrs p	9060	9060	9060
10164	MORTUARY COOLER-brought dead to ed mlc upto 24hrs	9060	9060	9060
10165	MORTUARY COOLER-brought dead to ed mlc >24hrs per	9060	9060	9060
10166	MORTUARY COOLER-outside body non-mlc upto 24hrs	9060	9060	9060
10167	MORTUARY COOLER-outside body non-mlc >24hrs per	9060	9060	9060
10168	MORTUARY COOLER-outside body MLC upto 24hrs	9060	9060	9060
10169	MORTUARY COOLER-outside body MLC >24HRS per day	9060	9060	9060
10170	FOXO 1 REARRANGEMENT BY FISH	14165	16890	18520
10171	SARCOMA MOLECULAR PANEL BY NGS	30600	30600	30600
10172	161 GENE COMPREHENSIVE NGS PANEL	30600	30600	30600
11000	CYTOLOGY			
11026	GYNAE & NON GYNAE CYTOLOGY - MISSION HOSPITAL	1130	1130	1130
11027	GYNAE & NON GYNAE CYTOLOGY - PRIVATE HOSPITAL	1470	1470	1470
11028	CERVICAL THIN PREP CYTOLOGY	1910	2280	2500
11029	CONVENTIONAL CERVICAL CYTOLOGY	1345	1605	1760
11030	CYTOLOGY NON GYNAE	1710	2040	2235
11031	FNAC - EBUS / EUS	3485	4155	4555
11032	FNAC - GUIDED / SUPERFICIAL	2315	2760	3025
11033	FNAC - MISSION HOSPITAL	1510	1510	1510
11034	FNAC - PRIVATE HOSPITAL	1965	1965	1965
11035	IMPRINT CYTOLOGY	2725	3250	3560
12004	HLA - AB DR DQ LUMINEX	18425	18425	18425
12006	HLA - AB LUMINEX	12875	15355	16840
12007	HLA - DR DQ LUMINEX	14085	16795	18420

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
12008	HLA - DSA LUMINEX	9830	11720	12850
12009	HLA B27	6155	7340	8050
12011	HLA CROSS MATCH SPLIT	8550	10190	11180
12012	HLA TYPING FOR CELIAC DISEASE	7300	8705	9545
12013	HLA TYPING FOR PATIENTS ON ANTIEPILEPTIC DRUGS	2875	3425	3755
12014	HLA LUMINEX SINGLE ANTIGEN ASSAY	29145	29145	29145
12015	HLA PROCESSING FOR FIRST TIME LUMINEX TYPING	2595	3095	3390
12016	HLA SINGLE LOCUS TYPING LUMINEX	7300	8705	9545
12017	HLA FLOW CYTOMETRY CROSS MATCH	10880	12975	14230
12018	HLA - CDC CROSSMATCH PACKAGE	12180	14525	15930
12020	HLA - PREPARATION OF PLATELETS FOR PROCEDURES	2755	3285	3605
12021	HIGH RESOLUTION 6 LOCUS HLA TYPING	10405	12410	13610
30000	BILLING			
30001	IP CASH ADVANCE			
30002	CASH WEEKLY			
30003	CASH AT DISCHARGE			
30004	CASH OUTSTANDING			
30011	OUTSTANDING			
30012	REFUND			
30013	STAFF & STUD OS			
30014	SUP BILL OS			
30015	CREDIT BILL OS			
30016	PRONOTE OS			
30017	ABSCONDED OS			
30018	PAISE ADJUSTMENT			
30019	POSTAGE			
30020	STAFF			
30021	STAFF DEPENDENT			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
30022	STAFF UNDERTAKING			
30023	TRANSFERED TO CARE			
30024	TRANSFERED TO R.I			
30025	COMPANY PATIENT			
30026	STUDENT			
30027	RETIRED STAFF			
30028	RTD STAFF DEPENDENT			
30029	CASH ADV-RI			
30030	CASH WEEK-RI			
30031	CASH DIS-RI			
30032	REFUND -RI			
30033	CASH TRANSFERED FROM OS			
30034	COUNCIL MEMBER CONCESSION			
30035	CASH ADV-SCHELL			
30036	CASH WEEK-SCHELL			
30037	CASH DIS-SCHELL			
30038	DEBIT CARD ADVANCE			
30039	CHRIS CARD RECHARGE			
30040	CHRIS CARD RETURNS			
30042	CASH ADV - MHC			
30043	CASH WEEK - MHC			
30044	CASH DISCHARGE - M.H.C			
30046	IPDUES-MHC			
30047	REDUCTION - FAMILY PLANNING OPERATION	3445	3445	3445
30048	RUPEE ADJUSTMENT			
30049	SELF DEPOSIT ADVANCE			
30053	CHRIS CARD REFUND ATM			
30054	RUHSA - IP ADVANCE			
30055	RUHSA - IP DISCHARGE			
30056	RUHSA - IP WEEK			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
30057	CHITTOOR-IP CASH ADVANCE			
30058	CHITTOOR-IP CASH WEEKLY			
30059	CHITTOOR-IP CASH DISCHARGE			
30060	IP PHARMACY SERVICES			
30061	OP ADVANCE - RECEIPTS			
30062	OP ADVANCE - REFUNDS			
30063	BANK CHARGES			
30064	COSMETIC TREATMENT(INCLUDING COSMETIC/PLASTIC SURG			
30065	NEW HOSPITAL CARD			
30066	DUPLICATE HOSPITAL CARD	100	100	100
30067	BILLING JV			
30068	PHARMACY CASH CREDITS			
30069	OP - PRONOTE OS			
30070	IP - DRUGS AND DIET ADVANCE			
30071	INSURANCE U/T			
30072	TNCMHIS U/T			
31000	ANAESTHESIA			
31155	DIAGNOSTIC CARDIAC CATH. PER HOUR	6345	7565	8295
31156	THERAPEUTIC CARDIAC CATHETERISATION	9980	11895	13050
31202	COELIAC PLEXUS BLOCK	1230	1465	1605
31204	ISOFLURANE ONE BOTTLE	1425	1425	1425
31205	ISOFLURANE HALF BOTTLE	711	711	711
31209	FIBRE-OPTIC - INTUBATION TECHNIQUE	3000	3000	3000
31212	PROFESSIONAL CHARGES - GRADE-I	1155	1380	1515
31213	PROFESSIONAL CHARGES - GRADE-II	1540	1835	2015
31214	PROFESSIONAL CHARGES - GRADE-III	1995	2380	2610
31215	PROFESSIONAL CHARGES - GRADE-IV	3190	3805	4175
31216	PROFESSIONAL CHARGES - GRADE-V	3785	4510	4945

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
31217	PROFESSIONAL CHARGES - GRADE-VI	4205	5015	5500
31218	PROFESSIONAL CHARGES - GRADE-VII	3820	4555	5000
31219	BASE RATE	2825	2825	2825
31220	DISPOSABLE KIT	250	250	250
31221	CVP (WITH USG)	1500	2000	1000
31222	ANAESTHESIA CHARGES FOR DESFLURANE	1320	1320	1320
31226	ANAESTHESIA-CATEGORY 1	2150	2150	2150
31227	ANAESTHESIA-CATEGORY 2	2395	2395	2395
31228	ANAESTHESIA FOR CT	2555	2555	2555
31229	ANAESTHESIA FOR MRI 30 MIN	4160	4160	4160
31230	ANAESTHESIA FOR MRI 60 MIN	5545	5545	5545
31231	ANAESTHESIA (INTERVENTIONAL 30 MIN)	5125	5125	5125
31232	ANAESTHESIA (INTERVENTIONAL 1 HOUR)	6875	6875	6875
31233	ANAESTHESIA (INTERVENTIONAL 1.5 HRS)	10905	10905	10905
31234	ANAESTHESIA ADDITIONAL DURATION	1780	1780	1780
31235	I-STAT BLOOD ANALYSER	900	900	900
31236	ANAESTHESIA PACKAGE FOR LITHOTRIPSY	5125	5125	5125
31237	ANAESTHESIA PACKAGE FOR SCLEROTHERAPY	5125	5125	5125
31238	ANAESTHESIA PACKAGE FOR RENAL BIOPSY	5125	5125	5125
31239	ANAESTHESIA PACKAGE FOR RT	5125	5125	5125
31240	ANAESTHESIA PACKAGE FOR MISCELLANEOUS INTERVENTION	5125	5125	5125
31241	ANAESTHESIA PACKAGE FOR SEDATION AND MONITORING	3335	3335	3335
31242	ANAESTHESIA-CADD PUMP	4860	5795	6360
31243	ANAESTHESIA-MRI COMPATIBLE PUMP	545	650	715
31244	ANAESTHESIA-JET VENTILATOR	845	1010	1105
31245	ANAESTHESIA-SEQUENTIAL COMPRESSION DEVICE(SCD)	5240	6245	6850
31246	ANAESTHESIA-COOPDECH ENDO-BRONCHIAL BLOCKER	8070	8070	8070
31247	ANAESTHESIA DISPOSABLES ( COVID )	3885	3885	3885
31249	AED DEFIB PAD	3695	3695	3695
31250	NIRS MONITORING	13360	15925	17470

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
31251	CENTRAL LINE INSERTION UNDER GA	7210	8595	9425
31252	HEMOSPHERE PROFESSIONAL FEES	9640	9640	9640
31253	HEMOSPHERE CONSUMABLES	19280	19280	19280
31610	EPIDURAL PAIN SERVICE	3180	3790	4155
31611	PCA (PATIENT CONTROLLED ANALGESIA)	3180	3790	4155
31612	LMA - AIR WAY	750	750	750
31613	DLT (DOUBLE LUMEN TUBE ) + FIBEROPTIC CONFIRMATION	6550	6550	6550
31614	SEVOFLURANE-INDUCTION	750	750	750
31615	SEVOFLURANE-MAINTENANCE	1185	1185	1185
31616	HB VALUE PER PATIENT IN THE O.R.	62	62	62
31621	RAE TUBE - AIRWAY	535	535	535
31622	PATIENT WARMING SYSTEM (BAIR HUGGER)	1000	1000	1000
31623	ANAESTHESIA - TEE(TRANS ESOPHAGEAL ECHO)	3365	4015	4405
31624	ULTRASOUND GUIDED REGIONAL BLOCKS	3205	3820	4190
31625	MICROLARYNGEAL TUBE	500	500	500
31626	REINFORCED FLEXOMETALLIC TUBE	375	375	375
31627	LARYNGECTOMY TUBE	475	475	475
31628	LASER TUBE	3000	3000	3000
31629	LMA SUPREME	1500	1500	1500
31630	GLIDESCOPE/VIDEOLARYNGOSCOPE-INTUBATION TECHNIQUE	1500	1500	1500
31631	HOT LINE WARMER SYSTEM	1145	1145	1145
31632	BIS SENSOR	2000	2000	2000
31633	NERVE STIMULATOR GUIDED REGIONAL BLOCKS	885	885	885
31634	LABOUR ANALGESIA	1385	1385	1385
31636	DAY CARE - DISPOSABLE TRAYS	50	50	50
31637	ANAESTHESIA PACKAGE FOR OPHTHALMOLOGY	5125	5125	5125
31638	ARDNT ENDOBRONCHIAL SET+FIBROPTIC SCOPE INTUBATION	8005	8005	8005
31639	EZ BLOCKER KIT + FIBRE-OPTIC INTUBATION TECHNIQUE	8070	8070	8070
31640	KING VISION / AIRTRAQ VIDEO LARYNGOSCOPE	975	975	975
31641	SPINAL ANAESTHESIA	615	615	615

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
31642	EPIDURAL ANAESTHESIA	930	930	930
31643	MASIMO O3 REGIONAL OXIMETER	13360	15925	17470
31644	TRANSCRANIAL DOPPLER-SINGLE SCREENING (2 HOURS)	2670	3185	3495
31645	TRANSCRANIAL DOPPLER-FULL STUDY (4 HOURS)	5045	6015	6595
31646	TRANSCRANIAL DOPPLER-MONITOR UPTO 8 HOURS	9645	11500	12615
31647	TRANSCRANIAL DOPPLER-MONITOR > 8 HOURS	14240	16980	18625
32000	PROSTHETIC & ORTHOTIC SERVICES			
32001	UCBL ORTHOSIS	2750	2750	2750
32002	BLOUNTS KAFO CHILD (O-3) YEARS SINGLE WITHOUT SHOE	3495	4170	4575
32003	PTB CLAM SHELL ORTHOSIS - SINGLE CHILD (O-3) YEARS	4525	5395	5915
32004	TYRO BAND GREEN	450	450	450
32005	TYRO BAND BLUE	680	680	680
32006	HAND SPLINTS CUSTOM-MADE			
32007	ELBOW CRUTCH TYNOR	1060	1060	1060
32008	HAND RESTING BRACE DYNA	650	650	650
32009	FOOTWEAR SANDAL READYMADE			
32010	KNEE SUPPORT OA LT/RT DYNA	1630	1630	1630
32011	LAP BOARD FOR WHEELCHAIR	1800	1800	1800
32012	ANTI TIPPER	820	820	820
32013	COMMODE CHAIR - VERMEIREN	9750	9750	9750
32014	NIGHT DEROTATION BRACE - DYNA	1800	1800	1800
32015	PHILEDPHIA COLLAR - ASPEN	7200	7200	7200
32016	DYNAMIC COCKUP WRIST BRACE WITH FINGER EXTENTION-D	1600	1600	1600
32017	GAITER 1 SMALL			
32018	GAITER 1 MEDIUM			
32019	GAITER 1 LARGE			
32020	GAITER 2 LARGE			
32021	GAITER 2 XL			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32022	GAITER 2 XXL			
32023	RESIN LAMINATION PROSTHESIS SOCKET			
32024	RESIN LAMINATION ORTHOSIS			
32259	COSMETIC DIGITS(ADULT)	1145	1365	1495
32260	COSMETIC DIGITS(CHILD)	865	1030	1130
32261	COS.HAND WITH R F C & COS.GL(WRST.LEVEL)(ADULT)	2975	3550	3895
32262	COS.HAND WITH R F C & COS.GL(WRST.LEVEL)(CHILD)	2245	2675	2935
32263	COS.HAND WITH R F C & COS.GL(F.ARM LEV)(ADULT)	3270	3900	4275
32264	COS.HAND WITH R F C & COS.GL(F.ARM LEV)(CHILD)	2440	2905	3190
32265	B.E.PROSTHESIS (ADULT)	21955	26180	28715
32266	B.E.PROSTHESIS (CHILD)	16480	19645	21550
32267	A.E.PROSTHESIS (ADULT)	33295	39695	43535
32268	A.E.PROSTHESIS (CHILD)	24965	29770	32650
32269	SHOULDER DISARTIC PROSTHESIS (ADULT)	19180	22870	25085
32270	SHOULDER DISARTIC PROSTHESIS (CHILD)	14385	17150	18810
32271	VOLUNTARY OPENHOOK-ALIMCO(ADULT)	2425	2890	3170
32272	VOLUNTARY OPENHOOK-ALIMCO(CHILD)	2425	2890	3170
32273	VOLUNTARY OPENHAND WITHOUT COS.GL-ALIMCO(ADULT)	2235	2665	2925
32274	VOLUNTARY OPENHAND WITHOUT COS.GL-ALIMCO(CHILD)	2020	2410	2645
32275	COSMETIC GLOVE(ADULT)	435	520	570
32276	COSMETIC GLOVE(CHILD)	435	520	570
32277	SYME'S PROSTHESIS(ADULT)	22895	27295	29935
32278	SYME'S PROSTHESIS(CHILD)	17165	20470	22450
32281	KNEE DISARTIC PROSTHESIS WITHOUT SHOE(ADULT)	54405	64870	71145
32282	KNEE DISARTIC PROSTHESIS WITHOUT SHOE(CHILD)	40800	48645	53355
32285	HIP DISARTIC PROSTHESIS WITHOUT SHOE(ADULT)	73975	88205	96740
32286	HIP DISARTIC PROSTHESIS WITHOUT SHOE(CHILD)	55465	66130	72530
32291	PTB SOCKET(ADULT)	13915	16595	18200
32292	PTB SOCKET(CHILD)	10445	12455	13660
32297	CERVICAL COLLAR (POLYTHENE)(ADULT)	990	1180	1290



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32298	CERVICAL COLLAR (POLYTHENE)(CHILD)	710	845	925
32327	KNEE CAGE(ADULT)	12155	14495	15895
32328	KNEE CAGE(CHILD)	9115	10865	11915
32333	POST SLAB (GROIN TO ANKLE) SINGLE(ADULT)	8845	10550	11570
32334	POST SLAB (GROIN TO ANKLE) SINGLE(CHILD)	6645	7920	8685
32335	POST SLAB (GROIN TO TOE) SINGLE(ADULT)	10530	12555	13770
32336	POST SLAB (GROIN TO TOE) SINGLE(CHILD)	7900	9415	10330
32337	FOREARM SLAB (SINGLE)(ADULT)	710	845	925
32338	FOREARM SLAB (SINGLE)(CHILD)	565	675	740
32343	BODY SHELL (DI TO SYMP. PUBIS)(ADULT)	8685	10355	11355
32344	BODY SHELL (DI TO SYMP. PUBIS)(CHILD)	6515	7765	8515
32345	BED SHELL (DI TO MID THIGH)(ADULT)	9965	11880	13030
32346	BED SHELL (DI TO MID THIGH)(CHILD)	7475	8915	9775
32347	BOSTON BRACE (ADULT)	14410	17180	18845
32348	BOSTON BRACE (CHILD)	10810	12890	14135
32349	POST ALK. WITH ANT. CAVAS(ADULT)	2450	2920	3205
32350	POST ALK. WITH ANT. CAVAS(CHILD)	1845	2200	2415
32353	MINERVA JACKET(ADULT)	6150	7330	8040
32354	MINERVA JACKET(CHILD)	4615	5505	6035
32355	RIGID COLLAR (CHIN TO STERNUM OCC.TO DI)(ADULT)	2750	3280	3595
32356	RIGID COLLAR (CHIN TO STERNUM OCC.TO DI)(CHILD)	2060	2455	2695
32357	COLOSTOMY DISC(ADULT)	620	735	810
32361	COCKUP SPLINT (METAL)(ADULT)	780	930	1020
32362	COCKUP SPLINT (METAL)(CHILD)	460	550	605
32363	COCKUP SPLINT (ALK) VOLAR (ADULT)	2260	2695	2960
32364	COCKUP SPLINT (ALK) VOLAR (CHILD)	1695	2025	2220
32367	PIP & DIP SPLINTS WIRE(ADULT)	935	1115	1225
32368	PIP & DIP SPLINTS WIRE(CHILD)	695	830	910
32369	KNUCKLE BENDER(ADULT)	2215	2645	2900
32370	KNUCKLE BENDER(CHILD)	1670	1990	2185

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32371	THUMB ABD. SPLINT WIRE(ADULT)	265	320	350
32372	THUMB ABD. SPLINT WIRE(CHILD)	210	250	270
32375	ULNAR DEVIATION SPLINT(ADULT)	920	920	920
32376	ULNAR DEVIATION SPLINT(CHILD)	615	615	615
32379	C' BAR ATTACHMENT FOR WRIST COCKUP(ADULT)	350	350	350
32380	C' BAR ATTACHMENT FOR WRIST COCKUP(CHILD)	280	280	280
32381	OUT RIGGER WITH RUB.BANDS & FING. COCKUP(ADULT)	815	970	1065
32382	OUT RIGGER WITH RUB.BANDS & FING. COCKUP(CHILD)	610	730	800
32391	THUMB WEB SPLINT (ALK)(ADULT)	635	760	835
32393	OPEN TOE BOOTS(ADULT)	2580	3075	3375
32394	OPEN TOE BOOTS(CHILD)	1930	2300	2525
32395	CLOSED TOE BOOTS(ADULT)	3165	3775	4140
32396	CLOSED TOE BOOTS(CHILD)	2380	2835	3110
32401	DENNIS BROWN SHOES(ADULT) CUSTOM-MADE	2345	2800	3070
32402	DENNIS BROWN SHOES(CHILD) CUSTOM-MADE	1935	2310	2535
32409	ALUM.ELBOW CRUTCHES (ALIMCO)-ONE PAIR(ADULT)	2155	2155	2155
32410	ALUM.ELBOW CRUTCHES (ALIMCO)-ONE PAIR(CHILD)	2010	2010	2010
32411	ELBOW CRUTCHES (CMC) (ONE PAIR)(ADULT)	4185	4990	5475
32412	ELBOW CRUTCHES (CMC) (ONE PAIR)(CHILD)	3140	3745	4105
32421	DENNIS BROWN SPLINT (WITHOUT SHOE)(ADULT)	1060	1265	1385
32422	DENNIS BROWN SPLINT (WITHOUT SHOE)(CHILD)	780	930	1020
32423	T STRAP(ADULT)	200	240	265
32424	T STRAP(CHILD)	145	170	185
32427	MCR INSOLE (ONE PAIR)(ADULT)	370	440	485
32428	MCR INSOLE (ONE PAIR)(CHILD)	285	340	375
32429	METATARSAL BAR(ADULT)	100	100	100
32430	METATARSAL BAR(CHILD)	70	70	70
32451	THOMAS SPLINT(ADULT)	945	1125	1235
32452	THOMAS SPLINT(CHILD)	715	855	935
32453	ARCH SUPPORT(ADULT)	200	200	200

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32454	ARCH SUPPORT(CHILD)	150	150	150
32459	PULLOVER KNEE CAP(ADULT)	510	510	510
32460	PULLOVER KNEE CAP(CHILD)	510	510	510
32461	BOHLER IRON(ADULT)	460	550	605
32462	BOHLER IRON(CHILD)	460	550	605
32477	HIP OR CHEST BELT FOR STANDING FRAME(ADULT)	430	510	560
32478	HIP OR CHEST BELT FOR STANDING FRAME(CHILD)	320	380	415
32487	WALKING SOLE(ADULT)	200	200	200
32488	WALKING SOLE(CHILD)	150	150	150
32489	HEEL FIXING(ADULT)	255	305	330
32490	HEEL FIXING(CHILD)	200	240	265
32492	MOULDED INSOLE (SINGLE)	2830	3370	3700
32494	POLYPROPYLENE AFO (ADULT) ALC	6570	7835	8595
32495	POLYPROPYLENE AFO (CHILD) ALC	4875	5815	6375
32496	CUSHION FOR WHEEL CHAIR 17X17	1250	1250	1250
32497	BURB CHAIR	2450	2450	2450
32498	WHEEL CHAIR SIZE 16 - WORTH MOBILITY	9240	9240	9240
32499	BREAST PROSTHESIS	935	1115	1225
32502	SOFT INSERT BK	1060	1265	1385
32503	SOFT INSERT AK	1230	1465	1605
32506	KAFO (HYBRID) ADULT	11940	14235	15615
32507	KAFO (HYBRID) CHILD	9895	11795	12935
32510	KAFO (HYBRID) BILATERAL ADULT	23880	28475	31230
32511	KAFO (HYBRID) BILATERAL CHILD	19785	23590	25875
32512	POLYPROPLENE FRO (ADULT)	7970	9500	10420
32513	POLYPROPLENE FRO (CHILD)	5980	7130	7820
32514	SHALIMAR HEEL RAISE 1/4"	255	305	330
32515	SHALIMAR HEEL RAISE 1/2"	300	355	390
32516	SHALIMAR HEEL RAISE 3/4"	325	390	425
32517	SHALIMAR HEEL RAISE 1"	370	440	485

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32518	SHALIMAR HEEL RAISE 1 1/4"	410	490	535
32519	SHALIMAR HEEL RAISE 1 1/2"	480	575	630
32520	VELCRO STRAP 1 PAIR	70	70	70
32521	LATEX TUBING 5mm 1- METRE	115	115	115
32522	STOCKINETTE 2 - 1 METRE	45	45	45
32523	CRUTCH TIP 7/8",1" (EACH)	70	70	70
32524	CRUTCH TIP			
32529	L.S. CORSET DELUX	680	680	680
32532	ALU. AXILLARY CRTUCHES	2040	2040	2040
32533	ELBOW CRUTCHES WORTH	690	690	690
32535	WALKING STICK SWAN NECK	810	810	810
32538	SAND BAG 1/4KG	125	125	125
32539	SAND BAG 1/2KG	135	135	135
32541	SAND BAG 1KG	190	190	190
32543	SAND BAG 2KG	210	210	210
32545	SAND BAG 3KG	380	380	380
32547	SAND BAG 4Kg	400	400	400
32548	ABDUCTION PILLOW	480	480	480
32550	ICRC TRANSTIBIAL PROSTHESIS	26000	31000	34000
32551	ICRC TRANSFEMORAL PROSTHESIS	47690	56860	62365
32552	B.E. MOTORISED HAND	31390	37425	41045
32553	A.E.MOTORISED HAND	41855	49905	54730
32554	PAVLIC HARNESS	2575	3070	3365
32556	KNEE CAP (ADULT) RM	390	390	390
32562	TEMPORARY PROSTHESIS (WITHOUT FOOT)	10245	12215	13395
32566	RESTRAINER (ADULT)	240	240	240
32567	RESTRAINER (CHILD)	165	165	165
32568	CERVICAL COLLAR (HARD) RM	320	320	320
32569	ARM SLING XL, L, M	450	450	450
32574	CHEST CORSET XL, L, M	850	850	850

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32575	COCKUP SPLINT DYNA XL, L, M	370	370	370
32576	COCKUP SPLINT BODY FIT XL, L, M	300	300	300
32577	CERVICAL TRACTION KIT UNIVERSAL	360	360	360
32578	CLAVICAL BRACE XL, L, M	480	480	480
32579	ELBOW CRUTCH DYNA REHAID SINGLE	950	950	950
32580	ELASTRO CREPE BANDAGE 6"	370	370	370
32581	ELASTRO CREPE BANDAGE 4"	300	300	300
32582	SILICON HEEL CUP XL, L, M PAIR	800	800	800
32583	SILICON SOLE - DYNA	1700	1700	1700
32584	SILICON TOE SPREDER	180	180	180
32585	SILICON CORN PAD/BUNION PAD	240	240	240
32586	KNEE CAP XL, L, M,(SEGO)	280	280	280
32589	KNEE BRACE HINGED BODY XL, L, M	1460	1460	1460
32594	SKIN TRACTION KIT SINGLE	500	500	500
32595	CERVICAL COLLAR SOFT - DYNA	390	390	390
32596	PELVIC BELT / TRACTION XL, L, M, S	760	760	760
32597	PHILEDPHIA COLLAR DYNA L, M, S	1090	1090	1090
32598	KNEE BRACE DYNA	940	940	940
32600	COMPRESSION STOCK CL-2 ABOVE KNEE(S)	2800	2800	2800
32601	COMPRESSION STOCK CL-2 BELOW KNEE(S)	2040	2040	2040
32604	HALO VEST XL, L, M, S			
32605	FOOT JAIPUR	800	800	800
32607	FOOT SACH ALIMCO-OTTOBOCK	2500	2500	2500
32608	TT PROSTHESIS ALIMCO-OTTOBOCK	32220	38415	42135
32609	TF PROSTHESIS ALIMCO-OTTOBOCK	69240	82555	90540
32610	TRIBALL	480	480	480
32617	ASH HYPER EXTENSION BRACE UNIVERSAL DYNA	1520	1520	1520
32621	HEMI SLING / BOBATH SLING CUSTOMADE	990	1180	1290
32622	LATEX TUBING 3MM	60	60	60
32623	CHEST STRAP / LEG STRAP FOR WHEEL CHAIR	150	150	150

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32624	BUNNELSS BLOCK	50	50	50
32625	GALLOW'S SPLINT CHILD	425	505	555
32627	MCR FOOTWEAR (GENTS/LADIES)(ADULT)	1205	1435	1575
32628	MCR FOOTWEAR(CHILD)	775	925	1010
32629	MCR FOOTWEAR READYMADE(GENTS/LADIES)(ADULT)	550	550	550
32630	MCR FOOTWEAR WITH BACKSTRAP(GENTS/LADIES)(ADULT)	2360	2815	3085
32631	MCR FOOTWEAR WITH BACKSTRAP(CHILD)	1205	1435	1575
32632	MCR FOOTWEAR WITH BACKSTRAP READYMADE GENTS/SIZE(5	790	790	790
32633	STANDING TABLE BELT	1500	1500	1500
32634	CRUTCH AXIL METAL ADJUSTABLE(ADULT)	640	640	640
32635	CRUTCH AXIL METAL ADJUSTABLE(CHILD)	630	630	630
32636	UNIVERSAL CUFF	245	245	245
32637	CUFF AND COLLAR DYNA(1.5M)	100	100	100
32638	POLYPROPYLENE ARTICULATED AFO(ALC)ADULT	11135	13275	14560
32639	POLYPROPYLENE ARTICULATED AFO(ALC)CHILD	8340	9945	10905
32642	TAYLOR'S SPINAL BRACE(TSR)BODYFIT	1400	1400	1400
32643	REPAIR & PADDING	145	170	185
32648	TUBIFIX - B	210	210	210
32649	TUBIFIX - E	300	300	300
32650	WRIST BAND	200	200	200
32653	ANTERIOR FOOTDROP SPLINT NOA	660	660	660
32654	EXTENSION PROSTHESIS WITHOUT FOOTPIECE(ADULT)	7085	8450	9265
32655	EXTENSION PROSTHESIS WITHOUT FOOTPIECE(CHILD)	5300	6315	6930
32656	THERMOPLASTIC SHEET 2MM (25 SQ.CM)	80	80	80
32657	THERMOPLASTIC SHEET 3MM (25 SQ.CM)	95	95	95
32661	MCR FOOTWEAR READYMADE GENTS CHAPPAL	620	620	620
32663	VELCRO 1" (Metre)	40	40	40
32664	VELCRO 2" (Metre)	90	90	90
32665	BUCKS APPARATUS	790	790	790
32668	WRIST WRAP TYNOR	300	300	300

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32669	ANKLE SUPPORT SEGO	290	290	290
32671	L.S. CORSET ELNOVA XL,L	1130	1130	1130
32672	L.S. CORSET ELNOVA M,S	1130	1130	1130
32674	ELBOW SUPPORT DYNA	280	280	280
32675	ANKLE FOOT ORTHOSISPEDIS DROP DYNA	1000	1000	1000
32737	ENDOLITE TRANSTIBIAL PROSTHETIC SYSTEM			
32738	ENDOLITE TRANSFEMORAL PROSTHETIC SYSTEM			
32739	ENDOLITE ORTHOTIC SYSTEM			
32740	ENDOLITE COSMETIC RESTORATION/ACCESSORIES/REPAIR			
32741	OTTO BOCK TRANSTIBIAL PROSTHETIC SYSTEM			
32742	OTTO BOCK TRANSFEMORAL PROSTHETIC SYSTEM			
32743	OTTO BOCK ORTHOTIC SYSTEM			
32744	OTTO BOCK COSMETIC RESTORATION/ACCESSORIES/REPAIR			
32749	ANKLE BINDER S,M,L (TYNOR)	290	290	290
32753	ARM SLING CHILD	230	230	230
32755	TENNIS ELBOW (TYNOR)	310	310	310
32756	KNEE BRACE LIMITED MOTION ROM UNIVERSAL (TYNOR)	2440	2440	2440
32757	THUMB SPICA (TYNOR) UN	320	320	320
32758	KNEE BRACE IMMOBILISER 19 LONG (TYNOR)	1230	1230	1230
32759	VOLAR TURN BUCKLE WRIST ADJ.SPLINT (NOA)	1570	1570	1570
32761	LEAD WEIGHT CUFF BAG 500 GM	630	630	630
32762	LEAD WEIGHT CUFF BAG 1 KG	980	980	980
32763	LEAD WEIGHT CUFF BAG 2 KG	1380	1380	1380
32768	MCR FOOTWEAR LADIES SANDAL READYMADE SIZE(3TO10)PA	750	750	750
32770	WALKER NON - RECIPROCAL ADJ. (DYNA)	2490	2490	2490
32771	WALKER RECIPROCAL ADJ. ADULT (WORTH)	1920	1920	1920
32774	WHEEL CHAIR SIZE -14 - WORTH MOBILITY	9120	9120	9120
32775	WHEEL CHAIR SIZE 10 / 12 - WORTH MOBILITY	7000	7000	7000
32778	GAITER ADULT (READYMADE)	2615	3115	3415
32779	GAITER SMALL ( READYMADE)	1805	2155	2365

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32780	KNEE BRACE LIMITED MOTION ( PRIMIUM) DYNA	4470	4470	4470
32783	GYPSONA 6 "	100	100	100
32784	GYPSONA 4 "	80	80	80
32785	CHIN STRAP LIPOMED	1540	1540	1540
32786	PAVLIC HARNESS READYMADE	750	750	750
32788	SUPRA MALLEOLAR ORTHOSIS (SMO)	4395	5240	5745
32790	AK SOCKET CHANGE (IC)	17000	17000	17000
32791	PARTIAL FOOT PROSTHESIS EVA	2755	3285	3605
32792	PARTIAL FOOT PROSTHESIS POLYPROPELYN	7350	8765	9615
32795	MODULED SEAT	7775	9270	10165
32796	ANKLE IMMOBILIZER DYNA	940	940	940
32797	WRIST COCK-UP TYNOR	390	390	390
32799	CAST SHOE TYNOR	750	750	750
32800	COMPRESSION ARM SLEEVE SHOULDER DYNA	1570	1570	1570
32801	FOOT SACH	1300	1300	1300
32802	RESTING AFO WITH DEROATATION BAR NOA	1470	1470	1470
32803	B K BELT READYMADE	430	430	430
32804	A K BELT READYMADE	445	445	445
32805	DENNIS BROWN SPINT DYNAMIC WITHOUT SHOE	340	340	340
32807	P&O INTERNATIONAL ORTHOTIC SYSTEM			
32808	P&O INTERNATIONAL TRANSFEMORAL PROSTHETIC SYSTEM			
32809	P&O INTERNATIONAL TRANSTIBIAL PROSTHETIC SYSTEM			
32810	MOBILITY INDIA COSMETIC RESTORATION/ACCESSORIES/RE			
32811	MOBILITY INDIA ORTHOTIC SYSTEM			
32812	ALIMCO COSMETIC RESTORATION/ACCESSORIES/REPAIR			
32813	ALIMCO ORTHOTIC SYSTEM			
32814	DYNA COSMETIC RESTORATION/ACCESSORIES/FOOT WEAR			
32816	L S CORSET BREATH DYNA	850	850	850
32817	ABDOMINAL BINDER BREATH DYNA	670	670	670
32818	TAYLOR KNIGHT BRACE TYNOR	2580	2580	2580



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32819	KNEE CAP OPEN PATELLA - TYNOR	640	640	640
32821	AAPSON COSMETIC RESTORATION/ACCESSORIES			
32822	SOCKS STUMP DYNA	150	150	150
32826	KNEE BRACE HINGED GENU ORTHO	1230	1230	1230
32827	KNEE BRACE SPIRAL GENU M-L	900	900	900
32828	WRIST & FOREARM SPLINT	710	710	710
32829	TIBIAL BRACE READYMADE	1540	1540	1540
32830	FEMUR BRACE - READYMADE	1950	1950	1950
32831	HUMERUS BRACE READYMADE	940	940	940
32832	BLOUNTS KAFO CHILD SINGLE WITHOUT SHOE	4805	5730	6280
32833	SHOULDER ABDUCTION SPLINT	5285	6300	6910
32834	HIP ABDUCTION BRACE	7455	8890	9750
32835	HELMET	5455	6505	7130
32836	ICRC APPLIANCES			
32837	QUADRIPOD WALKING STICK	1200	1200	1200
32839	HEMI SLING READYMADE	450	450	450
32842	SOMI BRACE (MGRM)	2000	2000	2000
32843	THOMAS HEEL	170	170	170
32844	WASHER PADDING SINGLE	40	40	40
32845	DB SPLINT READYMADE ADJUSTABLE	480	480	480
32846	KNEE CAP PULL OVER READYMADE	510	510	510
32847	STOCKINETTE 4 - 1 METRE	75	75	75
32848	KNEE BRACE LIMITED MOTION SHORT (DYNA)	2370	2370	2370
32849	KNEE BRACE IMMOBILISER 14 SHORT (TYNOR)	950	950	950
32850	ELBOW BRACE ROM TYNOR	2790	2790	2790
32851	ANKLE FOOT ORTHOSISPEDIS DROP TYNOR	1200	1200	1200
32852	TRIPOD WALKING STICK	1200	1200	1200
32854	THERMOPLASTIC SHEET 4MM (25 SQ.CM)	115	115	115
32855	PTB CLAM SHELL ORTHOSIS - SINGLE ADULT	8620	10275	11270
32856	PTB CLAM SHELL ORTHOSIS - SINGLE CHILD	6470	7710	8460

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32857	PTB BOHLER IRON ORTHOSIS - SINGLE ADULT	7065	8425	9240
32858	PTB BOHLER IRON ORTHOSIS - SINGLE CHILD	5510	6570	7210
32859	WHEEL CHAIR - MOTIVATION INDIA	12550	12550	12550
32860	FOOTWEAR OUTER SOLE MODIFICATION	500	500	500
32861	WHEEL CHAIR VERMEIREN (SIZE 15/16/17)	15090	15090	15090
32862	WHEEL CHAIR MODIFICATION			
32863	CAPSTON FOR WHEEL CHAIR	700	700	700
32864	SURGICAL SHOES PAIR	2120	2525	2770
32865	LAP BOARD WALKER	8000	8000	8000
32866	KAFO PP FULL LENGTH SINGLE	29575	35265	38675
32867	POLYPROPYLENE AFO (ADULT) ALC (BILATERAL)	12580	14995	16450
32868	POLYPROPYLENE AFO (CHILD) ALC (BILATERAL)	9330	11120	12200
32869	MCR FOOTWEAR WITH HEEL COUNTER CUSTOMADE(GENTS/LAD	2540	3030	3325
32870	TRICYCLE CLIPON - MOTIVATION INDIA	26150	26150	26150
32871	DUMBBELLS GRIP NYLON SPLINT - SINGLE(REHAB)	2165	2580	2830
32874	VOLAR COCKUP WITH FLEXORS OUTTRIGGER-SINGLE ADULT(	2570	3060	3360
32878	DEEBAK WILLIAM SPLINT	980	980	980
32879	COCCYX CUSHION	980	980	980
32880	POLYPROYLENE AFO CHILD(O-3)YEARS	3535	4215	4625
32881	LATERAL/MEDIAL WEDGE-SINGLE SIDE	150	150	150
32882	MCR FOOTWEAR GENTS SANDAL SIZE(12-14)	750	750	750
32883	SAND BAG 5KG	420	420	420
32885	MCR FOOTWEAR LADIES SANDAL READYMADE SIZE(11TO12)P	750	750	750
32886	MCR WITH HEEL COUNTER READYMADE FOOT WEAR-PAIR ADU	1700	1700	1700
32887	DB SHOES READYMADE PAIR CHILD	945	945	945
32888	KNEE BRACE OA DONJOY			
32889	KNEE WRAP READYMADE	620	620	620
32890	WHEEL CHAIR INVACARE	22400	22400	22400
32892	WALKER RECIPROCAL 1	2040	2040	2040
32893	SPOON PADDING	70	85	95

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32894	PADDING THERMOPLAST SPLINT	215	255	280
32895	STRAP EXTENSION FOR FOOTWEAR	70	85	95
32896	KAFO PP FULL LENGTH ARTICULATED SINGLE	34340	40945	44905
32897	FORE ARM BRACE CUSTOM-MADE	4730	5640	6190
32898	TIBIAL BRACE (DELBET) CUSTOM-MADE	5835	6960	7635
32899	FEMUR BRACE CUSTOM-MADE	7435	8865	9725
32900	HUMERUS BRACE CUSTOM-MADE	6030	7190	7890
32901	SERIAL STRECHING SPLINT CUSTOM-MADE	6810	8120	8910
32902	KAFO (HYBRID)ADULT ARTICULATED	16395	19545	21435
32903	KAFO (HYBRID) CHILD ARTICULATED	14410	17180	18845
32904	WHEEL CHAIR - HIGH END MODEL			
32905	SHEARWATER MCR FOOTWEAR MARSHALL	2250	2250	2250
32906	SHEARWATER MCR FOOTWEAR DORA	1700	1700	1700
32907	BUNION / HALLUS VALGUS SPLINT	550	550	550
32908	GAITER ADULT (BILATERAL)	5225	6230	6835
32909	GAITER CHILD (BILATERAL)	3620	4315	4735
32910	SHEARWATER MCR FOOTWEAR ROCKLAND	1850	1850	1850
32911	KNEE SUPPORT OA LT/RT TYNOR	1710	1710	1710
32912	ANKLE WRAP UNI	750	750	750
32913	PELVIC BINDER	760	760	760
32914	SHOULDER IMMOBILISER DYNA	640	640	640
32915	KNEE BRACE GENU GRIP	900	900	900
32916	RIB BRACE DYNA	690	690	690
32918	COCK UP CHILD	230	230	230
32919	CERVICAL COLLAR SOFT-TYNOR	390	390	390
32920	WRIST WRAP WITH THUMB TYNOR	430	430	430
32921	KNEE WRAP HINGED - TYNOR	1690	1690	1690
32925	SOCKS (TEMPLE SOCKS PODIAFIX	600	600	600
32926	WALKER READYMADE ADULT WITH WHEEL	2370	2370	2370
32927	WALKER READYMADE CHILD WITH WHEEL	2490	2490	2490

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32929	BREAST PROSTHESIS SILICONE - TYNOR	2300	2300	2300
32930	BREAST PROSTHESIS SILICONE - DYNA	4230	4230	4230
32931	OSSUR TRANSFEMORAL PROSTHETIC SYSTEM			
32932	OSSUR TRANSTIBIAL PROSTHETIC SYSTEM			
32933	3D PRINTING SERVICES			
32934	REPAIR & ADJUSTMENT WORK PROSTHESIS - (30 MINS)	50	50	50
32935	REPAIR & ADJUSTMENT WORK ORTHOSIS - (30 MINS)	50	50	50
32936	ICRC TRANSFEMORAL PROSTHESIS (IC SOCKET)	54405	64870	71145
32937	TUBIFIX - C	240	240	240
32938	TUBIFIX - D	290	290	290
32939	TUBIFIX - F	310	310	310
32940	TUBIFIX - G	350	350	350
32941	ABDOMINAL BINDER UNIVERSAL (4 PANEL)	850	850	850
32942	AIR WALKER-TYNOR	4700	4700	4700
32943	COCCYX CUSHION SEAT TYNOR	2130	2130	2130
32944	COCCYX AIR CUSHION AKTIVE	1140	1140	1140
32945	CANADIAN AUXILLA CRUTCHES SUPPORT	985	985	985
32946	COLOR SHEET FOR PP (SINGLE) CHILD	180	180	180
32947	COLOR SHEET FOR PP (SINGLE) ADULT	350	350	350
32948	PHILEDPHIA COLLAR CHILD	1070	1070	1070
32949	SHOLUDER ABDUCTION SPLINT (AEROPLANE) - DYNA	3190	3190	3190
32950	SILICON SOLE - TYNOR	1700	1700	1700
32951	SILICON TOE CAP AKTIVE	290	290	290
32952	SILICON TOE SLEEVE	290	290	290
32953	SILICON DOUBLE LOOP BUNION	390	390	390
32954	SILICON BUNION SLEEVE	590	590	590
32955	SILICON GEL TUBBING	400	400	400
32956	SILICON HAMMER TOE PAD AKTIVE	490	490	490
32957	HIP ABDUCTION BRACE (PP) CHILD	4455	5310	5825
32959	SCOLIOSIS BRACE	10990	13105	14375

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32960	COCKUP SPLINT (PP) VOLAR (ADULT)	3320	3960	4345
32961	COCKUP SPLINT (PP) VOLAR (CHILD)	2440	2905	3190
32962	GAITER CHILD (0-3) YEARS	1145	1365	1495
32963	HEMI SLING READYMADE (VELVET)	600	600	600
32964	WALKER PADDING (MCR & LEATHER)	500	500	500
32966	WHEEL CHAIR JAZZ S20 VERMERIAN	8350	8350	8350
32967	ASSISTIVE DEVICES			
32968	COSMETIC RESTORATION SILICONE (CUSTOM-MADE)			
32969	BREAST PROSTHESIS SILICONE (CUSTOM-MADE)			
32970	SKATE BOARD - UPPER LIMB TRAINING AID	2830	3370	3700
32971	AK SOCKET CHANGE (QUAD)	16960	20220	22175
32972	TT PROSTHESIS OSSUR ASPIRE	136925	163255	179055
32973	TT PROSTHESIS OTTOBOCK QUALITAT	40060	47765	52385
32974	TF PROSTHESIS OTTOBOCK QUALITAT 3R20 POLYCENTRIC	85000	85000	85000
32975	TF PROSTHESIS OTTOBOCK 3R15 SAFETY KNEE	187935	224075	245760
32976	TF PROSTHESIS OTTOBOCK 3R78 PNEMATIC KNEE	254350	303265	332615
32977	TF PROSTHESIS OTTOBOCK 3R80 HYDRALIC KNEE	662720	790165	866635
32978	TF PROSTHESIS OTTOBOCK 3R106 PRO POLYCENTRIC KNEE	422500	503750	552500
32979	TF PROSTHESIS OSSUR OP2 POLYCENTRIC KNEE	204895	244295	267935
32980	TF PROSTHESIS WINWALKER	109655	130745	143395
32981	LINER ASPIRE FOR TT PROSTHESIS	35820	42710	46845
32982	LINER ICECROSS SEAL FOR TT PROSTHESIS	97850	116670	127960
32983	LINER ICECROSS SEAL FOR TF PROSTHESIS	112340	133945	146905
32984	EASY FIT FOR PROSTHESIS	3800	3800	3800
32985	TES BELT FOR PROSTHESIS			
32986	FOOT SACH OTTOBOCK	9185	10950	12010
32987	FOOT DYNAMIC OTTOBOCK	31020	36985	40560
32988	FOOT TERION WITH FOOT SHELL OTTOBOCK	85775	102270	112165
32989	FOOT TRIAS WITH FOOT SHELL OTTOBOCK	155720	185665	203635
32990	FOOT TRITON WITH FOOT SHELL OTTOBOCK	334535	398870	437470

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
32991	FOOT ASPIRE OSSUR	101740	121305	133040
32992	FOOT BALANCE OSSUR	114175	136130	149305
32993	FOOT BALANCE J OSSUR	113040	134780	147825
32994	FOOT SYMES	3500	3500	3500
32995	WHEEL CHAIR VERMEIREN (SIZE 12/14)	16740	16740	16740
32996	STOCKINETTE 3 - 1 METRE	65	65	65
32997	STOCKINETTE 6 - 1 METRE	110	110	110
32998	WALKER READYMADE CHILD WITHOUT WHEEL	2190	2190	2190
32999	WALKER READYMADE ADULT WITHOUT WHEEL	2250	2250	2250
33000	DIET (PATIENT)			
33011	O.P. DIET CONSULTATION	430	430	430
33205	I.P. DIET CONSULTATION	555	660	725
33206	NORMAL (VEG/NON VEG)	551	551	551
33207	NORMAL THERAPEUTIC (VEG/NON VEG)	551	551	551
33208	WESTERN (VEG/NON VEG)	666	666	666
33209	WESTERN THERAPEUTIC (VEG/NON VEG)	666	666	666
33210	PMR BLEND	145	145	145
33211	HCCM 1 LTR	220	220	220
33212	BURNS 600 ML	90	90	90
33213	RENAL BLEND 150 ML	95	95	95
33215	JEJ FEEDS - DAY 1	170	170	170
33218	BED COFFEE / TEA	26	26	26
33219	SOUP	30	30	30
33220	MILK 200ML	24	24	24
33221	EGG	12	12	12
33223	BLEND 1 300 ML	85	85	85
33224	BLEND 5 500 ML	165	165	165
33225	BLEND 6 500 ML	285	285	285

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
33226	JEJ FEEDS - DAY 2	235	235	235
33227	JEJ FEEDS - DAY 3	310	310	310
33228	JEJ FEEDS - DAY 4	390	390	390
33229	JEJ FEEDS - DAY 5	470	470	470
33230	JEJ FEEDS - DAY 6	540	540	540
33231	JEJ FEEDS - DAY 7	620	620	620
33301	OP DIET CONSULTATION FOR LIVER TRANSPLANT(10 VISIT	2705	2705	2705
34000	MEDICAL RECORDS			
34001	REGISTRATION -GENERAL WARDS IP	1000	1195	1310
34002	REGISTRATION -PRIVATE WARDS IP	1310	1310	1310
34101	NEW REGISTRATION OPD	220	220	
34102	REPEAT REGISTRATION OPD	160	160	
34103	PRIVATE REPEAT REGISTRATION OPD (WITHIN 3 MONTHS)	390	390	
34104	NEW REGISTRATION CASUALTY	370	370	370
34105	REPEAT REGISTRATION CASUALTY	370	370	370
34106	REPEAT REGISTRATION CHEST PAIN	370	370	
34110	PRIVATE CONSULTATION ONCE IN 3 MONTHS	680	680	
34111	REPEAT REGISTRATION OPD SAMEDAY			
34113	FIRST CONSULTATION	680	680	
34114	NEW REGISTRATION CHEST PAIN	370	370	
34118	ALPHA CLINIC NEW VISIT	1995	1995	
34119	ALPHA CLINIC REPEAT VISIT	430	430	
34120	ALPHA CLINIC AFTER 3 MONTH	1660	1660	
34121	PCF 2ND VISIT			
34122	ALPHA CONSULTATION CHARGES	1000	1000	
34123	CONVERSION CHARGES FROM PRIVATE TO ALPHA CLINIC	1050	1050	
34124	CONVERSION CHARGES FROM GENERAL TO ALPHA CLINIC	1710	1710	
34125	CONVERSION PRIVATE 3 MON RENEWAL/NEW REF. TO ALPHA	820	820	

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
34126	CONVERSION GENERAL 3 MON RENEWAL/NEW REF. TO ALPHA	1500	1500	
34127	CONVERSION CHARGES PRIVATE REPEAT TO ALPHA CLINIC	40	40	
34128	CONVERSION GENERAL REPEAT TO PRIVATE REPEAT REGIST	230	230	
34129	SAME DEPARTMENT REFERRAL TO ALPHA CLINIC	905	905	
34130	REGISTRATION -GENERAL WARDS DAY CARE	330	330	
34131	CONVERSION CARDIOLOGY TO EPC(REFERAL) ALPHA CLINIC	980	980	
34134	IBD REFERRAL CLINIC	330	330	
34135	IBD REFERRAL CLINIC REPEAT	330	330	
34136	IRO PATIENTS(PROCESSING FEES)	600	600	
34137	INSTAPAC-IMPORT/EXPORT EXTERNAL IMAGES AND CD COPY	400	400	
34138	PVT. NEW REGN. WITH 1 VISIT(WITHIN 3MON.SAME UNIT)	1430	1430	
34139	POST TRANSPLANT FOLLOW UP HAEMATOLOGY			
34142	CDC-NEW REGISTRATION-PRIVATE	580	690	
34143	CDC-REPEAT REGISTRATION-PRIVATE	300	355	
34144	CDC-PRIVATE CONSULTATION ONCE IN 3 MONTHS	330	395	
34145	CDC-PRIVATE FIRST CONSULTATION	330	395	
34146	K OUTREACH-NEW REGISTRATION	370	440	
34147	K OUTREACH-REPEAT REGISTRATION	160	160	
34148	LABOUR ROOM TRIAGE REGISTRATION CHARGES	355	355	
34149	TELEMEDICINE REPEAT REGISTRATION(WITH IN 3 - VIDEO	390	390	
34150	TELEMEDICINE REPEAT REGISTRATION(WITH IN 3 - AUDIO	390	390	
34151	TELEMEDICINE NEW REGISTRATION - VIDEO	900	900	
34152	TELEMEDICINE CONSULTATION ONCE IN 3 MONTH - VIDEO	840	840	
34153	TELEMEDICINE NEW REGISTRATION - AUDIO	900	900	
34154	TELEMEDICINE CONSULTATION ONCE IN 3 MONTH - AUDIO	840	840	
34156	REPEAT REGISTRATION - HAEMATOLOGY CASUALTY	355	355	
34157	TRIAGE CLINIC - NEW REGISTRATION	560	560	
34158	TRIAGE CLINIC - REPEAT REGISTRATION	560	560	
34159	CHITTOOR-PRIVATE CONSULTATION ONCE IN 3 MONTHS	525	525	525
34160	CHITTOOR-PRIVATE REPEAT REGISTRATION OPD(3MONTH)	315	315	315



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
34161	RANIPET PRIVATE CONSULTANT	390	390	390
34162	RANIPET GENERAL REGISTRATION	160	160	160
34163	CHITTOOR-PRIVATE NEW REGISTRATION OPD	650	650	650
34164	PAC REGISTRATION CHARGES	390	390	390
34165	POST TRANSPLANT FOLLOW UP NEPHROLOGY(FOR 10 YEARS)			
35000	CYLINDER ROOM			
35002	OXYGEN	90	90	90
35003	COMPRESSED AIR	195	195	195
37000	OCCUPATIONAL THERAPY			
37018	OCCUP. THERAPY OP 1 DAY ONLY	860	1025	1120
37019	OCCUP. THERAPY OP MORE THAN 1 DAY	580	690	755
37020	OCCUPATIONAL THERAPY IP SERVICES	580	690	755
39000	A K LAB			
39012	HAEMODIALYSIS (REGULAR)			
39110	DIALYSIS CATHETER PROCEDURE CHARGES	2830	3370	3700
39112	TEMPORARY CATHETER CONSUMABLES	5235	5235	5235
39123	WBC FILTER (DOUBLE)	2695	2695	2695
39138	SCUF/ULTRA FILTRATION ( 3HOURS)			
39141	TRIPLE LUMEN CATHETER CONSUMABLES	8880	8880	8880
39143	PLASMAPHERESIS (MEMBRANE)			
39155	ICU DIALYSIS			
39160	PERM CATHETER CONSUMABLES	17755	17755	17755
39162	SLEDD			
39165	CAPD INSERTION PACKAGE	70725	84330	92490

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
39166	PERITONEAL DIALYSIS - CAPD	540	540	540
39169	ENROLLING PATIENTS IN DECEASED DONOR WAIT LIST	365	365	365
39172	ORGAN DONOR MAINTENANCE CHARGES	33950	33950	33950
39173	NEPHROLOGY ECG CHARGES	610	730	800
39180	CRRT PROCEDURE CHARGES ( 72 HRS )	7415	8845	9700
39181	CRRT KIT CHARGES	25000	25000	25000
39182	CRRT CONSUMABLES PER HOUR (AFTER 6 HRS)	1000	1000	1000
39183	HEMODIALYSIS PROCEDURE CHARGES	2280	2280	2280
39184	HEMODIALYSIS (FX8) CONSUMABLES	750	750	750
39185	HEMODIALYSIS (FX5) CONSUMABLES	820	820	820
39186	HEMODIALYSIS (FX10) CONSUMABLES	1050	1050	1050
39187	SLEDD PROCEDURE CHARGES	11415	11415	11415
39188	SLEDD CONSUMABLES	850	850	850
39189	PLASMAPHERESIS (MEMBRANE) PROCEDURE CHARGES	12935	12935	12935
39190	PLASMAPHERESIS (MEMBRANE) CONSUMABLES CHARGES	8800	8800	8800
39191	PLASMAPHERESIS (CENTRIFUGAL) PROCEDURE CHARGES	9865	9865	9865
39192	PLASMAPHERESIS (CENTRIFUGAL) CONSUMABLES	10820	10820	10820
39193	PLASMAPHERESIS(CENTRIFUGAL)			
39194	ULTRA FILTRATION PROCEDURE CHARGES	2280	2280	2280
39195	ULTRA FILTRATION CONSUMABLES	700	700	700
39196	ICU DIALYSIS PROCEDURE	7380	8795	9650
39197	ICU DIALYSIS CONSUMABLES	700	700	700
39198	DIALYSIS KPI			
39199	CAPD FOLLOW UP			
39200	APD FOLLOW UP			
39201	PD CATHETER INSERTION	63590	75820	83155
39202	PD CATHETER REPOSITIONING	42235	50360	55235
39203	PD FOLLOW UP (IP/OP FIRST 7 DAYS)	2120	2525	2770
39500	A K LAB CAPD CHARGES			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
3A000	HOSPITAL ANNEXE			
3A001	DOUBLE ROOM	845	845	845
3F000	WARDS			
3F001	AIR CONDITION	685	685	685
3F002	CAMP COT	125	125	125
3F004	STORES SUPPLY			
3F005	ELECTRICITY (EXTRA FAN)	125	125	125
3F006	K-60 CATHETER			
3F008	WARMER			
3F009	AIR COOLER CHARGES (PER COOLER-OWN)	135	135	135
3F010	AIR COOLER CHARGES (PER COOLER-HOSP.)	455	455	455
3F011	GEYSER	200	200	200
3F014	WARD-NON-INVASIVE PATIENT MONITOR PER DAY	675	805	885
3F015	WARD-BIPAP PER DAY	1380	1645	1800
3F018	INJ. PETHIDINE(VERPAT) 50mg/ml,1 ml	45	45	45
3F019	INJ. MORPHINE(TABLETS INDIA)10mg/ml,1 ml	25	25	25
3F020	INJ. MORPHINE(VERNOR-PRESERVATIVE FREE) 10mg/ml,1m	25	25	25
3F021	INJ.FORTWIN(PENTAZOCINE)30mg/ml,1ml	30	30	30
3F022	INJ.FENTANYL CITRATE(FENDROP)50mcg/ml,1 ml	50	50	50
3F023	INJ.FENTANYL CITRATE(FENDROP)50mcg/ml,10 ml	157	157	157
3F024	INJ.PHENOBARBITONE(NICHILAS)200mg/ml,1 ml	20	20	20
3F025	INJ.NALOXONE(NALOX)40mcg/ml,1 ml	95	95	95
3F028	INJ.FENTANYL TRANSDERMAL PATCHES(DUROGESIC)25mcg/h	800	800	800
3F029	FENTANYL TRANSDERMAL PATCHES(DUROGESIC)50mcg/hr,5m	1400	1400	1400
3F034	MANTOUX TEST	240	240	240
3F035	ORGAN HARVESTING FOR KIDNEY / LIVER	48910	48910	48910
3F036	GRBS - ROUTINE (LESS THAN 4 STRIPS PER DAY)	240	240	240

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
3F038	TAB.VERMOR 10MG	5	5	5
3F039	TAB.VERMOR SR 10MG	5	5	5
3F041	INJ.PETHITROY 50MG/ML,1ML	50	50	50
3F042	INJ.TROFENTYL 50MCG/ML,2ML	45	45	45
3F048	MONITORING CHARGES (L1)-PER DAY (1ST 3 DAYS)	175	210	230
3F049	MONITORING CHARGES (L1)-PER DAY (SUBSEQ DAYS)	85	100	110
3F050	MONITORING CHARGES (L2)-PER DAY (1ST 3 DAYS)	265	320	350
3F051	MONITORING CHARGES (L2)-PER DAY (SUBSEQ DAY)	115	140	155
3F052	MONITORING CHARGES (L3) 1ST 3 DAYS(PER DAY)	385	460	500
3F053	MONITORING CHARGES (L3) SUBSEQ DAY(PER DAY)	200	240	265
3F057	FENSTUD(FENTANYL)TRANSDERM PATACH 50MCG/1HOUR/804M	850	850	850
3F058	HEAVY DUTY BAG	605	605	605
3F059	INJ. VERFEN 50MCG/1ML,2ML	48	48	48
3F060	INJ. VERFEN 50MCG/1ML, 10ML	239	239	239
3F063	INJ. 6IPZOCIN 30MG/1ML, 1ML	28	28	28
3F064	STOMA CARE SERVICES			
3F073	ARTERIAL LINE INSERTION	1070	1070	1070
3F074	CENTRAL LINE INSERTION	1070	1070	1070
3F075	INFECTION CONTROL CHARGES (PVT SARI WARD)	1050	1050	1050
3F085	LEVEL - 2 AC CHARGES	685	685	685
3F089	INFECTION CONTROL CHARGES(NON COVID OPERATING ROOM	315	315	315
3F090	GRBS	65	65	65
3F102	INJ. KETMIN 50mg/ml, 2ml	27.14	27.14	27.14
3F103	INJ. KETMIN 50mg/ml, 10ml	129.95	129.95	129.95
3F104	INJ. ANEKET 50mg/ml, 2ml			
3F105	INJ. ANEKET, 50mg/ml, 10ml			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
40000	NEURO SCIENCES DEPARTMENT			
40011	EEG FIRST SITTING	3165	3775	4140
40013	EMG STUDY (NEUROSCIENCES DEPT)	4275	5100	5595
40015	EEG TELEMETRY 1 HOUR	4275	5100	5595
40016	EEG TELEMETRY 2-4 HOURS	5270	6285	6895
40017	EEG TELEMETRY 6 HOURS	6435	7675	8415
40018	EEG TELEMETRY 12 HOURS	11135	13275	14560
40019	EEG TELEMETRY 24 HOURS	18475	22025	24155
40034	INTRAOPERATIVE MONITORING	9490	11315	12410
40042	STEREOTACTIC RADIO SURGERY	222035	264735	290350
40045	IOM INTERPRETATION CHARGE	4240	5055	5540
40046	I.C.U. MONITOR PER DAY	2255	2255	2255
40048	SPECIAL INSTRUMENT	7065	8425	9240
40052	ICU VENTILATOR PER DAY	1195	1195	1195
40054	STB SPL INSTRUMENT			
40055	IOM SYSTEM	17455	20810	22825
40056	IOM-EPILEPSY	9970	11890	13040
40060	STEREOTACTIC BIOPSY ( GENERAL WARD)	8625	8625	8625
40061	STEREOTACTIC BIOPSY ( TRIBLE ROOM)	12930	12930	12930
40062	STEREOTACTIC BIOPSY ( SEMI - PRIVATE )	16405	16405	16405
40063	STEREOTACTIC BIOPSY ( PRIVATE)	23275	23275	23275
40066	NEUROPSYCHOLOGICAL ASSESSMENT FOR PRE-OPERATIVE	3675	4380	4805
40067	POST-OPERATIVE / FOLLOW UP	1870	2230	2450
40072	INSTRUMENTATION CHARGES(OUT SIDE PURCHASES)			
40075	TCD - NEUROLOGY	4110	4900	5370
40076	EMBOLI DETECTION	4110	4900	5370
40080	ASSESSMENT,ELECTROPHYSIOLOGICAL STUDIES	4545	5420	5940
40083	NEUROPSYCHOLOGICAL ASSESSMENT FOR CHILDREN	2600	3100	3400
40084	NEUROPSYCHOLOGICAL ASSESSMENT FOR ADULTS-SCREENING	1175	1405	1540

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
40088	NIMHANS NEUROPSYCHOLOGICAL BATTERY FOR ADULTS(2004	2290	2730	2990
40089	NEUROPSYCHIATRIC EVALUATION	2600	3100	3400
40091	PLASMAPHERESIS MACHINE & EXCHANGE KIT	35590	42430	46540
40092	AUTONOMIC FUNCTION TESTS (NEUROLOGY)	4990	5950	6530
40093	STROKE PREDISPOSITION TEST	5585	6660	7300
40094	AED RESISTANCE GENETIC TEST	8340	9945	10905
40095	DNA ISOLATION CHARGES	710	845	925
40096	MEDIUM PRESSURE SHUNT SH202			
40097	HIGH PRESSURE SHUNT SH201			
40098	LOW PRESSURE SHUNT SH203			
40099	MEDIUM PRESSURE SHUNT ANTI BACTERIAL-SH202BR			
40100	Y CONNECTOR WITH VENTRICULAR CATHETER SH006			
40101	VENTRICULAR CATHETER SH002			
40102	CEREBRAL RESERVOIR SH012			
40103	LUMBAR PERITONEAL SHUNT SH301			
40104	AUROGREEN			
40105	G-BONE			
40106	BONE CEMENT			
40107	G-PATCH			
40108	OSTEOPLUG			
40109	EVICEL			
40110	HILAN CRANIOTOME			
40111	MEDTRONIC CRANIOTOME			
40112	FLOSEAL 5ML			
40113	ALLOGRAN-R			
40114	ANEURYSM CLIPS AESCULAP			
40115	ANEURYSM CLIPS SUGITA			
40116	BARD FELT			
40117	CODMAN PROGRAMMABLE SHUNT			
40118	CODMAN ANTI BACTERIAL SHUNT			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
40119	CODMAN BACTISEAL EVD CATHETER			
40120	SYNTHES BIOPLATE AND SCREWS			
40123	EVP VEP FOR VISUAL EVOKED POTENTIALS	3575	4265	4675
40124	EVP BEAR FOR BRAINSTEM AUDITORY EVOKED RESPONSES	3575	4265	4675
40125	EVP SSEP TIBIAL FOR SOMATOSENSORY EVOKED POTENTIAL	3575	4265	4675
40126	EVP SSEP MEDIAN FOR SOMATOSENSORY EVOKED POTENTIAL	3575	4265	4675
40127	VEGF ASSAY BY ELISA	2260	2695	2960
40128	VITAMIN E ASSAY BY ELISA	1770	2110	2310
40129	LTA4H RS17525495 (C/T) GENOTYPING	1410	1680	1845
40130	APOLIPOPROTEIN E (APOE) GENOTYPING	1410	1680	1845
40131	SURGIFLO			
40132	DURAGEN PLUS			
40133	GESCO BIOPLATE AND SCREWS			
40134	STROKE EDUCATION - NEUROLOGY	245	295	325
40135	EPILEPSY EDUCATION - NEUROLOGY	245	295	325
40136	HEADACHE EDUCATION - NEUROLOGY	245	295	325
40137	MOVEMENT DISORDER EDUCATION	245	295	325
40138	TMS - NEUROLOGY	3205	3820	4190
40139	BOTOX (NEUROLOGY)-INJECTION CHARGES	800	955	1045
40140	COGNITIVE ASSESSMENT (NEUROLOGY)	1510	1800	1970
40144	NEUROLOGY - NEUROPSYCHOLOGY	1410	1680	1845
40145	SPEECH/SWALLOWING THERAPY (NEUROLOGY)	425	505	555
40146	NEURO TECH REHAB	285	340	375
40147	3D C-ARM THEATRE (CATEGORY-A)	2345	2800	3070
40148	3D C-ARM THEATRE (CATEGORY-B)	4575	5455	5985
40149	3D C-ARM THEATRE (CATEGORY-C)	6720	8015	8790
40150	O-ARM	7740	7740	7740
40151	NEURON SPECIFIC ENOLASE (NSE) ASSAY BY ELISA	2405	2870	3145
40152	NEURO FILAMENT LIGHT CHAIN (NFL) ASSAY BY ELISA	1840	2195	2405
40153	VITA STIM (NEUROLOGY)	425	505	555

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>41000</b>	<b>NUCLEAR MEDICINE</b>			
41001	THYROID UPTAKE STUDY	5130	6115	6705
41002	Tc99m THYROID SCAN	4025	4800	5260
41003	WHOLEBODY SCAN 131 I	5075	6055	6640
41008	LIVER/SPLEEN SCAN	5615	6695	7345
41009	HEPATOBIILIARY SCAN	9925	11835	12980
41013	RADIONUCLIDE CYSTOGRAM	5550	6620	7260
41014	GFR	5415	6455	7080
41015	BONE SCAN	11540	13755	15090
41018	LUNG PERFUSION	9625	11480	12590
41019	LUNG VENTILATION	5615	6695	7345
41020	MECKELS DIVERTICULUM	6840	8155	8940
41021	GI BLEED SCAN	6840	8155	8940
41022	GASTRIC EMPTYING TIME	8550	10190	11180
41025	RED CELL VOLUME	7220	8610	9445
41028	GATED RNV/FIRST PASS	6840	8155	8940
41029	MYOCARD PERFUSION-SPECT	23680	28235	30965
41032	ACEI RENOGRAM	13675	16305	17885
41034	CSF LEAK	6840	8155	8940
41035	GE REFLUX	6840	8155	8940
41037	MIBG SCAN	18195	21695	23790
41038	IMPORTED ISOTOPE COST EXTRA			
41039	GALLIUM SCANNING - COST OF GALLIUM EXTRA	9280	11065	12140
41041	PARATHYROID SCINTIGRAPHY	9225	11000	12060
41043	PAROTID SCINTIGRAPHY	6840	8155	8940
41044	STRESS MYOCARDIAL PERFUSION SPECT	13805	16460	18055
41045	REST MYOCARDIAL PERFUSION SPECT	13805	16460	18055
41051	LYMPHOSCINTIGRAPHY	12010	14320	15710
41052	GI PROTEIN LOSS SCINTIGRAPHY	8390	10005	10975



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
41056	SPECT-CT (ADDITIONAL CHARGE)	4120	4915	5390
41063	NUCLEAR SCAN - PATIENT'S COPY	210	210	210
41073	WBC SCAN	38310	45680	50100
41074	PET-CT WHOLE BODY F-18 FDG	28830	34370	37700
41075	PET-CT REGIONAL F-18 FDG	16495	19670	21575
41078	F-18 PET CT BONE SCAN	15490	18470	20255
41079	PET-CT HEAD/NECK/THORAX F-18 FDG	24395	29085	31900
41080	RENAL CORTICAL SCAN (DMSA / GHA)	7060	8415	9230
41081	DACRYOSCINTIGRAPHY	3525	4200	4605
41082	PET-CT BRAIN F-18 FDG	6600	7865	8630
41083	GALLIUM-68 DOTATATE WHOLE BODY PETCT	38645	38645	38645
41084	BRAIN SPECT - ECD	8390	10005	10975
41085	GALLIUM-68 DOTATATE REGIONAL PETCT	20750	20750	20750
41086	GALLIUM-68 INFECTION IMAGING	25100	25100	25100
41087	GALLIUM-68 PSMA PETCT WHOLE BODY	34575	34575	34575
41088	RENAL SCAN / RENOGRAM ( DTPA / EC )	7060	8415	9230
41089	RENAL TRANSPLANT SCAN / RENOGRAM	7060	8415	9230
41090	PET TRACER AND CONTRAST F-18 FDG	7775	9270	10165
41091	PET-CT THORAX/ABDOMEN/PELVIS F-18 FDG	22250	26530	29095
41092	PET CARDIAC VIABILITY STUDY F-18 FDG	23840	28425	31180
41093	BRAIN SPECT - TRODAT SCAN	33625	40090	43970
41094	CARDIAC AMYLOIDOSIS STUDY	11530	13750	15080
41095	PET-CT WHOLE BODY (CHILD < 12YEARS) F-18 FDG	16645	19850	21770
41096	PET TRACER AND CONTRAST(CHILD < 12 YEARS) F-18 FDG	2140	2140	2140
41097	BONE SCAN (CHILD < 12YEARS)	6810	8120	8910
41098	GALLIUM-68 PSMA BRAIN PET	21195	25275	27720
41099	PET CARDIAC SARCOIDOSIS STUDY F-18 FDG	34965	41690	45720
41100	PET TRACER F18 FDG	5825	5825	5825
41101	PET-CT NECK ( SKULL BASE TO T4 ) F18 FDG	19675	23460	25730
41102	GALLIUM-68 CITRATE PET-CT REGIONAL	13970	13970	13970

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
41103	GALLIUM-68 DOTA GLPI(EXENDIN) PET-CT	29105	29105	29105
41106	GALLIUM-68 FAPI WHOLEBODY PETCT			
41107	RENOGRAM WITH PLASMA GFR IN VKD	7905	9425	10335
41108	PETCT WHOLE BODY F18 DOPA			
41109	PETCT REGIONAL F18 DOPA			
41110	IMPORTED KIT EXTRA COST			
41111	GA-68 RGD (ANGIOGENESIS) WHOLEBODY PETCT			
41112	rhTSH WHOLEBODY SCAN 131 I	93845	111895	122725
41115	PET CARDIAC SARCOIDOSIS STUDY F-18FDG WITHOUT MIBI	22700	27065	29680
41116	V/Q SCAN	12110	14440	15835
41117	GALLIUM 68 DOTATATE BRAIN	19285	22995	25220
41118	GALLIUM-68 PENTIXA FOR WHOLE BODY PETCT			
44000	PULMONARY MEDICINE			
44003	SPIROMETRY AND FLOW VOLUME LOOP	1275	1520	1665
44008	LUNG VOLUMES	2150	2565	2815
44009	DLCO	2150	2565	2815
44011	SPUTUM INDUCTION	300	355	390
44012	PLEURAL BIOPSY CHARGES (NEEDLE)	1600	1600	1600
44014	WALK TEST 6 MIN.	1080	1285	1410
44015	BRONCHOPROVOCATION TEST	3935	4690	5145
44016	PEFR (PER DAY)	215	255	280
44017	RESP DRIVE	2150	2565	2815
44018	BRONCHOSCOPY(OUTSIDE BRONCHOSCOPY SUITE)	16750	19970	21905
44019	NOCTURNAL PULSE OXIM IN(SLEEP LAB)	3600	4295	4710
44020	NOCTURNAL PULSE OXIME IN (WARD)	1350	1610	1770
44021	POLYSOMNOGRAPHY	17860	21295	23360
44023	AUTO CPAP TRAIL + NOCTURNAL OXIMETRY	8010	9550	10470
44024	AUTO CPAP TRAIL IN (WARD)	4960	5915	6485

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
44025	CPAP TIRATION	5390	6425	7045
44027	OXYGEN CONCENTRATOR	1190	1420	1555
44028	SPO2 BD	260	310	340
44029	BRONCHOSCOPY IN BRONCHOSCOPY SUITE	11270	13440	14740
44031	PORTABLE SPIROMETRY	1500	1790	1965
44032	SPO2 MONITORING CONTINEOUS(IN THE WARD)	1090	1300	1430
44033	SPO2 MONITORING Q2H(IN THE WARD)	655	785	860
44034	SPO2 MONITORING Q4H(IN THE WARD)	375	450	495
44035	INTERCOSTAL TUBE DRAINAGE	2170	2590	2840
44039	NON INVASIVE POSITIVE PRESSURE VENTILATION - NIPPV	2085	2490	2730
44040	LIMITED CHANNEL SLEEP STUDY	11570	13795	15130
44042	SPLIT NIGHT (POLYSOMNOGRAPHY)	21020	25065	27490
44043	SPLIT NIGHT (LIMITED CHANNEL)	14510	17300	18970
44046	CPAP TITRATION WITH LIMITED CHANNEL SLEEP STUDY	14240	16980	18625
44047	BRONCHIAL HYGIENE THERAPY	495	590	645
44048	RESPIRATORY MUSCLE TRAINING	495	590	645
44049	RESPIRATORY EDUCATION	175	210	230
44050	MEDICAL THORACOSCOPY	20990	25025	27445
44051	BRONCHOSCOPIC BIOPSIES	2250	2680	2940
44052	CARDIO PULMONARY EXERCISE TESTING	7330	8740	9590
44053	PULMONARY REHABILITATION ONE DAY	1185	1410	1545
44054	PULMONARY REHABILITATION ONE WEEK	3140	3745	4105
44055	PULMONARY REHABILITATION TWO WEEKS	4455	5310	5825
44056	GRADED TALC	6060	6060	6060
44057	INSPIRATORY MUSCLE TRAINING ( Pinhole resistor )	2100	2100	2100
44058	ENDBRONCHIAL ELECTROCAUTERY/APC FIRST SESSION	31040	37005	40590
44059	ENDBRONCHIAL ELECTROCAUTERY/APC SUBSEQUENT SESSIO	16190	19305	21175
44062	PULMONARY REHABILITATION THREE DAYS	2355	2805	3075
44063	EXERCISE PROVOCATION TESTING	3290	3920	4300
44064	EXERCISE TRAINING	430	510	560

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
44066	TBNA NEEDLE ( TRANS BRONCHIAL NEEDLE ASPIRATION )	5655	6745	7395
44067	ULTRASOUND CHEST (RMED/PMED)	865	1030	1130
44069	ULTRASOUND CHEST FOLLOW UP (RMED/PMED)	400	400	400
44071	BRONCHOSCOPY IN THEATRE / DSA ROOM	23440	27945	30650
44073	ENDOBONCHIAL TREATMENT ( ADDITIONAL TIME/PER HOUR	12305	14670	16090
44075	BRONCHOSCOPY AND GUIDED INTUBATION (IN THEATRE)	24130	28770	31550
44076	PACK FOR ULTRASOUND GUIDED PROCEDURE(RMED/PMED)	7655	9130	10015
44077	MEDICAL MEDIASTINAL SCOPY/EBUS	45420	54155	59400
44080	ARTERIAL BLOOD GAS (RMED/PMED)	1020	1215	1335
44081	ICD REMOVAL(RMED/PMED)	405	405	405
44082	DRESSING / SUTURE REMOVAL	195	195	195
44083	CENTRAL VENOUS CANNULATION	870	1040	1140
44085	LUMBAR PUNCTURE	325	390	425
44087	NEBULISATION(3 ADMINISTRATIONS)(RMED/PMED)	250	250	250
44088	PLEURAL PARACENTESIS (DIAGNOSTIC)	1165	1390	1520
44089	INVASIVE VENTILATOR PER DAY	2180	2180	2180
44090	CHEST TUBE VALVE	7535	8985	9850
44093	ALLERGY SKIN TESTING - DERMATOLOGY PANEL	2780	3315	3640
44094	ALLERGY SKIN TESTING - FUNGAL PANEL	1660	1975	2170
44095	ALLERGY SKIN TESTING - ADULT ROUTINE	2345	2800	3070
44096	ALLERGY SKIN TESTING - ADULT SCREEN	1865	2225	2440
44097	ALLERGY SKIN TESTING - PAEDIATRIC ROUTINE	2130	2540	2790
44098	ALLERGY SKIN TESTING - PAEDIATRIC SCREEN	1690	2015	2210
44099	CPAP TRIAL	1645	1960	2150
44101	SPICTRA BOTTLE	1530	1530	1530
44102	CHEST TUBE (SET)	430	430	430
44103	INFLUENZA PACKAGE (VAXIGRIP)	970	970	970
44104	PNEUMOVAC 23 PACKAGE	2300	2300	2300
44105	(NIV MASK STANDARD SET)	1515	1515	1515
44106	NIV MASK SET (SPECIAL)	6345	6345	6345

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
44108	INFLUENZA PACKAGE (FLUARIX)	2170	2170	2170
44109	TUBERCULIN TEST (RMED/PMED)	250	250	250
44111	BIOHAZARD ADDITIONAL(RMED/PMED)	1155	1155	1155
44112	PLEURAL PARACENTESIS (THERAPEUTIC)	1865	2225	2440
44115	CPAP (UF FILTER)	400	400	400
44116	CPAP (P FILTER)	600	600	600
44117	AIRWAY CLEARANCE PACKAGE-ACAPPELLA	2200	2200	2200
44119	CPAP COMPLIANCE (SINGLE)	1315	1565	1715
44121	PREVENAR PACKAGE	3991	3991	3991
44124	CPAP (REMSTAR AUTO A-FLEX)	53000	53000	53000
44126	CPAP ACCESSORIES (HOSE PIPE)	800	800	800
44127	CPAP ACCESSORIES (RESMED NASAL MASK CLIPS)	800	800	800
44128	CPAP ACCESSORIES (RESMED FACE MASK CLIPS)	800	800	800
44129	CPAP ACCESSORIES (RESMED HEAD GEAR)	2625	2625	2625
44130	CPAP INTERFACE (PHILIPS EASY LIFE/COMFORT GEL)	5500	5500	5500
44131	CPAP INTERFACE (PHILIPS TRUE BLUE)	6500	6500	6500
44132	CPAP INTERFACE (RESMED MIRRAGE NASAL MASK)	6000	6000	6000
44133	CPAP INTERFACE (RESMED QUATTRO FULL FACE MASK)	7800	7800	7800
44134	CPAP INTERFACE (RESMED SOFT GEL NASAL MASK)	6390	6390	6390
44135	CPAP INTERFACE (NASAL PILLOWS)	9000	9000	9000
44136	SLEEP EDUCATION	600	715	780
44137	FENO (PULM MED)	1275	1520	1665
44138	SPUTUM INDUCTION FOR CELL COUNTS	730	870	950
44139	ROCKET SELDINGER DRAINAGE 12FG FULL KIT	5500	5500	5500
44140	ROCKET SELDINGER DRAINAGE 18FG FULL KIT	6000	6000	6000
44141	ROCKET THORACENTESIS SET 6FG	3100	3100	3100
44142	ROCKET THORACENTESIS SET 8FG	5900	5900	5900
44143	VACCINATION CHARGES	85	85	85
44144	ALLERGY SKIN TESTING-FOOD PANEL	2990	3565	3910
44145	AIT ADMINISTRATIION	2830	3370	3700

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
44146	INFLUENZA VACCINE - TETRA (INFLUVAC)	2222	2222	2222
44147	INFLUENZA VACCINE (INFLUGEN)	790	790	790
44148	OPTIFLO CIRCUIT	6425	6425	6425
44149	OPTIFLO PER DAY CHARGES	1800	2145	2355
44150	CAPNOGRAPHY	1230	1465	1605
44151	BIPAP TITRATION	8010	9550	10470
44153	SMOKING CESSATION COUNSELING	235	280	305
44155	ROCKET SELDINGER MIN IPC CATHETER	35000	35000	35000
44156	AIR SENSE - 10 AUTOSET WITH HUMIDIFIER	63000	63000	63000
44157	IPC DRAINAGE BOTTLE (1000ML)	4260	4260	4260
44158	IPC SMALL DRAIN 50 ML	2450	2450	2450
44159	CHEST DRAIN WITH SUCTION CONTROL (SINAPI)	4205	4205	4205
44161	CHEST TUBE SET (COOK)	4950	4950	4950
44162	NIV HME FILTER	350	350	350
44163	NIV BACTERIAL - VIRAL FILTER	175	175	175
44164	NV ACUCARE F1-O FFM	2345	2345	2345
44165	MDI CONNECTOR ( T PIECE )	110	110	110
44167	AIR SOFT NIV DISPOSABLE MASK	420	420	420
44168	CO. BREATH ANALYSER	255	255	255
44169	NIV STANDARD KIT WITH ACCU MASK	2755	2755	2755
44170	SILICON STENT PLACEMENT - Y STENT	99800	99800	99800
44171	SILICON STENT PLACEMENT - STRAIGHT STENT	55000	55000	55000
44172	METAL STENT PLACEMENT - Y STENT	41475	41475	41475
44173	METAL STENT PLACEMENT - STRAIGHT STENT	59140	59140	59140
44174	IMPULSE OSCILLOMETRY	915	1095	1200
44175	WEIGHT CUFF - 1 KG	500	500	500
44176	WEIGHT CUFF - 1.5 KG	600	600	600
44177	WEIGHT CUFF - 2 KG	700	700	700
44178	WEIGHT CUFF - 3 KG	800	800	800
44179	WEIGHT CUFF - 4 KG	900	900	900

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
44180	WEIGHT CUFF - 5 KG	1000	1000	1000
44181	ALLERGY & IMMUNOLOGY COUNSELLING	500	500	500
44183	BRONCHOSCOPY IN THEATRE WITH CRYO BIOPSY	28260	33695	36960
44184	RADIAL EBUS	21195	25275	27720
44185	FUNGAL SENSITIZATION ASTHMA (FSA)	350	420	460
44186	DRUG CHALLENGE - ORAL CHALLENGE (PER DAY)	5655	6745	7395
44187	FOOD ORAL CHALLENGE - PER DAY	7065	8425	9240
44188	DRUG CHALLENGE-SKIN TESTING+ORAL CHALLENGE(PER DAY	8475	10105	11085
44189	FENO (RESP MED)	2970	3540	3885
44190	ABPA PANEL-ALLERGY DETECTION	2830	3370	3700
44191	HDM PANEL-ALLERGY DETECTION	1975	2355	2585
44192	AERO ALLERGENS-ALLERGY DETECTION	12290	14655	16075
44193	MILK AND EGG-ALLERGY DETECTION	4805	5730	6280
44194	MOLD PANEL-ALLERGY DETECTION	6785	8090	8875
44195	FOOD SCREENING-ALLERGY DETECTION	10315	12300	13490
44196	NON-VEG PANEL-ALLERGY DETECTION	8905	10620	11645
44197	FRUITS PANEL-ALLERGY DETECTION	7775	9270	10165
44198	VEGETABLES PANEL-ALLERGY DETECTION	6220	7415	8135
44199	SEEDS AND NUTS-ALLERGY DETECTION	7775	9270	10165
44200	CEREALS-ALLERGY DETECTION	6355	7580	8315
44201	PHADIOTOP-ALLERGY DETECTION	1130	1350	1480
44202	THRESHOLD PEP	3360	3360	3360
44203	HOME OXYGEN CONCENTRATORS (DEPOSIT)	25000	25000	25000
44204	HOME OXYGEN CONCENTRATORS RENTAL (PER MONTH)	1000	1000	1000
44205	PNEUMOVAC 23 (NUCOVAX-23) PACKAGE	2100	2100	2100
44206	MSLT	12720	15165	16635
44207	PAP TROUBLE SHOOTING	565	675	740
44208	PLEURAL SEMI AUTOMATIC	2540	3030	3325
44209	MEDICAL THORACOSCOPY THERAPEUTIC ADDITIONAL CHARGE	28260	33695	36960
44210	DRUG CHALLENGE- SKIN TEST	5655	6745	7395

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
44211	NASAL NO	3535	4215	4625
44212	NIV EDUCATION	565	675	740
44213	CATHETER MOUNT	245	295	325
44214	BAINS	715	855	935
44215	UNDERNOSE MASK	4240	5055	5540
44216	NIV KIT STARMED	495	590	645
48000	NEUROCHEMISTRY			
48003	URINE MUCOPOLYSACCHARIDES (24 HOURS)-NEURO	3105	3705	4065
48004	BLOOD ARYLSULFATASE (A & B) - NEURO	1900	2265	2480
48005	BLOOD HEXOSAMINIDASE(A & B) - NEURO	1900	2265	2480
48006	URINE ARYLSULFATASE (A & B) - NEURO	830	990	1090
48007	URINE HEXOSAMINIDASE(A & B) - NEURO	830	990	1090
48008	SERUM ELISA/EITB FOR CYSTICERCOSIS	1510	1800	1970
48009	SERUM AMINO ACID - HPLC	2670	3185	3495
48010	URINE AMINO ACID - HPLC	2670	3185	3495
48011	CSF AMINO ACID - HPLC	2670	3185	3495
48013	URINE HOMOCYSTEINE BY HPLC	2670	3185	3495
48014	URINARY OROTIC ACID	2275	2715	2975
48015	URINARY ORGANIC ACIDS	4080	4865	5340
48016	CSF OLIGOCLONAL BANDING	5300	6315	6930
48017	IMMUNOBLOT FOR MUSCLE CALPAIN	2875	3425	3755
48018	IMMUNOBLOT FOR MUSCLE DYSFERLIN	2875	3425	3755
48019	SERUM BIOTINIDASE TEST	1365	1630	1785
48020	SERUM CARBOHYDRATE DEFICIENT GLYCOPROTEIN SYNDROME	3030	3610	3960
48021	SERUM CYSTEINE BY HPLC	2670	3185	3495
48022	URINE CYSTEINE BY HPLC	2670	3185	3495
48023	SERUM CITRULLINE BY HPLC	2670	3185	3495
48024	URINE CITRULLINE BY HPLC	2670	3185	3495



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
48025	URINE MUCOPOLYSACCHARIDES (SPOT TEST)	395	475	520
48026	URINE SULFITE	1925	2295	2515
48027	THYMIDINE PHOSPHORYLASE (TPP) ASSAY	1925	2295	2515
48028	BLOOD BETA-GALACTOSIDASE	1975	2355	2585
48029	PSYCHOTROPICS AND CNS DEPRESSANTS PANEL	5635	6720	7370
48030	BENZODIAZEPINES	925	1100	1205
48031	BARBITURATES	4455	5310	5825
48032	TRICYCLIC ANTIDEPRESSANTS	4455	5310	5825
48033	OPIATES	4455	5310	5825
48034	PHENOTHIAZINES	4630	5520	6050
48035	HERBICIDE PANEL	2150	2565	2815
48036	PARAQUAT	1110	1325	1455
48037	DIQUAT	1110	1325	1455
48038	CHLOROPHENOXY COMPOUNDS	1110	1325	1455
48039	IRRITANTS AND CORROSIVES PANEL	2225	2650	2905
49000	CARE SECTION			
49001	OP REIMBURSEMENT CERTIFICATE	500	500	500
49002	IP REIMBURSEMENT CERTIFICATE	700	700	700
49003	NO DUE CERTIFICATE	225	225	225
49004	DUPLICATE BILL	225	225	225
49005	COMBINED REIMB CERTIFICATE	1000	1000	1000
49006	OP RERIMBURSEMENT CERTIFICATE (COMPANY)	610	610	610
49007	IP RERIMBURSEMENT CERTIFICATE (COMPANY)	890	890	890
49008	CERTIFICATE FOR INCOMPLETE PAYMENT	225	225	225
49009	REPEAT RC IN A FRESH FORM	225	225	225
49010	OP CONCESSION			
49011	INSURANCE PAPER FOR SETTLED BILL	295	295	295
49012	RC-SHORT ADMISSION UPTO 5 TIMES (CHEMO/RT)	610	610	610

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
49013	RC-SHORT ADMISSION UPTO 10 TIMES (CHEMO/RT)	1150	1150	1150
49014	RC-SHORT ADMISSION MORETHAN 10 TIMES (CHEMO/RT)	1540	1540	1540
49015	CERTIFICATION CHARGE UPTO 20 CASH RECEIPTS	675	675	675
49016	CERTIFICATION CHARGE FOR MORE THAN 20 RECEIPTS	1275	1275	1275
49017	INSURANCE/COURT /IT PURPOSES	230	230	230
4B000	CHATRAM			
4B001	SINGLE ROOM	100	100	100
4B002	DORMITORY	25	25	25
4B003	DORMITORY-PER FAMILY	50	50	50
4B004	SINGLE ROOM WITH FAN	120	120	120
51000	NEURO PATHOLOGY			
51001	EM BIOPSY/SPECIMEN	20600	20600	20600
51002	EM BIOPSY SEMI-THIN SECTION	18480	22035	24165
51003	MUSCLE ENZYME HISTOCHEMISTRY	6740	8035	8815
51004	MUSCLE IMMUNOHISTOCHEMISTRY SINGLE ANTIBODY PANEL	9980	11895	13050
51005	MUSCLE IMMUNOHISTOCHEMISTRY DUAL ANTIBODY PANEL	13785	16440	18030
51006	IMMUNOCHEMISTRY FOR PITUITARY ADENOMAS	16820	20055	22000
51008	FISH for EGFR STATUS	15355	15355	15355
51009	FISH for PTEN /CDKN2A/MYCN	8855	8855	8855
51010	FISH for DELETIONS IN 1P36 AND 19Q13 REGIONS	20735	20735	20735
51011	FISH PANEL FOR GLIOMAS	26735	26735	26735
51012	MUSCLE IMMUNOHISTOCHEMISTRY TRIPLE ANTIBODY PANEL	16615	19810	21725
51013	TUMOUR IMMUNOHISTOCHEMISTRY FOR -D (IDHI/P53/NEUN)	4715	5620	6165
51014	TUMOUR IMMUNOHISTOCHEMISTRY FOR-A(PIT1,H3K27M,Tpit	2315	2760	3025
51015	TUMOUR IMMUNOHISTOCHEMISTRY FOR-C(YAP1,ATRX,LIN28)	3245	3870	4240
51016	TUMOUR IMMUNOHISTOCHEMISTRY FOR-B(GAB1/GATA3/OTX2	2875	3425	3755
51017	TUMOUR IMMUNOHISTOCHEMISTRY FOR - E (SF1,LICAM,ER)	5370	6400	7020

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>52000</b>	<b>CYTOGENETICS</b>			
52001	PERIPHERAL BLOOD KARYOTYPING	4850	5780	6340
52002	KARYOTYPING OF AMNIOTIC FLUID	9290	9290	9290
52003	KARYOTYPING OF CHORIONIC VILLUS SAMPLES	9290	9290	9290
52004	KARYOTYPING OF SOLID TUMOURS	9290	9290	9290
52006	FISH-PERIPHERAL BLOOD/BONE MARROW/CORD BLOOD	5305	5305	5305
52008	PCR FOR Y CHROMOSOME MICRODELETIONS	2710	2710	2710
52010	KARYOTYPING OF SKIN FOR PIGMENTARY MOSAICISM	9290	9290	9290
52012	UMBILICAL CORD BLOOD KARYOTYPING	4850	5780	6340
52016	CHROMOSOMAL MICROARRAY (AFFYMETRIX 750K SNP)	16800	16800	16800
52017	UROVISION FISH	6330	6330	6330
52019	BONE MARROW KARYOTYPING	4850	5780	6340
52029	FISH FOR SOLID TUMORS-TWO PROBE PANEL	14995	14995	14995
52030	FISH FOR SOLID TUMORS-THREE PROBE PANEL	19685	19685	19685
52031	PRENATAL CHROMOSOMAL MICROARRAY(AFFYMETRIX OPTIMA	17275	17275	17275
52032	NON-INVASIVE PRENATAL TEST(NIPT)FOR ANEUPLOIDIES	8475	10105	11085
52033	DIGEORGE SYNDROME TESTING BY MLPA	5850	5850	5850
52034	RAPID ANEUPLOIDY TEST-QFPCR	7280	7280	7280
52035	FISH FOR SOLID TUMORS	13215	15755	17280
52036	FISH FOR AMNIOTIC FLUID/CVS	7065	7065	7065
52037	PANEL NGS (NEXT GENERATION SEQUENCING)	12745	12745	12745
52038	FISH ON BUCCAL SMEAR	5200	5200	5200
53658	SURGICAL BLADE 10	260	260	260
73001	CHATRAM (RENT)			
73002	PATIENT GUIDE BOOK	30	30	30

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>74000</b>	<b>MEDICAL SUPERINTENDENT OFFICE</b>			
<b>74002</b>	<b>VISITOR OBSERVER FEES</b>	<b>3885</b>	<b>3885</b>	<b>3885</b>
<b>74003</b>	<b>VISITOR OBSERVER FEES (ICU)</b>	<b>7560</b>	<b>7560</b>	<b>7560</b>
<b>74004</b>	<b>BIRTH CERTIFICATE (BY HAND ONLY, MS OFFICE 3)</b>	<b>210</b>	<b>210</b>	<b>210</b>
<b>74006</b>	<b>RECORD CORRECTION (CMC CORRECTION)</b>	<b>190</b>	<b>190</b>	<b>190</b>
<b>74007</b>	<b>RECORD CORRECTION (MUNICIPAL)</b>	<b>335</b>	<b>335</b>	<b>335</b>
<b>74008</b>	<b>WOUND CERTIFICATE</b>	<b>4725</b>	<b>4725</b>	<b>4725</b>
<b>74012</b>	<b>LIC CLAIM FORM (B) (B1)</b>	<b>230</b>	<b>230</b>	<b>230</b>
<b>74013</b>	<b>LIC CLAIM FORM (B1)</b>	<b>230</b>	<b>230</b>	<b>230</b>
<b>74014</b>	<b>INSURANCE CLAIM FORM</b>	<b>230</b>	<b>230</b>	<b>230</b>
<b>74021</b>	<b>RECORD CORRECTION (FINE CORRECTION)</b>	<b>840</b>	<b>840</b>	<b>840</b>
<b>76000</b>	<b>C S S D</b>			
<b>76001</b>	<b>STERILE SURGICAL TOWEL PACK 2NOS</b>	<b>30</b>	<b>30</b>	<b>30</b>
<b>76002</b>	<b>STERILE BIG PAD 20CM X 20CM</b>	<b>30</b>	<b>30</b>	<b>30</b>
<b>76003</b>	<b>STERILE DRESSING PAD 10CM X 10CM</b>	<b>230</b>	<b>230</b>	<b>230</b>
<b>76004</b>	<b>STERILE BURNS GAUZE PACK 12CM X 12CM X 32PLY</b>	<b>36</b>	<b>36</b>	<b>36</b>
<b>76005</b>	<b>STERILE GAUZE 7.5CM X 7.5CM X 12PLY</b>	<b>150</b>	<b>150</b>	<b>150</b>
<b>76006</b>	<b>STERILE BURNS GAUZE 10CM X 10CM X 16PLY</b>	<b>22</b>	<b>22</b>	<b>22</b>
<b>76007</b>	<b>STERILE HR ROLL BIG SIZE 15CM X 2.25MTS</b>	<b>70</b>	<b>70</b>	<b>70</b>
<b>76008</b>	<b>STERILE HR ROLL SMALL SIZE 7.5CM X 1.5MTS</b>	<b>50</b>	<b>50</b>	<b>50</b>
<b>76009</b>	<b>STERILE STUMP PAD 12CM X 70CM X 25CM</b>	<b>70</b>	<b>70</b>	<b>70</b>
<b>76010</b>	<b>STERILE ROLLER PAD 25CM X 100CM</b>	<b>70</b>	<b>70</b>	<b>70</b>
<b>76011</b>	<b>STERILE COTTON BALLS PACK 0.5GMS TO 0.6GMS</b>	<b>8</b>	<b>8</b>	<b>8</b>

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>A2000</b>	<b>CASUALTY</b>			
A2001	ED PROFESSIONAL FEES	815	815	815
A2002	BED & TREATMENT PER DAY	740	740	740
A2003	INJECTIONS	65	65	65
A2004	I & D SMALL ABSCESS	240	240	240
A2005	I & D LARGE ABSCESS	350	350	350
A2006	SUTURING CHARGES(EXCLUDING SUTURING MATERIAL)	350	350	350
A2007	POP SMALL	210	210	210
A2008	POP MEDIUM	400	400	400
A2011	LUMBAR PUNCTURE	325	390	425
A2012	PLEURAL & PERTONEAL TAP	710	845	925
A2013	INTUBATION CHARGES	1730	1730	1730
A2014	OXYGEN THERAPY / HR	310	310	310
A2015	NEBULIZER THERAPY / TREATMENT	125	125	125
A2016	GLUCOMETER	125	125	125
A2020	STOMACH WASH CHARGES (INCL.CHARCOAL)	350	350	350
A2021	GASTRIC JUICE COLLECTION	85	85	85
A2022	POP LARGE	820	820	820
A2023	CATHETERIZATION CHARGES	335	335	335
A2026	MINOR TRAUMA	1025	1025	1025
A2027	MAJOR TRAUMA	2410	2410	2410
A2028	BLOOD CULTURE	275	275	275
A2029	SUTURE REMOVAL	125	125	125
A2030	DEBRIDEMENT	880	880	880
A2033	VENTILATOR CHARGES	2035	2035	2035
A2034	SPC	705	705	705
A2035	CHEST TUBE INSERTION	1360	1360	1360
A2036	INJECTION IV	215	255	280
A2037	REGIONAL BLOCK	350	350	350

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A2038	SUTURE MATERIAL - SILK	180	180	180
A2039	SUTURE MATERIAL - ETHILON	180	180	180
A2040	SUTURE MATERIAL - CHROMIC	180	180	180
A2041	SUTURE MATERIAL - VICRYL	345	345	345
A2042	ECG (ED)	540	540	540
A2043	EMERGENCY AT CMC (EMAC HAND BOOK)	350	350	350
A2045	CPAP	350	350	350
A2046	PORTABLE VENTILATOR CHARGES	520	520	520
A2047	INJECTION IM	70	85	95
A2048	NEBULIZER CHAMBER (ADULT)	155	155	155
A2049	OXYGEN MASK	150	150	150
A2050	PAEDIATRIC NEBULIZER CHAMBER	175	175	175
A2051	CENTRAL LINE PLACEMENT	1595	1900	2085
A2052	STERILE GOWN	185	185	185
A2053	T - PIECE	80	80	80
A2054	BEDSIDE URINE TEST	135	135	135
A2055	HARD CERVICAL COLLAR	210	210	210
A2056	OXYGEN MASK WITH RESERVOIR BAG	300	300	300
A2057	PELVIC BINDER	175	175	175
A2058	PORTABLE ULTRA SONOGRAM CHARGES	815	815	815
A2059	TRACHEAL MASK / NASAL PRONGS	170	170	170
A2060	TRACHEOSTOMY	3245	3870	4240
A2061	ABG - EMERGENCY	1050	1050	1050
A2063	PHARMACY - PRIORITY 2 PACKAGE	530	530	530
A2064	PHARMACY - TRAUMA PACKAGE	425	425	425
A2065	MONITORING CHARGE FOR LESS THAN 4 HOURS	1050	1050	1050
A2066	MONITORING CHARGE FOR MORE THAN 4 HOURS	1080	1080	1080
A2067	TRANSCUTANEOUS PACING	1080	1080	1080
A2068	BAIN CIRCUIT	1605	1605	1605
A2069	ORAL AIRWAY	50	50	50

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A2070	ANAESTHESIA CHARGES	1110	1110	1110
A2071	BLOOD TRANSFUSION	635	760	835
A2072	INFUSION > 4 HOURS	540	540	540
A2073	AMBU NECK COLLAR	500	500	500
A2074	INTRAOSSEOUS NEEDLE INSERTION	1205	1205	1205
A2075	ED PROBABLE DOPPLER CHARGE	625	625	625
A2076	CASUALTY-VACUTAINER TUBES	275	275	275
A2077	LARYNGEAL MASK AIRWAY	1110	1110	1110
A2078	PATIENT DRESS PACK	200	200	200
A2079	VIDEO LARYNGOSCOPE CHARGE	2035	2035	2035
A2080	AED DISPOSABLE PACING PAD	2000	2000	2000
A2081	BLOOD KETONES STRIP	295	295	295
A2082	NASOPHARYNGEAL AIRWAY	735	735	735
A2083	VERMOR ED	50	50	50
A2084	VERFEN ED	80	80	80
A2085	INJ.TD VAC (TETANUS AND DIPHTHERIA VACCINE)	70	70	70
A2086	PPE ADULT-EMERGENCY DEPARTMENT	1355	1355	1355
A2087	NASOGASTRIC TUBE	860	860	860
A2089	NEEDLE CRICOTHYROIDOTOMY	1850	1850	1850
A2090	CARDIAC TAMPONADE - ASPIRATION	3080	3080	3080
A2092	COMPLETE PRIMARY SURVEY YELLOW CASES	18475	18475	18475
A2093	COMPLETE PRIMARY SURVEY RED CASES	36950	36950	36950
A2094	DC CARDIOVERSION - PER SHOCK	1850	1850	1850
A2095	SPLINTS	11085	11085	11085
A2096	CLOSED REDUCTION WITH CASTS/SPLINTS	9855	9855	9855
A2097	VENTILATOR CHARGES (NK48)	2035	2035	2035
A2098	NIV CHARGES (NK48) PER HOUR	350	350	350
A2099	ADVANCE LIFE SUPPORT CMC AMBULANCE HOSPITAL-RANIPE	2730	2730	2730
A2100	SURGICAL CRICOTHYROIDOTOMY	2500	2500	2500
A2101	DIAGNOSTIC PERITONEAL LAVAGE	5000	5000	5000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A2102	ABDOMINAL INJURIES NECESSITATING OBSTETRIC EVALUAT	4000	4000	4000
A2103	BLADDER INJURY REPAIR	40000	40000	40000
A2104	TMJ REDUCTION	3500	3500	3500
A2105	FACIO MAXILLARY / PAN FACIAL INJURIES	4000	4000	4000
A2106	THORACO LUMBAR SPINE INJURIES-CONSERVATIVE-BRACE	4000	4000	4000
A2107	BURNS - (25-50%) COLLAGEN APPLICATION	50000	50000	50000
A2108	FASCIOTOMY	20000	20000	20000
A2109	CRUSH INJURY OF THE EXTREMITIES SURGICAL MANAGEMEN	25000	25000	25000
A2110	ORBITAL TRAUMA/INTRAOCULAR FB WITH B-SCAN	5000	5000	5000
A2111	LID TEARS	4000	4000	4000
A2112	NERVE/TENDON/SOFT TISSUE INJURIES	25000	25000	25000
A2113	LIMB SALVAGE SURGERY/AMPUTATION	20000	20000	20000
A2114	EXPLORATION UNDER ANAESTHESIA FOR FB	15000	15000	15000
A2115	CHEST INJURY - DAMAGE CONTROL SURGERY	50000	50000	50000
A2116	ABDOMINAL&PELVIC INJURIES-DAMAGE CONTROL SURGERY	50000	50000	50000
A2117	VASCULAR INJURIES - SURGERY	60000	60000	60000
A2118	EMERGENCY PROCEDURES FOR INCREASED IOP - BURR HOLE	45000	45000	45000
A2119	EMERGENCY PROCEDURES FOR INCREASED IOP-CRANIECTOMY	70000	70000	70000
A2120	AVULSION INJURY OF SCALP - SURGICAL MANAGEMENT	25000	25000	25000
A2121	DEGLOVING INJURY	20000	20000	20000
A4000	CHILD HEALTH 1			
A4001	SPECIAL CARE			
A4002	PULMOXIDE-SPL DURG			
A4003	STERILIUM CHARGES			
A4004	BRICANYL CHARGES			
A4006	BLOOD TRANSFUSION SINGLE	635	760	835
A4007	LP+INTRATHECAL ADMINISTRATION DRUGS UNDER SEDATION	455	545	595
A4008	LP+INTRATHECAL ADMIN OF DRUGS WITHOUT SEDATION	260	310	340



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A4009	IV/IM/SC BOLUS CHEMOTHERAPY - SINGLE DOSE	260	310	340
A4010	IV INFUSION OF CHEMOTHERAPY - 1 DRUG	455	545	595
A4011	INSERTION OF LONG IV LINES UNDER SEDATION	915	1095	1200
A4012	IV/IM/SC BOLUS CHEMOTHERAPY- UPTO 4 DOSES A WEEK	455	545	595
A4013	IV INFUSION OF CHEMOTHERAPY-2 OR MORE DRUGS	675	805	885
A4014	INJ. MANTOUX	65	65	65
A4015	SYR. TRIHLORYL			
A4016	COPPER SULPHATE CAUTERIZATION	105	105	105
A4017	PULMOAID CHARGES (WITHOUT OXYGEN)	65	65	65
A4018	NEBULIZATION THERAPY (WITH OXYGEN)	105	105	105
A4019	CHEMO IV			
A4020	CHEMO ABVD INFUSION IM IT			
A4021	CHEMO PORT NEEDLE NO.3			
A4022	URINE MULTISTICK			
A4024	RENAL BIOPSY			
A4025	VENTILATOR			
A4026	INJECTION CH 1	215	255	280
A4027	HAVRIX R4004	2220	2220	2220
A4028	BLOOD TRANSFUSION UPTO 5 UNITS	1275	1520	1665
A4029	BLOOD TRANSFUSION > 5 UNITS	2405	2870	3145
A4030	BLOOD CULTURE	135	165	180
A4031	CHEST TUBE INSERTION	1035	1235	1350
A4032	LUMBAR PUNCTURE	325	390	425
A4033	LIVER BIOPSY (PROCEDURE)	1755	2095	2295
A4034	PLEURAL / PERITONEAL TAP	650	775	850
A4035	SUPRAPUBIC URINE CULTURE	135	165	180
A4036	IV CANNULATION (OUTSIDE PAEDIATRICS)	275	325	355
A4037	GASTRIC JUICE COLLECTION	135	165	180
A4038	INTRAOSSEOUS IV LINE PLACEMENT	520	620	680
A4039	CUSOU CAUTERISATION	110	130	145

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A4041	INFUSION PUMP/DAY	340	405	440
A4042	SPECIAL DRUGS INFUSION CHARGES	520	620	680
A4043	MANTOUX	65	80	85
A4044	OXYGEN THERAPY/HOUR	215	255	280
A5000	CHILD HEALTH 2			
A5001	SPECIAL CARE FEES - GENERAL	785	940	1030
A5005	IV DRUG/BLOOD PRODUCT INFUSION CHARGES	520	620	680
A5006	IV LINE INSERTION CHARGES	360	425	470
A5007	MANTOUX PEDIATRIC	85	100	110
A5009	COPPER SULPHATE CAUTERIZATION	105	105	105
A5010	PULMOAID CHARGES (WITHOUT OXYGEN)	105	125	135
A5011	NEBULIZATION THERAPY (WITH OXYGEN)	175	210	230
A5035	BLOOD CULTURE	175	210	230
A5036	LUMBAR PUNCTURE	325	390	425
A5041	CHEST TUBE INSERTION	1045	1250	1370
A5044	LIVER BIOPSY PROCEDURE	1760	2100	2305
A5056	JOINT INJECTION/JOINT	435	520	570
A5057	OT ASSESSMENT	700	835	920
A5058	OT FOLLOW UP	435	520	570
A5059	BLOOD TRANSFUSION SINGLE	635	760	835
A5060	BLOOD TRANSFUSION MULTIPLE (</=5)	1275	1520	1665
A5066	PLEURAL/PERITONEAL TAP (PROCEDURE)	700	835	920
A5067	SUPRAPUBIC CULTURE	175	210	230
A5069	OXYGEN THERAPY / HOUR	105	125	135
A5071	GASTRIC JUICE COLLECTION	115	140	155
A5072	CYLOPHOSPHAMIDE INFUSION	535	635	695
A5077	CUSO4 CAUTERISATION	175	210	230
A5080	MANTOUX	50	60	70

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>A6000</b>	<b>DENTAL</b>			
A6003	RESTORATION - CLASS I & V	1585	1890	2075
A6004	RESTORATION - CLASS II	2970	3540	3885
A6005	RESTORATION - MOD	3445	4110	4505
A6006	LCR	2215	2645	2900
A6007	RCT WITH APISECTOMY	9200	10965	12030
A6008	CROWN PREP	6755	8055	8830
A6009	EXTRACTION	1060	1265	1385
A6010	SURGICAL EXTRACTION / MINOR SURGERY	3525	4200	4605
A6011	EXTRACTION(QUADRANT)	3525	4200	4605
A6012	APISECTOMY	3820	4555	5000
A6013	IMPACTION	5920	7060	7745
A6014	BIOPSY	1670	1990	2185
A6015	FRACTURE IMF	12200	14545	15955
A6016	ORTHODONTICS - REMOVABLE 1	12335	14710	16135
A6020	PROPHYLAXIS-I	2145	2560	2805
A6021	PROPHYLAXIS-II	4360	5200	5705
A6022	CURETTAGE(SEGMENT)	1585	1890	2075
A6023	CURETTAGE(QUADRANT)	2455	2930	3215
A6025	PARTIAL DENTURE	6440	7680	8425
A6026	EACH ADDITIONAL TOOTH	260	310	340
A6027	SPLINT / SCREW	3990	4760	5220
A6028	MAXILLARY OBTURATOR	14470	17250	18920
A6031	MAXILLARY PLATE	4405	5255	5765
A6032	PERIAPICAL	360	425	470
A6033	OCCLUSAL	720	860	945
A6034	CEPHALO	1080	1285	1410
A6035	ORTHOPANTOMOGRAM	1975	2355	2585
A6037	CROWN - METAL	4610	5495	6025

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A6040	FULL DENTURES	26470	31560	34610
A6042	CROWN CEMENTATION	1565	1870	2050
A6044	BIOHAZARD PROTOCOL	1645	1960	2150
A6045	TEMPORARY FILLING	2215	2645	2900
A6046	OCCLUSAL GRINDING	1055	1255	1375
A6047	STUDY MODEL/IMPRESSION	2040	2435	2670
A6048	DENTURE REPAIR(PARTIAL)	3160	3765	4130
A6049	DENTURE REPAIR(COMPLETE)	4140	4935	5415
A6050	RELINING/REBASING	5065	6040	6620
A6051	INCISION & DRAINAGE	1585	1890	2075
A6052	DRESSING	350	420	460
A6053	RCT	6710	8000	8770
A6054	G.I.C	1055	1255	1375
A6055	SPLINTING	3365	4015	4405
A6056	MOLAR RCT	10070	12005	13165
A6057	SPECIAL INSTRUMENT			
A6058	SINGLE FULL DENTURE	14990	17870	19600
A6059	ANAL DILATOR(STD)	2095	2495	2735
A6061	ORTHODONTICS-FIXED 1	29840	35580	39025
A6062	ORTHODONTICS-FIXED 2	54670	65185	71495
A6063	IMPLANT PROCEDURE	15440	18405	20190
A6066	PORCELAIN CROWN	7585	9045	9920
A6067	IMPLANT			
A6068	CROWN ACRYLIC	2625	3130	3435
A6069	ORTHODONTICS-SW1	38310	45680	50100
A6070	ORTHODONTICS-SW2	65620	78235	85810
A6071	PARTIAL DENTURE-II	9645	11500	12615
A6072	POST	6235	7435	8150
A6073	PLATING MATERIALS			
A6074	MICROMOTOR			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A6075	MICROSAW			
A6076	DENTAL EQUIPMENT			
A6077	SURGICAL EXTRACTION	2885	3440	3775
A6078	PULP EXTRIPATION	2215	2645	2900
A6079	SUTURING	570	680	750
A6080	LCR II	2970	3540	3885
A6081	LCR SPLINTING	3365	4015	4405
A6082	BONE BIOPSY	2365	2820	3095
A6083	PERIODONTAL SURGERY QUADRANT	2885	3440	3775
A6084	POST OPERATIVE ORTHOPANTOMOGRAM	990	1180	1290
A6085	IMPACTION II	7575	9030	9905
A6086	SUTURING MATERIAL (VICRYL)	970	1155	1265
A6087	GIC II	1585	1890	2075
A6088	QUADRANT EXTRACTION II	6720	8015	8790
A6089	DENTAL PROCEDURES REGISTRATION	145	145	145
A6090	BIPPS PACK	325	390	425
A6091	NICOTINE TEST	795	945	1035
A6092	IRRIGATION	310	370	410
A6093	PREMOLAR RCT	7350	8765	9615
A6094	MOLAR RCT II	10615	12655	13880
A6095	PEDO RCT	8470	10100	11075
A6096	BMP ANTERIOR	1585	1890	2075
A6097	BMP MOLAR	2970	3540	3885
A6098	OBTURATION ANTERIOR	2215	2645	2900
A6099	OBTURATION PREMOLAR	2970	3540	3885
A6100	OBTURATION MOLAR EXTRACTION WITH ROOT RETRIEVAL	4360	5200	5705
A6101	EXTRACTION WITH ROOT RETRIEVAL (CLOSED)	2215	2645	2900
A6102	SCALING 3	5700	6795	7455
A6103	EXTRACTION 2	1405	1675	1835
A6104	EXTRACTION 3	1760	2100	2305

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A6109	CLINICAL PROCEDURE POST AND CORE	8955	10680	11715
A6112	CLINICAL PROCEDURE CD SINGLE	8955	10680	11715
A6114	CLINICAL PROCEDURE MAXILLARY PLATE	3915	4665	5115
A6115	CLINICAL PROCEDURE IMPLANT PROCEDURE	7770	9260	10160
A6120	OBTURATOR -LAB	4360	5200	5705
A6125	MAXILLARY PLATE-LAB	1405	1675	1835
A6127	DILATORS	935	1115	1225
A6129	ORAL HEALTH EDUCATION(WELL MOUTH CLINIC	500	595	655
A6130	TOBACCO EDUCATION	500	595	655
A6131	TOBACCO CESSATION SUPPORT PROGRAM	1125	1340	1470
A6132	PULP VITALITY TESTING	245	295	325
A6133	ANTERIOR REPEAT RCT	5960	5960	5960
A6134	PREMOLAR RCT II / REPEAT	6280	6280	6280
A6135	APEXIFICATION	3235	3235	3235
A6137	PERIODONTAL CHARTING	825	985	1080
A6139	TOBACCO RELATED ORAL LESION P.P	2145	2560	2805
A6141	LASER I	1880	2240	2455
A6142	LASER II	2185	2605	2855
A6143	LASER III	3365	4015	4405
A6144	EXTRACTION 4	2465	2940	3220
A6146	PEDO CROWN	3525	4200	4605
A6147	PULPECTOMY-I	3525	4200	4605
A6148	PULPECTOMY-II	5130	6115	6705
A6149	SPACE MAINTAINER 1	5920	7060	7745
A6150	SPACE MAINTAINER 2	8410	10030	11000
A6151	PEDO PACKAGE-I	4330	5160	5660
A6152	PEDO PACKAGE-II	8410	10030	11000
A6153	DENTAL HYGIENE EDUCATION	480	575	630
A6157	CLEFT CARE	405	480	525
A6158	NAM PLATE IMPRESSION	1760	2100	2305

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A6159	NAM PLATE	3525	4200	4605
A6161	ORTHO FIXED RETAINER	6720	8015	8790
A6163	PERIAPICAL-1	645	770	840
A6164	PERIAPICAL-2	890	1060	1165
A6169	PPE AND INFECTION CONTROL CHARGES (DENTAL)	370	370	370
A6170	DENTAL POLISHING	1110	1325	1455
A6171	SUTURING MATERIALS (SILK)	230	230	230
A6172	SINGLE ARCH	4000	4000	4000
A6173	DUAL ARCH	5000	5000	5000
A6174	SINGLE ARCH MONO IMPLANT	6000	6000	6000
A6175	SINGLE ARCH MULTI IMPLANT	8000	8000	8000
A6176	GUIDED SURGERY SINGLE IMPLANT	4500	4500	4500
A6177	GUIDED SURGERY MULTI IMPLANT	1500	1500	1500
A7000	DERMATOLOGY			
A7002	DARK FIELD EXAMINATION	175	210	230
A7003	SMEAR FOR DUCREY'S BACILLI	275	325	355
A7004	SMEAR FOR DONOVAN BODIES	275	325	355
A7005	SMEAR FOR GONOCOCUS	275	325	355
A7006	DIRECT EXAMINATION FOR TRICHOMONAS	175	210	230
A7007	DIRECT EXAMINATION FOR CANDIDA (GENITAL/ORAL)	175	210	230
A7008	GRAM STAIN FOR FUNGUS GRANULE	310	370	410
A7009	TZANCK/LD BODIES	360	425	470
A7011	SMEAR FOR GONOCOCCUS / TRICOMONAS / CANDIDA	520	620	680
A7012	SKIN SMEARS	435	520	570
A7013	BV SCORE	310	370	410
A7014	FUNGUS SCRAPING < 2 SITES	385	460	500
A7015	FUNGUS SCRAPING > 2 SITES	435	520	570
A7016	AFB STAIN - PUS	435	520	570

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A7017	SCABIES MITE	260	310	340
A7018	DERM - URINE ALBUMIN,SUGAR,SEDIMENT	405	480	525
A7019	DERM - URINE SEDIMENT,GC,TV,CANDIDA	590	705	775
A7020	INJECTION FEE X DAYS	215	255	280
A7021	INCISION AND DRAINAGE	540	645	705
A7022	DRESSING - SMALL	285	340	375
A7023	DRESSING - LARGE	350	420	460
A7024	DERM LAB MISCELLANEOUS	260	310	340
A7103	LASER BETWEEN EYEBROWS	6355	7580	8315
A7104	LASER BETWEEN EYEBROWS EXTRA	3315	3955	4335
A7107	LASER UPPER LIP	10945	13050	14315
A7108	LASER UPPER LIP EXTRA	4360	5200	5705
A7109	LASER LOWER LIP	6355	7580	8315
A7110	LASER LOWER LIP EXTRA	3315	3955	4335
A7111	LASER FULL FACE	42160	50265	55130
A7112	LASER FFULL FACE EXTRA	16880	20125	22075
A7113	LASER EARS PER EAR	6355	7580	8315
A7114	LASER EARS PER EAR EXTRA	3315	3955	4335
A7115	LASER NIPPLE CLEAVAGE	14780	17625	19330
A7116	LASER NIPPLE CLEAVAGE EXTRA	7380	8795	9650
A7117	LASER UMBILICUS TO PUBIS	14780	17625	19330
A7118	LASER UMBILICUS TO PUBIS EXTRA	7380	8795	9650
A7119	LASER BIKINI LINE	14780	17625	19330
A7120	LASER BIKINI LINE EXTRA	7380	8795	9650
A7121	LASER INNER THIGHS	21075	25125	27555
A7122	LASER INNER THIGHS EXTRA	10555	12585	13805
A7123	LASER INNER THIGHS AND BIKINI LINE	29530	35210	38615
A7124	LASER INNER THIGHS AND BIKINI LINE EXTRA	14780	17625	19330
A7125	LASER THIGH EACH	50635	60375	66215
A7126	LASER THIGH EACH EXTRA	25320	30185	33110



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A7127	LASER EACH LEG BELOW KNEE	29530	35210	38615
A7128	LASER EACH LEG BELOW KNEE EXTRA	14780	17625	19330
A7129	LASER AXILLA EACH	21075	25125	27555
A7130	LASER AXILLA EACH EXTRA	6355	7580	8315
A7132	LASER ANTERIOR NECK EXTRA	6355	7580	8315
A7133	LASER CHIN	10555	12585	13805
A7134	LASER CHIN EXTRA	6355	7580	8315
A7135	LASER BEARD AREA OF FACE SMALL	16880	20125	22075
A7136	LASER BEARD AREA OF FACE SMALL EXTRA	8435	10060	11035
A7137	LASER BEARD AREA OF FACE MEDIUM	18985	22640	24830
A7138	LASER BEARD AREA OF FACE MEDIUM EXTRA	9505	11330	12425
A7139	LASER BEARD AREA OF FACE LARGE	21075	25125	27555
A7140	LASER BEARD AREA OF FACE LARGE EXTRA	10555	12585	13805
A7141	LASER SIDEBURNS	14780	17625	19330
A7142	LASER SIDEBURNS EXTRA	7380	8795	9650
A7143	LASER ANTERIOR NECK	12680	15120	16585
A7145	LASER POSTERIOR NECK	12680	15120	16585
A7146	LASER POSTERIOR NECK EXTRA	8435	10060	11035
A7147	LASER UPPER ARM EACH	16880	20125	22075
A7148	LASER UPPER ARM EACH EXTRA	8435	10060	11035
A7149	LASER FOREARM EACH	14780	17625	19330
A7150	LASER FOREARM EACH EXTRA	7380	8795	9650
A7151	LASER HAND EACH	10555	12585	13805
A7152	LASER HAND EACH EXTRA	5370	6400	7020
A7153	LASER CHEST MALE	42160	50265	55130
A7154	LASER CHEST MALE EXTRA	21075	25125	27555
A7155	LASER ABDOMEN	42160	50265	55130
A7156	LASER ABDOMEN EXTRA	21075	25125	27555
A7157	LASER BACK	33750	40240	44130
A7158	LASER BACK EXTRA	16880	20125	22075

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A7159	LASER ENTIRE LOWER LIMB	75890	90480	99240
A7160	LASER ENTIRE LOWER LIMB EXTRA	37940	45235	49615
A7161	LASER KNEE AND LOWER LEG EACH	33750	40240	44130
A7162	LASER KNEE AND LOWER LEG EACH EXTRA	16880	20125	22075
A7163	LASER FOOT EACH	10555	12585	13805
A7164	LASER FOOT EACH EXTRA	7380	8795	9650
A7165	LASER MIDLINE	21075	25125	27555
A7166	LASER MIDLINE EXTRA	10555	12585	13805
A7175	IONTOPHORESIS	260	310	340
A7177	BIOPSY(DERM)	1235	1475	1615
A7178	BIOPSY SKIN (REGULAR)	955	1140	1250
A7179	CRYOTHERAPY <_ 2	690	820	900
A7180	CRYOTHERAPY 2-5	1210	1440	1580
A7181	PARING < 2	500	595	655
A7182	PARING AND CRYOTHERAPY <_ 2	1210	1440	1580
A7183	PARING AND CRYOTHERAPY 2-5	1405	1675	1835
A7184	RADIOSURGERY SMALL	1545	1845	2025
A7185	ELECTROSURGERY	860	1025	1120
A7186	ELECTROSURGERY DPN/SESSION (COSMETIC PROCEDURE)	630	750	825
A7187	INTRALESIONAL INJECTION < 2	405	480	525
A7188	INTRALESIONAL INJECTION > 2	955	1140	1250
A7192	MOLLUSCUM NEEDLING	405	480	525
A7193	SUBCISION	955	1140	1250
A7194	COMEDO EXTRACTION	890	1060	1165
A7195	PUNCH EXCISION	1405	1675	1835
A7196	NAIL AVULSION	1235	1475	1615
A7197	NAIL SPLINTING	1760	2100	2305
A7198	MINI PUNCH GRAFTING 100 PUNCHES	6355	7580	8315
A7200	MANTOUX	235	280	305
A7202	DERMABRASION SMALL	2215	2645	2900

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A7203	DERMABRASION MEDIUM	4360	5200	5705
A7204	DERMABRASION LARGE	6355	7580	8315
A7205	PINCH AND PUNCH SMALL	4360	5200	5705
A7206	PINCH AND PUNCH MEDIUM	8810	10500	11520
A7207	PINCH AND PUNCH LARGE	14670	17490	19185
A7208	DERM PROCEDURE (MISC)	500	595	655
A7209	PATCH TEST(CHEMOTECHNIQUE)	4360	5200	5705
A7210	PATCH TEST(SYSTOPIC)	1645	1960	2150
A7213	NARROW BAND UVB/PUVA(WHOLE BODY)	690	820	900
A7214	SUCTION BLISTER GRAFTING (COSMETIC PROCEDURE)	7365	8780	9630
A7215	PARING 2-5	690	820	900
A7218	MOLE EXCISION (SINGLE)	1760	2100	2305
A7219	NARROW BAND UVB HAND AND FOOT	435	520	570
A7220	TEST PEEL	630	750	825
A7221	SALICYLIC ACID/GLYCOLIC ACID/LACTIC ACID PEEL(PER	1430	1705	1870
A7222	SALICYLIC ACID/GLYCOLIC ACID/LACTIC ACIT PEEL/PACK	3485	4155	4555
A7224	AUTOLOGUS PLASMA SKIN TEST	425	505	555
A7225	DIPHENCYPRONE(4 SITTINGS)	2195	2620	2875
A7226	DIPHENCYPRONE(1 SITTING)	630	750	825
A7227	STARCH - IODINE TEST	260	310	340
A7228	ELECTROLYSIS (RADIOSURGERY)/SESSION (COSMETIC PROC	7365	8780	9630
A7229	ELECTROLYSIS (ELECTROSURGERY)/SESSION	2710	3230	3545
A7230	TELANGIECTASIA (RADIOSURGERY)/SESSION (COSMETIC PR	7365	8780	9630
A7231	LASER ENTIRE BACK	54990	65565	71910
A7232	PHOTO REJUVENATION LASER	9180	10945	12000
A7233	ND YAG LASER 15CM2 (THREE SITTING PACKAGE)	12605	15030	16480
A7234	LASER TEST	2010	2395	2625
A7235	NARROW BAND UVB HAND/FOOT	260	310	340
A7237	CO2 LASER SMALL	2075	2475	2710
A7238	CO2 LASER PROCEDURE MEDIUM	3135	3735	4095

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A7239	CO2 LASER PROCEDURE LARGE	4120	4915	5390
A7241	HAIR EXAMINATION TEST	85	100	110
A7242	STOCKINET -1	245	295	325
A7243	PATHERGY TEST	235	280	305
A7245	TCA APPLICATION / PEEL(COSMETIC PROCEDURE)	500	595	655
A7246	CYTOBRUSH - 1	85	100	110
A7247	NARROW BAND UVB TARGETED SMALL	235	280	305
A7248	NARROW BAND UVB TARGETED MEDIUM	310	370	410
A7249	NARROW BAND UVB TARGETED LARGE	405	480	525
A7250	SKIN TATTOO (COSMETIC PROCEDURE)	1470	1750	1920
A7251	PATCH TEST COSMETIC SERIES	4360	5200	5705
A7252	10% TCA PEEL	735	875	960
A7253	NARROW BAND UVB (COMB)	210	210	210
A7254	PHOTOPATCH TEST(SCANDINAVIAN SERIES)	7490	8930	9790
A7256	MIAMI PEEL (GEOMASTIC COSMOCEUTICAL)	3135	3735	4095
A7260	PLATELET RICH CONCENTRATE THERAPY	6690	7975	8745
A7261	DERMAROLLER	2070	2070	2070
A7262	PINCER NAIL SURGERY	1925	2295	2515
A7264	TCA CROSS FOR ACNE SCARS (COSMETIC PROCEDURE)	455	545	595
A7266	COLLAGEN INDUCTION DERMAROLLER	5915	7055	7735
A7267	CO2 FRACTIONAL LASER(THERAPEUTIC)	8000	9540	10465
A7268	TEST Q ND YAG LASER	3640	4340	4760
A7269	SMALL Q ND YAG LASER	6690	7975	8745
A7270	MEDIUM Q ND YAG LASER	9360	11160	12240
A7271	LARGE Q ND YAG LASER	13345	15910	17450
A7272	DERM PROCEDURE (MISC.) SMALL	135	135	135
A7273	DERM PROCEDURE (MISC.) MEDIUM	275	275	275
A7274	DERMAROLLER 0.5MM	990	1180	1290
A7275	NONCULTURED MELNOCYTE TRANSFER	28165	33580	36830
A7276	FUE 1 - 25 THERAPY(THERAPEUTIC)	15275	18215	19975

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A7277	FUE 25 - 50 THERAPY(THERAPEUTIC)	25435	30325	33260
A7278	FUE 50 - 75 THERAPY(THERAPEUTIC)	30530	36400	39925
A7279	FUE 75 - 100 THERAPY(THERAPEUTIC)	38155	45495	49895
A7280	FUE 100 - 200 THERAPY(THERAPEUTIC)	50875	60660	66530
A7281	FUE 200 - 500 THERAPY(THERAPEUTIC)	76295	90970	99775
A7282	FUE 500 - 1000 THERAPY(THERAPEUTIC)	101725	121290	133025
A7283	FUE > 1000 THERAPY(THERAPEUTIC)	152620	181970	199580
A7286	HAIR FIBRE 10GM (COSMETIC PROCEDURE)	1145	1365	1495
A7287	HAIR FIBRE 22GM (COSMETIC PROCEDURE)	3235	3860	4235
A7288	SKIN CAMOUFLAGE D2 (COSMETIC PROCEDURE)	1710	2040	2235
A7291	DERMA SCAN	2905	3465	3800
A7292	DERMAROLLERS 0.5MM (BIOGEN)	650	650	650
A7293	DERMAROLLERS 1.5MM (BIOGEN)	1500	1500	1500
A7296	CO2 FRACTIONAL LASER(COSMETIC PROCEDURE)	7900	9415	10330
A7297	FUE 1 - 25 THERAPY (COSMETIC PROCEDURE)	15055	17950	19685
A7298	FUE 25 - 50 THERAPY (COSMETIC PROCEDURE)	25095	29925	32820
A7299	FUE 50 - 75 THERAPY (COSMETIC PROCEDURE)	30140	35935	39415
A7300	FUE 75 - 100 THERAPY (COSMETIC PROCEDURE)	37655	44895	49240
A7301	FUE 100 - 200 THERAPY (COSMETIC PROCEDURE)	50205	59860	65655
A7302	FUE 200 - 500 THERAPY (COSMETIC PROCEDURE)	75310	89790	98480
A7303	FUE 500 - 1000 THERAPY (COSMETIC PROCEDURE)	100410	119720	131310
A7304	FUE > 1000 THERAPY (COSMETIC PROCEDURE)	150610	179575	196955
A7305	INJECTABLE PLATELET RICH CONCENTRATE THERAPY (COSM	3095	3690	4045
A7306	DERMOSCOPY AND TRICHOSCOPY	2280	2720	2985
A7307	CRYOTHERAPY 5-10	1645	1960	2150
A7308	CRYOTHERAPY >10	2010	2395	2625
A7309	RADIOSURGERY MEDIUM	2920	3480	3815
A7310	RADIOSURGERY LARGE	4745	5660	6205
A7311	PINCER NAIL Z PLASTY	4745	5660	6205
A7312	BOTOX INJECTIONS	2010	2395	2625

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A7313	PARING AND CRYOTHERAPY >5	1645	1960	2150
A7314	PARING >5	1035	1235	1350
A7315	PHOTOTEST	815	970	1065
A7316	ERBE-ELECTROSURGERY PROCEDURE (SMALL)	1710	2040	2235
A7317	ERBE-ELECTROSURGERY PROCEDURE (MEDIUM)	3330	3970	4350
A7318	ERBE-ELECTROSURGERY PROCEDURE (LARGE)	5370	6400	7020
A7319	M. LEPRAE PCR	1335	1590	1745
A7320	M. LEPRAE DRUG RESISTANCE PCR	5030	6000	6580
A7321	NAIL AVULSION WITH MATRICECTOMY	1405	1675	1835
A7322	CO2 FRACTIONAL LASER FACE PKG, 3 SITTING(COSMETIC)	16810	20040	21980
A7323	INTRALESIONAL INJECTION ( > 5 )	1405	1675	1835
A7324	Q ND YAG - TATTOO REMOVAL R20 (ONE SITTING)	7575	9030	9905
A7325	CORN FOOT (PUNCH EXCISION & PARING)	1235	1475	1615
A7326	RADIOSURGERY - INTRALESIONAL	1760	2100	2305
A7327	CRYOTHERAPY - TARGETED (WITH PUNCH)	890	1060	1165
A7328	CYST EXCISION	1760	2100	2305
A7329	CO2 FRACTIONAL LASER SMALL	2645	3155	3460
A7330	CO2 FRACTIONAL LASER MEDIUM	4330	5160	5660
A7331	ELECTROSURGERY DPN <_ 2 (COSMETIC)	405	480	525
A7332	INJECTION - LIPOLYSIS	3840	4580	5025
A7333	SYSTOPIC - 52 ANTIGEN	4825	5750	6305
A7334	SYSTOPIC COSMETIC SERIES	3340	3985	4370
A7335	DERMA PIN	370	440	485
A7336	ARGI PEEL	760	905	995
A7337	DEROOFING	5285	6300	6910
A7338	MINI PUNCH TEST GRAFT -10	3535	4215	4625
A7339	PERCUTANEOUS SCLEROTHERAPY	405	480	525
A7340	INTRAMATRICEAL TRIAMCINOLONE	1130	1350	1480

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>A9000</b>	<b>E N T</b>			
A9001	V.F.T	385	460	500
A9004	AUDIOGRAM/BOA	760	905	995
A9006	HARD EAR MOULD ONE EAR	2195	2620	2875
A9007	HARD EAR MOULD TWO EARS	3805	4535	4975
A9008	SPEECH THERAPY CONSULT	860	1025	1120
A9009	SPEECH THERAPY - 3 SESSIONS	1660	1975	2170
A9016	TRACHEOSTOMY	2115	2520	2765
A9017	D.L.SCOPY BIOPSY	2775	3310	3630
A9019	BORING EAR/NOSE	800	955	1045
A9021	I & D ABSCESS EAR/NOSE/THROAT	800	955	1045
A9022	MASTOID DRESSING X 2 DAYS	310	370	410
A9024	BIOPSY EAR/NOSE/THROAT	1910	2280	2500
A9027	NASAL PACKING	580	690	755
A9029	FOREIGN BODY REMOVAL EAR/NOSE/THROAT	1910	2280	2500
A9031	S.M.D.	945	1125	1235
<b>A9043</b>	<b>E N G</b>	<b>3105</b>	<b>3705</b>	<b>4065</b>
A9044	AUDITORY TRAINING PER DAY	520	620	680
A9057	ABR - SITE OF LESION TESTING	3105	3705	4065
A9058	FLEXIBLE LARYNGOSCOPY & BIOPSY	12005	14315	15700
A9063	TRACHEOSTOMY TUBE	435	520	570
A9064	STROBOSCOPY	1880	2240	2455
A9065	TYMPANOMETRY	260	310	340
A9067	OAE TESTING	1065	1270	1395
A9068	ABR - THRESHOLD TESTING	3835	4575	5015
A9071	SPECIAL INSTRUMENTS			
A9073	TEFLON PROSTHESIS SIZE 0.6MM x 4.0MM	150	150	150
A9074	TEFLON PROSTHESIS SIZE 0.6MM X 4.5MM	150	150	150
A9075	TEFLON PISTONS-SHAH 0.5MM x 4.5MM	360	360	360

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
A9078	TORP 6.0MM	430	430	430
A9079	TORP 8.0MM	430	430	430
A9081	SILASTIC SHEET 0.010" 2X1 INCH	1135	1135	1135
A9082	TUBE CONDUCTOR LENGTH 35 MM & 40 MM	5640	5640	5640
A9083	GROMMETS-KARL STORZ-2 O.D.2.8MM I.D.1.5MM- NO WIRE	710	710	710
A9084	GROMMETS-SHAPHARD STD./PAED	285	285	285
A9085	GROMMETS-SHAH STD./PAED	430	430	430
A9095	ECOCHG	3380	4030	4420
A9096	VOICE THERAPY	2215	2645	2900
A9100	NEONATAL HEARING SCREENING	580	690	755
A9103	VRA	1235	1475	1615
A9104	ASSR	5585	6660	7300
A9105	ETHICON SKIN STAPLER PMW35	565	565	565
A9106	VEMP	2405	2870	3145
A9107	FLEXIBLE LARYNGOSCOPY WITHOUT PRINT	1880	2240	2455
A9109	RIGID ENDOSCOPY WITHOUT PRINT	1605	1915	2100
A9112	AUDIOGRAM SPECIAL TEST-SPEECH AUDIOMETRY	630	750	825
A9113	AUDIOGRAM SPECIAL TEST-TESTS OF RECRUITMENT	630	750	825
A9114	TINNITUS COUNSELING	235	280	305
A9115	PHYSICAL VESTIBULAR THERAPY COUNSELING	580	690	755
A9116	INTRATYMPANIC INJECTION UNDER LA-OPD PROCEDURE	1880	2240	2455
A9120	PHONAK S010T+	16440	16440	16440
A9150	SUCTION CLEARANCE EAR	370	440	485
A9151	WOUND DRESSING	235	280	305
A9152	POSTURAL BP CHECK	235	280	305
A9153	EAR SYRINGING	235	280	305
A9154	H & EPLEY PROCEDURE	555	660	725
A9155	HALPIKES TEST	555	660	725
A9157	MINOR NECK PROCEDURE / ALL POST OP	235	280	305
A9158	TRACHEOSTOMY TUBE CHANGE	260	310	340



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CODE	DESCRIPTION	R RATE	P RATE	D RATE
A9206	RESUTURING-EAR/NOSE/THROAT	4525	5395	5915
A9208	NASO GASTRIC TUBE INSERTION	455	545	595
A9209	TRACHEOSTOMY CARE / CORKING / CHANGE	260	310	340
A9210	EAR WICK INSERTION	260	310	340
A9211	DECANNULATION	475	565	620
A9212	EAR LOBE REPAIR	4525	5395	5915
A9213	AgNo3 CAUTERISATION-EAR/NOSE/STOMA	310	370	410
A9214	MINOR EAR PROCEDURE / ALL POST OP	215	255	280
A9215	MINOR EAR PROCEDURE-GROMMET REMOVAL	215	255	280
A9216	MINOR NASAL PROCEDURE-SPLINT REMOVAL	215	255	280
A9217	MINOR NASAL PROCEDURE / ALL POST OP	215	255	280
A9218	OLFACTION TESTING	675	805	885
A9219	SKIN ALLERGEN TESTING	2085	2490	2730
A9220	ENT - ALLERGY HISTORY AND COUNSELING	1490	1775	1945
A9221	SKIN ALLERGEN TESTING WITH COUNSELLING	2735	3265	3580
A9223	LASER	4045	4045	4045
A9224	DEBRIDER PER BLADE	580	580	580
A9225	COBLATOR	2310	2310	2310
A9227	FACIAL NERVE MONITORING	2000	2000	2000
A9228	NPL SCOPY ENT OR	1870	1870	1870
A9229	MARKER PEN	80	80	80
A9230	SKEETER DRILL	580	580	580
A9231	AUDITORY TRAINING PER DAY (ALPHA CLINIC)	555	660	725
A9232	FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING(FE	3145	3750	4115
A9233	SWALLOWING ASSESSMENT	435	520	570
A9234	SWALLOWING THERAPY	435	520	570
A9235	TEP VALVE INSERTION	235	280	305
A9236	PAEDIATRIC ENT SCOPY (OP)	2085	2490	2730
A9237	PAEDIATRIC ENT SCOPY (IP)	4140	4935	5415
A9238	FUNGAL PANEL FOR SKIN ALLERGEN TESTING	360	425	470

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
A9239	LASER CHARGES			
A9240	RHINOMANOMETRY	1065	1270	1395
A9241	E-ABR TEST	9555	11395	12495
A9242	FLEXIBLE ENDOSCOPY WITH NARROW BAND IMAGING	2340	2790	3060
A9253	NEONATAL TRACH TUBE 3.0MM	6205	6205	6205
A9254	NEONATAL TRACH TUBE 3.5MM	6205	6205	6205
A9255	NEONATAL TRACH TUBE 4.0MM	6205	6205	6205
A9256	NEONATAL TRACH TUBE CUFFED 3.0MM	12285	12285	12285
A9257	NEONATAL TRACH TUBE CUFFED 3.5MM	12285	12285	12285
A9258	NEONATAL TRACH TUBE CUFFED 4.0MM	12285	12285	12285
A9259	PAED.TRACHEOSTOMY TUBE 3.0MM AIRE-CUF	10995	10995	10995
A9260	PAED.TRACHEOSTOMY TUBE 3.5MM AIRE-CUF	10995	10995	10995
A9261	PAED.TRACHEOSTOMY TUBE 4.0MM AIRE-CUF	10995	10995	10995
A9262	PAED.TRACHEOSTOMY TUBE 4.5MM AIRE-CUF	10995	10995	10995
A9263	PAED.TRACHEOSTOMY TUBE 5.0MM AIRE-CUF	10995	10995	10995
A9264	PAED.TRACHEOSTOMY TUBE 5.5MM AIRE-CUF	10995	10995	10995
A9265	BIPP S SINGLE EAR PACK	165	195	215
A9266	BIPP S SINGLE NOSE PACK	275	325	355
A9267	MAXILLARY / CAVITY PACK	1545	1845	2025
A9268	DEBRIDER BLADE			
A9269	FACIAL NERVE			
A9270	DRILL CHARGES			
A9271	FOLLOW UP COST			
A9272	PERIOP COST			
A9273	CMC/ENT-2 COCHLEAR IMPLANTATION EXPENSES			
A9274	CMC/ENT-4 COCHLEAR IMPLANTATION EXPENSES			
A9275	VHIT	3245	3870	4240
A9276	PEDIATRIC BRONCHOSCOPE	5370	6400	7020
A9277	PEAD. TRACHEOSTOMY TUBE-PORT NEON-60P045-UNCUFFED	7115	7115	7115
A9278	PAED.TRACHEOSTOMY TUBE "SMITHSMEDICAL" SIZE:5.0MM	7680	7680	7680

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
A9279	ADULT-TRACHEOSTOMY TUBE-W/O CUFF-60A160 UNCUFFED	8405	8405	8405
A9280	TRACHEOSTOMY TUBE-4.0MM UNCUFFED BRAND:PORTEX,UK	880	880	880
A9282	TRACHEOSTOMY TUBE PLAIN SIZE:035 BRAND:PORTEX,UK-U	880	880	880
A9283	TRACHEOSTOMY TUBE CAT NO:100/506/050-UNCUFFED	880	880	880
A9284	OROPHARYNGEAL EXERCISE THERAPY	1000	1195	1310
A9285	SPEECH THERAPY X 1 SESSION	460	550	605
A9286	SPEECH THERAPY FOLLOW UP SESSIONS	265	320	350
A9287	OLFACTORY RETRAINING THERAPY	670	800	875
A9500	KANSO SOUND PROCESSOR+COCHLEAR NECLEUS P.S.IMPL(UN	1522500	1522500	1522500
A9501	KANSO SOUND PROCESSOR+COCHLEAR NECLEUS P.S.IMPL(BI	2730000	2730000	2730000
A9502	NUCLEUS 6 SOUND PROCESSOR+COCHLEAR NUCLEU IMPLAN(U	1470000	1470000	1470000
A9503	NUCLEUS 6 SOUND PROCESSOR+COCHLEAR NUCLEU IMPLAN(B	2677500	2677500	2677500
A9504	NUCLEUS 6 SOUND PROCESSOR+CI24RE(CA)OR CI422 C.I(U	1365000	1365000	1365000
A9505	NUCLEUS 6 SOUND PROCESSOR+CI24RE(CA)OR CI422 C.I(B	2520000	2520000	2520000
A9512	NUCLEUS CP802 OR FREEDOM SOUND PROCES+CI24RE(ST)(U	609000	609000	609000
A9513	NUCLEUS CP802 OR FREEDOM SOUND PROCES+CI24RE(ST)(B	1155000	1155000	1155000
A9514	COCHLEAR KANSO SOUND PROCESSOR(UNILATERAL)	599550	599550	599550
A9515	COCHLEAR KANSO SOUND PROCESSOR(BILATERAL)	1102500	1102500	1102500
A9522	COCHLEAR NUCLEUS CP802 SOUND PROCESSOR (UNILATERAL	257250	257250	257250
A9523	COCHLEAR NUCLEUS CP802 SOUND PROCESSOR (BILATERAL)	270112.5	270112.5	270112.5
A9525	KANSO CP950			
A9527	CP802			
A9529	ACCESSORIES - COMMON			
A9536	ROGER WIRELESS SYSTEM FOR AB COCHLEAR IMPLANT USER			
A9537	AQUACASE KIT			
A9538	AB - HIRES 90K - HR 1J - NAIDA CI Q30 KIT - U/L	609000	609000	609000
A9539	AB - HIRES 90K - HF 1J - NAIDA CI Q70 KIT - U/L	1008000	1008000	1008000
A9541	AB - HIRES 90K - HF MS - NAIDA CI Q30 KIT - U/L	677250	677250	677250
A9542	AB - HIRES 90K MS - NOIDA CI Q70 KIT - U/L	1076250	1076250	1076250
A9548	AB-PHONAK NAIDA LINK UP HEARING AID-BUYING+IMPLANT	48505	48505	48505

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
A9549	AB - AQUAKIT - PURCHASED WITH ANY NAIDA IMPLANT	45000	45000	45000
A9550	AB - HIRES 90K - HF IJ - NAIDA CI Q30 KIT - B/L	1157100	1157100	1157100
A9553	AB - HIRES 90K - HF MS - NAIDA CI Q30 KIT - B/L	1286775	1286775	1286775
A9556	AB - HIRES 90K 1J NAIDA CI Q30 KIT (TNCMCHIS SCHEM	403200	403200	403200
A9557	NUCLEUS CP 802 KIT+CI24RE (ST) IMPLANT (TNCMCHIS S	403200	403200	403200
A9558	MED-EL SONATA T1 100 IMPLANT+OPUS 2 KIT(TNCMCHIS S	403200	403200	403200
A9559	GENERAL SERVICE & REPAIR (WARRANTY-6 MONTHS)	35400	35400	35400
A9560	FLOSEAL			
A9561	SURGIFLO			
A9562	COBLATOR WAND			
A9563	VELVEZ NASAL PACK - ADULT	1500	1500	1500
A9564	VELNEZ NASAL PACK - PAEDIATRIC	750	750	750
A9565	MED-EL SONATA TI 100 IMPLANT+OPUS 2 KIT	537600	537600	537600
A9566	PROSTHESIS ANGULAR CLIP SIZE : 0.2 X 2.25			
A9567	PROSTHESIS MNP PARTIAL SIZE : 0.2 X 2.75MM			
A9568	PROSTHESIS ANGULAR CLIP SIZE : 0.2 X 3.25 MM			
A9569	PROSTHESIS MNP PARTIAL SIZE : 0.2 X 4.25MM			
A9570	PROSTHESIS CLIP PISTON MVP SIZE : 5.25MM			
A9571	PROSTHESIS CLIP PISTON MVP SIZE : 5.5MM			
A9572	NUCLEUS 7 SOUND PROCESSOR U/L	620550	620550	620550
A9573	NUCLEUS 7 SOUND PROCESSOR B/L	1144500	1144500	1144500
A9574	BONALIVE 2.5CC GRANULES CODE NO 13120			
A9575	AB-HIRES ULTRA CI HF MS-NAIDA Q30 KIT-U/L	782250	782250	782250
A9576	AB-HIRES ULTRA CI HF MS-NAIDA Q30 KIT-B/L	1486025	1486025	1486025
A9580	AB-HIRES ULTRA CI HF MS-NAIDA Q90 KIT-B/L	2693250	2693250	2693250
A9582	RAPID RHINO-TAMPONADE ANTERIOR/POSTERIOR-RR900			
A9583	CORTICAL EVOKED RESPONSE AUDIOMETRY	9010	10740	11780
A9584	ADHEAR BONE CONDUCTION HEARING AID SYSTEM	260000	260000	260000
A9585	NUCLEUS 7 CP 1000 KIT+CI532SLIM MODIOLAR IMPLANT(U	1627500	1627500	1627500
A9586	NUCLEUS 7 CP1000 KIT+CI532 SLIM MODIOLAR IMPLANT(B	2940000	2940000	2940000

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
A9587	NUCLEUS KANSO CP 950 KIT+CI532SLIM MODIOLAR IMPL(U	1575000	1575000	1575000
A9588	NUCLEUS KANSO CP 950 KIT+CI532SLIM MODIOLAR IMPL(B	2835000	2835000	2835000
A9589	NUCLEUS 7 CP1000 KIT+CI512 CA PROFILE SERIES IMP(U	1575000	1575000	1575000
A9590	NUCLEUS 7 CP1000 KIT+CI512 CA PROFILE SERIES IMP(B	2835000	2835000	2835000
A9591	NUCLEUS 7 CP1000 KIT+CI522SLIM STRAIGHT PROFILE (U	1575000	1575000	1575000
A9592	NUCLEUS 7 CP1000 KIT+CI522 SLIM STRAIGHT PROFILE(B	2835000	2835000	2835000
A9593	EAR WICK 24MM	365	365	365
A9594	LSC-10 LARYNGEAL STENT-CHILD	27165	27165	27165
A9595	LSC-10 LARYNGEAL STENT - ADOLESCENT	27165	27165	27165
A9596	TRACHEOSTOMY TUBE-3.0MM UNCUFFED BRAND PORTEX,UK	880	880	880
A9597	4.5CM ANTERIOR INFLATABLE NSAL BALLOON FOR NASAL P			
A9598	5.5CM ANTERIOR INFLATABLE NASAL BALLOON FOR NASAL			
A9599	5.5CM LUMEN ANTERIOR NASAL BALLOON FOR NASAL PACKA			
A9600	5.5CM BILATERAL ANTERIOR INFLATABLE NASAL BALLOON			
A9601	7.5CM ANTERIOR/POSTERIOR INFLATABLE NASAL BALLOON			
A9602	7.5CM LUMEN ANTERIOR/POSTERIOR INFLATABLE NASAL BA			
A9603	7.5CM BILATERAL ANTERIOR/POSTERIOR INFLATABLE NASA			
A9604	7.5CM INFLATABLE BILATERAL WITH AIRWAY NASAL BALLO			
A9605	VOCAL FOLD INJECTION PROCEDURE	7575	9030	9905
A9606	BOTOX INJECTION PROCEDURE	7575	9030	9905
A9607	INJECTION RESTYLANE			
A9608	TUBE - TRACHEOTOMY-CUFFED-2.5MM-TYN0025(TUOREN)	1700	1700	1700
A9609	TUBE - TRACHEOTOMY-CUFFED-3.0MM-TYN0030(TUOREN)	1700	1700	1700
A9610	TUBE - TRACHEOTOMY-CUFFED-3.5MM TYN0035(TUOREN)	1700	1700	1700
A9611	TUBE - TRACHEOTOMY-CUFFED-4.0MM-TYN0025 (TUOREN)	1700	1700	1700
A9612	TUBE - TRACHEOSTOMY-CUFFED-4.05MM-TYN45(TUOREN)	1700	1700	1700
A9613	TUBE - TRACHEOSTOMY-CUFFED-5.0MM-TYN0050(TUOREN)	1700	1700	1700
A9614	TUBE - TRACHEOSTOMY-CUFFED-5.5MM-TYN0055(TUOREN)	1700	1700	1700
A9615	TUBE - TRACHEOSTOMY-UNCUFFED-2.5MM-TYN1025(TUOREN)	1500	1500	1500
A9616	TUBE - TRACHEOSTOMY-UNCUFFED-3.0MM-TYN1030(TUOREN)	1500	1500	1500

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
A9617	TUBE - TRACHEOSTOMY-UNCUFFED-3.5MM-TYN1035(TUOREN)	1500	1500	1500
A9618	TUBE - TRACHEOSTOMY-UNCUFFED-4.0MM-TYN1040(TUOREN)	1500	1500	1500
A9619	TUBE - TRACHEOSTOMY-UNCUFFED-4.5MM-TYN1045(TUOREN)	1500	1500	1500
A9620	TUBE - TRACHEOSTOMY-UNCUFFED-5.0MM-TYN1050(TUOREN)	1500	1500	1500
A9621	TUBE - TRACHEOSTOMY-UNCUFFED-5.5MM-TYN1055(TUOREN)	1500	1500	1500
A9622	TUBE - TYPE COLLAR BUTTON	480	480	480
A9623	LARY TUBE - 8MM STANDARD INVOTEC	27720	27720	27720
A9624	RUTTER STENT S - 8MM (BOSTON)	54515	54515	54515
A9625	LS - SC - 05 SMALLER VERSION OF LARYNGEAL STENT	33075	33075	33075
A9626	TRIUNE TUBE GROMMET, SIZE 1.35MM	6300	6300	6300
A9627	PAED.TRACHEOSTOMY TUBE 4.02MM UNCUFFED 60P040	6000	6000	6000
A9628	TRACHEOSCOPY	2120	2525	2770
A9629	PORTABLE ENT ENDOSCOPY	2120	2525	2770
A9630	NASOGASTRIC TUBE PLACEMENT - ENDOSCOPIC GUIDED	2120	2525	2770
<b>B1000</b>	<b>ENDOCRINOLOGY</b>			
<b>B1001</b>	<b>ENDOCRINE</b>			
B1003	INSULININDUCED HYPOGLYCEMIA	2205	2630	2880
B1005	DIABETES EDUCATION	405	480	525
B1006	CONTINUOUS GLUCOSE MONITORING SYSTEM	8340	9945	10905
B1007	INSULIN PUMP INSTALLATION	7565	9020	9895
B1008	INSULIN PUMP SERVICE	2645	3155	3460
B1009	CLONIDINE STIMULATION TEST	1415	1690	1855
B1010	BONE MINERAL FOREARM	830	990	1090
B1011	BONE MINERAL LUMBAR SPINE	1325	1580	1735
B1012	BONE MINERAL FEMORAL NECK	2080	2480	2720
B1013	BONE MINERAL WHOLE BODY	3100	3695	4055
B1014	DIABETES FOOT CARE	525	630	690
B1015	AUTONOMIC FUNCTION TEST	910	1085	1190

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B1016	AUTOMATED BEAD-BASED DNA EXTRACTION	1010	1200	1320
B1017	QIAAMP DNA BLOOD MINI KIT PER SAMPLE(KITS PROVIDED	525	630	690
B1018	GENTRA PUREGENE KIT BASED METHOD PER SAMPLE	1545	1845	2025
B1019	RNA QUALITY CHECK	1205	1435	1575
B1020	MODY - GENE SCREENING	14025	16725	18345
B1021	ACTH STIMULATION TEST	655	785	860
B1022	LIPODYSTROPHY AND INSULIN RESISTANCE NGS PANEL	14130	16850	18480
B1023	MLPA MODY MIX 1 (GCK,HNF1A,HNF1B&HNF4A)	7455	8890	9750
B1024	MLPA MODY MIX II(PDX1,HNF1B,NEUROD1,KLF1I,CEL,PAX4	7455	8890	9750
B1025	FAMILY SCREENING OF MUTATION POSITIVE SUBJECTS	3125	3730	4090
B1026	QUBIT FLUOROMETER DNA QUANTIFICATION	370	370	370
B1027	QUBIT FLUOROMETER RNA QUANTIFICATION	370	370	370
B1028	OSTEOGENESIS IMPERFECTA NGS PANEL	14305	17060	18710
B1029	ACUTE PORPHYRIA NGS PANEL	14025	16725	18345
B1030	DIABETIC FOOT IMAGING			
B1031	MONOGENIC DIABETES NGS GENE PANEL	14130	16850	18480
B1032	HYPERINSULINEMIC HYPOGLYCEMIA NGS 10 GENE PANEL	14130	16850	18480
B1033	TUMORAL CALCINOSIS NGS 3 GENE PANEL	14025	16725	18345
B1034	KALLMANN SYNDROME NGS 4 GENE PANEL	14025	16725	18345
B1035	HEREDITARY HAEMORRHAGIC TELANGIECTASIA NGS3 GENE P	14025	16725	18345
B1036	NGS BASED BRCA1 AND BRCA2 SCREENING	14130	16850	18480
B1037	AIP GENE FOR ACROMEGALY	9400	11205	12290
B1038	PHEX GENE SEQUENCING X-LINKED HYPOPHOSPHATEMIC RICK	9400	11205	12290
B1039	CDKN1C GENE SEQUENCING FOR BECKWITH WIEDEMANN SYND	9400	11205	12290
B1040	SLC29A3 GENE SEQUENCING FOR H - SYNDROME	9400	11205	12290
B1041	SPINK 1 GENE FOR FIBRO CALCIFIC PANCREATIC DIABETE	9400	11205	12290
B1042	PRKAR1A GENE SEQUENCING FOR CARNEY COMPLEX	9400	11205	12290
B1043	ALMS 1 GENE FOR ALSTROM SYNDROME	9400	11205	12290
B1044	DCAF17 GENE FOR WOODHOUSE-SAKATI SYNDROME	9400	11205	12290
B1045	SLC19A2 GENE FOR THIAMINE METABOLISM DYSFUNCTION S	9400	11205	12290

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B1046	UGT1A1 GENE FOR CRIGLER NAJJAR SYNDROME	9400	11205	12290
B1047	PAX6 GENE FOR ANIRIDIA/GILLESPIE SYNDROME/PETER AN	9400	11205	12290
B1048	COMPREHENSIVE GLUCOSE MONITORING	170	200	220
B1049	CGM (CONTINUOUS GLUCOSE MONITORING)	895	1070	1175
B1050	ENDOCRINE EDUCATION	435	520	570
B1051	ENDO-NGS PANEL	19990	23830	26140
B1052	PENS-NGS PANEL	15575	18570	20365
B1053	NGS BASED MITOCHONDRIAL GENOME SEQUENCING	14130	16850	18480
B1054	46XY DSD-NGS 3 GENE PANEL	14840	17695	19405
B1055	CAH EIGHT HOT SPOTS SCREENING	3745	4465	4895
B1056	CAH-NGS BASED 5 GENE PANEL SCREENING	14130	16850	18480
B1057	BRCA1 185DEL AG SCREENING	1200	1200	1200
B1058	SANGER CONFIRMATION FOR THE VARIANT IDENTIFIED BY	4695	5595	6135
B1059	OBESITY NGS 35 GENE PANEL	14130	16850	18480
<b>B5000</b>	<b>HAEMATOLOGY</b>			
B5004	PLASMAPHERESIS PER PROCEDURE	26100	31115	34130
B5006	THERAPEUTIC VENESECTION	865	1030	1130
B5007	LUMBAR PUNCTURE / INTRATHECAL ADMINISTRATION	455	545	595
B5008	BONE MARROW BIOPSY	1060	1265	1385
B5009	ALLOGENIC BM TRANSPLANT(IN BMT UNIT)	106470	126945	139230
B5010	SPECIAL DRUGS			
B5011	DISPOSABLE ITEMS			
B5016	CENTRAL LINE CARE(PER DRESSING)	255	305	330
B5020	STEM CELL PHERESIS	30795	36720	40275
B5021	VARIANT HB ANALYSIS	1715	2045	2245
B5023	CYCLOSPORINE HPLC	4845	5775	6335
B5024	THAL MUTATION ANALYSIS	6420	7655	8400
B5026	GENETIC MARKERS FOR THROMBOSIS	6190	7380	8090



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B5027	ALL SCREENING BY RT PCR	14430	17205	18870
B5029	CONVENTIONAL CYTOGENETICS(KARYOTYPING)	5690	6780	7440
B5030	FISH FOR HAEMATOLOGICAL MALIGNANCIES-PROBES	6280	7485	8210
B5032	B.M. NEEDLE CHARGES			
B5033	KETAMINE ANAESTHESIA	590	705	775
B5034	CHEMO ADMINISTRATION < 1 HOUR (PER DAY)	500	595	655
B5035	CHEMO ADMINISTRATION < 12 HOUR (PER DAY)	590	705	775
B5036	CHEMO ADMINISTRATION > 12-24 HOUR (PER DAY)	590	705	775
B5037	CHROMOSOME BREAKAGE ANALYSIS	7490	8930	9790
B5038	CFU-GM COLONY ASSAYS	23480	27995	30700
B5039	ADMN PRC/FFP/CRYO	265	320	350
B5040	ADMN BLOOD	585	700	765
B5041	BONE MARROW HARVEST	15405	18370	20145
B5042	AUTOLOGOUS BMT	55350	65990	72380
B5045	RT-PCR FOR CML/PH+VE ALL (BCR-ABL T(9;22))	11195	13345	14635
B5049	MUTATION ANALYSIS OF HAEMOPHILIA	13070	15585	17095
B5050	HAEMOPHILIA CARRIER ANALYSIS	5585	6660	7300
B5051	GILBERT'S SYNDROME	5370	6400	7020
B5052	CHIMERISM ANALYSIS VNTR SCREENING	9270	11050	12120
B5053	RQ-PCR FOR BCR-ABL P-210/P-190(CML/PHILADELPHIA PO	11215	13370	14665
B5055	OB HAEMATOLOGY			
B5056	HAEMAT OPD ITEMS			
B5057	CMYC REARRANGEMENT	4045	4820	5285
B5059	BCR-ABL KINASE DOMAIN MUTATION SCREENING BY SEQUEN	12330	14700	16125
B5062	CHEMOTHERAPY DIARY	175	175	175
B5063	PLATELET SEPERATION (PER SDP)	4040	4040	4040
B5064	CRYOPRESERVATION (PER BAG)	18475	18475	18475
B5065	THIOPURINE PHARMACOGENOMIC TESTING	7575	9030	9905
B5066	DNA EXTRACTION	1865	2225	2440
B5067	NPM1/FLT3-ITD/FLT3-TKD FOR AML	6345	7565	8295

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B5068	MUD TRANSPLANT CHARGES	135330	135330	135330
B5070	DNA SEQUENCING CHARGES	1220	1455	1600
B5071	GENESCAN CHARGES	1065	1270	1395
B5072	C-KIT (EXON 8 AND EXON 17)	5420	6465	7090
B5073	ACUTE LEUKEMIA/LYMPHOMA	16230	19350	21225
B5074	LYMPHOCYTE SUBSET / ALPS / PID	8995	10725	11765
B5075	PNH	8725	10400	11405
B5076	LYMPHOMA / LEUKEMIA(SECONDARY PANEL)	4620	4620	4620
B5078	FANCONI D2 WB - PB	4330	5160	5660
B5079	FANCONI D2 WB - FIB	8410	10030	11000
B5080	MRD FOR B CELL ALL	10680	10680	10680
B5081	CD34 ENUMERATION AND DLI-CD3 ENUMERATION	10285	12260	13445
B5083	SCREENING CHARGES	1930	1930	1930
B5084	DAY CARE REGN FEES (NIGHT)	830	830	830
B5085	DAY CARE REGN FEES (MORNING)	415	415	415
B5089	RNA EXTRACTION	1870	1870	1870
B5090	MPN MUTATION PANEL(INCLUDES JAK2 V617F,CALR,MPL AN	9250	11030	12095
B5091	BRAF (V600E)MUTATION FOR HAIRY CELL LEUKEMIA/MELAN	4045	4820	5285
B5094	ULTRA SOUND GUIDED CENTRAL LINE INSERTION	1545	1545	1545
B5095	ULTRA SOUND GUIDED DOPPLER	1545	1545	1545
B5096	MRD FOR MULTIPLE MYELOMA	9920	9920	9920
B5101	MATERNAL CELL CONTAMINATION ANALYSIS	4210	5020	5510
B5105	SCREENING FOR IKZF1 DELETIONS	10600	12640	13865
B5106	TP53 MUTATION SCREENING IN HAEMATOLOGICAL DISORDER	14130	16850	18480
B5107	JAK2-V617F MUTATION	3855	4595	5040
B5108	HAEMATOLOGY SPECIAL PROCEDURE DEPOSIT			
B5109	MRD FOR T CELL ALL	10350	10350	10350
B5110	MRD FOR AML	13495	13495	13495
B5111	BMT 1ST FOLLOW-UP	369495	369495	369495
B5112	BMT 2ND FOLLOW-UP			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B5113	APML SCREENING BY RT PCR	10580	12615	13840
B5114	AML SCREENING BY RT PCR	11195	13345	14635
B5115	HES (FIP1L1-PDGFR4 (4Q12 (CHIC2)DELETION))	10580	12615	13840
B5116	GRANULOCYTE COLLECTION	18475	18475	18475
B5117	DONOR LYMPHOCYTE COLLECTION	18475	18475	18475
B5118	BUSULFAN AUC MONITORING	32335	32335	32335
B5119	MYELOID MALIGNANCIES MUTATION PANEL BY NGS	15970	19040	20885
B5120	MYELOMA FISH MINIMUM PANEL-2 markers	9410	11220	12310
B5121	PROCESS & HOLD FOR MYELOMA FISH PANEL	3525	4200	4605
B5122	MYELOMA FISH EXTENSIVE PANEL-6 markers	18670	22260	24410
B5123	EOSINOPHILIA FISH PANEL-5 markers	15255	18190	19950
B5124	STAT FISH - CEPXY,PML::RARA, t(8:21),Inv16	8745	10425	11435
B5125	MDS FISH PANEL-4 markers	12950	15440	16930
B5126	CLL FISH MINIMUM PANEL-2 markers	7575	9030	9905
B5127	CLL FISH EXTENSIVE PANEL-4 markers	12950	15440	16930
B5128	HAEMOGLOBINOPATHY SCREENING TEST	425	505	555
B5129	PLATELET IPT ( GT / BSS )	8500	10135	11120
B5130	LAD	8500	10135	11120
B5131	CHRONIC GRANULOMATOUS DISEASE (CGD)	4960	5915	6485
B5132	BETA THALASSAEMIA (COMMON MUTATIONS)	960	1145	1260
B5133	FOCUSSED NGS FOR HAEMOLYTIC ANAEMIAS	14410	17180	18845
B5134	FOCUSSED NGS FOR COAGULATION DISORDERS	14410	17180	18845
B5135	FOCUSSED NGS FOR PID	14410	17180	18845
B5136	FOCUSSED NGS FOR BONE MARROW FAILURE	14410	17180	18845
B5137	FOCUSSED NGS FOR IRON DISORDERS	14410	17180	18845
B5138	NGS FOR RARE HAEMATOLOGICAL DISORDERS	14410	17180	18845
B5139	PRENATAL DIAGNOSIS (KNOWN MUTATION)	14410	17180	18845
B5140	PRENATAL DIAGNOSIS (UNKNOWN MUTATION)	17615	21005	23035
B5142	CHEMOTHERAPY FILE (HP)	115	140	155
B5143	CHEMOTHERAPY FILE (PF)	320	380	415

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B5144	CELL THERAPY FLOW ASSAY	8995	10725	11765
B5145	CHIMERISM FOLLOW UP	4535	5410	5935
B5146	TARGETED FUSION GENE PANEL IN LEUKEMIAS BY NGS	18205	18205	18205
B5147	NGS PANEL FOR ACTIONABLE PHARMACOGENES	14370	17135	18795
B5148	NARROW BAND UVB/PUVA(WHOLE BODY)	690	820	900
B5149	DNA&RNA EXTRATION IN ACUTE LEUKEMIA-PROCESS&HOLD	1575	1575	1575
B5150	TESTING NGS VARIANTS FOR GERMLINE ORIGIN	5195	6195	6790
B5151	KARYOTYPING-PROCESS AND HOLD	1575	1575	1575
B5152	ALL CONSOLIDATED RISK STRATIFICATION	525	525	525
B5153	EXTRACORPOREAL PHOTOPHARESIS (ECP)	111275	132675	145510
B5154	T-CELL SPLIT CHIMERISM	16320	19460	21345
B5155	B-CELL SPLIT CHIMERISM	16320	19460	21345
B5156	NK-CELL SPLIT CHIMERISM	16320	19460	21345
B5157	SPLIT CHIMERISM-COMBINED (T,B,NK CELL)	40065	47770	52395
B5158	SUBCUTANEOUS INJECTION	50	50	50
B6000	HAND RESEARCH			
B6001	H.L.R.S(PHYSIOTHERAPY)			
B6002	INTENSIVE CHART AND FOLDER	155	155	155
B6003	PHOTOGRAPHS	210	210	210
B6004	ASSESSMENT ONE LIMB RIGHT OR LEFT	500	595	655
B6005	ASSESSMENT TWO LIMB RIGHT AND LEFT	800	955	1045
B6006	ASSESSMENT UPPER AND LOWER LIMB RIGHT AND LEFT	1280	1525	1675
B6009	PHYSIO EXERCISES FOR 6 DAYS (FULL COURSE)	2735	3265	3580
B6010	PHYSIO SPLINTS FOR 7 DAYS (FULL COURSE)	1210	1440	1580
B6016	K-WIRE&IMPLANTS			
B6017	HR SPECIAL INSTRUMENTS-REGULAR			
B6018	HR SPECIAL INSTRUMENTS-EXTRA			
B6019	HR MICROSCOPE USE			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B6020	HR ARTHROSCOPE USE			
B6021	HR ADJUVANT PROCEDURE			
B6022	WARD HAND THERAPY (WEEKLY CHARGES)	1080	1285	1410
B6023	HLRS DRESSING (IN WARDS)	385	460	500
B6024	HAND PLASTER APPLICATION (MINOR)	700	835	920
B6025	HAND PLASTER (MAJOR)	2235	2665	2925
B6026	WARD MINOR PROCEDURES	3330	3970	4350
B6027	HLRS - 2 DAYS ADMISSION	9850	9850	9850
B6028	HLRS - 3 DAYS ADMISSION	13005	13005	13005
B6029	HLRS - 4 DAYS ADMISSION	16335	16335	16335
B6033	POP REMOVAL/SR.REMOVAL/DRESSING -HLRS	475	565	620
B6034	ULCER DRESSING (ONE WEEK) -HLRS	845	1010	1105
B6035	WAX BATH, OIL MASSAGE, EXERCISE (ONE WEEK)	2020	2410	2645
B6036	EL. STIMULATION/TENS/US	1080	1285	1410
B6037	HAND FUNCTIONAL REHABILITATION	590	705	775
B6038	BRACH. PLEXUS - PRE	1345	1605	1760
B6039	BRACH. PLEXUS - POST	2145	2560	2805
B6040	TENDON TRANSFER	1125	1340	1470
B6041	TENDON REPAIR	1690	2015	2210
B6042	STIFF HAND	1990	2370	2600
B6043	OCTR & OTHERS	1470	1750	1920
B6044	HOME EXERCISE (HLRS)	455	545	595
B6045	EMG/NCS (HLRS)	2715	2715	2715
B6046	OPD DRESSINGS	285	340	375
B6047	SUTURE REMOVAL	385	460	500
B6048	K WIRE REMOVAL	580	690	755
B6049	INJECTIONS	955	1140	1250
B6050	MINOR PROCEDURE	1430	1705	1870
B6053	FLAP DRESSING (L)	955	1140	1250
B6100	SINGLE LIMB: MOTOR,SENSORY ASSESSMENT+PHOTS	955	1140	1250

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B6101	2 LIMB EVALUATION: MOTOR,SENSORY ASSESSMENT+PHOTOS	1260	1505	1650
B6102	4 LIMBS EVALUATION:MOTOR,SENSORY ASSESSMENT+PHOTOS	1710	2040	2235
B6103	BRACHIAL PLEXUS EVALUATION+PHOTOS	1430	1705	1870
B6104	BIRTH PALSY (OBPP ASSESSMENT) + PHOTOS	955	1140	1250
B6105	CTS ASSESSMENT(ROUTINELY BILATERAL ASSESSMENT)	955	1140	1250
B6106	HE-CAMS: GRIP/SUSTAINED GRIP ANALYSIS	1710	2040	2235
B6107	BASELINE ASSESSMENT ONE LIMB(SENSORY&MOTOR ONLY)	590	705	775
B6108	HANSENS DISEASE - ALL 4 LIMBS ASSESSMENT	1210	1440	1580
B6200	THERMOPLASTIC SPLINTS-SMALL	250	250	250
B6201	THERMOPLASTIC SPLINTS-MEDIUM	800	800	800
B6202	THERMOPLASTIC SPLINTS-LARGE	2000	2000	2000
B6203	WRIST & FOREARM SPLINT	765	765	765
B6204	THUMB SPICA SPLINT	300	300	300
B6205	WRIST COCK-UP SPLINT	390	390	390
B6206	ARM SLING POUCH	410	410	410
B6208	SHOULDER IMMOBILIZER	650	650	650
B6209	CAST PROTECTOR	390	390	390
B6210	ELECTRICAL STIMULATOR	3500	3500	3500
B6223	SLING WITH QUADRI	250	250	250
B6224	CERVICAL IMMOBILIZER	1150	1150	1150
B6225	ANKLE FIXED ORTHOSES (AFO)	1050	1050	1050
B6226	WRIST BRACE SPECIAL	850	850	850
B6227	WRIST BRACE THUMB SPICA	1050	1050	1050
B6230	SPLINT (MISC)			
B6231	VENO GRIP BANDAGE	85	85	85
B6232	T DRAPE PACK	1500	1500	1500

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>C1000</b>	<b>MEDICINE 1</b>			
<b>C1001</b>	<b>B.M. PROCEDURE CHARGES</b>			
<b>C1003</b>	<b>ATLAS 622NO MONITOR</b>	<b>455</b>	<b>455</b>	<b>455</b>
<b>C1005</b>	<b>TRU-CUT NEEDLE BIOPSY</b>	<b>520</b>	<b>620</b>	<b>680</b>
<b>C1006</b>	<b>GLUCOMETER (B - WARD)</b>	<b>165</b>	<b>195</b>	<b>215</b>
<b>C1007</b>	<b>MULTIPARAMETER PATIENT MONITOR (B WARD)</b>	<b>590</b>	<b>705</b>	<b>775</b>
<b>C1008</b>	<b>ALPHABED MATTRESS - B WARD</b>	<b>110</b>	<b>130</b>	<b>145</b>
<b>C1009</b>	<b>PETHIDINE (B WARD)</b>	<b>135</b>	<b>165</b>	<b>180</b>
<b>C1010</b>	<b>CD4 TEST AT BMPLII</b>	<b>1880</b>	<b>2240</b>	<b>2455</b>
<b>C1011</b>	<b>ARV DRUGS (ARV PHARMACY)</b>			
<b>C1012</b>	<b>TOXICOLOGY NURSE EDUCATOR SERVICES</b>	<b>245</b>	<b>295</b>	<b>325</b>
<b>C2000</b>	<b>MEDICINE 2</b>			
<b>C2001</b>	<b>B.M. PROCEDURE CHARGES</b>	<b>1080</b>	<b>1080</b>	<b>1080</b>
<b>C2003</b>	<b>JOINT INJECTION</b>	<b>325</b>	<b>325</b>	<b>325</b>
<b>C2004</b>	<b>SUTURE MATERIALS MED II</b>			
<b>C2005</b>	<b>INJECTION MED II</b>	<b>215</b>	<b>255</b>	<b>280</b>
<b>C2006</b>	<b>SEMI ICU CHARGES</b>	<b>310</b>	<b>310</b>	<b>310</b>
<b>C2008</b>	<b>MEDICINE II EMERGENCY BED SIDE ECG</b>	<b>990</b>	<b>1180</b>	<b>1290</b>
<b>C2009</b>	<b>MEDICINE II CSF MANOMETER</b>	<b>325</b>	<b>325</b>	<b>325</b>
<b>C2010</b>	<b>FULL FACE MASKS FOR CPAP</b>	<b>3150</b>	<b>3150</b>	<b>3150</b>
<b>C2011</b>	<b>LARYNGEAL MASK AIRWAY</b>	<b>1410</b>	<b>1680</b>	<b>1845</b>
<b>C3000</b>	<b>MEDICINE 3</b>			
<b>C3002</b>	<b>B.M. PROCEDURE CHARGES</b>			
<b>C3004</b>	<b>MEDICINE 3 BIPAP MACHINE</b>	<b>975</b>	<b>975</b>	<b>975</b>

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>C4000</b>	<b>NEPHROLOGY 1</b>			
<b>C4012</b>	<b>BIOPSY PROCEDURE CHARGES NEPHRO 1</b>	<b>4220</b>	<b>5030</b>	<b>5515</b>
<b>C4013</b>	<b>BIOPSY GUN CHARGES</b>	<b>2225</b>	<b>2650</b>	<b>2905</b>
<b>C4014</b>	<b>TRANSPLANT ESTIMATE CERTIFICATE</b>	<b>200</b>	<b>200</b>	<b>200</b>
<b>C4015</b>	<b>POST TRANSPLANT REGISTRATION FOLLOW UP</b>	<b>8060</b>	<b>8060</b>	<b>8060</b>
<b>C4023</b>	<b>RENAL EDUCATION</b>	<b>610</b>	<b>730</b>	<b>800</b>
<b>C4025</b>	<b>NEPHROLOGY MINOR PROCEDURE</b>	<b>155</b>	<b>185</b>	<b>205</b>
<b>C4026</b>	<b>NEPHROLOGY MAJOR PROCEDURE</b>	<b>450</b>	<b>535</b>	<b>585</b>
<b>C4027</b>	<b>KIDNEY BIOPSY - NEPH 1</b>			
<b>C5000</b>	<b>NEPHROLOGY 2</b>			
<b>C5012</b>	<b>BIOPSY PROCEDURE CHARGES NEPHRO 2</b>	<b>4220</b>	<b>5030</b>	<b>5515</b>
<b>C5013</b>	<b>TRANSPLANT ESTIMATE CERTIFICATE</b>	<b>200</b>	<b>200</b>	<b>200</b>
<b>C5014</b>	<b>BIOPSY GUN CHARGES</b>	<b>2225</b>	<b>2650</b>	<b>2905</b>
<b>C5015</b>	<b>POST TRANSPLANT REGISTRATION FOLLOW UP</b>	<b>8060</b>	<b>8060</b>	<b>8060</b>
<b>C5024</b>	<b>NEPHROLOGY II MINOR PROCEDURE</b>	<b>155</b>	<b>185</b>	<b>205</b>
<b>C5025</b>	<b>NEPHROLOGY II MAJOR PROCEDURE</b>	<b>450</b>	<b>535</b>	<b>585</b>
<b>C5026</b>	<b>KIDNEY BIOPSY - NEPH 2</b>			
<b>C8000</b>	<b>NEUROLOGY</b>			
<b>C8007</b>	<b>IMMUNOBLOT FOR MUSCLE CALPAIN</b>	<b>1990</b>	<b>2370</b>	<b>2600</b>
<b>C8008</b>	<b>IMMUNOBLOT FOR MUSCLE DYSFERLIN</b>	<b>1990</b>	<b>2370</b>	<b>2600</b>
<b>C9000</b>	<b>NEW BORN</b>			
<b>C9001</b>	<b>BABY CARE</b>			
<b>C9002</b>	<b>PHOTOTHERAPY - PER DAY</b>	<b>785</b>	<b>940</b>	<b>1030</b>
<b>C9003</b>	<b>INCUBATOR - PER DAY</b>	<b>955</b>	<b>1140</b>	<b>1250</b>



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
C9004	SPECIAL CARE			
C9005	VENTILATOR-NB PER DAY	2410	2410	2410
C9006	EXCHANGE TRANSFUSION FIRST	5265	6280	6885
C9007	NEONATAL TSH	690	820	900
C9009	ATTENDING CALLS (DELIVERY)	870	1040	1140
C9010	BCG VACCINE			
C9011	PARTIAL EXCHANGE	1820	2170	2380
C9013	SPL.EQUIPMENT	955	1140	1250
C9015	LINEN CHARGES	785	785	785
C9016	SURFACTANT			
C9017	NEONATAL BLOOD GAS	1065	1270	1395
C9019	NEONATAL SCREENING ULTRASOUND	1380	1645	1800
C9020	NITRIC OXIDE THERAPY PER PATIENT	39970	47655	52265
C9021	CPAP PER DAY	3275	3905	4285
C9022	HFOV PER PATIENT	41790	49825	54645
C9023	MULTI PARAMETER MONITOR PER DAY	675	805	885
C9024	PULSE OXIMETER PER DAY	675	805	885
C9025	NEONATAL DEFIBRILLATOR PER PATIENT	17815	21245	23300
C9026	AMPLITUDE INTEGRATED EEG (AEEG) PER PATIENT	18585	22160	24300
C9027	FUNCTIONAL ECHOCARDIOGRAPHY	705	705	705
C9028	FUNCTIONAL ULTRASONOGRAPHY	705	705	705
C9029	OCCUPATIONAL THERAPY (NEONATES)	370	440	485
C9030	NEW BORN BABY LINEN - (SINGLE)	330	330	330
C9031	TRANSCUTANEOUS BILIRUBINOMETRY PER TEST	135	165	180
C9032	THERAPEUTIC HYPOTHERMIA(COOLING) WITH MIRACRADLE	6325	7540	8270
C9033	BREAST MILK BANKING PER DAY	200	240	265
C9034	OCCUPATIONAL THERAPY-ASSESSMENT/TREATMENT/HOME PRO	435	520	570
C9035	OCCUPATIONAL THERAPY REVIEW	200	240	265
C9036	OCCUPATIONAL THERAPY-SPECIAL ASSESSMENT	1660	1975	2170
C9037	FORMULA MILK	110	130	145

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
C9038	PSYCHOLOGY ASSESSMENT	425	505	555
C9039	PSYCHOLOGY REVIEW	175	210	230
C9040	SPECIAL CARE-BABIES ON MOTHER SIDE(PER ADMN)	250	250	250
C9041	SPECIAL CARE LEVEL-1	165	165	165
C9042	ROUTINE NEWBORN CARE	520	620	680
C9043	CAPILLARY BILIRUBIN (TOTAL) - PER TEST	215	255	280
C9044	HEATED HUMIDITIED HIGH FLOW NASAL CANNULA PER DAY	770	770	770
C9045	PSYCHOLOGY - SPECIAL ASSESMENT	1325	1580	1735
C9046	DISTANCE MONITORING - CARING CLINIC	265	320	350
C9047	THERAPEUTIC HYPOTHERMIA WITH CRITICOOL-PER PATIENT	22800	27185	29820
D1000	OBST & GYNE 1			
D1001	FOETAL MONITOR			
D1009	DAY CARE OG I			
D1010	MINOR PROCEDURE			
D1013	LAPAROSCOPIC EQUIPMENT/HARMONIC SCALPEL/ENSEAL	11000	11000	11000
D2000	OBST & GYNE 2			
D2001	FOETAL MONITOR			
D2002	N.S.T.			
D2003	ULTRASOUND OG2			
D2005	EXCISION			
D2006	KETAMINE			
D2007	INJ. ENTONOX			
D2008	NST			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
D3000	OBST & GYNE 3			
D3001	FOETAL MONITOR			
D3002	N.S.T.			
D3003	ULTRASOUND OG3	1070	1070	1070
D3005	EXCISION			
D3006	KETAMINE			
D3007	INJ. ENTONOX	1680	1680	1680
D3008	CARDIOTOCOGRAPHY	1680	1680	1680
D4000	ORTHOPAEDICS 1			
D4001	IMPLANT-ORTH 1			
D4002	ARTHROSCOPY-ORTH 1			
D4003	IMPLANT HANDLING FEES-ORTH 1			
D4005	SPECIAL INSTRUMENT			
D4006	OTHER CONSUMABLES USED PER OP (D)			
D4007	OTHER CONSUMABLES USED PER OP (R)			
D4008	ARTHROSCOPY-DIAGNOSTIC UPTO 1 HOUR(STRYKER CAMERA	6795	6795	6795
D4009	ARTHROSCOPY-PROCEDURE (MORE THAN 1 HOUR(STRYKER CA	13580	13580	13580
D4010	POWER DRILL - MINOR (UPTO 1 HOUR)-(STRYKER DRILL)	4130	4130	4130
D4011	POWER DRILL-MAJOR (MORE THAN 1 HOUR)-(STRYKER DRIL	8155	8155	8155
D4012	BURR (SYNTHESES)	6795	6795	6795
D4013	MICROSCOPY (UPTO 1 HOUR)	13580	13580	13580
D4014	MICROSCOPY (UPTO 3 HOURS)	20370	20370	20370
D4015	MICROSCOPY (MORE THAN 3 HOURS)	27165	27165	27165

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
D5000	ORTHOPAEDICS 2			
D5001	IMPLANT-ORTH 2			
D5005	SPECIAL INSTRUMENTATION			
D5007	OTHER CONSUMABLES USED PER OP (D)			
D5008	OTHER CONSUMABLES USED PER OP (R)			
D6000	P M R			
D6016	ALPHA BED	125	125	125
D6017	CYSTOSCOPY			
D6100	EMG (PMR)	3445	4110	4505
D6210	HALO VEST APPLICATION	1335	1590	1745
D6221	PMR - SUTURE REMOVAL	125	125	125
D6222	PMR - URINARY CATHETERIZATION	325	325	325
D6223	PMR - SPC CHANGE	325	325	325
D6224	PMR - EDUCATION - HOME PROGRAM	350	350	350
D6225	PMR - EDUCATION - BLADDER MANAGEMENT	350	350	350
D6226	PMR - EDUCATION - BOWEL MANAGEMENT	350	350	350
D6227	PMR - POP SMALL	210	210	210
D6228	PMR - POP MEDIUM	400	400	400
D6229	PMR - POP LARGE	820	820	820
D6230	SPEECH THERAPY OP SERVICES	360	425	470
D6231	SPEECH THERAPY IP SERVICES	360	425	470
D6232	SPEECH AND LANGUAGE ASSESSMENT (ADULT)	955	1140	1250
D6233	PAEDIATRIC SPEECH AND LANGUAGE ASSESSMENT	955	1140	1250
D6234	SPEECH & LANGUAGE THERAPY (PER SESSION)	535	635	695
D6300	PAIN RELIEF PHYSIOTHERAPY	515	615	670
D6301	NEURO/NEUROSURGERY PHYSIOTHERAPY	475	565	620
D6302	ORTHO POST OP PHYSIOTHERAPY	475	565	620

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
D6303	GERIATRIC PHYSIOTHERAPY	405	480	525
D6304	OBSTETRICS & GYNECOLOGY PHYSIOTHERAPY	405	480	525
D6305	VESTIBULAR PHYSIOTHERAPY	475	565	620
D6306	ONCOLOGY PHYSIOTHERAPY	405	480	525
D6307	MANUAL LYMPHATIC DRAINAGE (MALE)	650	775	850
D6308	MANUAL LYMPHATIC DRAINAGE (FEMALE)	650	775	850
D6309	CARDIO-RESPIRATORY PHYSIOTHERAPY	405	480	525
D6310	PAEDIATRIC PHYSIOTHERAPY	475	565	620
D6311	GENERAL PHYSIOTHERAPY	405	480	525
D6312	MUSCULOSKELETAL PHYSIOTHERAPY	405	480	525
D6313	VASCULAR EDEMA PHYSIOTHERAPY (FEMALE)	430	510	560
D6314	HEMOPHILIA PHYSIOTHERAPY	525	630	690
D6315	AMPUTATION PHYSIOTHERAPY	475	565	620
D6316	PT-BIOFEEDBACK	430	510	560
D6317	MUSCLE ELECTRICAL STIMULATION	430	510	560
D6318	IN-PATIENT PHYSIOTHERAPY EXERCISES	405	480	525
D6319	VASCULAR EDEMA PHYSIOTHERAPY (MALE)	430	510	560
D6320	DIABETIC CLINIC PHYSIOTHERAPY	405	480	525
D6321	DEVP PHYSIOTHERAPY	565	675	740
D6322	CHAD PHYSIOTHERAPY OP	110	130	145
D6323	CHAD PHYSIOTHERAPY IP	110	130	145
D6324	SHALOM PHYSIOTHERAPY	405	480	525
D6325	INCONTINENCE PHYSIOTHERAPY (MALE)	405	480	525
D6326	INJECTION FOR PAIN RELIEF	645	770	840
D6327	INJECTION FOR SPASTICITY	1490	1775	1945
D7000	PAEDIATRIC ENDO			
D7007	SYNACTHEN STIMULATION TEST	970	1155	1265
D7008	GROWTH HORMONE STIMULATION TEST	970	1155	1265
D7009	GnRH STIMULATION TEST	970	1155	1265

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
D7011	KARYOTYPE-BLOOD COLLECTION	425	505	555
D7012	72 HOURS THYROID FUNCTION TEST/SCREENING	370	440	485
D7014	PAEDIATRIC DIABETES EDUCATION-NEW PATIENT	1660	1975	2170
D7015	PAEDIATRIC DIABETES EDUCATION-OLD PATIENT	815	970	1065
D7016	HYPOGLYCAEMIA INDUCTION/FASTING STUDY	2010	2395	2625
D7017	BISPHOSPHONATE INFUSION	425	505	555
D7019	SPECIAL CARE -PAEDIATRIC ENDOCRINOLOGY AND METABOL			
D7020	ORAL GLUCOSE TOLERANCE TEST	370	370	370
D8000	PAEDIATRIC SUR			
D8001	ENDOSCOPY			
D8002	CYSTOSCOPY	3295	3930	4310
D8007	BRONCHOSCOPY	1855	2210	2425
D8015	CUT-DOWN CHARGES			
D8016	SUTURE MATERIALS (PDS)			
D8017	LN BIOPSY			
D8028	DAYCARE HERNIOTOMY UNILATERAL	4590	5470	6000
D8029	DAYCARE HERNIOTOMY BILATERAL	5475	6525	7155
D8030	DAYCARE CIRCUMCISION	4590	5470	6000
D8031	DAYCARE EXCISION BIOPSY	4590	5470	6000
D8032	DAYCARE NEEDLE BIOPSY	2120	2525	2770
D8033	DAYCARE STSG	4590	5470	6000
D8034	DAYCARE TONGUE TIE RELEASE	1660	1975	2170
D8035	DAYCARE AMNION APPLICATION	675	805	885
D8037	DAYCARE SCLEROSANT INJECTION	1660	1975	2170
D8038	PAEDIATRIC CUTDOWN	3135	3735	4095
D8039	PAEDIATRIC TROCAR SPC	1660	1975	2170
D8040	PERCUTANEOUS DRAINAGE	1660	1975	2170
D8041	SUTURE MATERIAL	745	745	745

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
D8042	TRUCUT NEEDLE	2710	2710	2710
D8043	ENTONOX	285	285	285
D8044	AMNION	520	520	520
D8045	PEN DILATOR	105	105	105
D8046	ANAL DILATOR SINGLE	285	285	285
D8047	ANAL DILATOR SET	520	520	520
D8048	ULTRASOUND SCREENING-PAEDIATRIC SURGERY	1065	1270	1395
D8049	ULTRASOUND ROUTINE-PAEDIATRIC SURGERY	1645	1960	2150
D8050	PAED SUR CLEAN MINOR CHARGES	8000	9540	10465
D8051	PAED SUR CMG CHARGES	4805	5730	6280
D8054	UROFLOWMETRY PAED SURG	400	400	400
D8055	HARMONIC SCALPEL	11000	11000	11000
D8056	VESSEL SEALER	3300	3300	3300
D8057	NURSING PROCEDURE PAED SURG	135	165	180
D8058	BLOOD SAMPLING	135	165	180
D8059	ENEMA	135	165	180
D8060	INJECTION	65	65	65
D8062	CATHETERISATION	285	285	285
D8063	LABIAL SEPARATION	275	325	355
D8064	RECTAL WASH	275	325	355
D8065	SUPRAPUBIC CULTURE	165	195	215
D8066	UMBILICAL GRANULOMA	275	325	355
D8067	ELECTIVE SURGERY PHONE BOOKING	1870	1870	1870
D8068	OP PHONE CONSULT CONSULTANT	520	620	680
D8069	SURGICAL PROCEDURE PAED SURG	425	505	555
D8070	INCISION & DRAINAGE	425	505	555
D8071	SUTURING	350	350	350
D8072	SINUS / WOUND EXPLORATION	425	505	555
D8073	MAJOR DRESSING WITH PADS	785	940	1030
D8074	HICKMANN REMOVAL LOCAL	1020	1215	1335

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
D8075	HICKMANN REMOVAL KETAMINE	4590	5470	6000
D8076	DAYCARE CYSTOSCOPY DJ STENT REMOVAL	6935	8270	9070
D8077	INTUSSUSCEPTION REDUCTION HYDROSTATIC	3850	4590	5030
D8078	FOREIGN BODY OESOPHAGUS FOLEY CATHETER REMOVAL	2430	2900	3180
D8079	HARMONIC CHARGES	10500	10500	10500
D8080	DISPOSABLE DRAPES (PAEDIATRIC SURGERY)	1870	1870	1870
D8081	SPECIAL EQUIPMENT LAPAROSCOPIC			
D8082	CONSULTANT TIME QUARTER HOUR	1350	1350	1350
D8083	GRANULATION CAUTERY PAED.SURG	50	50	50
D8084	TRICHLORYL DOSE PAED.SURG	25	25	25
D8085	IV CANNULATION PACK PAED.SURG	530	530	530
D8086	FINE CAUTERY TIP	455	455	455
D8087	VESSEL LOOP	105	105	105
D8088	DAYCARE HYPOSPADIAS REPAIR	16010	19090	20935
D8089	BURNS SCAR EXAM/REVIEW	175	210	230
D8090	IV CANNULATION CHARGES	85	100	110
D8091	IV INFUSION CHARGES	285	340	375
D8092	DEBRIDEMENT	1065	1270	1395
D8093	POLYDACTYLY EXCISION	1035	1235	1350
D8094	OCCUPATIONAL THERAPY REVIEW	360	425	470
D8095	OCCUPATIONAL THERAPY EXERCISES	360	425	470
D8096	POP APPLICATION - SMALL	260	310	340
D8097	POP APPLICATION - MEDIUM	475	565	620
D8098	POP APPLICATION - LARGE	970	1155	1265
D8099	DJ STENT REMOVAL CHARGES	3945	3945	3945
D8100	CuSO4 CAUTERISATION	90	110	120
D8101	PR AND PROCTOSCOPY CHARGES	265	320	350
D8102	ULTRASOUND PSX FOR CENTRAL LINE INSERTION-USG A	785	940	1030
D8103	ULTRASOUNF PSX FOR PERIPHERAL CANNULA INSERTION- B	415	495	545
D8104	ULTRASOUND PSX FOR POST VOID RESIDUE-USG C	385	460	500



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
D8105	ULTRASOUND PSX FOR KUB SCREEN - USG D	415	495	545
D8106	ULTRASOUND PSX FOR BIOPSY OF TUMOUR MARKING-USG E	785	940	1030
D8107	ULTRASOUND PSX FOR REDUCTION OF INTUS SUSCEPTION-F	1345	1605	1760
D8108	LCECU MAJOR CARE	1510	1800	1970
D8109	LCECU MINOR CARE	760	905	995
D8111	OPD LAPAROSCOPY CHARGES	6050	7215	7915
D9000	PLASTIC SURGERY			
D9006	DERMATOME BLADE	1000	1000	1000
DC000	DAY CARE			
DC001	DAY CARE-ORTHO DRAPES	1310	1310	1310
DC002	DAY CARE-ORTHO DRAPES & U DRAPES	1570	1570	1570
DC003	DAY CARE-ORTHO - INJ.DEPOMETRAL	90	90	90
DC004	DAY CARE-ORTHO - MELOLINE	500	500	500
DC005	DAY CARE-ORTHO - VEIN STRIPPER MELOLINE	1400	1400	1400
DC010	DAY CARE-HLRS DRAPES	1310	1310	1310
DC020	DAY CARE-UROLOGY DRAPES GENERAL PACK	1330	1330	1330
DC021	DAY CARE-UROLOGY - TURP KIT+GOWN(3)	1345	1345	1345
DC022	DAY CARE-UROLOGY - MARKER	100	100	100
DC023	DAY CARE-UROLOGY - GUIDE WIRE	500	500	500
DC024	DAY CARE-UROLOGY - GUIDE WIRE (7 ITEMS)	2500	2500	2500
DC030	DAY CARE-GENERAL SURGERY - DRAPES GENERAL PACK	1330	1330	1330
DC031	DAY CARE-GENERAL SURGERY - DRAPES RECTAL PACK	1310	1310	1310
DC032	DAY CARE-GENERAL SURGERY- CENTINEAL HERNIA KIT	1434	1434	1434
DC040	DAY CARE-ENT - HOLE SHEET(2)	1985	1985	1985
DC041	DAY CARE-ENT SURGERY - DRAPES	1445	1445	1445
DC042	DAY CARE-ENT SURGERY - DRAPES HOLE SHEET	1715	1715	1715

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
DC043	DAY CARE-ENT SURGERY - HOLE SHEET&MICROSCOPE COVER	1887	1887	1887
DC044	DAY CARE-ENT SURGER DRAPES	850	850	850
DC045	DAY CARE-ENT SURGER - GROMMET(2)	600	600	600
DC046	DAY CARE-ENT SURGERY - NASAL SPLINT	840	840	840
DC047	DAY CARE-ENT SURGERY - PORP AND TORP	1245	1245	1245
DC048	ETHICON HERNIA KIT	1970	1970	1970
DC049	CENTINIEAR HERNIA KIT	2490	2490	2490
DC050	MELOLIN ROLE	400	400	400
DC051	T DRAPE PACK	1500	1500	1500
DC100	DAY CARE CATEGORY A ( 30 MINUTES)	14130	16850	18480
DC101	BED AND TREATMENT	2625	2625	2625
DC102	ANAESTHESIA CHARGES	2375	2830	3105
DC103	EQUIPMENT	525	525	525
DC104	THEATRE CHARGES	3115	3715	4070
DC105	DISPOSABLES	2000	2000	2000
DC106	SURGEON FEES	3490	5155	6155
DC200	DAY CARE CATEGORY B ( 45 MINUTES)	19785	23590	25875
DC201	BED AND TREATMENT	2625	2625	2625
DC202	ANAESTHESIA CHARGES	2970	3540	3885
DC203	EQUIPMENT	840	840	840
DC204	THEATRE CHARGES	3115	3715	4070
DC205	DISPOSABLES	4000	4000	4000
DC206	SURGEON FEES	6235	8870	10455
DC300	DAY CARE CATEGORY C ( 60 MINUTES)	25905	30885	33875
DC301	BED AND TREATMENT	2625	2625	2625
DC302	ANAESTHESIA CHARGES	3560	4245	4660
DC303	EQUIPMENT	1050	1050	1050
DC304	THEATRE CHARGES	3885	4635	5085
DC305	DISPOSABLES	5000	5000	5000
DC306	SURGEON FEES	9785	13330	15455

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
DC400	DAY CARE CATEGORY D ( 90 MINUTES)	38725	46175	50645
DC401	BED AND TREATMENT	2625	2625	2625
DC402	ANAESTHESIA CHARGES	4455	5310	5825
DC403	EQUIPMENT	3150	3150	3150
DC404	THEATRE CHARGES	4660	5555	6095
DC405	DISPOSABLES	7000	7000	7000
DC406	SURGEON FEES	16835	22535	25950
DC500	DAY CARE CATEGORY E ( 120 MINUTES)	51550	61465	67415
DC501	BED AND TREATMENT	2625	2625	2625
DC502	ANAESTHESIA CHARGES	5940	7085	7770
DC503	EQUIPMENT	4200	4200	4200
DC504	THEATRE CHARGES	6220	7415	8135
DC505	DISPOSABLES	8000	8000	8000
DC506	SURGEON FEES	24565	32140	36685
DC600	DAY CARE CATEGORY F ( 150 MINUTES)	64690	77130	84590
DC601	BED AND TREATMENT	2625	2625	2625
DC602	ANEASTHESIA CHARGES	7415	8845	9700
DC603	EQUIPMENT	6300	6300	6300
DC604	THEATRE CHARGES	9320	11115	12190
DC605	DISPOSABLES	10000	10000	10000
DC606	SURGEON FEES	29030	38245	43775
DC700	DAY CARE CATEGORY G ( 180 MINUTES)	77450	92340	101280
DC701	BED AND TREATMENT	2625	2625	2625
DC702	ANEASTHESIA CHARGES	7415	8845	9700
DC703	EQUIPMENT	9450	9450	9450
DC704	THEATRE CHARGES	13995	16685	18300
DC705	DISPOSABLE	10000	10000	10000
DC706	SURGEON FEES	33965	44735	51205
DC800	DAY CARE CATEGORY H			
DC801	BED AND TREATMENT	2440	2905	3190

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
DC802	ANEASTHESIA CHARGES	5995	7145	7835
DC803	EQUIPMENT	625	745	815
DC804	THEATRE CHARGES	7840	9345	10250
DC805	DISPOSABLE	450	450	450
DC806	SURGEON FEES			
DC810	RANIPET-DAY CARE CATEGORY A ( 30 MINUTES )	7415	8845	9700
DC811	POST PROCEDURE TREATMENT	525	525	525
DC812	EQUIPMENT	420	420	420
DC813	THEATRE CHARGES	2950	3520	3860
DC814	DISPOSABLES	1500	1500	1500
DC815	SURGEON FEES	2020	2880	3395
DC820	RANIPET-DAY CARE CATEGORY B ( 60 MINUTES)	9945	11860	13005
DC821	POST PROCEDURE TREATMENT	525	525	525
DC822	EQUIPMENT	945	945	945
DC823	THEATRE CHARGES	4355	5195	5695
DC824	DISPOSABLES	1500	1500	1500
DC825	SURGEON FEES	2620	3695	4340
DC830	RANIPET-DAY CARE CATEGORY C ( 90 MINUTES )	12475	14875	16310
DC831	POST PROCEDURE TREATMENT	525	525	525
DC832	EQUIPMENT	1155	1155	1155
DC833	THEATRE CHARGES	5455	6505	7130
DC834	DISPOSABLES	1800	1800	1800
DC835	SURGEON FEES	3540	4890	5700
E6000	RADIATION THERAPY			
E6100	3 POINT RAYCAST	2785	2785	2785
E6102	3D RAYCAST - BRAIN RAY	5390	5390	5390
E6103	5 POINT RAYCAST	11685	11685	11685
E6104	3D RAY CAST- BRAINLAB	22455	22455	22455

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
E6105	3D RAY CAST - GTC	22455	22455	22455
E6106	VACLOC	17000	17000	17000
E6107	SHIELDING BLOCK	1740	2075	2280
E6109	COBALT RADICAL	35380	42185	46265
E6110	COBALT PALLIATIVE <= 10#	14970	17850	19575
E6111	LINAC RADICAL	79080	94285	103410
E6112	LINAC- PALLIATIVE <= 10 FRACTIONS	39545	47150	51715
E6113	ELECTRON - > 10 FRACTIONS	37835	45115	49480
E6114	ELECTRON - < 10 FRACTIONS	14410	17180	18845
E6115	2D PLANNING AND SIMULATION	7945	9470	10385
E6121	3D/SRT PLANNING AND SIMULATION	25180	30025	32930
E6122	3D CRT > 20 FRACTIONS	188370	224595	246330
E6123	3D TREATMENT - <= 10 FRACTIONS	128090	152720	167500
E6124	3D TREATMENT - MLC SHAPING	89870	107150	117520
E6125	SRT > 20 FRACTIONS	192140	229090	251260
E6126	SRT - <= 10 FRACTIONS	128090	152720	167500
E6127	SRS PACKAGE	197730	235755	258570
E6128	IMRT/VMAT PLANNING AND SIMULATION	51935	61925	67915
E6129	IMRT/VMAT TREATMENT> 20 FRACTIONS	235465	280745	307915
E6132	TBI PACKAGE - SINGLE FRACTION	78490	93580	102640
E6133	TBI PACKAGE - MULTIPLE FRACTIONS	156975	187165	205275
E6134	TSET/TLI	155070	184890	202785
E6136	ESOPHAGUS / NASOPHARYNX BRACHY	4860	5795	6360
E6137	BILARY / BRONCHUS BRACHY	12585	15005	16455
E6138	MOULD SURFACE / VAG MOULD	5485	6540	7175
E6140	INTERSTITIAL IMPLANT	14410	17180	18845
E6142	IRIDIUM APPLICATION	7165	8540	9365
E6143	IV IU APPLICATION	4860	5795	6360
E6144	ANIMAL IRRADIATION PER BATCH	2315	2760	3025
E6145	BLOOD PRODUCT RADIATION	2315	2760	3025

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
E6146	CHEMO BOLUS 1 DAY 1 - 2 DRUGS	1270	1510	1660
E6147	CHEMO BOLUS 1 DAY 3 OR MORE	1710	2040	2235
E6148	CHEMO BOLUS 3 DAYS	2450	2920	3205
E6149	CHEMO BOLUS 5 DAYS	3250	3875	4250
E6150	CHEMO INFUSION 1 DAY 1-2 DRUGS	2085	2490	2730
E6151	CHEMO INFUSION 3 OR MORE DRUGS	2315	2760	3025
E6155	VAGINAL DOUCHE	450	535	585
E6156	SMALL DRESSINGS	180	215	240
E6157	LARGE DRESSINGS	350	420	460
E6158	LP	325	390	425
E6160	PLEURAL TAPPING	220	220	220
E6161	CERVIX BIOPSY	970	1155	1265
E6162	ASCITIC TAPPING	325	390	425
E6165	IMRT/VMAT WITH 3D IGRT >20 FRACTIONS	282555	336895	369495
E6166	3 D CRT WITH 2 D IGRT	209650	249970	274160
E6167	3 D CRT WITH 3 D IGRT	241910	288430	316345
E6168	2D BREAST BOARD IMMOBILISATION	3165	3775	4140
E6169	3D BREAST BOARD IMMOBILISATION	8455	10085	11060
E6170	INFUSION PUMP CHARGES PER DAY	340	405	440
E6172	SBRT(STEREOTACTIC BODY RADIOTHERAPY) < 5 FRACTIONS	296740	353805	388040
E6173	SBRT(STEREOTACTIC BODY RADIOTHERAPY) > 5 FRACTIONS	341250	406875	446250
E6174	CT SIMULATOR - BRAIN (CONTRAST)	4385	4385	4385
E6175	CT SIMULATOR - BRAIN (NON CONTRAST)	3885	3885	3885
E6176	CT SIMULATOR - HEAD AND NECK (CONTRAST)	7600	7600	7600
E6177	CT SIMULATOR - HEAD AND NECK (NON CONTRAST)	5445	5445	5445
E6178	CT SIMULATOR - THORAX (CONTRAST)	9885	9885	9885
E6179	CT SIMULATOR - THORAX ( NON CONTRAST)	7600	7600	7600
E6180	CT SIMULATOR - ABDOMEN AND PELVIS (CONTRAST)	9885	9885	9885
E6181	CT SIMULATOR - ABDOMEN AND PELVIS ( NON CONTRAST)	7755	7755	7755
E6182	CT SIMULATOR - PELVIS ( NON CONTRAST)	3970	3970	3970

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
E6183	CT SIMULATOR -CT WHOLE BODY FOR CSI (NON CONTRAST)	15195	15195	15195
E6184	CT SIMULATOR-CT WHOLE BODY FOR TBI (NON CONTRAST)	18235	18235	18235
E6185	CT SIMULATOR-CT ADDITIONAL ( NON CONTRAST)	1635	1635	1635
E6186	CT SIMULATOR-CT LIMITED/PALLIATIVE (NON CONTRAST)	6080	6080	6080
E6187	BLOOD TRANSFUSION (FOR RT)	635	760	835
E6188	CT CONTRAST CHARGES ONLY ( FOR RT)	1915	1915	1915
E6189	CT SIMULATOR EXTREMITIES (NON CONTRAST)	3885	3885	3885
E6190	NPL SCOPY	635	760	835
E6191	RESPIRATORY GATING	7415	8845	9700
E6192	ADAPTIVE RADIOTHERAPY	14840	17695	19405
E6193	3DCRT<_20 FRACTIONS	160115	190905	209380
E6194	SRT <_ 20 FRACTIONS	156975	187165	205275
E6195	IMRT/VMAT/HF RT WITH 3D IGRT < 20 FRACTIONS	188370	224595	246330
E6197	EXTRACORPOREAL RT	40025	47725	52345
E6199	PLANNING CT ABDOMEN PELVIS WITH RADIOLOGY REPORT	14840	17695	19405
E6200	PLANNING CT PELVIS WITH RADIOLOGY REPOT	7215	8605	9435
E6201	PLANNING CT BRAIN(CONTRAST STUDY)WITH RADIOLOGY RE	5765	6875	7540
E6202	PLANNING CT THORAX WITH RADIOLOGY REPORT	13730	16370	17950
E6203	PLANNING CT NECK & THORAX WITH RADIOLOGY REPORT	15840	18885	20715
E6204	PLANNING CT NECK(SKULL BASE TO T4)CONTRAST-AXIAL C	10500	12515	13730
E6205	RT1 PATIENT INFORMATION KIT	150	180	195
E6206	RT COBALT </=20 FRACTIONS	29675	35380	38805
E6207	RT LINAC >/=20 FRACTIONS	59350	70765	77615
E6208	IMRT/VMAT <_ 10 FRACTIONS	133530	159210	174615
E6209	IMRT/VMAT < 20 FRACTIONS	178040	212280	232825
E6211	ELECTRON CUTOUT	14840	17695	19405
E6212	TOMOTHERAPY TREATMENT<_10 FRACTIONS	146885	175135	192085
E6213	TOMOTHERAPY TREATMENT < 20 FRACTIONS	195850	233515	256115
E6214	TOMOTHERAPY TREATMENT > 20 FRACTIONS	259010	308820	338710
E6215	INJECTION IM/SC	70	85	95

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
E6216	INJECTION IV	215	255	280
E6217	INFUSION	230	270	300
E6218	PLANNING CT THORAX ABDOMEN PELVIS+RADIOLOGY REPORT	22255	26535	29105
E6219	TMLI PLANNING	61655	73510	80625
E6220	TMLI PACKAGE ( EXCEPT PLANNING CT AND MASK)	251860	300295	329360
E6221	SGRT	5250	5250	5250
E6222	3DCRT </= 15 FRACTIONS	133530	159210	174615
E6223	3DCRT </= 25 FRACTIONS	170625	203440	223125
E6224	FRAMELESS BRAINLAB PLANNING / SIMULATION CHARGES	51935	61925	67915
E6225	FRAMELESS BRAINLAB SRT <_ 10 FRACTIONS	128100	152735	167520
E6226	FRAMELESS BRAINLAB SRT <_ 20 FRACTIONS	156975	187165	205275
E6227	FRAMELESS BRAINLAB SRT > 20 FRACTIONS	192140	229090	251260
E6228	FRAMELESS RADIOSURGERY PACKAGE EXCEPT MASK&PLANNI	197730	235755	258570
E6230	TOMOTHERAPY PLANNING AND SIMULATION	50870	60650	66520
E6231	HYDRID BRACHYTEHRAPY	9185	10950	12010
F1000	SURGERY 1			
F1004	SYRINGE PUMP			
F1005	MULTI CHANNEL MONITER			
F1007	MINOR PROCEDURE			
F1014	INTELLIGENT TOURNIQUET	2810	2810	2810
F1015	MICROVASCULAR INSTRUMENTS	5370	5370	5370
F1017	MICROSCOPE (LIVER TRANSPLANT FUND)	13430	13430	13430
F1018	MICROSCOPE	6665	6665	6665
F1019	MICROVASCULAR INSTRUMENTS	2000	2000	2000
F1020	INTELLIGENT TOURNIQUET	1000	1000	1000
F1027	MARKING PEN	50	50	50
F1028	MEGADYNE TIP	300	300	300
F1029	AIR PEN DRIVE(SYNTHES)	5000	5000	5000



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
F1030	HISTACRYL GLUE	1000	1000	1000
F1032	ELECTRIC DRILL SET	300	300	300
F1044	ADVANCED MICROVASCULAR EQUIPMENT(EYE-PIECE CONSOLE	10000	10000	10000
F1045	SAW BLADES	2500	2500	2500
F1048	DISPOSABLE INSTRUMENT			
F1049	NPL / RIGID SCOPY (SURGERY-1)	635	760	835
F1050	DERMATOME	4000	4000	4000
F1051	DERMATOME MESHER	3000	3000	3000
F1052	DERMATOME BLADE	1000	1000	1000
F1053	DERMATOME CARRIER	1500	1500	1500
F1054	MICROSCOPE MINOR PROCEDURE < 2HOURS	15000	15000	15000
F1055	MICROSCOPE MAJOR PROCEDURE > 2 HOURS	25000	25000	25000
F2000	SURGERY 2			
F2011	STOMA CARE			
F2028	LINEAR CUTTER GIA 100-3.8	8400	8400	8400
F2029	LINEAR STAPLER TA 45-4.8	6700	6700	6700
F2030	LINEAR STAPLER TRH 30,60,90	6700	6700	6700
F2032	CIRCULAR STAPLER - PREMIUM CEEA 28	17500	17500	17500
F2034	CIRCULAR STAPLER CDH 25,29,33	19700	19700	19700
F2039	STOMA COUNSELING AND CARE	1445	1720	1885
F2040	ANORECTAL MANOMETRY	1545	1845	2025
F2044	SIGMOIDOSCOPY	795	795	795
F2045	LINEAR CUTTER GIA 60	6350	6350	6350
F2047	PPH HAEMORRHOIDAL STAPLER	16620	16620	16620
F2048	PROTACK	20500	20500	20500
F2049	WOUND PROTECTOR	3000	3000	3000
F2050	FLUID WARMER	1605	1605	1605
F2051	ENDO GIA PURPLE 30	20350	20350	20350

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
F2052	ENDO GIA PURPLE 45	14995	14995	14995
F2053	LINEAR STAPLER TX 30	9150	9150	9150
F2054	SILS PORT	20400	20400	20400
F2055	STRATAFIX	2500	2500	2500
F2056	CIRCULAR STAPLER CDH 25,29,33 POWERED	40700	40700	40700
F2058	COLORECTAL DEEP PELVIC/PERINEAL INSTRUMENTS	3215	3215	3215
F2059	HAEMORRHOID BANDING GUN	1500	1500	1500
F2060	ANAL DIALATOR	2500	2500	2500
F2061	COMFORT SETON	5355	5355	5355
F2062	FISTULA SETON	3600	3600	3600
F2063	VIDEOPROCTOSCOPY	685	815	895
F2064	TRISTAPLE GIA 80 PURPLE	12600	12600	12600
F2065	ECHILON 60	15000	15000	15000
F2066	ECHILON 45	12000	12000	12000
F2067	VAAFT DISPOSABLES	2500	2500	2500
F2068	GELPOINT PATH	66500	66500	66500
F2069	ANTI FOG	500	500	500
F2070	DISPOSABLE SUCTION	600	600	600
F2071	RFA PROBE	7000	7000	7000
F2072	HUG-U-VAC	1500	1500	1500
F2073	HEADLIGHT	1500	1500	1500
F2074	ALLEN STIRRUPS	1500	1500	1500
F2075	PERINEAL TRAY	1500	1500	1500
F2076	PRONE POSITION INSTRUMENTS	1500	1500	1500
F2077	RFA MACHINE	5130	5130	5130
F2078	VAAFT MACHINE	10000	10000	10000
F2079	LONESTAR RETRATOR	1500	1500	1500

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>F3000</b>	<b>SURGERY 3</b>			
<b>F3021</b>	<b>HUGUVAC</b>	<b>1500</b>	<b>1500</b>	<b>1500</b>
<b>F3022</b>	<b>HARMONIC SCALPEL CABLE (SURGERY-3)</b>	<b>2000</b>	<b>2000</b>	<b>2000</b>
<b>F3025</b>	<b>NATHANSONS RETRACTOR</b>	<b>500</b>	<b>500</b>	<b>500</b>
<b>F3029</b>	<b>ADVANCED LAPAROSCOPY DISPOSABLES</b>	<b>5000</b>	<b>5000</b>	<b>5000</b>
<b>F3030</b>	<b>DISPOSABLE INSTRUMENT</b>			
<b>F3031</b>	<b>SUR-III DISPOSABLES</b>			
<b>F3032</b>	<b>ENDOCATCH SMALL (LOTUS)</b>	<b>1800</b>	<b>1800</b>	<b>1800</b>
<b>F3033</b>	<b>ENDOCATCH LARGE (LOTUS)</b>	<b>1900</b>	<b>1900</b>	<b>1900</b>
<b>F6000</b>	<b>THORACIC SUR 1</b>			
<b>F6001</b>	<b>CP BYPASS</b>	<b>39565</b>	<b>47175</b>	<b>51740</b>
<b>F6002</b>	<b>VALVE</b>			
<b>F6003</b>	<b>RESPIRATOR</b>			
<b>F6004</b>	<b>PATCH</b>	<b>3000</b>	<b>3000</b>	<b>3000</b>
<b>F6005</b>	<b>GRAFT</b>			
<b>F6006</b>	<b>PACE MAKER</b>			
<b>F6007</b>	<b>BRONCHOSCOPY</b>	<b>1855</b>	<b>2210</b>	<b>2425</b>
<b>F6008</b>	<b>SUTURE CHARGES</b>			
<b>F6010</b>	<b>CARDIOPLEGIA</b>	<b>4500</b>	<b>4500</b>	<b>4500</b>
<b>F6011</b>	<b>VENTILATOR</b>	<b>12000</b>	<b>12000</b>	<b>12000</b>
<b>F6012</b>	<b>RESERVIOR</b>			
<b>F6015</b>	<b>DISPOSABLES</b>	<b>3500</b>	<b>3500</b>	<b>3500</b>
<b>F6016</b>	<b>SUTURE CHARGES FOR CABG</b>	<b>12500</b>	<b>12500</b>	<b>12500</b>
<b>F6017</b>	<b>SUTURE CHARGES FOR DVR</b>	<b>13000</b>	<b>13000</b>	<b>13000</b>
<b>F6018</b>	<b>SUTURE CHARGES FOR MVR / AVR</b>	<b>8500</b>	<b>8500</b>	<b>8500</b>
<b>F6019</b>	<b>MEDTRONIC VALVE</b>	<b>48000</b>	<b>48000</b>	<b>48000</b>
<b>F6020</b>	<b>ST JUDE VALVE (SJM)</b>	<b>44000</b>	<b>44000</b>	<b>44000</b>

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
F6022	HANCOCK BIOPROSTHETIC VALVE	55000	55000	55000
F6024	IABP-INTRA AORTIC BALLOON PUMP			
F6025	MUF-MODIFIED ULTRA FILTRATION			
F6026	REDO STERNOTOMY UNDER FEMORO FEMORAL BYPASS			
F6027	HARMONIC SCALPEL	11305	13480	14780
F6028	SUTURE CHARGES FOR ASD	4000	4000	4000
F6029	SUTURE CHARGES CHARGES FOR ICR/VSD	16000	16000	16000
F6030	SUTURE CHARGES FOR BENTALL	10000	10000	10000
F6031	SUTURE CHARGE - OTHER CASE			
F7000	THORACIC SUR 2			
F7001	CP BYPASS	39565	47175	51740
F7002	VALVE			
F7003	RESPIRATOR	12465	12465	12465
F7004	PATCH	3000	3000	3000
F7005	GRAFT	9995	9995	9995
F7006	PACE MAKER			
F7007	BRONCHOSCOPY	1855	2210	2425
F7008	SUTURE CHARGES	9335	9335	9335
F7010	CARDIOPLEGIA	4500	4500	4500
F7011	VENTILATOR	12000	12000	12000
F7012	RESERVIOR			
F7013	ECHOCARDIOGRAM	1445	1445	1445
F7014	INTRA AORTIC BALLOON PUMP	129100	129100	129100
F7017	DISPOSABLES	3500	3500	3500
F7018	SUTURE CHARGES FOR CABG	12500	12500	12500
F7019	SUTURE CHARGES FOR DVR	13000	13000	13000
F7020	SUTURE CHARGES FOR MVR / AVR	8500	8500	8500
F7021	MEDTRONIC VALVE	48000	48000	48000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
F7022	ST JUDE VALVE (SJM)	44000	44000	44000
F7024	HANCOCK BIOPROSTHETIC VALVE	55000	55000	55000
F7026	IABP-INTRA AORTIC BALLOON PUMP			
F7027	MUF-MODIFIED ULTRA FILTRATION			
F7028	REDO STERNOTOMY UNDER FEMORO FEMORAL BYPASS			
F7029	THORACIC DRESSING - SMALL	100	115	130
F7030	THORACIC DRESSING - MEDIUM	200	240	265
F7031	THORACIC DRESSING - BIG	285	340	375
F7032	HARMONIC SCALPEL	11305	13480	14780
F7033	MICROSTREAM (CO2 SAMPLE)	1400	1400	1400
F7034	SUTURE CHARGE FOR ASD	4000	4000	4000
F7035	SUTURE CHARGES FOR ICR/VSD	16000	16000	16000
F7036	SUTURE CHARGES FOR BENTALL	10000	10000	10000
F7037	SUTURE CHARGE - OTHER CASE			
F9000	CARDIOTHORACIC SURGERY			
F9001	ECG - CARDIOTHORACIC SURGERY	555	660	725
F9002	VATS CHARGE	25000	25000	25000
F9003	HARMONIC	10000	10000	10000
F9004	VATS STAPLER			
FM000	FORENSIC MEDICINE			
FM001	SAFE KIT	760	760	760
FM002	MEDICO LEGAL AUTOPSY	18920	22560	24745

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
G3000	WELLCOME UNIT			
G3002	BIOPSY-WELLCOME	3330	3970	4350
G3007	STOOL ROUTINE PARASITES	540	645	705
G3008	STOOL PARASITES SPECIAL STAINS	700	835	920
G3010	XYLOSE -URINE OR BLOOD	860	1025	1120
G3011	ESTIMATE OF LIVER DRY WEIGHT OF COPPER	1910	2280	2500
G3013	ANTI TISSUE TRANSGLUTAMINASE ANTIBODY - ANTI-TTG	2035	2425	2660
G3014	EM BIOPSY	14990	17870	19600
G3017	STOOL OCCULT BLOOD	370	440	485
G3023	CMC MULTIFOCAL BIOPSIES - MORE THAN 2 SITES	5180	6175	6775
G3024	MISSION - MULTIFOCAL BIOPSIES - MORE THAN 2 SITES	3210	3210	3210
G3025	PRIVATE MULTIFOCAL BIOPSIES - MORE THAN 2 SITES	3985	3985	3985
G3028	LEISHMANIA DIPSTICK FOR ANTI RK 39 ANTIBODY	1300	1550	1700
G3030	TOXOPLASMA IGM ELISA	1770	2110	2310
G3039	TOXOPLASMA IgG ELISA	1335	1590	1745
G3041	HELMINTH IDENTIFICATION WITH HISTOPATHOLOGY	2540	3030	3325
G3042	STRONGYLOIDES CULTURE	1430	1705	1870
G3043	LEISHMANIA PCR	5500	6555	7190
G3044	ROTAVIRUS ANTIGEN DETECTION ELISA - STOOL	1020	1215	1335
G3045	ANTI-TISSUE TRANSGLUTAMINASE ANTIBODY (QUANTIFY)	4005	4775	5235
G3046	BIOPSY-WELLCOME-CONTRIBUTING MISSION HOSPITALS	2695	2695	2695
G3047	BIOPSY-WELLCOME-PRIVATE HOSPITALS	3210	3210	3210
G3048	STOOL ELASTASE	3790	4520	4955
G3049	SERUM FREE AND ACYLCARNITINE ANALYSIS	2445	2915	3195
G3050	ACANTHAMOEBA CULTURE - CSF / CORNEAL SCRAPING	1430	1705	1870
G3051	FAT GLOBULES - STOOL	215	255	280
G3052	FECAL CALPROTECTIN BY ELISA TEST	2735	3265	3580
G3053	FLUID/ASPIRATE/PUS/SPUTUM MICROSCOPY FOR PARASITES	915	1095	1200
G3054	Entamoeba histolytica qPCR	4895	5835	6400

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
G3055	QUANTITATIVE ELISA FOR H.PYLORI ANTIGEN FROM STOOL	1595	1900	2085
G3056	FECAL IMMUNOCHEMICAL TEST	1855	2210	2425
G3058	CD163 ELISA (SERUM)	1085	1295	1420
G3060	STRONGYLOIDES qPCR	4315	5145	5645
G3061	Toxoplasma gondii qPCR	4895	5835	6400
G3062	Acanthamoeba spp qPCR	4895	5835	6400
G3063	Fasciola spp qPCR	4530	5400	5925
G3064	Hyaluronic acid by ELISA	2020	2410	2645
G3065	Angiostrongylus qPCR	4660	5555	6095
H1000	UROLOGY			
H1003	UROFLOWMETRY	1150	1370	1505
H1004	URODYNAMICS	6240	7440	8160
H1007	URETHRAL PRESSURE PROFILOMETRY	5390	6425	7045
H1008	PIPE INJECTION	1645	1960	2150
H1009	PROCEDURE MINOR- B501 RECEPTION 1	260	310	340
H1010	PROCEDURE INTERMEDIATE	1430	1705	1870
H1011	RIGID CYSTOSCOPY	3295	3930	4310
H1050	LITHOTRIPTER			
H1051	LITHOTRIPTER I A	37975	45275	49655
H1053	LITHOTRIPTER II A	48510	57840	63435
H1055	LITHOTRIPTER III A	55660	66365	72785
H1057	LITHOTRIPTER IV A	75890	90480	99240
H1059	LITHOTRIPSY - RESIDUAL STONE	23200	27660	30335
H1060	MISC.ORTHO PANCREATIC GALL BLADDER	37975	45275	49655
H1061	URINE RESIDUAL VOL LITHOTRIPSY	590	705	775
H1062	LITHOTRIPSY SUPPLEMENTARY TREATMENT	12680	15120	16585
H1076	DRESSING BIG	350	420	460
H1077	CYSTOSCOPY FLEXI	5390	6425	7045

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H1078	PROCEDURE MAJOR	4960	5915	6485
H1079	UROFLOW AND POST VOID RESIDUE (UROLOGY)	1535	1830	2005
H1081	INJECTION	35	40	45
H1082	VIDEO CMG	11315	13495	14800
H1085	UROLOGIC EDUCATION	210	210	210
H1088	UROSCAN	1260	1505	1650
H1093	TRUS BIOPSY UNDER LA	5420	5420	5420
H1094	DJ STENT	795	795	795
H1095	IMAGE INTENSIFIER IN UROLOGY LESS THAN ONE HOUR	2920	3480	3815
H1096	IMAGE INTENSIFIER IN UROLOGY 1 TO 2 HOURS	5615	6695	7345
H1097	IMAGE INTENSIFIER IN UROLOGY MORE THAN 2 HOURS	8355	9960	10925
H1098	UROLOGY - HO YAG LASER - A CHARGES	6795	6795	6795
H1099	UROLOGY - HO YAG LASER - B CHARGES	9515	9515	9515
H1100	UROLOGY - HO YAG LASER - C CHARGES	13580	13580	13580
H1101	CYSTOSCOPY WITH STENT REMOVAL	4805	5730	6280
H1102	UROLOGY SINGLE ORGAN ULTRASOUND SCREENING	405	480	525
H1103	UROLOGY EQUIPMENT			
H1104	URETHRAL METAL DILATOR	1200	1200	1200
H1105	PENILE CLAMP	360	360	360
H1106	AVF SCREENING ULTRASOUND	1260	1505	1650
H2000	OBST & GYNE			
H2001	FOETAL MONITOR	590	705	775
H2002	N.S.T.	815	970	1065
H2004	ULTRASOUND - OBSTETRICS	1855	2210	2425
H2005	ULTRASOUND GYN	1755	2095	2295
H2104	B.INTRAPARTUM EXTERNAL- FIRST 5 HOURS	1820	2170	2380
H2105	C.INTRAPARTUM EXTERNAL- SUBSEQUENTLY PER HOUR	500	595	655
H2107	ALL ELECTRODE CHARGES	1680	1680	1680



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H2110	COLPOSCOPY	1520	1815	1990
H2111	PUNCH BIOPSY(CERVICAL/VAGINAL/VULVAL)/POLYPECTOMY	1080	1285	1410
H2113	D & C, FRACTIONAL CURETTAGE	1390	1660	1820
H2114	CRYO CAUTERY/ELECTRO CAUTERY	1080	1285	1410
H2115	HYSTEOSALPINGOGRAM(PHYSICIAN FEES)	945	1125	1235
H2116	LLETZ	2185	2605	2855
H2118	ASCITIC FLUID TAP AMNIOCENTESIS	950	950	950
H2119	ECV	1545	1545	1545
H2120	HYSTEROSCOPY	2185	2605	2855
H2122	AC/PC	285	285	285
H2124	HISTOPATHOLOGY CHARGES	1170	1170	1170
H2125	THERMAL ABLATION	50815	60590	66455
H2126	PAP SMEAR	1065	1270	1395
H2127	INJ. TT	40	40	40
H2128	CTG	2195	2620	2875
H2131	URISTRIX STRIPS	65	65	65
H2132	PIPELLE	705	705	705
H2133	NORMAL/FORCEPS/SUCTION CUP/BREECH-DELIVERY CHARGES	13415	15995	17545
H2135	APS PROFESSIONAL FEES	4960	5915	6485
H2136	ULTRASOUND MORPHOLOGY	3135	3735	4095
H2138	ULTRASOUND DATING	675	805	885
H2139	ULTRASOUND DOWNS SCREEN	1660	1975	2170
H2140	CTG/NST	1660	1975	2170
H2141	ECV	1660	1975	2170
H2142	CORDOCENTESIS	3850	4590	5030
H2143	AMNIOCENTESIS	2010	2395	2625
H2144	CVS	3850	4590	5030
H2145	UROFLOW AND POST VOID RESIDUE(OBS. & GYNAE)	1645	1960	2150
H2146	ANTENATAL OPD PACKAGE	10350	10350	10350
H2147	DISPOSABLE NORMAL DELIVERY DRAPE KIT	885	885	885

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H2148	MIRENA INSERTION	310	370	410
H2149	HPV TEST (HC II)	2795	3335	3655
H2150	CHEMOTHERAPY	310	370	410
H2151	GYN TRAY	310	370	410
H2152	PARAACENTESIS	590	705	775
H2153	SERIAL ULTRASOUNDS FOR GROWTH	1035	1235	1350
H2154	MVA AND EVACUATION	3850	4590	5030
H2156	RESUTURING OG.CHARGES	1035	1235	1350
H2157	AC.CHARGE (OG)	175	210	230
H2158	PC.CHARGE (OG)	175	210	230
H2159	SPECIAL INSTRUMENTS (OBSTETRICS)			
H2160	SPECIAL INSTRUMENTS (GYNAECOLOGY)			
H2161	DISPOSABLE PRE NATAL & POST NATAL KIT	510	510	510
H2162	CYSTOSCOPY (OG-II)	2010	2395	2625
H2163	DRAW SHEET CHARGES	50	50	50
H2164	PERINATAL INTENSIVE EQUIPMENT-CAT I	2085	2490	2730
H2165	PERINTAL INTENSIVE EQUIPMENT-CAT II	4140	4935	5415
H2166	PERINATAL INTENSIVE EQUIPMENT-CAT III	6030	7190	7890
H2167	PRENATAL EMERGENCY CARE WITH NST	2340	2790	3060
H2168	PRENATAL EMERGENCY CARE WITHOUT NST	1445	1720	1885
H2169	DATING SCAN	1035	1235	1350
H2170	INTRA UTERINE TRANSFUSION	6515	7765	8515
H2171	LABOUR ROOM SCAN	815	970	1065
H2172	HIPEC	100000	100000	100000
H2173	REPEAT MORPHOLOGY	425	505	555
H2174	PROCEDURE CHARGE FOR TOP	1060	1060	1060
H2175	DELIVERY CHARGES FOR STILL BORN BABIES	13415	15995	17545
H2176	DELIVERY CHARGES FOR IUD	13415	15995	17545
H2177	SUTURES IN CB THEATRE	500	500	500
H2178	LAPARSCOPY CHARGES	15000	15000	15000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H2179	LAPARSCOPY CHARGES	10000	10000	10000
H2180	LAPARSCOPY CHARGES	5000	5000	5000
H2181	LAPARSCOPY CHARGES	1000	1000	1000
H2182	STERIZONE PU-52,DRESSING,5CM/7CM,1 NUMBER	12	12	12
H2183	STERIZONE NW-73,DRESSING,25CM/10CM,1 NUMBER	69	69	69
H2184	STERIZONE PU-61,DRESSING, 9CM/25CM, 1 NUMBER	105	105	105
H2185	STERIZONE NW-70,DRESSING,8.5CM/6CM, 1 NUMBER	19	19	19
H2186	INJ.TD (TETANUS, DIPHTHERIA) VACCINE	100	100	100
H2187	INJ. OXYTOCIN			
H2188	MULTIFETAL REDCTION	7575	9030	9905
H2189	INTRAUTERINE TRANSFUSION	7575	9030	9905
H2190	FETAL SHUNT PLACEMENT	7575	9030	9905
H2191	AMNIODRAINAGE	2275	2715	2975
H2192	EXTRA SURGEON GOWN	230	230	230
H2193	CVS-HEMAT	9080	10825	11875
H2194	THERMAL ABLATION OF CERVIX	710	845	925
H5000	NEPHROLOGY LAB			
H5004	SPECIAL DRUGS - NEPH			
H5005	ENDOTOXIN LEVEL QUANTITATION	11355	13540	14850
H5006	ANTI-PLA2R ANTIBODY QUANTITATION	4535	5410	5935
H5007	ANTI-GBM ANTIBODY QUANTITATION	6050	7215	7915
H5009	MITOCHONDRIAL DNA BASED KINSHIP TEST (INTERNAL)	11355	13540	14850
H5010	DNA-BASED KINSHIP TESTING (EXTERNAL)	18915	22555	24735
H5011	ANTI-FACTOR H ANTIBODY QUANTITATION	7575	9030	9905
H5013	ENDOTOXIN LEVEL QUALITATIVE TEST	6050	7215	7915
H5014	Y - STR DNA BASED KINSHIP TEST (INTERNAL)	18915	22555	24735
H5015	A-STR DNA BASED KINSHIP TEST (INTERNAL)	11135	13275	14560
H5016	RENAL GENETICS - WHOLE EXOME SEQUENCING	18545	22110	24250

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>H6000</b>	<b>SPEECH THERAPY</b>			
<b>H6001</b>	<b>DAILY TREATMENT (Per unit Viz. 60 min)</b>	<b>540</b>	<b>645</b>	<b>705</b>
<b>I1000</b>	<b>CCU CARDIOLOGY</b>			
<b>I1001</b>	<b>AIR CONDITION</b>			
<b>I1002</b>	<b>CAMP COT</b>			
<b>I1003</b>	<b>KITCHEN</b>			
<b>I1004</b>	<b>STORES SUPPLY</b>			
<b>I1005</b>	<b>CCU - FREE WORK</b>			
<b>I1006</b>	<b>I.C.U. MONITOR PER DAY</b>	<b>2255</b>	<b>2255</b>	<b>2255</b>
<b>I1007</b>	<b>CHDU FREE WORK</b>			
<b>I2000</b>	<b>ICU MEDICAL</b>			
<b>I2107</b>	<b>I.C.U. MONITOR PER DAY</b>	<b>2255</b>	<b>2255</b>	<b>2255</b>
<b>I2108</b>	<b>NARCOTICS</b>	<b>210</b>	<b>210</b>	<b>210</b>
<b>I2110</b>	<b>ICU GOGGLES</b>	<b>950</b>	<b>950</b>	<b>950</b>
<b>I2112</b>	<b>CPAP APPARATUS</b>	<b>500</b>	<b>595</b>	<b>655</b>
<b>I2114</b>	<b>ARTERIAL BLOOD GAS - MICU</b>	<b>785</b>	<b>785</b>	<b>785</b>
<b>I2116</b>	<b>MICU ECG</b>	<b>400</b>	<b>400</b>	<b>400</b>
<b>I2118</b>	<b>MICU - FREE WORK</b>			
<b>I2119</b>	<b>ENDO TRACHEAL ASPIRATION (ETA)</b>	<b>155</b>	<b>155</b>	<b>155</b>
<b>I2120</b>	<b>VENTILATOR CIRCUIT CHARGES</b>	<b>810</b>	<b>810</b>	<b>810</b>
<b>I2121</b>	<b>VENTILATOR-DAY 1 CHARGE</b>	<b>3500</b>	<b>3500</b>	<b>3500</b>
<b>I2122</b>	<b>VENTILATOR-SUBSEQUENT DAYS</b>	<b>1965</b>	<b>2340</b>	<b>2565</b>
<b>I2123</b>	<b>WARMER CHARGES-DAY 1</b>	<b>2010</b>	<b>2395</b>	<b>2625</b>
<b>I2124</b>	<b>WARMER CHARGES-SUBSEQUENT DAYS</b>	<b>370</b>	<b>440</b>	<b>485</b>
<b>I2128</b>	<b>CPAP MASK</b>	<b>460</b>	<b>460</b>	<b>460</b>

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I2129	ETCO2 SENSOR	1650	1650	1650
I2130	RAZOR BLADE	300	300	300
I2132	TRACHEAL MASK	300	300	300
I2133	ARTERIAL SPLINT	325	325	325
I2134	EXPIRATORY FILTER	375	375	375
I2135	NASAL PRONGS	50	50	50
I2136	NASAL AIRWAY	200	200	200
I2137	BITE GUARD	100	100	100
I2138	T - PIECE	100	100	100
I2139	TOTAL FULL FACE MASK (NIV)	2300	2300	2300
I2140	BIPAP CIRCUIT	350	350	350
I2141	PROBE COVER	40	40	40
I2142	SEQUENTIAL COMPRESSION DEVICE-DAY1	2000	2000	2000
I2143	SEQUENTIAL COMPRESSION DEVICE-SUBSEQUENT DAYS	400	400	400
I2144	VIDEO LARYNGOSCOPE	2245	2245	2245
I2145	NERVE STIMULATOR	850	850	850
I2146	TRANS ESOPHAGEAL ULTRASOUND	5390	5390	5390
I2147	HEAD LIGHT	1500	1500	1500
I2148	AUTO REFILL HUMIDIFIER	890	890	890
I2149	3/O ETHILON CHARGES	230	230	230
I2150	ECMO EQUIPMENT CHARGE PER DAY	37085	44215	48495
I2151	CATHETER MOUNT	180	180	180
I2152	LMA	1700	1700	1700
I2153	100% RESERVOIR BAG	165	165	165
I2154	VENTURI MASK	226	226	226
I2155	NEBULIZER MASK	50	50	50
I2156	AED PADS	2750	2750	2750
I2157	AIRVO NASAL CANNULA	1031	1031	1031
I2158	AIRVO TRACHEAL CANNULA	1033	1033	1033
I2159	6F CATHETER	4480	4480	4480

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I2160	CAUTERY ELECTRODE	784	784	784
I2161	HAND SWITCH PENCIL CAUTERY	366	366	366
I2162	BAINS CIRCUIT	505	505	505
I2163	CAUTERY	500	500	500
I2164	SURGICAL 2 IN X 3 IN	1345	1345	1345
I2166	AIRVO	1200	1200	1200
I2167	VIDEO BRONCHOSCOPE	6210	7400	8120
I2168	HFNC CIRCUIT	2710	2710	2710
I2169	ENDOTRACHEAL INTUBATION	1585	1890	2075
I2170	ARTERIAL LINE INSERTION	1825	2180	2390
I2171	CENTRAL LINE INSERTION	1825	2180	2390
I2172	ECMO INSERTION KIT	5430	5430	5430
I2173	PIK ECMO DILATOR	3420	3420	3420
I2174	21 FR ECMO CANNULA	49250	49250	49250
I2175	23 FR VENOUS ECMO CANNULA	49250	49250	49250
I2176	HMF FILTER	410	410	410
I2177	ECMO ADULT CIRCUIT - MAQUET	258985	258985	258985
I2179	NEPHROSTOMY CATHETER	6300	6300	6300
I2180	PERCUTANEOUS TRACHEOSTOMY	5250	5250	5250
I2181	HIGH FLOW CIRCUIT	3025	3025	3025
I2182	MRI CIRCUIT	1210	1210	1210
I2183	MEDOS ECMO CIRCUIT	347200	347200	347200
I3000	ICU THORACIC			
I3001	AIR CONDITION			
I3002	CAMP COT			
I3003	KITCHEN			
I3004	STORES SUPPLY			
I3005	DISPOSABLE CHEST DRAINAGE	1565	1565	1565

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I3006	ABG - KNICU (PACKAGE)	4410	4410	4410
I3007	KNICU - FREE WORK			
I3008	KNSICU - FREE WORK			
I3009	BLOOD GAS			
I3010	CONTRAL BOTTLE			
I3011	ECMO EQUIPMENT CHARGE PER DAY	37085	44215	48495
I3012	MICRO STREAM (CO2 FILTER LINE)	1600	1600	1600
I3013	I.C.U MONITOR PER DAY	2255	2255	2255
I3014	DISPOSABLE CHEST DRAINAGE BOTTLE 2000 ML (1 NO.)	550	550	550
I3015	ICU THORACIC-POSTOPERATIVE ECHO	4525	5395	5915
I4000	ICU NEUROLOGY			
I4007	NARCOTICS	145	145	145
I4008	NICU - FREE WORK			
I4009	VENTILATOR CIRCUIT WITH WATER TRAP	810	810	810
I4010	NEBULISER T-PIECE/T-PIECE KIT	100	100	100
I4011	MASK / NEBULIZER / AIRWAYS	150	150	150
I4012	NIV MASK	200	200	200
I4013	ULTRASOUND CHARGES	285	285	285
I4014	STERILE DRAPE WITH GOWN	200	200	200
I4015	STERILE GOWN	100	100	100
I4016	DISPOSABLE SCD SLEEVES	3000	3000	3000
I4019	DISPOSABLE BAIR HUGGER BLANKET	250	250	250
I4020	BIPAP PER DAY	455	455	455
I4022	AIRVO HI FLOW SYSTEM	500	500	500
I4023	3/O ETHILON CHARGES	230	230	230
I4025	SCD MACHINE	500	500	500
I4026	SCD SLEEVES THIGH LENGTH	3000	3000	3000
I4027	OPTIC NERVE SHEATH DIAMETER	685	685	685

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I4028	TRANSCRANIAL DOPPLER	685	685	685
I4029	ENDOTRACHEAL INTUBATION	1585	1890	2075
I4030	CENTRAL VENUS CANNULATION	1825	2180	2390
I4031	ARTERIAL LINE INSERTION	1825	2180	2390
I4032	LARYNGEAL MASK AIRWAY	805	805	805
I4033	TRACHEOSTOMY	3245	3870	4240
I4035	HFNC CIRCUIT	2140	2140	2140
I4036	ECG 12 LEAD RECORDER	400	400	400
I5000	ICU SURGICAL			
I5006	VENTILATOR-ICU SURGICAL			
I5007	EQUIPMENT	2120	2120	2120
I5014	TRACHEOSTOMY	3245	3870	4240
I5015	BRONCHOSCOPY	1200	1200	1200
I5017	ABG - SICU	1480	1765	1940
I5018	VENTILATOR GALILEO GOLD	2330	2330	2330
I5020	NUTRIFLEX	1600	1600	1600
I5029	ACTIVATED FACTOR VII			
I5050	INFUSION PUMP CHARGES	340	405	440
I5052	MISCELLANEOUS			
I5060	ET TUBE	500	500	500
I5061	PACING ELECTRODE	1000	1000	1000
I5063	VENTILATOR CIRCUIT			
I5064	FILTER.			
I5065	SICU - FREE WORK			
I5077	SCD	470	470	470
I5078	GOGGLES	65	65	65
I5084	O2 MASK KIT	35	35	35
I5086	NEBULIZER KIT	100	100	100



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I5087	NASAL PRONGS	50	50	50
I5091	BIPAP	1445	1445	1445
I5093	I.C.U.MONITOR PER DAY	2255	2255	2255
I5094	SICU ECHO CHARGES	690	820	900
I5095	VENTURI MASK KIT	226	226	226
I5096	GALILEO FLOW SENSOR	2180	2180	2180
I5098	WARMER BLANKET	880	880	880
I5099	TRACHEAL MASK	165	165	165
I5103	HFOV VENTILATOR CHARGES	5335	5335	5335
I5104	NASAL AIRWAY	200	200	200
I5105	THERMOVENT	165	165	165
I5106	VOLUME VIEW KIT	16000	16000	16000
I5107	ACAPELLA	2000	2000	2000
I5108	ARTERIAL WRIST SUPPORT	325	325	325
I5109	AUTO FILL HUMIDIFIER	890	890	890
I5110	NECK COLLAR	1200	1200	1200
I5111	FLOW TRACK	9720	9720	9720
I5112	LMA SUPREME	1700	1700	1700
I5113	DOCTORS GOWN	50	50	50
I5114	CPAP MASK	2300	2300	2300
I5115	SICU ECG	785	940	1030
I5116	DVT SLEEVES	2800	2800	2800
I5117	SCD SLEEVES	1800	1800	1800
I5118	ECMO EQUIPMENT CHARGE PER DAY	37085	44215	48495
I5119	HEATED WIRE CIRCUIT CHARGES	1100	1100	1100
I5120	AIRVO CHARGES	1200	1200	1200
I5121	HFNC CANNULA CHARGES	1225	1225	1225
I5122	AIRVO HEATED WIRE CIRCUIT SET	4750	4750	4750
I5123	AIR CUSHION MASK (STARMED)	200	200	200
I5124	BIPAP CONNECTOR	200	200	200

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I5125	BACTERIAL FILTER	100	100	100
I5126	HEATED WIRE CIRCUIT (STARMED)	750	750	750
I5127	HFNC NASAL CANNULA (STARMED)	450	450	450
I5128	BAINS CIRCUIT (STARMED)	505	505	505
I5129	ENDOTRACHEAL INTUBATION	1585	1890	2075
I5130	ARTERIAL LINE INSERTION	1825	2180	2390
I5131	CENTRAL LINE INSERTION	1825	2180	2390
I5132	ETCO2 CABLE	1650	1650	1650
I5133	MUCUS EXTRACTOR	70	70	70
I5134	YANKAUER SUCTION	105	105	105
I5135	BITE GUARD	85	85	85
I5136	CATHETER MOUNT	190	190	190
I5137	BALLOON BREATHING EXERCISER	35	35	35
I5138	ANTIBIOTIC COATED TRIPLE LUMEN CHARGES	2680	2680	2680
I5139	PLEURAL ASPIRATION	710	845	925
I5140	NERVE BLOCK	2140	2140	2140
I5141	PERITONEAL CAVITY TAPPING	2140	2140	2140
I6000	ICU PAEDIATRIC			
I6002	MONITORING(ADMITTED < 6 HOURS)	945	1125	1235
I6005	PHOTOTHERAPY PER DAY	500	595	655
I6006	PLEURAL/PERITONEAL TAP	945	1125	1235
I6007	CHEST TUBE INSERTION	915	1095	1200
I6008	ARTERIAL LINE	1825	2180	2390
I6009	SYRINGE PUMPS UPTO 3 DAYS	520	620	680
I6010	MONITORING ( PER DAY )	3355	4000	4385
I6011	INTUBATION CHARGES	1585	1890	2075
I6012	ALPHA MATTRESS ( PER DAY )	210	210	210
I6013	DIALYSIS CATHETER INSERTION CHARGES	3245	3870	4240

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I6014	CENTRAL VENOUS CATHETER INSERTION CHARGES	1825	2180	2390
I6015	FILTER	285	340	375
I6016	SPECIAL CARE	2775	3310	3630
I6017	BLOOD GAS (PICU)	785	785	785
I6018	DISPOSABLES/DAY	425	505	555
I6020	PICU - FREE WORK			
I6021	NEBULISATION WITHOUT O2 SINGLE	85	100	110
I6023	OPTIFLO CIRCUIT CHARGE	9140	9140	9140
I6024	OPTIFLO DAY 1	540	540	540
I6025	NEBULISATION WITH OXYGEN SINGLE	385	460	500
I6026	VENTILATOR PICU	2135	2135	2135
I6027	HEATED WIRE HUMIDIFICATION	8060	8060	8060
I6029	JACKSON REES CIRCUIT	550	550	550
I6030	EtCO2	675	805	885
I6031	SYRINGE/INFUSION- PUMP SINGLE/PER DAY	430	510	560
I6032	HFOV	7490	8930	9790
I6034	ULTRASOUND SCREENING PICU	1645	1960	2150
I6037	SYRINGE PUMPS 4-4 (3 DAYS)	1020	1215	1335
I6038	SYRINGE PUMPS > 8 (3 DAYS)	2430	2900	3180
I6039	GJAFB SAMPLING	135	165	180
I6040	BLOOD CULTURE - PROCEDURE	135	165	180
I6042	LIVER BIOPSY	1805	2155	2365
I6043	BRONCHOALVEOLAR LAVAGE	180	215	240
I6045	BLOOD PRODUCT TRANSFUSION SINGLE	520	620	680
I6046	BLOOD PRODUCT TRANSFUSION <_ 5	1300	1550	1700
I6047	BLOOD PRODUCT TRANSFUSION >_ 5	2430	2900	3180
I6048	PERITONEAL DIALYSIS PER DAY	2195	2620	2875
I6049	CATHETERISATION CHARGES(PICU)	180	180	180
I6050	ECG LEADS (PICU)	135	135	135
I6052	OPTIFLO DAY 2 ONWARDS / DAY	520	520	520

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I6053	ECMO EQUIPMENT CHARGE PER DAY	37085	44215	48495
I6054	ADULT BREATHING CIRCUIT	4130	4130	4130
I6055	SERVO DUO GUARD FILTER	1565	1565	1565
I6058	AIRVO 1ST DAY	4330	5160	5660
I6059	AIRVO (FROM 2ND DAY)	2195	2620	2875
I6060	RADIANT WARMER	340	405	440
I6061	AIRVO 1ST DAY	4005	4775	5235
I6066	HFNC PER DAY	1820	1820	1820
I6067	AIRVO CIRCUIT	7495	7495	7495
I6068	AIRVO TRACHEAL CANNULA	2595	2595	2595
I6069	AIRVO CANNULA	4500	4500	4500
I6070	AIRVO ADULT CANNULA	1200	1200	1200
I6071	VENTILATOR CHARGES PER DAY(MAQUET UNIVERSAL BASIC)	2680	2680	2680
I6072	VENTILATOR CHARGES PER (MAQUET SERVO I & SERVO S)	2140	2140	2140
I6073	HUMIDIFICATION (850) CHARGES (DAY 1 ONLY)	805	805	805
I6074	HUMIDIFICATION (950) CHARGES (DAY 1 ONLY)	1605	1605	1605
I6075	DOUBLE HEATED WIRE BREATHING CIRCUIT (DAY 1 ONLY)	5890	5890	5890
I6076	HFOV CIRCUIT (DAY 1 ONLY)	37485	37485	37485
I6077	SERVO DUO GUARD FILTER	1565	1565	1565
I6079	EtCO2 ADAPTOR (DAY 1)	1650	1650	1650
I6080	EtCO2 CABLE CHARGES	1605	1605	1605
I6081	BRONCHOSCOPY	1200	1200	1200
I6082	JACKSON REES CIRCUIT	590	590	590
I6083	ECG RECORDING	400	400	400
I6084	INTUBATION CHARGES-VIDEO LARYNGOSCOPY	2245	2245	2245
I6085	ULTRASONIC NEBULIZER-SOLO	1605	1605	1605
I6086	EQUIPMENT (INCLUDE SYRINGE PUMPS)	2275	2715	2975
I6087	NIV MASK	640	640	640
I6088	NIV BELT	320	320	320
I6089	F & P NIV MASK	5130	5130	5130

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I6090	DRAPES (ALL SIZES)	430	430	430
I6091	BP CUFF	320	320	320
I6092	BITE GUARD	100	100	100
I6093	FLOW SENSOR (HAMILTON) (DAY 1 ONLY)	2335	2335	2335
I6094	WARMER AND BLANKET	1605	1605	1605
I6095	YANKER SUCTION	430	430	430
I6096	PROBE COVER	50	50	50
I6097	BRONCHOSCOPIC BAL	2140	2140	2140
I6098	SPECIALTY PICU CARE	3030	3610	3960
I6099	SPECIALTY MONITORING	3355	4000	4385
I6100	BIPHOSYL CRRT	5195	6195	6790
I6101	PRISMAFLEX KIT M100 CRRT	26710	31845	34925
I6102	PRISMAFLEX KIT M60 CRRT	25960	30955	33950
I6103	PRISMAFLEX KIT HF20 CRRT	31900	38035	41720
I6104	PrismaSol CRRT	3535	4215	4625
I6105	REGIOCIT CRRT	4945	5900	6470
I6106	GEM 3500 BLOOD GAS	1040	1240	1360
I6107	BIPAP EQUIPMENT AND CIRCUIT PER DAY	1480	1765	1940
I7000	ICU NHDA(NEURO)			
I7001	NHDA - FREE WORK			
I7002	NHDA-I.C.U. MONITOR PER DAY	630	630	630
I7003	VENTILATOR CIRCUIT WITH WATER TRAP	810	810	810
I7004	NEBULISER T-PIECE / T-PIECE KIT	100	100	100
I7005	MASK / NEBULIZER / AIRWAYS	150	150	150
I7006	NIV MASK	200	200	200
I7007	ULTRASOUND CHARGES	285	285	285
I7008	STERILE DRAPE WITH GOWN	200	200	200
I7009	STERILE GOWN	100	100	100

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I7010	DISPOSABLE SCD SLEEVES	3000	3000	3000
I7011	BRONCHOSCOPY / C-MAC	1200	1200	1200
I7012	AUTOFILL HUMIDIFIER	890	890	890
I7013	DISPOSABLE BAIR HUGGER BLANKET	250	250	250
I7014	BIPAP PER DAY	455	455	455
I7015	SHAVING CLIPS	150	150	150
I7016	AIRVO HI FLOW SYSTEM	500	500	500
I7017	SCD MACHINE	500	500	500
I7018	SCD SLEEVES THIGH LENGTH	3000	3000	3000
I7019	OPTIC NERVE SHEATH DIAMETER	685	685	685
I7020	TRANSCRANIAL DOPPLER	685	685	685
I7021	ABG CHARGES	785	785	785
I7022	ENDOTRACHEAL INTUBATION	1585	1890	2075
I7023	CENTRAL VENUS CANNULATION	1825	2180	2390
I7024	ARTERIAL LINE INSERTION	1825	2180	2390
I7025	LARYNGEAL MASK AIRWAY	805	805	805
I7026	TRACHEOSTOMY	3245	3870	4240
I7027	ENDOTRACHEAL ASPIRATION	155	155	155
I7028	HFNC CIRCUIT	2140	2140	2140
I7029	ECG 12 LEAD RECORDER	400	400	400
I9000	SURGICAL HDU			
I9001	GLUCOMETER	60	60	60
I9006	COMPRESSED AIR			
I9007	VENTILATOR GALILEO	2330	2330	2330
I9008	NON INVASIVE			
I9009	SHDU - FREE WORK			
I9010	SCD STOCK	500	500	500
I9012	ISOCATH CHARGES	1225	1225	1225

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I9013	COMPRESSED AIR			
I9015	BIPAP CHARGES	1445	1445	1445
I9016	N7 OLICLINOMEL/CENTRAL LINE TPN	2235	2235	2235
I9017	N4 CLINOMEL/PERIPHERAL TPN	2235	2235	2235
I9018	GOGGLES	65	65	65
I9020	MISCELLANEOUS			
I9021	SHDU ECHO CHARGES	690	820	900
I9022	SHDU-VENTURI MASK KIT	226	226	226
I9023	SHDU-GALILEO FLOW SENSOR	2180	2180	2180
I9025	SHDU-WARMER BLANKET	880	880	880
I9026	SHDU-TRACHEAL MASK	300	300	300
I9027	SHDU-INNER CANNULA	450	450	450
I9028	SHDU-SUBGLOTTIC TRACHEOSTOMY TUBE	825	825	825
I9030	SHDU-HFOV VENTILATOR CHARGES	5335	5335	5335
I9031	SHDU-NASAL AIRWAY	200	200	200
I9032	SHDU-THERMOVENT	165	165	165
I9033	SHDU-I.C.U. MONITOR PER DAY	630	630	630
I9034	SHDU-ACAPPELLA	2000	2000	2000
I9035	SHDU-ARTERIAL WRIST SUPPORT	325	325	325
I9036	SHDU-AUTOFILL HUMIDIFIER	890	890	890
I9037	SHDU-CPAP MASK	2300	2300	2300
I9038	SHDU-DOCTORS GOWN	100	100	100
I9039	SHDU-NASAL PRONGS	50	50	50
I9040	SUBGLOTTIC ET TUBE	500	500	500
I9041	SHDU ECG	400	400	400
I9042	HEATED WIRE CIRCUIT CHARGES	1100	1100	1100
I9043	AIRVO CHARGES	1210	1210	1210
I9044	HFNC CANNULA	1225	1225	1225
I9045	AIRVO HEATED WIRE CIRCUIT SET	4750	4750	4750
I9046	AIR CUSHION MASK (STARMED)	200	200	200

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
I9047	BIPAP CONNECTOR	200	200	200
I9048	BACTERIAL FILTER	100	100	100
I9049	HEATED WIRE CIRCUIT (STARMED)	750	750	750
I9050	HFNC NASAL CANNULA (STARMED)	450	450	450
I9051	BAINS CIRCUIT (STARMED)	505	505	505
I9052	ETCO2 CABLE	1650	1650	1650
I9053	MUCUS EXTRACTOR	15	15	15
I9054	YANKAUER SUCTION	105	105	105
I9055	BITE GUARD	100	100	100
I9056	CATHETER MOUNT	180	180	180
I9057	BALLOON BREATHING EXERCISER	35	35	35
I9058	ANTIBIOTIC COATED TRIPLE LUMEN CHARGES	2680	2680	2680
I9059	PLEURAL ASPIRATION	710	845	925
I9060	NERVE BLOCK	2140	2140	2140
I9061	PERITONEAL CAVITY TAPPING	2140	2140	2140
IB000	ICU LEVEL2			
IB001	LEVEL2 - FREE WORK			
IB002	SPECIAL CARE-LEVEL 2	165	165	165
IC000	ICU LEVEL3			
IC001	LEVEL3 - FREE WORK			
IC002	SPECIAL CARE-LEVEL 3	165	165	165



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
ID000	NEURO TRAUMA ICU			
ID001	ICU MONITOR PER DAY	2255	2255	2255
ID002	ICU VENTILATOR PER DAY	1265	1265	1265
ID003	ICU - FREE WORK			
ID004	ALPHA BED	125	125	125
ID005	NARCOTICS	145	145	145
ID006	VENTILATOR CIRCUIT WITH WATER TRAP	810	810	810
ID007	NEBULISER T-PIECE / T-PIECE KIT	100	100	100
ID008	MASK / NEBULIZER /AIRWAYS	150	150	150
ID009	NIV MASK	200	200	200
ID010	ULTRASOUND CHARGES	285	285	285
ID011	STERILE DRAPE WITH GOWN	200	200	200
ID012	STERILE GOWN	100	100	100
ID013	DISPOSABLE SCD SLEEVES	3000	3000	3000
ID014	BRONCHOSCOPY /C-MAC	1200	1200	1200
ID015	AUTOFILL HUMIDIFIER	890	890	890
ID016	DISPOSABLE BAIR HUGGER BLANKET	250	250	250
ID017	BIPAP PER DAY	455	455	455
ID018	SHAVING CLIPS	150	150	150
ID019	AIRVO HI FLOW SYSTEM	500	500	500
ID020	SCD MACHINE	500	500	500
ID021	SCD SLEEVES THIGH LENGTH	3000	3000	3000
ID022	OPTIC NERVE SHEATH DIAMETER	685	685	685
ID023	TRANSCRANIAL DOPPLER	685	685	685
ID024	ABG CHARGES	785	785	785
ID025	ICP MONITORING	1510	1800	1970
ID026	ENDOTRACHEAL INTUBATION	1585	1890	2075
ID027	CENTRAL VENUS CANNULATION	1825	2180	2390
ID028	ARTERIAL LINE INSERTION	1825	2180	2390

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
ID029	LARYNGEAL MASK AIRWAY	805	805	805
ID030	TRACHEOSTOMY	3245	3870	4240
ID031	ENDOTRACHEAL ASPIRATION	155	155	155
ID032	HFNC CIRCUIT	2140	2140	2140
ID033	ANACONDA (ANAESTHETIC CONSERVING DEVICE)	18900	18900	18900
ID034	ECG 12 LEAD RECORDER	400	400	400
ID035	BIS TRANSDUCER (BISPECTRAL INDEX MONITORING	2100	2100	2100
IS000	ICU STICU			
IS001	STICU - FREE WORK			
IS002	ENDOTRACHEAL INTUBATION	1585	1890	2075
IS003	ARTERIAL LINE INSERTION	1825	2180	2390
IS004	CENTRAL LINE INSERTION	1825	2180	2390
IS005	HMF FILTER	410	410	410
IS006	ICU MONITOR PER DAY	1200	1200	1200
J1000	URO TRANSPLANTS (ORU)			
J1001	TRANSPLAN LEVY			
J1002	TRANSPLANT SCHEDULE	23505	23505	23505
J1003	PERFUSION PUMP	2635	2635	2635
J1004	ORU-FREE WORK			
J2000	NEPH TRANSPLANT			
J2001	AUTHORIZATION COMMITTEE PROCEDURE CHARGES	4645	4645	4645
J2002	POST RENAL TRANSPLANT FOLLOW UP	42000	42000	42000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
J5000	THORACIC SUR 3			
J5001	CP BYPASS	39565	47175	51740
J5002	VALVE			
J5003	RESPIRATOR			
J5004	PATCH	3000	3000	3000
J5005	GRAFT			
J5006	PACE MAKER			
J5007	BRONCHOSCOPY	1855	2210	2425
J5008	SUTURE CHARGES			
J5010	RESERVIOR			
J5012	CARDIOPLEGIA	4500	4500	4500
J5013	DISPOSABLES	3500	3500	3500
J5014	SUTURE CHARGES FOR CABG	12500	12500	12500
J5015	SUTURE CHARGES FOR DVR	13000	13000	13000
J5016	SUTURE CHARGES FOR MVR / AVR	8500	8500	8500
J5017	MEDTRONIC VALVE	48000	48000	48000
J5018	ST JUDE VALVE (SJM)	44000	44000	44000
J5019	VENTILATOR	12000	12000	12000
J5020	HANCOCK BIOPROSTHETIC VALVE	55000	55000	55000
J5022	IABP-INTRA AORTIC BALLOON PUMP			
J5023	MUF-MODIFIED ULTRA FILTRATION			
J5024	REDO STERNOTOMY UNDER FEMORO FEMORAL BYPASS			
J5025	HARMONIC SCALPEL	11305	13480	14780
J5026	SUTURE CHARGES FOR ASD	4000	4000	4000
J5027	SUTURE CHARGES FOR ICR/VSD	16000	16000	16000
J5028	SUTURE CHARGES FOR BENTALL	10000	10000	10000
J5029	SUTURE CHARGE - OTHER CASE			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>K3000</b>	<b>REPRODUCTIVE MEDICINE</b>			
<b>K3002</b>	<b>INTRA UTERINE INSEMINATION</b>	<b>9080</b>	<b>10825</b>	<b>11875</b>
<b>K3003</b>	<b>ULTRA SOUND FOLLICLE MONITORING</b>	<b>3030</b>	<b>3610</b>	<b>3960</b>
<b>K3006</b>	<b>SPERM FREEZING</b>	<b>34670</b>	<b>41340</b>	<b>45340</b>
<b>K3007</b>	<b>EMBRYO FREEZING</b>	<b>35165</b>	<b>41930</b>	<b>45985</b>
<b>K3020</b>	<b>ULTRASOUND - RMU</b>	<b>1900</b>	<b>2265</b>	<b>2480</b>
<b>K3021</b>	<b>RMU - SEMEN ANALYSIS</b>	<b>1755</b>	<b>2095</b>	<b>2295</b>
<b>K3022</b>	<b>PESA/TESA</b>	<b>6810</b>	<b>8120</b>	<b>8910</b>
<b>K3023</b>	<b>SEMEN SAMPLE FREEZE</b>	<b>2810</b>	<b>2810</b>	<b>2810</b>
<b>K3024</b>	<b>CVS</b>	<b>12855</b>	<b>15330</b>	<b>16815</b>
<b>K3025</b>	<b>SONOSALPINGOGRAPHY</b>	<b>5205</b>	<b>6210</b>	<b>6810</b>
<b>K3026</b>	<b>TVOR</b>	<b>3915</b>	<b>3915</b>	<b>3915</b>
<b>K3027</b>	<b>SPECIAL EQUIPMENT</b>			
<b>K3038</b>	<b>OTHER PROCEDURES</b>	<b>6210</b>	<b>7400</b>	<b>8120</b>
<b>K3041</b>	<b>WEIGHT REDUCTION PROGRAMME</b>	<b>3695</b>	<b>3695</b>	<b>3695</b>
<b>K3042</b>	<b>D &amp; C</b>	<b>2160</b>	<b>2160</b>	<b>2160</b>
<b>K3043</b>	<b>ENDOMETRIAL BIOPSY</b>	<b>2160</b>	<b>2160</b>	<b>2160</b>
<b>K3044</b>	<b>HYSTEROSCOPY</b>	<b>8010</b>	<b>9550</b>	<b>10470</b>
<b>K3047</b>	<b>EQUIPMENT CHARGES</b>			
<b>K3049</b>	<b>OR BOOKING ADVANCE</b>	<b>1275</b>	<b>1275</b>	<b>1275</b>
<b>K3050</b>	<b>IVF ULTRASOUND CHARGES</b>	<b>6695</b>	<b>6695</b>	<b>6695</b>
<b>K3052</b>	<b>MART ULTRASOUND</b>	<b>2805</b>	<b>2805</b>	<b>2805</b>
<b>K3053</b>	<b>MART LAB</b>	<b>33065</b>	<b>33065</b>	<b>33065</b>
<b>K3054</b>	<b>MART PROCEDURE</b>	<b>6695</b>	<b>6695</b>	<b>6695</b>
<b>K3055</b>	<b>REDUCTION ASPIRATION</b>	<b>6795</b>	<b>6795</b>	<b>6795</b>
<b>K3056</b>	<b>REDUCTION INJECTION</b>	<b>12455</b>	<b>12455</b>	<b>12455</b>
<b>K3058</b>	<b>PIPELLE</b>	<b>740</b>	<b>740</b>	<b>740</b>
<b>K3059</b>	<b>FROZEN EMBRYO TRANSFER</b>	<b>21300</b>	<b>21300</b>	<b>21300</b>
<b>K3060</b>	<b>TESTICULAR BIOPSY/TESA/ICSI LAB CHARGES</b>	<b>22245</b>	<b>26520</b>	<b>29085</b>

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
K3061	IVF ADMISSION	43620	52010	57045
K3062	SEMEN FREEZING (ART - 1 YEAR)	11610	13840	15180
K3063	MICRO TESA	12810	15275	16755
K3064	VIBRO SEMEN COLLECTION PROCEDURE	3685	4395	4820
K3065	ICSI PROCEDURE	106335	126785	139050
K3066	IVF PROCEDURE	94470	112640	123540
K3067	OHSS EMBRYO FREEZING	49490	59010	64720
K3068	INJ. RECAGON 50 IU	1000	1000	1000
K3069	INJ. RECAGON 300 IU	6500	6500	6500
K3070	INJ. RECAGON 600 IU	13000	13000	13000
K3071	INJ. GONAL F 75 IU	1510	1510	1510
K3072	INJ. GONAL F 300 IU	5300	5300	5300
K3073	INJ. GONAL F 450 IU	8100	8100	8100
K3074	INJ. GONAL F 900 IU	15300	15300	15300
K3075	INJ. FOLIGRAD 150 IU	1550	1550	1550
K3076	INJ. CETROTIDE 0.25 MG	2000	2000	2000
K3077	INJ. GANERELIX 0.25MG	2150	2150	2150
K3078	INJ. LUPRORIN 4ML	525	525	525
K3079	INJ. LUPRORIN 2ML	300	300	300
K3080	INJ. LUPRORIN 1ML	150	150	150
K3081	LH KIT	100	100	100
K3082	DISPOSABLE MATERIALS	450	450	450
K3083	CVS NEEDLE	1575	1575	1575
K3084	MERSILENE STERILISED NEEDLED POLYESTER FIBRE TAPE	2600	2600	2600
K3085	PICSI DISH	3675	3675	3675
K3086	IVF II CYCLE - LAB CHARGE	66150	66150	66150
K3087	IVF III CYCLE - LAB CHARGE	55125	55125	55125
K3088	IVF IV CYCLE - LAB CHARGE	38590	38590	38590
K3089	PREGNANCY SCAN	1545	1545	1545
K3090	COUNSELING	565	675	740

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
K3091	DNA FRAGMENTATION INDEX	5330	6355	6970
K3092	LIFE STYLE MODIFICATION CONSULT	590	705	775
K3093	INJ. LUPRIDE 4MG/4ML	660	660	660
K3094	Injection S/C & IM	100	100	100
K5000	ORTHOPAEDICS 3			
K5001	IMPLANT-ORTH 3			
K5002	SPECIAL INSTRUMENT-ORTH 3			
K5003	OTHER CONSUMABLES USED PER OP (D)			
K5004	OTHER CONSUMABLES USED PER OP (R)			
K7000	DEV PAEDIATRICS			
K7029	PSY-LEARNING BATTERY-1 (4-5 SESSIONS)	10600	12640	13865
K7030	PSY-ASSESSMENT-COMMUNICATION DYSFUNCTION(4-5 SESSI	10600	12640	13865
K7031	PSY-LEARNING BATTERY-2 (3-4 SESSIONS)	6355	7580	8315
K7032	PSY-ASSESSMENT - PRE-SCHOOL (3 SESSIONS)	4525	5395	5915
K7033	PSY-ASSESSMENT - INFANTS (3 SESSIONS)	2540	3030	3325
K7034	PSY-MONITORING - LEARNING-1 (3 SESSIONS)	4240	5055	5540
K7035	PSY-MONITORING-COMMUNICATION DYSFUNCTION(3 SESSION	5300	6315	6930
K7036	PSY-MONITORING - LEARNING-2 (3 SESSIONS)	3885	4635	5085
K7037	PSY-MONITORING - PRE-SCHOOL CHILD (3 SESSIONS)	2830	3370	3700
K7038	PSY-MONITORING - INFANTS (3 SESSIONS)	2120	2525	2770
K7039	SPL-ASSESSMENT OF SPEECH AND LANGUAGE(3 SESSIONS)	3180	3790	4155
K7040	PSY-DEVELOPMENTAL MONITORING (1 SESSIONS)	635	760	835
K7041	IN-PATIENT THERAPY PER DAY	1975	2355	2585
K7043	PSY-FAMILY COUNSELLING (1 SESSIONS)	915	1095	1200
K7044	PSY-NEUROPSYCHOLOGICAL ASSESSMENT (4 SESSIONS)	10600	12640	13865
K7045	ALL-DISTANCE DEVELOPMENTAL MONITORING-(1 SESSION)	780	930	1020

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
K7046	SPECIAL CARE			
K7047	OT ASSESSMENT FOR 1 DAY (1 SESSIONS)	1060	1265	1385
K7048	OT PER DAY (1 SESSIONS)	635	760	835
K7049	OT INFANTS (WITH PEABODY PACKAGE)-3 DAYS (3 SESSIONS)	2725	3250	3560
K7050	OT 5 DAYS PACKAGES (5 SESSIONS)	2830	3370	3700
K7051	OT - LEARNING NEEDS (4-5 SESSIONS)	5300	6315	6930
K7052	OT - DCD AND INTELLECTUAL DISABILITY (4-5 SESSIONS)	5300	6315	6930
K7053	SPED-PREVOCATIONAL ASSESSMENT (4-5 SESSIONS)	5655	6745	7395
K7054	O T GROUP THERAPY - (1 SESSIONS)	565	675	740
K7055	SPL-SPEECH THERAPY PER DAY (1 SESSIONS)	635	760	835
K7056	PSY-INFANT STIMULATION (1 SESSIONS)	635	760	835
K7057	PSY-SPECIAL TEST-ADOS, KTEA	7065	8425	9240
K7059	PSY-SPECIAL TEST-BAYLEY, PEEX	3535	4215	4625
K7061	OT ASSESSMENT-VMI/SENSORY PROFILE (1 SESSIONS)	1410	1680	1845
K7062	SPLINTING-1 SESSION	1060	1265	1385
K7063	OT ASSESSMENT & HOME PROGRAMME(1 SESSION)	1060	1265	1385
K7064	IN PATIENT INFANT PACKAGE PER DAY	1410	1680	1845
K7065	DT-DEVELOPMENTAL THERAPY - 5 DAYS PACKAGE	2475	2955	3240
K7066	ADAPTIVE DEVICE MEASUREMENT	165	195	215
K7067	SPL-ASSESSMENT-LANGUAGE&COMMUNICATION DYSFUNCTION(	5300	6315	6930
K7068	SPL-INFANT SPEECH STIMULATION (2 SESSIONS)	850	1015	1115
K7069	OT ASSESSMENT - 3 DAYS PACKAGE	3180	3790	4155
K7070	SPED-SPECIAL EDUCATOR ASSESSMENT - 3 DAYS PACKAGE	3180	3790	4155
K7071	DT-DEVELOPMENTAL THERAPY PER DAY	565	675	740
K7073	A WARD FULL PACKAGE (5 DAYS )	30000	30000	30000
K7074	A WARD HALF PACKAGE ( 3 DAYS )	18000	18000	18000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
L2000	PAEDIATRIC ONCOLOGY			
L2003	I.V CHEMO			
L2004	SPECIAL CARE			
L2005	INFUSION PUMP	340	405	440
L2008	BLOOD/BLOOD PRODUCT TRANSFUSION	520	620	680
L2009	LP,IT UNDER SEDATION	1035	1235	1350
L2010	LP,IT WITHOUT SEDATION	425	505	555
L2011	STARTING CENTRAL VENOUS ACCESS	970	1155	1265
L2012	CHEMO - 1-2 DRUGS/DAY,IV BOLUS/IM/SC	425	505	555
L2013	CHEMO-1-2 DRUGS/DAY X 3-4 DAYS/WEEK,IV BOLUS/IM/SC	1545	1845	2025
L2014	CHEMO IV INFUSION 4-6 HRS X 1 DAY	1300	1550	1700
L2015	CHEMO IV INFUSION 2 OR MORE DAYS OR A COURSE	1690	2015	2210
L2016	INFUSION PUMP/DAY	340	405	440
L2017	MINI SITIMPLANT	17000	17000	17000
L2018	CHEMOPORT NEEDLE (22G/L20MM)	650	650	650
L2019	CHEMOPORT NEEDLE (22G/L25MM)	650	650	650
L2020	CHEMOPORT NEEDLE (20G/L15MM)	650	650	650
L2021	LAMINAR FLOW CHAMBER USE UPTO 2 DAYS	860	1025	1120
L2022	LAMINAR FLOW CHAMBER USE 3 DAYS OR MORE	1660	1975	2170
L2025	DIAGNOSTIC LP	215	255	280
L2027	CHEMOPORT NEEDLE (20G/L30MM)	650	650	650
L2028	PHO SUPPORTIVE CARE	480	575	630
L2029	PHO-MAT SPECIAL CARE			
L2030	GROSHONG PICC 4FR WITH MI KIT			
L2031	GROSHONG REPAIR KIT			
L2032	PICC DRESSING KIT WITH STATLOCK DEVICE			
L2033	HICKMAN DURAL LUMEN ADULT 9FR CATH			
L4300	O.P.D. SERVICES			
L4301	ALL INJECTION	65	65	65



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
L4302	INCISION & DRAINAGE SMALL ABSCESS	240	240	240
L4303	INCISION & DRAINAGE LARGE ABSCESS	385	385	385
L4304	SUTURING WOUND 4-6" (EXCLUDING SUTURE COST)	240	240	240
L4307	SMALL DRESSING	180	215	240
L4308	LARGE DRESSING	350	420	460
L4309	LUMBAR PUNCTURE	325	390	425
L4310	PLEURAL & PERITONEAL TAP	240	240	240
L4311	POP SMALL	220	220	220
L4312	POP MEDIUM	415	415	415
L4313	POP LARGE	830	830	830
L4314	DEBRIDEMENT	415	415	415
L4315	JOINT ASPIRATION	415	415	415
L4316	FIXATOR REMOVAL	240	240	240
L4317	MEDICAL REPORT (OPD SERVICES)	180	180	180
L4318	FAST TRACK INVESTIGATIONS	385	385	385
L4319	BIRTH CERTIFICATE			
L4320	DAY CARE			
L4321	DEATH CERTIFICATE	105	105	105
L4324	COVISHIELD COVID19 VACCINATION			
L4325	COVAXIN COVID19 VACCINATION			
L4326	SINGLE PAD DRESSING (SMALL)	155	185	205
L4327	MULTIPLE PAD DRESSING (MEDIUM)	235	280	305
L4328	ROLLER PAD STUMP DRESSING (LARGE)	305	365	400
L4329	BONE MARROW ASPIRATION PROCEDURE	415	495	545
L4330	BONE MARROW ASPIRATION AND BIOPSY CHARGES	535	635	695
L4331	BONE MARROW PROCEDURE UNDER SEDATION	980	1170	1285
L4332	BONE MARROW TREPHINE NEEDLE	610	730	800
L4333	IV INFUSIONS - RANIPET	285	340	375
L4334	NEBULISATION - RANIPET	105	105	105

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>L6000</b>	<b>MEDICAL ONCOLOGY</b>			
L6016	ULTRA SHORT BOLUS	1545	1845	2025
L6017	ULTRA SHORT INFUSION (LESS THAN 2 HOURS)	2905	3465	3800
L6018	MODERATE INFUSION (1 DAY)	4730	5640	6190
L6019	LONG INFUSION (3 DAYS)	5835	6960	7635
L6020	LONG INFUSION (5 DAYS)	9250	11030	12095
L6021	LONG INFUSION (AMBULATION)/MONTH	13345	15910	17450
L6022	GCSF (PER DOSE)	240	240	240
L6023	SPECIAL DRUGS / EQUIPMENT			
L6024	DISPOSABLE ITEMS			
L6025	SPECIAL CHEMOTHERAPY PROCEDURES			
L6026	CENTRAL LINE CARE	350	350	350
L6027	BLOOD / BLOOD PRODUCT ADMINISTRATION	350	350	350
L6028	SPECIAL TESTS			
L6029	MONOCHEMOTHERAPY PLANNING CHARGES	400	400	400
<b>L9000</b>	<b>CHILD HEALTH 3</b>			
L9001	INJ. MANTOX	85	85	85
L9002	SYR. TRIHLORYL			
L9003	COPPER SULPHATE CAUTERIZATION			
L9004	PULMOAID CHARGES (WITHOUT OXYGEN)	85	100	110
L9005	NEBULIZATION THERAPY (WITH OXYGEN)	135	165	180
L9006	CHEMO IV			
L9007	CHEMO ABVD INFUSION IM IT			
L9008	CHEMO PORT NEEDLE NO.3			
L9009	URINE MULTISTICK			
L9011	RENAL BIOPSY			
L9012	WARD VENTILATION	455	545	595

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
L9014	CUSO4 CAUTERY	105	105	105
L9015	OXYGEN CHARGES/ LITRE	65	65	65
L9017	PAEDIATRIC ASTHMA COUNSELLING	455	545	595
L9018	ADOLESCENT MEDICINE CLINIC COUNSELLING	735	875	960
L9019	BLOOD CULTURE (PROCEDURE)	135	165	180
L9020	BLOOD TRANSFUSION/INFUSION	520	620	680
L9021	CHEST TUBE INSERTION (PROCEDURE)	1020	1215	1335
L9022	LIVER BIOPSY (PROCEDURE)	1545	1845	2025
L9023	LUMBAR PUNCTURE (PROCEDURE)	325	390	425
L9024	PLEURAL / PERITONEAL TAP (PROCEDURE)	650	775	850
L9025	SUPRAPUBIC URINE CULTURE (PROCEDURE)	135	165	180
L9026	SMALL DRESSING	180	215	240
L9027	BLOOD TRANSFUSION/INFUSION (MULTIPLE<_5)	1300	1550	1700
L9028	BLOOD TRANSFUSION/INFUSION (MULTIPLE > 5)	2430	2900	3180
L9031	LIVER BIOPSY NEEDLE	1805	2155	2365
L9033	IV CANNULATION (OUTSIDE PAEDS)	275	325	355
L9034	SPECIAL CARE			
L9035	PAEDIATRIC BRONCHIAL HYGIENE THERAPY	500	595	655
L9036	PAEDIATRIC DIET COUNSELLING	520	620	680
L9037	AIRWAY CLEARANCE CHEST PHYSIOTHERAPY (PAEDIATRIC-3	910	1085	1190
L9038	ADOLESCENT HEALTH CARD	100	115	130
L9039	SWEAT TEST - CF PROJECT (PAEDIATRICS-III)	155	155	155
L9040	PAEDIATRIC SPIROMETRY	1335	1590	1745
L9041	PFT & 6 MIN WALK TEST	1280	1525	1675
L9042	PAEDIATRIC SPIROMETRY, 6MWT PACKAGE	1280	1525	1675
L9043	PAEDIATRIC - 6 MIN WALK TEST	760	905	995
M9000	SPINAL DISORDERS SURGERY			
M9001	SPINE INSTRUMENT			
M9002	SPECIAL INSTRUMENT			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
M9003	MESH CAGE			
M9004	SPINE EQUIPMENT			
M9005	BURR	5000	5000	5000
M9006	SAW	5000	5000	5000
M9007	IONM	8000	8000	8000
M9008	MICROSCOPE LESS THAN ONE HOUR	10000	10000	10000
M9009	MICROSCOPE ONE TO THREE HOUR	15000	15000	15000
M9010	MICROSCOPE MORE THAN THREE HOUR	20000	20000	20000
MC001	MEDICAL COLLEGE - EDUCATIONAL SERVICE			
MC002	DISTANCE EDUCATION - SERVICES			
N2000	GERIATRIC CLINIC			
N2001	GERIATRIC PT EXERCISES	405	480	525
N2002	GERIATRIC OCCUPATIONAL THERAPY IP 1ST DAY	580	690	755
N2003	GERIATRIC OCCUPATIONAL THERAPY IP 2ND DAY ONWARDS	405	480	525
N2004	GERIATRIC OCCUPATION THERAPY OP WARD FOLLOW UP	475	565	620
N2005	GERIATRIC OCCUPATIONAL THERAPY OP TREATMENT	580	690	755
N2006	POST VOID RESIDUE - GERIATRICS	525	630	690
N2007	IP GERIATRIC INITIAL SWALLOW ASSESSMENT	405	480	525
N2008	IP GERIATRIC SWALLOW THERAPY&HOME PROGRAM(1TIME PA	245	295	325
N2009	IP GERIATRIC INITIAL SPEECH ASSESSMENT	360	425	470
N2010	IP GERIATRIC SPEECH THERAPY&HOME PROGRAM(1TIME PAY	165	195	215
N2011	GERIATRICS EDUCATION	305	365	400
N2012	GERIATRIC GRBS MONITORING	300	355	390
N8000	PALLIATIVE CARE			
N8001	LYMPHOEDEMA DRAINAGE PROGRAM -FIRST COURSE	760	905	995
N8004	PC DOMICILIARY VISIT BY SINGLE TEAM MEMBER	1400	1400	1400
N8005	PC DOMICILIARY VISIT BY TEAM	3500	3500	3500

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
N8007	PC ASSISTANCE BY TEAM	370	370	370
N8008	INJECTIONS - SC/IM	70	85	95
N8010	PLEURAL AND PERITONEAL TAP	710	845	925
N8012	CATHETERIZATION OR TUBE INSERTION	425	505	555
N8014	HOME CARE EDUCATION	670	800	875
N8015	LYMPHOEDEMA DRAINAGE PROGRAM -REVIEW	565	675	740
N8016	LYMPHOEDEMA COMPRESSION BANDAGING -ONE LIMB	470	470	470
N8019	PALLIATIVE CARE FOLLOW UP	440	525	580
N8020	IV INFUSION	285	340	375
N8021	IV INJECTION	285	340	375
N8025	HEAD & NECK NURSING CARE	305	365	400
N8026	DIET ADVICE	155	185	205
N8027	FEEDING TUBE CARE	155	185	205
N8028	OSTOMY CARE	255	305	330
N8029	SLEEP HYGIENE	110	130	145
N8030	SUBCUTE INJECTION TEACHING	230	270	300
N8031	WOUND CARE TEACHING	300	355	390
N8032	NON PHARMACOLOGICAL MANAGEMENT <=3	155	185	205
N8034	PSYCHOSOCIAL CARE / COUNSELLING	440	525	580
N8035	OP FIRST VISIT ASSESSMENT BY SOCIAL WORKER	250	250	250
N8036	OXYGEN CONCENTRATOR USE AT HOME(FOR UP TO 1 WEEK)	3675	3675	3675
N8037	SMALL DRESSING PALLIATIVE	180	215	240
N8038	LARGE DRESSING (PALLIATIVE)	350	420	460
N8039	FAMILY MEETING	315	315	315
N8040	HOSPICE - GENERAL (PER DAY)	3000	3000	3000
N8041	HOSPICE - PRIVATE (PER DAY UP TO 3 DAYS)	3000	3000	3000
N8042	HOSPICE - PRIVATE (4 - 7 DAYS OR PER WEEK)	10000	10000	10000
N8043	HOSPICE - PRIVATE (PER MONTH)	35000	35000	35000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P1000	PAEDIATRIC ORTHO			
P1001	SPECIAL INSTRUMENT			
P1002	IMPLANT - ORTHO(PAED)			
P1003	CTEV CAST - UNILATERAL	515	615	670
P1004	CTEV CAST -BILATERAL	890	1060	1165
P1005	TENOTOMY	405	480	525
P1006	HIP / SHOULDER SPICA	1990	2370	2600
P1007	TONE INHIBITING CAST	555	660	725
P1008	AK CAST / SLAB	955	1140	1250
P1009	BK CAST / SLAB	555	660	725
P1010	AE / BE CAST / SLAB	235	280	305
P1013	FIXATOR REMOVAL	555	660	725
P1014	ULTRASOUND	1125	1340	1470
P1015	PLASTER REMOVAL	105	125	135
P1016	PAED ORTH - DDH ULTRASOUND	925	1100	1205
P1017	PAED ORTH - SHOCK WAVE THERAPY-BILATERA(EACH SITE)	1845	2200	2415
P1018	PAED ORTH - SHOCK WAVE THERAPY-UNILATER(EACH SITE)	1715	2045	2245
P1025	SHRINERS HOSPITAL UPPER EXTREMITY EVALUATION(SHUEE	945	1125	1235
P1100	PT ASSESSMENT	310	370	410
P1101	ACTIVE / PASSIVE / STRETCHING	310	370	410
P1102	STRENGTHENING EXERCISES	310	370	410
P1103	GAIT TRAINING	310	370	410
P1104	MUSCLE RE - EDUCATION	310	370	410
P1105	OTHERS			
P1106	FULL GAIT ANALYSIS INCLUDING EMG	9365	11170	12250
P1107	KINEMATICS BOTH LOWER LIMBS INCLUDING VIDEO	3615	4310	4725
P1108	VIDEO ANALYSIS	870	1040	1140
P1109	SINGLE LIMB KINEMATICS AND EMG	1900	2265	2480
P1201	OT ASSESSMENT	310	370	410

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P1202	HAND FUNCTION	310	370	410
P1206	HAND SPLINTING	310	370	410
P2000	PAEDIATRIC NEPH			
P2001	ABPM CHARGES	2540	3030	3325
P2002	SPECIAL CARE FEES			
P2003	RENAL BIOPSY NEEDLE	2200	2200	2200
P2004	RENAL BIOPSY PROCEDURE	1840	2195	2405
P2005	PERITONEAL DIALYSIS NEEDLE	1200	1200	1200
P2006	PERITONEAL DIALYSIS PROCEDURE	2830	3370	3700
P2007	PERITONEAL DIALYSIS CHARGES/DAY	565	675	740
P2010	PEDIATRIC HEMODIALYSIS/FILTRATION PER DAY	4100	4890	5365
P2011	PEDIATRIC PLASMAPHERESIS PROCEDURE	3535	4215	4625
P2012	PEDIATRIC PLASMA FILTER	16960	20220	22175
P2013	PD CYCLER CHARGES PER DAY	1840	2195	2405
P2014	CAPD TRAINING	9185	10950	12010
P2015	DUAL LUMEN CATHETER KIT (8FR X 12CM)	7250	7250	7250
P2016	DUAL LUMEN CATHETER KIT(11.5FR X 13.5CM)-CURVED EX	3500	3500	3500
P2017	DUAL LUMEN CATHETER KIT(11.5FR X 13.5CM)-STRAIGHT	3500	3500	3500
P2018	PET TEST	5655	6745	7395
P2019	SLED (PNEP)	12010	14320	15710
P2020	HEMODIALYSIS ICU	6935	8270	9070
P2021	INFUSION/SYRINGE PUMP CHARGES PER DAY I PUMP	340	405	440
P2022	INFUSION/SYRINGE PUMP CHARGES (</=3 DAYS)	340	405	440
P2023	INFUSION/SYRINGE PUMP CHARGES >3 PUMPS	990	1180	1290
P2024	APD CASSETTE	610	610	610
P2025	APD 5L BAG	610	610	610
P2026	IV DRUGS/BLOOD TRANSFUSION/CYCLOPHOSPHAMIDE INFUSI	565	675	740
P2027	TENKHOFF CAPD CATHETER	10000	10000	10000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P2029	PD BAGS 1.5 %	305	305	305
P2030	PD BAGS 2.5 %	305	305	305
P2031	NIBP MONITOR CHARGES PER DAY	285	340	375
P2032	DUAL LUMEN CATHETER KIT 10 FR X 12 CM	5775	5775	5775
P2033	TITANIUM ADAPTOR (CAPD)	6000	6000	6000
P2034	TRANSFER SET (CAPD)	3000	3000	3000
P2038	PEDIATRIC NEPHROLOGY OP DIALYSIS	3960	4720	5175
P2039	O.P.DIET CONSULTATION (PAEDIATRIC NEPH)	400	400	400
P2040	I.P. DIET CONSULTATION (PAEDIATRIC NEPH)	535	635	695
P2041	URINE MULTISTIX	170	200	220
P2042	PERMCATHETER PAEDIATRIC CHARGES	24725	29480	32335
P2043	CRRT PROCEDURE	17660	21055	23095
P2044	PRISMASOL	3535	4215	4625
P2047	PRISMAFLEX KIT	18160	21655	23750
P2048	ADDITIONAL PAEDIATRIC HEMODIALYSIS KIT	1925	2295	2515
P2049	CRRT PROCEDURE (PER HOUR)	1340	1595	1750
P2050	POLYSOMNOGRAM	5940	7085	7770
P2051	PEDIATRIC PLASMA FILTER (P2)	12000	12000	12000
P2052	PRISMAFLEX KIT HF 20	21500	21500	21500
P2053	PRISMAFLEX KIT M60	15000	15000	15000
P2054	PRISMAFLEX KIT M100	15000	15000	15000
P2055	DUAL LUMEN ST.PEDI KIT 8.5FR X 11CM	5000	5000	5000
P2056	TRIPLE LUMEN ST.PEDI KIT 12FR	6500	6500	6500
P3000	PAED CASUALTY			
P3001	PAED CASUALTY PROFESSIONAL FEES & REGISTRATION	735	735	735
P3002	BED & TREATMENT PER DAY	605	605	605
P3003	INJECTIONS	65	65	65
P3004	I & D SMALL ABSCESS	240	240	240



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P3005	I & D LARGE ABSCESS	350	350	350
P3006	SUTURING CHARGES(EXCLUDING SUTURING MATERIAL)	240	240	240
P3011	LUMBAR PUNCTURE	325	390	425
P3012	PLEURAL & PERTONEAL TAP	650	775	850
P3013	INTUBATION CHARGES WITH ONE ET TUBE	880	880	880
P3014	OXYGEN THERAPY / HR	85	85	85
P3015	NEBULIZER THERAPY / TREATMENT	135	165	180
P3020	STOMACH WASH CHARGES (INCL.CHARCOAL)	350	350	350
P3021	GASTRIC JUCIE COLLECTION	135	165	180
P3023	CATHETERIZATION CHARGES	200	200	200
P3025	MINOR TRAUMA	455	455	455
P3028	BLOOD CULTURE (PROCEDURE CHARGES)	260	310	340
P3029	SUTURE REMOVAL	125	125	125
P3033	VENTILATOR CHARGES	1190	1190	1190
P3035	SUPRAPUBIC CATHERISATION	520	520	520
P3036	SUPRAPUBIC URINE CULTURE	165	195	215
P3037	OESOPHAGEAL FOREIGN BODY REMOVAL USING FOLEY'S	350	350	350
P3038	BLOOD TRANSFUSION/INFUSION	520	620	680
P3039	I.V.CHEMO			
P3041	PULMOAID CHARGES (WITHOUT OXYGEN)	85	100	110
P3042	GLUCOMETER RBS	165	195	215
P3043	URINE MULTISTIX	235	280	305
P3044	SYRINGE PUMP/INFUSION PUMP PER DAY	275	325	355
P3045	MONITORS (LESS THAN 6 HRS)	385	385	385
P3046	DISPOSABLES	235	280	305
P3047	ULTRASOUND SCREENING-PAEDIATRIC CASUALTY	1065	1270	1395
P3048	ULTRASOUND ROUTINE-PAEDIATRIC CASUALTY	1645	1960	2150
P3049	CHEST TUBE INSERTION	1770	2110	2310
P3050	OPTIFLOW (CPAP)	1190	1190	1190
P3051	ECG LEADS (CASUALTY)	135	135	135

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P3053	POP APPLICATION - SMALL	210	210	210
P3054	PORTABLE VENTILATOR CHARGES	1245	1245	1245
P3056	SUTURE MATERIAL - ETHILON	190	190	190
P3058	SUTURE MATERIAL - VICRYL	365	365	365
P3059	URINE KETONES / ALBUMIN	10	10	10
P3060	INTRAOSSEOUS NEEDLE INSERTION	1145	1145	1145
P3061	MONITORS (MORE THAN 6 HRS)	660	660	660
P3062	BLOOD TRANSFUSION/INFUSION MULTIPLE <_5	1300	1550	1700
P3064	SYRINGE PUMP/INFUSION PUMP PER DAY <_ 3 PUMPS	520	620	680
P3065	SYRINGE PUMP/INFUSION PUMP PER DAY > 3 PUMPS	1020	1215	1335
P3066	PPE CHARGES - PAEDIATRIC EMERGENCY (OP)	355	355	355
P3067	PPE CHARGES - PAEDIATRIC EMERGENCY (IP)	355	355	355
P3068	PPE CHARGES - PAEDIATRIC EMERGENCY (RESUSCITATION)	355	355	355
P3069	ECG - PAEDIATRIC EMERGENCY SERVICE	645	770	840
P3070	E US - PAEDIATRIC EMERGENCY MEDICINE	535	535	535
P4000	SURGERY 4			
P4004	MINOR PROCEDURE SUR IV			
P4019	PROCEED MESH 15 * 15 CM	25200	25200	25200
P4027	SECURE STRAP - NEW	24300	24300	24300
P4028	SECURE STRAP - USED	12150	12150	12150
P4045	HARMONIC FOCUS	6000	6000	6000
P4049	VENTRALEX ST LARGE CIRCLE 8CM	27800	27800	27800
P4051	3D MAX LIGHT LARGE LEFT MESH (10CMX16)	12800	12800	12800
P4052	3D MAX LIGHT LARGE RIGHT MESH (10CM X 16)	12800	12800	12800
P4053	VENTRALIGHT CIRCLE (11.4CM)	27770	27770	27770
P4055	VENTRALIGHT CIRCLE (15.2CM)	37200	37200	37200
P4061	CAPSURE 30-NON-ABSORBABLE FIXATOR	26600	26600	26600
P4066	PROCEDURE COMPLEXITY : MODERATE	5000	5000	5000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P4067	PROCEDURE COMPLEXITY : DIFFICULT	10000	10000	10000
P4069	PROCEED MESH 30.5 X 30.5	79840	79840	79840
P4071	PROCEED MESH 15 X 20	33750	33750	33750
P4072	PROTACK	28800	28800	28800
P4074	PROTACK PART	14400	14400	14400
P4075	TIMESH 15 X 15CM	22000	22000	22000
P4076	TIMESH 15 X 20 CM	28700	28700	28700
P4077	ULTRAPRO 15X15 CM	15270	15270	15270
P4078	ULTRAPRO 15X30 CM	23000	23000	23000
P4079	ULTRAPRO 30X30 CM	43100	43100	43100
P4080	STRATAFIX SYMMETRIC 1 PDS	2500	2500	2500
P4081	STRATAFIX SPIRAL 2-0 PDS	3300	3300	3300
P4082	STRATAFIX SYMMETRIC 0 PDS	3100	3100	3100
P4083	CDH 29A	21450	21450	21450
P4084	ECHELON 60 MM	10300	10300	10300
P4085	ECHELON 45 MM	10300	10300	10300
P4086	HEMOLOCK 5 MM	500	500	500
P4087	Ti MESH 30X30CM	59100	59100	59100
P4088	MERIL 12 CM CIRCULAR MESH	29700	29700	29700
P4089	CAPSURE PART	13300	13300	13300
P4090	SOFT PROLENE MESH 35X30 LIGHT WIGHT MESH	12900	12900	12900
P4091	SOFT PROLENE MESH 15X15 LIGHT WEIGHT MESH MACROPOR	4150	4150	4150
P4092	STRATAFIX SPIRAL 3-0 (15CM)	3200	3200	3200
P4093	STRATAFIX SPIRAL 3-0 (17CM)	2850	2850	2850
P4094	CDH 29B	21450	21450	21450
P4095	3D MAX XTRA LARGE RIGHT MESH (12.2X17CM)	13800	13800	13800
P4096	3D MAX XTRA LARGE LEFT MESH (12.2X17CM)	13800	13800	13800
P4097	EGIA BLUE 60MM (30458)	12100	12100	12100
P4098	EGIA PURPLE 60AMT	15500	15500	15500
P4099	EGIA GOLD 60MM VASCULAR(CTAVM)TRISTAPLER TANE CURV	17400	17400	17400

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P4100	EGIA 30MM WHITE VASCULAR (30451)	14150	14150	14150
P4101	EGIA ROTICULATOR 45MM WHITE (030454)	10400	10400	10400
P4102	PARIETEX COMPOSITE MESH(CIRCULAR-POLYESTER)12CM RO	24600	24600	24600
P4103	PARIETEX MESH 15X20CM	33000	33000	33000
P4104	PARIETEX MESH 20 CM ROUND	38500	38500	38500
P4105	PARIETEX MESH 15 CM ROUND	29000	29000	29000
P4106	PARIETEX MESH 15X100	26500	26500	26500
P4107	PARIETEX MESH 25X20	64000	64000	64000
P4108	PARIETEX MESH 30X20	82000	82000	82000
P4109	PARIETEX MESH 9CM ROUND	25000	25000	25000
P4110	PARIETEX MESH 12CM ROUND	24600	24600	24600
P4111	PARIETEX COMPOSITE VENTRAL PATCH 6.6CM	22000	22000	22000
P4112	PARIETEX COMPOSITE VENTRAL PATCH 8.6CM	23500	23500	23500
P4113	BALLOON TROCAR 50X100MM (PER USE)	2000	2000	2000
P4114	BALLOON TROCAR 11X100MM (PER USE)	2000	2000	2000
P4115	BALLOON TROCAR 5X75MM	2000	2000	2000
P4116	MERINEUM 12 D	28230	28230	28230
P4117	MERIL 50X50	11700	11700	11700
P4118	WECK HORIZON CLIPS SMALL RED-SIZE 8	14532	14532	14532
P4119	MEDIUM BLUE	14532	14532	14532
P4120	MEDIUM - LARGE GREEN	14532	14532	14532
P4121	SOFT PROLENE MESH 15X15CM	2888	2888	2888
P4122	SOFT PROLENE MESH 15X20CM	9230	9230	9230
P5000	SURGERY 5			
P5001	SYRINGE PUMP			
P5002	MULTI CAHNNEL MONITER			
P5003	STOMA CARE			
P5015	DISPOSABLE INSTRUMENT			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>P6000</b>	<b>SURGERY 6</b>			
<b>P6001</b>	<b>SYRINGE PUMP</b>			
<b>P6002</b>	<b>MULTI CHANNEL MONITER</b>			
<b>P6003</b>	<b>STOMA CARE</b>			
<b>P6004</b>	<b>MINOR SURGERY SUR 6</b>			
<b>P6005</b>	<b>SUTURE MATERIAIS SUR 6</b>			
<b>P7000</b>	<b>SURGERY</b>			
<b>P7005</b>	<b>HERNIA KIT</b>			
<b>P7006</b>	<b>MESH FOR HERNIA REPAIR</b>			
<b>P7007</b>	<b>FLEXIBLE SIGMOIDOSCOPY</b>			
<b>P7009</b>	<b>INJECTION OF HAEMORRHOIDS</b>			
<b>P7010</b>	<b>BANDING OF HAEMORRHOIDS</b>			
<b>P7041</b>	<b>OPD GEN SURGERY - MINOR SURGERY</b>	<b>1445</b>	<b>1445</b>	<b>1445</b>
<b>P7042</b>	<b>OPD GEN SURGERY - MAJOR SURGERY</b>	<b>2730</b>	<b>2730</b>	<b>2730</b>
<b>P7045</b>	<b>LAPAROSCOPIC INSTRUMENTS FOR BASIC PROCEDURE</b>	<b>4800</b>	<b>4800</b>	<b>4800</b>
<b>P7046</b>	<b>LAPAROSCOPIC INSTRUMENTS FOR ADVANCED PROCEDURE</b>	<b>9600</b>	<b>9600</b>	<b>9600</b>
<b>P7047</b>	<b>LAPAROSCOPIC INSTRUMENTS FOR CONVERTED PROCEDURE</b>	<b>3000</b>	<b>3000</b>	<b>3000</b>
<b>P7048</b>	<b>HEMOLOK</b>	<b>360</b>	<b>360</b>	<b>360</b>
<b>P7054</b>	<b>ENDOCATCH 10 MM (COVIDIEN)</b>	<b>6000</b>	<b>6000</b>	<b>6000</b>
<b>P7055</b>	<b>ENDOCATCH 15MM (COVIDIEN)</b>	<b>8400</b>	<b>8400</b>	<b>8400</b>
<b>P7081</b>	<b>SUTURE MATERIAL</b>			
<b>P7082</b>	<b>BODY GUARD CHARGES</b>			
<b>P7088</b>	<b>SMOKE EVACUATOR - MINOR SURGERY</b>	<b>3525</b>	<b>4200</b>	<b>4605</b>
<b>P7089</b>	<b>SMOKE EVACUATOR - MAJOR SURGERY</b>	<b>5130</b>	<b>6115</b>	<b>6705</b>
<b>P7094</b>	<b>HARMONIC SCALPEL NEW</b>	<b>15000</b>	<b>15000</b>	<b>15000</b>
<b>P7095</b>	<b>HARMONIC SCALPEL</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>
<b>P7096</b>	<b>HARMONIC SCALPEL OPEN</b>	<b>8000</b>	<b>8000</b>	<b>8000</b>

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
P7097	LIGASURE NEW PROBE BLUNT TIP/MARY LAND	15000	15000	15000
P7098	LIGASURE PROBE BLUNT TIP/MARY LAND	10000	10000	10000
P7099	LIGASURE PROBE IMPACT	8000	8000	8000
P7100	LAPAROSCOPIC DISPOSABLE-ADVANCE	3000	3000	3000
P7101	LAPAROSCOPIC DISPOSABLE-BASIC	2000	2000	2000
P7102	PATIENT WARMER	1070	1070	1070
P7103	OMNI TRACT	535	535	535
P7104	SPECIAL EQUIPMENT	1070	1070	1070
P8000	CHEST PAIN UNIT			
P8001	CHEST PAIN PROFESSIONAL FEES PER DAY	400	400	400
P8002	MONITORED BED LESS THAN 12 HRS	605	605	605
P8003	NON MONITORED BED LESS THAN 12 HRS	415	415	415
P8004	MONITORED BED 12-24 HRS	1190	1190	1190
P8005	NON MONITORED BED 12-24 HRS	785	785	785
P8006	FINAL BILL/DISCHARGE BILL			
P8007	INJECTION (S14)	215	255	280
P8008	I.C.U. MONITOR CHARGES	1200	1200	1200
P8009	CHEST PAIN UNIT-FREE WORK			
PH000	PAEDIATRIC HDU			
PH001	PHDU-I.C.U. MONITOR PER DAY	1780	2125	2330
PH002	PHDU-FREE WORK			
PH003	PHDU-SYRINGE PUMP PER DAY	475	565	620
PH004	PHDU-OPTIFLOW DAY 1 CHARGES	735	735	735
PH005	PHDU-OPTIFLOW CHARGES DAY 2 ONWARDS (PER DAY)	520	520	520
PH006	PHDU-OPTIFLOW CIRCUIT	9140	9140	9140
PH009	PHDU-ECG LEADS PHDU	105	105	105

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
PH010	PHDU-CHEST TUBE INSERTION	1145	1365	1495
PH011	PHDU-INTUBATION CHARGES	1585	1890	2075
PH012	PHDU-BRONCHO ALVEOLAR LAVAGE	260	310	340
PH013	PHDU-NEBULISATION WITH OXYGEN PER USE	260	310	340
PH014	PHDU-ALPHA MATTRESS PER DAY	210	210	210
PH015	PHDU-PHOTOTHERAPY PER DAY	500	595	655
PH017	PHDU-RADIANT WARMER PER DAY	370	440	485
PH018	PHDU-VENTILATION CHARGES PER DAY	2775	3310	3630
PH019	PHDU-DISPOSABLES PER DAY	385	460	500
PH020	PHDU-SPECIAL CARE FEES	1910	2280	2500
PH021	CENTRAL LINE INSERTION CHARGES	1825	2180	2390
PH022	ARTERIAL LINE INSERTION CHARGES	1825	2180	2390
PH023	HAEMODIALYSIS CATHETER INSERTION CHARGES	3245	3870	4240
PH024	PHDU-PERITONEAL DIALYSIS (PD) CHARGES PER DAY	1445	1720	1885
PH025	PHDU-ADULT BREATHING CIRCUIT	4805	5730	6280
PH026	PHDU-SERVO DUOGUARD FILTER	1760	2100	2305
PH028	PHDU-AIRVO CIRCUIT	1605	1915	2100
PH029	PHDU-AIRVO CANNULA	800	955	1045
PH030	PHDU-AIRVO 1ST DAY	4005	4775	5235
PH031	PHDU-AIRVO / DAY (FROM 2ND DAY)	2010	2395	2625
PH032	PHDU-ULTRASOUND SCREENING	800	955	1045
PI001	BIOPSY PROCEDURE CHARGES NEPHRO 3	4220	5030	5515
PI002	BIOPSY GUN CHARGES-NEPH 3	2225	2650	2905
PI003	TRANSPLANT ESTIMATE CERTIFICATE	200	200	200
PI004	POST TRANSPLANT REGISTRATION FOLLOW UP	8060	8060	8060
PI013	KIDNEY BIOPSY - NEPH 3			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
R4000	WELL BABY CLINIC			
R4002	HEPATITIS B VACCINE (SHANVAC)	40	40	40
R4003	TETRACT HIB	530	530	530
R4004	Hepatitis A vaccine (HAVRIX)	1800	1800	1800
R4010	23 valent Pneumococcal Polysaccharide vaccine(PNEU	2000	2000	2000
R4012	DPT vaccine	13	13	13
R4013	DT vaccine	15	15	15
R4014	Td vaccine	15	15	15
R4015	MEASLES(GOVT)			
R4017	BCG vaccine	10	10	10
R4018	Oral Polio Virus vaccine (BIOPOLIO B1/3)	11	11	11
R4019	Immunisation Card	10	10	10
R4020	Syringes and Needle	10	10	10
R4021	Service Charges	100	100	100
R4024	Hepatitis B vaccine (GENEVAC B)	36	36	36
R4025	HAV (Biovac A)	1300	1300	1300
R4026	TYPHIM-VI	290	290	290
R4027	Q-VAC(DPT-HEP B)	100	100	100
R4030	13 valent Pneumococcal Conjugate vaccine (PREVENAR	3600	3600	3600
R4033	Varicella vaccine (VARILRIX)	1900	1900	1900
R4034	HIBPRO	150	150	150
R4036	INFLUENZA VACCINE (VAXIGRIP) 0.25ML	750	750	750
R4037	Influenza vaccine (VAXIGRIP) 0.5ML	750	750	750
R4038	IPV (IMOVAX POLIO)	450	450	450
R4039	Tdap vaccine (BOOSTRIX)	1100	1100	1100
R4040	DPT + Hib vaccine (QUADROVAX)	400	400	400
R4041	DTwP+Hib+HBV vaccine (PENTAVAC)	365	365	365
R4043	DTaP vaccine (INFANRIX)	750	750	750
R4044	DTaP+Hib+IPV VACCINE (PENTAXIM)	2700	2700	2700



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
R4045	Human Papilloma Virus Quadrivalent vaccine(GARDASI	3200	3200	3200
R4047	Immunisation Certificate	70	70	70
R4048	Syr. Paracetamol 125 mg/ml	29.5	29.5	29.5
R4049	Oral Rotavirus vaccine (ROTARIX)	1500	1500	1500
R4050	10 valent Pneumococcal Conjugate vaccine (SYNFLORI	2000	2000	2000
R4051	Injectable Polio Virus vaccine (POLIOVAC)	425	425	425
R4053	Injectable Polio Virus vaccine (POLPROTEC)	360	360	360
R4054	Typhoid polysaccharide vaccine (TYPBAR)	300	300	300
R4058	Varicella vaccine (BIOVAC V)	1500	1500	1500
R4059	Oral Rotavirus vaccine (ROTASIIL)	700	700	700
R4060	Quadri Meningo	800	800	800
R4061	R - VAC (RUBELLA VACCINE)	60	60	60
R4062	Human Papilloma Virus Bivalent vaccine (CERVARIX)	2000	2000	2000
R4063	Quadrivalent Meningococcal Conjugate vaccine(MENAC	4500	4500	4500
R4067	DTaP+HiB+HBV+IPV vaccine (HEXAXIM)	3600	3600	3600
R4068	Typhoid Conjugate vaccine (TYPBAR TCV)	1500	1500	1500
R4071	Japanese Encephalitis vaccine (JEEV 3mcg)	500	500	500
R4072	Japanese Encephalitis vaccine (JEEV 6mcg)	650	650	650
R4073	DTwP+HiB+HBV+IPV vaccine (EASY SIX)	2200	2200	2200
R4074	DTaP+HiB+HBV+IPV vaccine (INFANRIX HEXA)	2900	2900	2900
R4075	Quadrivalent Influenza vaccine (0.5ml)	1350	1350	1350
R4076	Quadrivalent Influenza vaccine (0.25ml)	950	950	950
R4077	Measles Mumps Rubella vaccine (TRESIVAC PFS)	500	500	500
R4078	Quadrivalent Influenza vaccine (FLUARIX TETRA)	1350	1350	1350
R4079	10 Valent Pneumococcal Conjugate Vaccine (PNEUMOSI	1700	1700	1700
R4080	Varicella vaccine (VARIPED)	2000	2000	2000
R4081	Typhoid Conjugate Vaccine (Enteroshield)	1500	1500	1500
R4082	Quadrivalent Influenza Vaccine (Fluquadri 0.5ml)	1250	1250	1250
R4083	DTaP+IPV vaccine (TETRAXIM)	1800	1800	1800
R4084	DTwP+HiB+HBV+IPV vaccine (HEXASIIL)	2000	2000	2000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
R4085	Human Papilloma Virus Nonavalent vaccine(GARDASIL9	10000	10000	10000
R4086	Human Papilloma Virus Quadrivalent vaccine (CERVAV	1800	1800	1800
R5000	MEDICAL GENETICS			
R5003	SPINOCEREBELLAR ATAXIA PANEL (1,2,3,7 & 12)	15555	18545	20340
R5007	FGFR3 HOT SPOT MUTATION	11225	13385	14680
R5008	DNA BANKING	1710	2040	2235
R5009	HUNTINGTON S DISEASE	9865	11765	12905
R5011	MYOTONIC DYSTROPHY TP-PCR	10545	12570	13785
R5012	SCREENING OF FRAGILE X SYNDROME	12370	14750	16175
R5016	DYSTONIA (DYT 1 COMMON DELETION)	10795	12875	14120
R5021	FRIEDREICH ATAXIA TP-PCR	8255	9845	10795
R5022	NEMO GENE ANALYSIS	8900	10610	11635
R5030	DMD BY MLPA	12585	15005	16455
R5033	VARIANT VALIDATION BY SANGER SEQUENCING	12370	14750	16175
R5034	PRENATAL DIAGNOSIS (SINGLE GENE DISORDER)	6210	7400	8120
R5036	AR GENE MUTATION	6210	7400	8120
R5039	IEM NGS PANEL	21185	25260	27700
R5040	MICRODELETION BY MLPA	11510	13725	15055
R5041	DMD CARRIER BY MLPA	12585	15005	16455
R5042	SMN COPY NUMBER -MLPA	10350	10350	10350
R5043	MS MLPA (AS/PWD/BWS/RSS)	10600	12640	13865
R5046	NF2 SEQUENCING PLUS MLPA	25625	30550	33505
R5047	RASOPATHY PANEL	20820	24825	27225
R5048	NEURO FIBROMATOSIS TYPE 1 PANEL PLUS MLPA	19785	23590	25875
R5050	TARGETED SINGLE GENE SEQUENCING(HGD,NLRP7,ARSA,MEC	14130	16850	18480
R5052	TARGETED MLPA(CFTR/CFH/PLPI/MECP2/SHOX)	9835	11725	12860
R5053	PMP22 MLPA DELETION/DUPLICATION ANALYSIS	9835	11725	12860
R5055	WHOLE EXOME SEQUENCING (80-100X) - WES	19285	22995	25220

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
R5057	PRENATAL WHOLE EXOME SEQUENCING + MCC	26710	31845	34925
R5059	MORTUARY EXAMINATION OF FETUS	2225	2650	2905
RD000	CDC MEDICINE CLINIC			
RD001	DAY CARE (GEN WARD AC) - CDC	2380	2380	2380
RD002	DAY CARE (PVT.WARD AC) - CDC	4985	4985	4985
RD003	ANGIO CHARGES - CDC	14285	14285	14285
RJ000	KANNIGAPURAM CITIZEN CLINIC			
RJ001	K OUTREACH-INJECTIONS	65	65	65
RJ002	K OUTREACH-NEBULIZATION	115	115	115
RJ003	K OUTREACH-DRSSING MINOR	125	125	125
RJ004	K OUTREACH-DRESSING MAJOR	220	220	220
RJ005	K OUTREACH-VIA	220	220	220
RJ006	K OUTREACH-RANDOM BLOOD SUGAR	115	115	115
RJ007	K OUTREACH-AC	155	155	155
RJ008	K OUTREACH-PC	155	155	155
RJ009	K OUTREACH-HAEMOGLOBIN	95	95	95
RJ010	K OUTREACH-URINE ALBUMIN & SUGAR	165	165	165
RJ011	K OUTREACH-URINE MICRO	230	230	230
RJ012	K OUTREACH-ACETONE AND SUGAR	165	165	165
RJ013	K OUTREACH-ECG	400	400	400
S6000	RHEUMATOLOGY CLINIC			
S6002	RHEUMATOLOGY PATIENT EDUCATION SESSION	325	390	425
S6003	LIP BIOPSY FOR MINOR SALIVARY GLANDS	3105	3705	4065
S6004	JOINT INJECTION / ASPIRATION PROCEDURE	735	875	960

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
S6006	PULSE OXIMETER ONCE A DAY	675	805	885
S6007	PULSE OXIMETER BD	455	545	595
S6008	PULSE OXIMETER Q2H (EVERY 2 HOURS)	915	1095	1200
S6009	PULSE OXIMETER Q4H (EVERY 4 HOURS)	650	775	850
S6010	PULSE OXIMETER CONTINUES	1490	1775	1945
S6011	ANTI NUCLEOSOME ANTI BODY	1490	1775	1945
S6012	ANTI C1q ANTIBODY	2430	2900	3180
S6018	ANTI-PROTHROMBIN PHOSPHATIDYL SERINE COMPLEX AB	3415	4070	4465
S6019	ANTI-RO52 AB	1430	1705	1870
S6020	RHC MSK USG JOINT ONE SIDE (PRESS REGION IF NEED)	1545	1845	2025
S6021	RHC MSK USG JOINT BOTH SIDES(PRESS REGION IF NEED)	2010	2395	2625
S6022	RHC MSK USG HANDS INCLUDING WRIST JOINT ONE HAND	1035	1235	1350
S6023	RHC MSK USG HANDS INCLUDING WRIST JOINTS BOTH HAND	1545	1845	2025
S6024	RHC MSK USG JOINTS ONE SIDE(PRESS REGION IF NEED)	1035	1235	1350
S6025	RHC MSK USG JOINTS BOTH SIDE(PRESS REGION IF NEED)	2010	2395	2625
S6026	RHC MSK USG- PAROTID GLANDS FOR SJOGRENS SYNDROME	1545	1845	2025
S6027	NAIL FOLD VIDEO CAPILLAROSCOPY	1690	2015	2210
S6028	COMPLEMENT C2	5695	6790	7445
S6030	SYSTEMIC SCLEROSIS PROFILE TEST	9620	11470	12580
S6031	ANTI ANNEXIN V ANTIBODY	3135	3735	4095
S6032	ANTI RA33 ANTIBODY	1235	1475	1615
S6033	SOLUBLE IL-2R (CD-25) ASSAY	4945	5900	6470
S6034	RHEUMATOLOGY TB SKIN TEST	285	340	375
S6035	HMGCR / SAE-2 ANTIBODIES	3270	3900	4275
S6036	NERVE BIOPSY	3105	3705	4065
S6037	MUSCLE BIOPSY	3105	3705	4065

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>T3000</b>	<b>AUDIO VERTIBULAR DISEASE &amp; ENT</b>			
T3001	INTRA TYMPANIC INJECTION OF GENTAMYCIN / STEROIDS	750	890	980
T3002	UNIVERSAL NEONATAL HEARING SCREENING-NEW BORN BAB	265	320	350
T3003	EPILEYS MANURE	165	195	215
T3004	UNIVERSAL NEONATAL SCREENING	265	320	350
T3005	NRT UNDER GA	8400	10015	10980
T3010	COCHLEAR IMPLANT REMAPPING	1545	1845	2025
T3011	PTA PACKAGE	1535	1830	2005
T3012	BASIC CI-AVT PACKAGE	37400	44595	48910
T3013	EXTENDED CI-AVT PACKAGE	50375	60065	65875
T3014	PRE-IMPLANT BASELINE EVALUATION	2795	3335	3655
T3015	EAR MOULD IMPRESSION	480	575	630
T3016	HEARING AID TRIAL WITH AIDED AUDIOGRAMS	1755	2095	2295
T3017	EAC MEASUREMENT CODE	905	1080	1180
T3020	CI MINOR REPAIRS	2295	2735	3000
T3021	SOFT MOULD NEW METHOD ONE EAR	2295	2735	3000
T3022	SOFT MOULD NEW METHOD BOTH EARS	4270	5090	5585
T3023	BASIC PEDIATRIC AUDITORY ASSESSMENT	1855	2210	2425
T3024	ADVANCED PEDIATRIC AND SPEECH ASSESSMENT	8735	10415	11425
T3026	HEARING AID FITTING AND COUNSELLING	1705	2030	2225
T3027	HEARING AID REVIEW AND SPEECH REVIEW	1075	1280	1405
T3028	HEARING AID MINOR REPAIRS	125	125	125
T3030	HUGGIES -HA	130	130	130
T3045	VIDIOCCULOGRAM (VOG)	2605	3110	3410
T3046	SUPJECTIVE VISUAL VERTICAL (SVV)	1835	2185	2395
T3047	DYSPHAGIA THERAPY	1545	1845	2025
T3048	SOFT EAR MOULD ONE EAR URGENT	2605	3110	3410
T3049	SOFT EAR MOULD BILATERAL URGENT	4585	5465	5995
T3050	VOICE THERAPY X 1DAY	480	575	630

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
T3051	ENT SPEECH & LANGUAGE EVALUATION	515	615	670
T3052	SPEECH THERAPY FOR HEARING AID USERS	265	320	350
T3053	POST TREATMENT / RESEARCH VOICE ANALYSIS	345	410	450
T3054	TYMPANOGRAM AND SCREENING ACOUSTIC REFLEX TEST	515	615	670
T3055	TYMPANOMETRY ACOUSTIC REFLEX-IPILATERAL & CROSSED	515	615	670
T3056	ACOUSTIC REFLEX DECAY TEST	515	615	670
T3057	VOICE EVALUATION	735	875	960
T3058	CI - AVT PER DAY	1315	1565	1715
T3059	TINNITUS WORKUP	515	615	670
T3060	HA - EAR TIP	25	30	35
T3062	CIDEX USAGE FOR BIOHAZARD	350	420	460
T3063	WIDEX BATTERIES HA SET OF 6	215	215	215
T3065	EAR PLUG 3M	17	17	17
T3066	POWER ONE BATTERIES PACK OF 6 NUMBERS	180	180	180
T3207	GN RESOUND MA3T90 (BTE) VI	12000	12000	12000
T3211	GN RESOUND DOT 10	23995	23995	23995
T3214	WIDEX BVXP (ITC)	22000	22000	22000
T3216	OTICON SWIFT 90 (BTE)	10500	10500	10500
T3217	OTICON GO PRO POWER D (BTE)	17500	17500	17500
T3219	GN RESOUND MA 3T80- V (BTE)	10995	10995	10995
T3222	WIDEX B2 (BTE)	14000	14000	14000
T3223	WIDEX BV8 (BTE)	20000	20000	20000
T3224	BERNAFONE WIN 102 (BTE)	13500	13500	13500
T3227	GN RESOUND MATCH 3T70 V (BTE)	9995	9995	9995
T3242	SEIMENS LOTUS 12 P BTE	7990	7990	7990
T3247	SIEMENS INTUIS DIR	17990	17990	17990
T3250	SIEMENS MOTION 101 P	24990	24990	24990
T3256	INTERTONE SPRINTER PRO MP	13900	13900	13900
T3262	INTETONE STAGE 373	11000	11000	11000
T3263	INTERTONE SPRINTER PRO	11300	11300	11300

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
T3267	ALPS DIN POWER	8800	8800	8800
T3270	WIDEX ME 9 WITH ZEN	23000	23000	23000
T3275	WIDEX ME 19 WITH ZEN	24000	24000	24000
T3277	INTERTON RIE 160	21400	21400	21400
T3281	INTERTON ELIPSE MEGA POWER BT	16000	16000	16000
T3282	ERIKA POWER	12435	14825	16260
T3283	ERIKA I	10035	11965	13125
T3286	GRAND MASTER	46490	55430	60790
T3295	WIDEX ME3 M	18500	18500	18500
T3298	HA TUBING	165	165	165
T3299	COCHLEAR MICROPHONIC PROCEDURE	3095	3690	4045
T3317	PHONAL BASEO Q 5 SP	14000	14000	14000
T3322	VEA 280 DVI POWER BTE	18995	18995	18995
T3323	VEA 210 CIC/P CIC	19995	19995	19995
T3324	VEA 180 VI POWER BTE	15495	15495	15495
T3325	VEA 110 CIC /P CIC	16495	16495	16495
T3326	ENYA 362 DW RIE	28200	28200	28200
T3327	ENYA 388 DW P / HP BTE	32495	32495	32495
T3328	ENYA 310 CIC /P CIC	33300	33300	33300
T3329	MAGNA 290 DVI SP BTE	21995	21995	21995
T3330	PHONE CLIP+	15000	15000	15000
T3331	MICRO MIC	15000	15000	15000
T3336	REXTON ARENA P1	7500	7500	7500
T3337	REXTON ARENA P3	9990	9990	9990
T3338	REXTON ARENA HP3	11490	11490	11490
T3342	WAX GUARD PROTECTOR	700	700	700
T3343	GET CIC	18000	18000	18000
T3344	GET D BTE	15000	15000	15000
T3345	GET POWER D BTE	19000	19000	19000
T3346	PHONAK CROSS II	35000	35000	35000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
T3347	PHONAK AUDEO V 50 HEARING AID	50000	50000	50000
T3348	PHONAK BOLERO Q30-HEARING AID	25000	25000	25000
T3349	PHONAK NAIDA V30 HEARING AID	28500	28500	28500
T3350	OTICON DYNAMO SP4 HEARING AID	28000	28000	28000
T3351	AUDEO M30 R	48000	48000	48000
T3352	BOLERO M30 PR	48000	48000	48000
T3353	OTIC RIA 2 PRO IIC	36000	36000	36000
T3354	OTIC RIA 2 POWER CIC	26000	26000	26000
T3355	OTIC RIA 2 CIC	26000	26000	26000
T3356	NAIDA B30 UP	29000	29000	29000
T3357	AUDEO P 30 R	52000	52000	52000
T3358	ENYA 210 CIC	25600	25600	25600
T3359	ENYA 230 DW ITC	25600	25600	25600
T3360	ENYA 210 CIC IIC WITH BLACK FACE PLATE	25600	25600	25600
T3361	GENO 2 D BTE	19000	19000	19000
T3362	KEY 288 DWH HP BTE	28495	28495	28495
T3363	KEY 262 DRW RIE	26995	26995	26995
T3364	KEY 298 DW SP BTE	27995	27995	27995
T3365	KEY 361 DRW RIE	48495	48495	48495
T3366	KEY 362 DRW RIE	36995	36995	36995
T3367	GENO 2 POWER BTE	22000	22000	22000
T3368	KEY 461 DRWC RIE	47995	47995	47995
T3369	KEY 188 DW HP BTE	20995	20995	20995
T3370	KEY 177 DW BTE	20495	20495	20495
T3371	CONNECTCLIP 2.4 G	20000	20000	20000
T3372	RUBY 2 MINIRITE	46000	46000	46000
T3373	GENO 2 POWER CIC HEARING AID	22000	22000	22000
T3374	Ria 2 WL MINI RITE HEARING AID	26000	26000	26000
T3375	GENO 2 P PB D ITC HEARING AID	22000	22000	22000
T3376	SIYA 2 P CIC HEARING AID	45000	45000	45000



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
T3377	SIYA 2 P IIC HEARING AID	45000	45000	45000
T3378	MAGNA 490 HEARING AID	22495	22495	22495
T3379	ONE 4 ITC HEARING AID_Binaural	141995	141995	141995
T3380	ONE 4 ITC HEARING AID_Monaural	80995	80995	80995
T3381	ONE 477 DWC BTE HEARING AID_Binaural	113995	113995	113995
T3382	ONE 477 DWC BTE HEARING AID_Monaural	59995	59995	59995
T3383	ONE 488 DWC BTE HEARING AID_Binaural	113995	113995	113995
T3384	ONE 488 DWC BTE HEARING AID_Monaural	59995	59995	59995
T3385	VEA 170 BTE HEARING AID	14495	14495	14495
T3386	KEY 3 CIC HEARING AID	26995	26995	26995
T3387	KEY 3 IIC HEARING AID	26995	26995	26995
T3388	KEY 4 CIC HEARING AID	36995	36995	36995
T3389	KEY 4 IIC HEARING AID	36995	36995	36995
T3390	KEY 361 BINAURAL HEARING AID	83995	83995	83995
T3391	KEY 461 BINAURAL HEARING AID	103995	103995	103995
T3392	OMNIA 4 ITC_BINAURAL HEARING AID	125995	125995	125995
T3393	OMNIA 4 ITC_MONAURAL HEARING AID	72995	72995	72995
T3394	OMNIA 477_BINARAL HEARING AID			113995
T3395	OMNIA 477_MONAURAL HEARING AID	59995	59995	59995
T3396	OMNIA 488_BINAURAL HEARING AID	113995	113995	113995
T3397	OMNIA 488 MONAURAL HEARING AID	59995	59995	59995
T8000	PACKAGES - OP			
T8001	HEALTH CHECK-UP PACKAGE(BPL)	2810	2810	2810
T8002	HEALTH CHECK-UP PACKAGE MINI	1800	1800	1800
T8003	HEALTH CHECK-UP PACKAGE(S.B.I)			
T8005	PRE-EMPLOYMENT CHECK UP PACKAGE-GENERAL DUTY ASSIS	2625	2625	2625

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>TW000</b>	<b>HEAD AND NECK SURGERY II</b>			
<b>TW001</b>	<b>NPL SCOPY</b>	<b>635</b>	<b>760</b>	<b>835</b>
<b>TW002</b>	<b>HEAD AND NECK SURGERY - II INSTRUMENTS</b>			
<b>TW003</b>	<b>HEAD AND NECK SURGERY - II HARMONIC SCALPEL</b>			
<b>TW004</b>	<b>MICROMOTOR</b>	<b>1000</b>	<b>1000</b>	<b>1000</b>
<b>TW005</b>	<b>INTELLIGENT TOURNIQUET</b>	<b>1500</b>	<b>1500</b>	<b>1500</b>
<b>TW006</b>	<b>MICRO INSTRUMENTS</b>	<b>4000</b>	<b>4000</b>	<b>4000</b>
<b>TW007</b>	<b>MICROSCOPE MINOR PROCEDURE &lt; 2HOURS</b>	<b>15000</b>	<b>15000</b>	<b>15000</b>
<b>TW008</b>	<b>MICROSCOPE MAJOR PROCEDURE &gt; 2 HOURS</b>	<b>25000</b>	<b>25000</b>	<b>25000</b>
<b>TW009</b>	<b>MICROSCOPE MINOR PROCEDURE &lt; 1 HOUR</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>
<b>TW010</b>	<b>SURGICAL MICROMOTOR</b>	<b>5000</b>	<b>5000</b>	<b>5000</b>
<b>TX000</b>	<b>HEAD AND NECK SURGERY 1</b>			
<b>TX001</b>	<b>PROVOX VEGA</b>			
<b>TX002</b>	<b>PROVOX NIX</b>			
<b>TX003</b>	<b>PROVOX PUNCTURE SET</b>			
<b>TX004</b>	<b>PROVOX CLEANING BRUSH</b>			
<b>TX005</b>	<b>PROVOX LARY TUBE</b>			
<b>TX006</b>	<b>PROVOX SHOWER</b>			
<b>TX007</b>	<b>PROVOX ELECTROLARYNX</b>			
<b>TX008</b>	<b>PROVOX HANDS FREE</b>			
<b>TX009</b>	<b>PROVOX LARY BUTTON</b>			
<b>TX010</b>	<b>TRACHEOSTOMY TUBE</b>			
<b>TX011</b>	<b>BLOM SINGER VOICE PROSTHESIS</b>			
<b>TX012</b>	<b>HARMONIC SCALPEL CHARGES</b>			
<b>TX013</b>	<b>HARMONIC SCALPEL CABLE</b>			
<b>TX014</b>	<b>HARMONIC SCALPEL PROBE</b>			
<b>TX015</b>	<b>BLOM SINGER LARYNGECTOMY TUBE 9/36</b>			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>U2000</b>	<b>CHILD HEALTH</b>			
<b>U2007</b>	<b>BODY GUARD INFUSION PUMPS</b>	<b>260</b>	<b>310</b>	<b>340</b>
<b>X2000</b>	<b>CLINICAL NUCLEAR MEDICINE</b>			
<b>X2001</b>	<b>RADIOIODINE THERAPY (5mCi)</b>	<b>7720</b>	<b>9205</b>	<b>10100</b>
<b>X2002</b>	<b>RADIOIODINE THERAPY (30mCi/50 mCi)</b>	<b>45405</b>	<b>54135</b>	<b>59375</b>
<b>X2003</b>	<b>RADIOIODINE THERAPY (100 mCi)</b>	<b>67250</b>	<b>80180</b>	<b>87940</b>
<b>X2005</b>	<b>SAMARIUM-153 THERAPY</b>	<b>21680</b>	<b>25845</b>	<b>28350</b>
<b>X2006</b>	<b>YTTRIUM SYNOVECTOMY 90</b>			
<b>X2007</b>	<b>I-MIBG THERAPY</b>			
<b>X2008</b>	<b>RADIOIODINE THERAPY (5 MCI) PROFESSIONAL FEES</b>	<b>2315</b>	<b>2760</b>	<b>3025</b>
<b>X2009</b>	<b>RADIOIODINE THERAPY(30 mCi/50 mCi)PROFESSIONAL FE</b>	<b>9895</b>	<b>11795</b>	<b>12935</b>
<b>X2010</b>	<b>RADIOIODINE THERAPY (100 MCI) PROFESSIONAL FEES</b>	<b>14130</b>	<b>16850</b>	<b>18480</b>
<b>X2012</b>	<b>SAMARIUM-153 THERAPY PROFESSIONAL FEES</b>	<b>4480</b>	<b>5340</b>	<b>5855</b>
<b>X2013</b>	<b>YTTRIUM-90 SYNOVECTOMY- PROFESSIONAL FEES</b>	<b>9895</b>	<b>11795</b>	<b>12935</b>
<b>X2014</b>	<b>I-131 MIBG THERAPY-PROFESSIONAL FEES</b>	<b>12315</b>	<b>12315</b>	<b>12315</b>
<b>X2015</b>	<b>POST THERAPY WHOLE BODY SCAN</b>	<b>4745</b>	<b>5660</b>	<b>6205</b>
<b>X2019</b>	<b>LUTETIUM-177 DOTATATE THERAPY</b>			
<b>X2020</b>	<b>LUTETIUM-177 DOTATATE - PROFESSIONAL FEES</b>	<b>15000</b>	<b>15000</b>	<b>15000</b>
<b>X2022</b>	<b>RADIO IODINE THERAPY PACKAGE-A(NON AC WITHOUT DIET</b>	<b>8180</b>	<b>8180</b>	<b>8180</b>
<b>X2027</b>	<b>ACTINIUM-225 PSMA THERAPY</b>			
<b>X2028</b>	<b>ACTINIUM-225 PSMA THERAPY PROFESSIONAL FEES</b>	<b>13580</b>	<b>13580</b>	<b>13580</b>
<b>X2029</b>	<b>LUTETIUM-177 EDTMP THERAPY</b>			
<b>X2030</b>	<b>Y-90 TARE THERAPY</b>			
<b>X2032</b>	<b>ACTINIUM-225 DOTATATE THERAPY</b>			
<b>X2034</b>	<b>ACTINIUM-225 DOTATATE THERAPY PROFESSIONAL FEES</b>	<b>25865</b>	<b>25865</b>	<b>25865</b>
<b>X2036</b>	<b>LUTETIUM-177 EDTMP THERAPY PROFESSIONAL FEES</b>	<b>3945</b>	<b>3945</b>	<b>3945</b>
<b>X2037</b>	<b>Y-90 TARE THERAPY PROFESSIONAL FEES</b>	<b>25865</b>	<b>25865</b>	<b>25865</b>

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
X2039	LUTETIUM-177 PSMA PROFESSIONAL CHARGES	21195	25275	27720
X2040	LUTETIUM-177 PSMA THERAPY			
XA000	MEDICINE IV			
XA001	CENTRAL VENOUS CANNULATION	990	1180	1290
XA002	COLLECTION CHARGES FOR BLOOD CULTURE	200	200	200
XA003	PROFESSIONAL FEES AND REGISTRATION	520	520	520
XA004	CATHETERISATION	200	200	200
XA005	GLUCOMETER	135	135	135
XA006	NEBULISERCHAMBER	285	285	285
XA007	NEBULISER THERAPY	85	85	85
XA008	VENTILATOR CHARGES	1190	1190	1190
XA009	OXYGEN MASK	35	35	35
XA010	OXYGEN THERAPY	85	85	85
XA011	LUMBAR PUNCTURE	325	390	425
XA012	INTUBATION	880	880	880
XA014	MONITORED BED LESS THAN 12 HOURS	565	565	565
XA015	NON MONITORED BED 12-24 HOURS	865	865	865
XA016	SYRINGE PUMP	260	310	340
XA018	ASCITIC TAP DX-75, RX-100	325	390	425
XA019	PLEURAL TAP DX.75, RX.75	425	505	555
XA020	LUMBAR PUNCTURE DX-75	325	390	425
XA021	PLEURAL BIOPSY DX-150	540	645	705
XA022	ICD INSERTION	1360	1360	1360
XA023	CONSULTATION FEES	1170	1170	1170
XA024	BODY COMPOSITION ANALYZER	240	240	240
XA025	HEALTH CALENDAR 2014	105	105	105

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>XG000</b>	<b>MHDU</b>			
<b>XG001</b>	<b>MHDU - FREE WORK</b>			
<b>XG002</b>	<b>MEDICAL HDU EQUIPMENT CHARGES</b>	<b>220</b>	<b>220</b>	<b>220</b>
<b>XG003</b>	<b>I.C.U. MONITOR PER DAY</b>	<b>1200</b>	<b>1200</b>	<b>1200</b>
<b>XG007</b>	<b>ETCO2 SENSOR</b>	<b>1650</b>	<b>1650</b>	<b>1650</b>
<b>XG024</b>	<b>100% RESERVOIR BAG</b>	<b>165</b>	<b>165</b>	<b>165</b>
<b>XG025</b>	<b>VENTURI MASK</b>	<b>226</b>	<b>226</b>	<b>226</b>
<b>XG026</b>	<b>NEBULIZER MASK</b>	<b>50</b>	<b>50</b>	<b>50</b>
<b>XG028</b>	<b>AIRVO NASAL CANNULA</b>	<b>1031</b>	<b>1031</b>	<b>1031</b>
<b>XG031</b>	<b>CAUTERY ELECTRODE</b>	<b>784</b>	<b>784</b>	<b>784</b>
<b>XG032</b>	<b>HAND SWITCH PENCIL CAUTERY</b>	<b>366</b>	<b>366</b>	<b>366</b>
<b>XG033</b>	<b>BAINS CIRCUIT</b>	<b>505</b>	<b>505</b>	<b>505</b>
<b>XG034</b>	<b>CAUTERY</b>	<b>500</b>	<b>500</b>	<b>500</b>
<b>XG035</b>	<b>3/O ETHILON CHARGES</b>	<b>230</b>	<b>230</b>	<b>230</b>
<b>XG036</b>	<b>SURGICEAL 2 IN X 3 IN</b>	<b>1345</b>	<b>1345</b>	<b>1345</b>
<b>XG039</b>	<b>ENDOTRACHEAL INTUBATION</b>	<b>1585</b>	<b>1890</b>	<b>2075</b>
<b>XG040</b>	<b>ARTERIAL LINE INSERTION</b>	<b>1825</b>	<b>2180</b>	<b>2390</b>
<b>XG041</b>	<b>CENTRAL LINE INSERTION</b>	<b>1825</b>	<b>2180</b>	<b>2390</b>
<b>XG042</b>	<b>HMF FILTER</b>	<b>410</b>	<b>410</b>	<b>410</b>
<b>XH000</b>	<b>PAEDIATRIC SUR 1</b>			
<b>XH001</b>	<b>LAP INSTRUMENTS MINOR/DIAGNOSTIC</b>	<b>4000</b>	<b>4000</b>	<b>4000</b>
<b>XH002</b>	<b>LAP INSTRUMENTS MAJOR</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>
<b>XH003</b>	<b>VASCULAR STAPLES</b>			
<b>XH004</b>	<b>ENDOBAG</b>			
<b>XH005</b>	<b>HEMOLOK</b>	<b>3200</b>	<b>3200</b>	<b>3200</b>
<b>XH006</b>	<b>ENDOSCOPY/CYSTOSCOPY INSTRUMENTS</b>	<b>1800</b>	<b>1800</b>	<b>1800</b>
<b>XH007</b>	<b>DJ STENT</b>	<b>800</b>	<b>800</b>	<b>800</b>
<b>XH009</b>	<b>I V CANNULATION (SUPPLIES INCLUDED)</b>	<b>565</b>	<b>565</b>	<b>565</b>

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>XI000</b>	<b>PAEDIATRIC SUR 2</b>			
<b>XI001</b>	<b>LAP INSTRUMENTS MINOR/DIAGNOSTIC</b>	<b>4000</b>	<b>4000</b>	<b>4000</b>
<b>XI002</b>	<b>LAP INSTRUMENTS MAJOR</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>
<b>XI003</b>	<b>VASCULAR STAPLES</b>			
<b>XI005</b>	<b>HEMOLOK</b>	<b>3200</b>	<b>3200</b>	<b>3200</b>
<b>XI006</b>	<b>ENDOSCOPY/CYSTOSCOPY INSTRUMENTS</b>			
<b>XI007</b>	<b>DJ STENT</b>			
<b>XI009</b>	<b>CYCLOPHOSPHAMIDE INFUSION</b>	<b>520</b>	<b>520</b>	<b>520</b>
<b>XI010</b>	<b>IRON TRANSFUSIONS</b>	<b>520</b>	<b>520</b>	<b>520</b>
<b>XI011</b>	<b>I V CANNULATION (SUPPLIES INCLUDED)</b>	<b>415</b>	<b>415</b>	<b>415</b>
<b>XL000</b>	<b>PROSTRATE CLINIC</b>			
<b>XL001</b>	<b>PROSTRATE CHECK</b>	<b>1190</b>	<b>1190</b>	<b>1190</b>
<b>XW000</b>	<b>PLASTIC SURGERY 2</b>			
<b>XW003</b>	<b>SPECIAL INSTRUMENTS PS 2</b>			
<b>XW004</b>	<b>DISPOSABLES</b>			
<b>XW005</b>	<b>MINOR PROCEDURE</b>	<b>735</b>	<b>875</b>	<b>960</b>
<b>XW006</b>	<b>INTERMEDIATE PROCEDURE</b>	<b>2115</b>	<b>2520</b>	<b>2765</b>
<b>XW007</b>	<b>MAJOR PROCEDURE</b>	<b>4140</b>	<b>4935</b>	<b>5415</b>
<b>XW008</b>	<b>MICROSURGERY SERVICE CHARGE</b>			
<b>XW009</b>	<b>MICROSCOPE MINOR PROCEDURE &lt; 2HOURS</b>	<b>15000</b>	<b>15000</b>	<b>15000</b>
<b>XW010</b>	<b>MICROSCOPE MAJOR PROCEDURE &gt; 2 HOURS</b>	<b>25000</b>	<b>25000</b>	<b>25000</b>

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
<b>XZ000</b>	<b>PLASTIC SURGERY I</b>			
XZ001	VITAL SIGN MONITOR CHARGES	565	565	565
XZ004	A V UNIT	565	565	565
XZ005	INFUSION PUMP	340	405	440
XZ007	BURNS DRESSING TBSA (0 - 25)	405	480	525
XZ008	BURNS DRESSING TBSA (26 - 50)	735	875	960
XZ009	BURNS DRESSING TBSA (51 - 100)	1125	1340	1470
XZ010	MICROSURGERY SERVICE CHARGE			
XZ012	MINOR PROCEDURE	735	875	960
XZ013	INTERMEDIATE PROCEDURE	2115	2520	2765
XZ014	MAJOR PROCEDURE	4140	4935	5415
XZ015	MICROSCOPE MINOR PROCEDURE < 2HOURS	15000	15000	15000
XZ016	MICROSCOPE MAJOR PROCEDURE > 2 HOURS	25000	25000	25000
<b>YL000</b>	<b>HEPATO PANCREATO BILIARY SURGERY</b>			
YL002	HPB HARMONIC SCALPEL PROBE	5000	5000	5000
YL003	HPB HARMONIC SCALPEL HAND PIECE	5000	5000	5000
YL010	HPB CUSA	6000	6000	6000
YL011	HPB SPECIAL EQUIPMENT HPB			
YL012	HPB MAQUET FLUID WARMER	2000	2000	2000
YL013	HPB IRON INTERN	525	525	525
YL014	HPB ARGON BEAM CAUTERY	275	275	275
YL015	HPB ARGON BEAM COAGULATOR	2625	2625	2625
YL016	HPB CHOLEDOCHOSCOPY	4000	4000	4000
YL017	HPB CHOLEDOCHOSCOPE DIAGNOSTIC	8000	8000	8000
YL018	HPB CHOLEDOCHOSCOPE THERAPEUTIC	12000	12000	12000
YL024	HPB INTRAOPERATIVE ULTRASOUND	3445	4110	4505
YL032	HPB WARM BASIN	2000	2000	2000

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**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
YL033	HPB SINGLE / LIMITED USE INSTRUMENT			
YL036	HPB CUSA MAJOR	14255	14255	14255
YL037	HPB CUSE HEPATECTOMY	15000	15000	15000
YL038	HPB CANCER CARE NURSE	235	280	305
YL039	HPB PREHABILITATION	235	280	305
YM000	ENDOCRINE SURGERY			
YM002	LIGA CLIPS SMALL AND MEDIUM	200	200	200
YM004	DISPOSABLE INSTRUMENT			
YM005	LIGASURE THYROID PROBE	5500	5500	5500
YM008	TRIMMER	325	325	325
YM009	ENDO BAG			
YM010	IP PORTABLE ULTRASOUND WITHOUT REPORT-THYROID	295	295	295
YM011	EXACT DISSECTOR LF 2019 LIGASURE	10500	10500	10500
YM012	REUSE-EXACT DISSECTOR LF 2019 LIGASURE	6300	6300	6300
YM013	IRILLIC FLOURESCENCE IMAGING SYSTEM - SHORT USE	4240	5055	5540
YM014	IRILLIC FLOURESCENCE IMAGING SYSTEM - MEDIUM USE	5655	6745	7395
YM015	IRILLIC FLOURESCENCE IMAGING - LONG USE	7065	8425	9240
YM016	BALLOON PORT	1000	1000	1000
YN000	VASCULAR SURGERY			
YN001	EVLA/RFA GENERAL SINGLE (GS)	20000	20000	20000
YN002	EVLA/RFA GENERAL MULTIPLE (GM)	40000	40000	40000
YN003	EVLA/RFA PRIVATE SINGLE (PS)	35000	35000	35000
YN004	EVLA/RFA PRIVATE MULTIPLE (PM)	60000	60000	60000
YN005	VEIN STRIPPER	2800	2800	2800
YN006	GRAFT DISPOSABLES 12X6 (PTFE)	42000	42000	42000
YN007	GRAFT DISPOSABLES 14X7 (PTFE)	42000	42000	42000



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
YN008	GRAFT DISP.6MM/8MMX40CM NON-RINGED(PTFE)	33500	33500	33500
YN009	GRAFT DISP.6MM/8MMX80CM NON-RINGED (PTFE)	58500	58500	58500
YN010	GRAFT DISP.6MM/8MMX40CM RINGED (PTFE)	49000	49000	49000
YN011	GRAFT DISP.6MM/8MMX80CM RINGED (PTFE)	85500	85500	85500
YN012	GRAFT DISP.CAROTID PATCH (PTFE)	18000	18000	18000
YN013	GRAFT DISPOSABLES 12X6 (DACRON)	29500	29500	29500
YN014	GRAFT DISPOSABLES 14X7 (DACRON)	29500	29500	29500
YN015	GRAFT DISP.6MM/8MMX40CM NON-RINGED (DACRON)	24500	24500	24500
YN016	GRAFT DISP.6MM/8MMX80CM NON-RINGED (DACRON)	45000	45000	45000
YN017	GRAFT DISP.6MM/8MMX40CM RINGED (DACRON)	41500	41500	41500
YN018	GRAFT DISP.6MM/8MMX80CM RINGED (DACRON)	48500	48500	48500
YN019	GRAFT DISP.CAROTID PATCH (DACRON)	8000	8000	8000
YN020	ANKLE BRACHIAL PRESSURE INDEX(ABPI)	1545	1845	2025
YN021	ABPI WITH TOE PRESSURE	2010	2395	2625
YN022	TCO2	1235	1475	1615
YN023	TOE PRESSURE	815	970	1065
YN024	ART ASSIST MACHINE (PER DAY)	1235	1475	1615
YN025	ART ASSIST MACHINE (PER WEEK)	4745	5660	6205
YN026	DUPLEX SCREENING	1545	1845	2025
YN028	FOAM SCLEROTHERAPY PACKAGE	4745	5660	6205
YN029	SEQUENTIAL COMPRESSION THERAPY SINGLE SITTING	1035	1235	1350
YN030	SEQUENTIAL COMPRESSION THERAPY PACKAGE FOR 5 DAYS	2010	2395	2625
YN031	SEQUENTIAL COMPRESSION THERAPY PACKAGE WARD 7 DAYS	2340	2790	3060
YN032	SYRINGE PUMP	260	310	340
YN033	MULTICHANNEL MONITOR (PER DAY)	425	505	555
YN035	4 LAYER COMPRESSION BANDAGING	690	820	900
YN037	GRAFT DACRON BIFURCATED 12 * 6	35100	35100	35100
YN038	GRAFT DACRON BIFURCATED 14 * 7	35100	35100	35100
YN051	ACCESS GRAFT	30000	30000	30000
YN053	MEPILEX - AG	1170	1170	1170

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
YN054	MEPILEX - PLAIN	600	600	600
YN059	MELOLIN ROLL - 1 LIMB	250	250	250
YN060	MELOLIN ROLL - 2 LIMB	500	500	500
YN061	DISPOSABLE INSTRUMENT			
YN062	SEQUENTIAL COMPRESSION THERAPY PACK FOR 5 DAYS-BIL	2920	3480	3815
YN063	VASCULAR & WOUND SERVICES	125	125	125
ZW000	ALPHA HEALTH CHECKUP			
ZW001	ALPHA CLINIC - BREAKFAST CHARGES	35	35	35
ZZ000	INFECTIOUS DISEASE			
ZZ002	ALPHABED MATTRESS	110	130	145
ZZ005	MULTIPARAMETER MONITOR	590	705	775
ZZ006	PLEURAL BIOPSY	350	350	350
ZZ007	ASCITIC FLUID ANALYSIS	240	240	240
ZZ008	PLEURAL FLUID ANALYSIS	425	505	555
ZZ009	CENTRAL LINE INSCRTION	990	1180	1290
ZZ012	ABAMUNE L(ABACAVIR 600MG+LAMIVUDINE 300MG)	1975	2355	2585
ZZ025	REATIX KIT(ATAZANAVIR 300MG+RITONAVIR100MG+TENOFV	2970	3540	3885
ZZ030	VIRADAY(TENOFOVIR 300MG+EMTRICITABINE 200MG+EFAVIR	1345	1605	1760
B2000	OPHTHALMOLOGY			
B2001	LASER			
B2002	FRAME AND LENSE			
B2003	AUTO REFRACTOR(SCHELL)			
B2101	OP NEW- REGISTRATION	100	725	100
B2102	OP SERVICES	190	175	190
B2103	OP ADDITIONAL VISITS	160	390	390

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CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2104	OP SPECIAL CLINICS	250	250	250
B2105	CORNEA CLINIC	270	270	270
B2106	GLAUCOMA CLINIC	195	195	195
B2107	LOW VISION AID CLINIC	1000	1990	1990
B2108	OCULOPLASTIC EYE CLINIC	195	195	195
B2109	PAEDIATRIC OPH. CLINIC	270	270	270
B2110	IP BED CHARGES PER DAY (INCLUDING NURSING)			
B2111	IP GENERAL WARD	525	525	525
B2113	IP DOUBLE BED ROOM-INCLUDING CAMPCOT	1890	1890	1890
B2114	IP SINGLE ROOM-INCLUDING CAMPCOT	2625	2625	2625
B2115	IP AC SINGLE ROOM PER DAY	4210	4210	4210
B2119	IP PROF FEES GENERAL WARD - 1ST 4 DAYS-PER DAY	895	1070	1175
B2120	IP PROF FEES GENERAL WARD SUBSEQUENT DAYS	500	595	655
B2121	IP PROF FEES PRIVATE WARD - 1ST 4 DAYS-PER DAY	1055	1055	1055
B2122	IP PROF FEES PRIVATE WARD SUBSEQUENT DAYS	595	595	595
B2123	IP DIURNAL VARIATION TENSION GENERAL WARD	1535	1830	2005
B2124	IP DIURNAL VARIATION TENSION DOUBLE BED ROOM	2135	2135	2135
B2125	IP DIURNAL VARIATION TENSION SINGLE ROOM	2135	2135	2135
B2126	OTHER SPECIAL TESTS			
B2130	FFA	4770	5690	6240
B2131	FFA + ICG	9095	10845	11890
B2132	PUNCTAL CAUTERY	625	745	815
B2150	THEATRE CHARGES FOR 1 HOUR			
B2152	THEATRE CHARGES GENERAL WARD (R)	2300	2745	3010
B2154	THEATRE CHARGES DOUBLE ROOM	2035	2035	2035
B2155	THEATRE CHARGES SINGLE ROOM	2235	2235	2235
B2156	PRIVATE-NEW REGISTRATION FOR SPECIAL CLINIC	420	420	420
B2157	PRIVATE-REPEAT REGISTRATION FOR SPECIAL CLINIC	205	205	205
B2158	GENERAL-REGISTRATION FOR CVI - CLINIC	770	770	770
B2159	GENERAL-REPEAT REGISTRATION FOR SPECIAL CLINIC	100	100	100

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2160	CVI CLINIC REPEAT	145	145	145
B2161	LVA CLINIC REPEAT REGISTRATION PRIVATE	145	145	145
B2162	GENERAL-NEW REGISTRATION FOR SPECIAL CLINIC	195	195	195
B2163	PRIVATE-NEW REGISTRATION FOR CVI / LVA	1030	1030	1030
B2164	PRIVATE-NEW REGISTRATION FOR CONTACT LENS	1030	1030	1030
B2165	PRIVATE-REPEAT REGISTRATION FOR CONTACT LENS	395	395	395
B2166	GENERAL-REPEAT REGISTRATION FOR CONTACT LENS	260	260	260
B2167	GENERAL-REGISTRATION FOR LVA-CLINIC	770	770	770
B2168	TELEMEDICINE NEW REGISTRATION - AUDIO	1015	1015	1015
B2169	TELEMEDICINE REPEAT REGISTRATION(WITH IN 3 - AUDIO	370	370	370
B2170	TELEMEDICINE CONSULTATION ONCE IN 3 MONTH - AUDIO	845	845	845
B2171	TELEMEDICINE NEW REGISTRATION - VIDEO	1015	1015	1015
B2172	TELEMEDICINE REPEAT REGISTRATION(WITH IN 3 - VIDEO	370	370	370
B2173	TELEMEDICINE CONSULTATION ONCE IN 3 MONTH - VIDEO	845	845	845
B2200	OPERATION CHARGES			
B2203	KERATOMETRY	355	355	355
B2204	TATTOOING	3015	3595	3945
B2207	CRYOTHERAPY	4535	5410	5935
B2210	LENSECTOMY	15140	18050	19795
B2211	LENS EXTRACTION	9080	10825	11875
B2214	MEMBRANECTOMY / POSTERIOR CAPSULECTOMY	6805	8115	8900
B2217	PARACENTESIS	850	1015	1115
B2218	AC / VITREOUS TAP	1520	1815	1990
B2219	CYCLO-CRYO	4535	5410	5935
B2220	OPTICAL IRIDECTOMY / PUPILLOPLASTY	8510	10145	11125
B2223	LID TEAR SUTURING	10615	12655	13880
B2227	EVERTING / INVERTING SUTURES	3660	4365	4785
B2228	TARSORRHAPHY (OP - TREATMENT ROOM PACKAGE)	4860	5795	6360
B2229	CHALAZION (OP)	750	890	980
B2232	ELECTROEPILATION	1085	1295	1420

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
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CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2233	CYST REMOVAL (OP)	2060	2455	2695
B2234	PERITOMY/CONJUCTIVAL DEBRIDEMENT	2060	2455	2695
B2235	CONJUNCTIVAL FLAP	3960	4720	5175
B2236	EXENTRATION AND KRONLIEN'S OPERATION	18000	21460	23535
B2238	EVISCERATION	9080	10825	11875
B2240	DACRYOCYSTECTOMY(DCT)	9080	10825	11875
B2241	PROBING AND SYRINGING	4535	5410	5935
B2243	FOREIGN BODY REMOVAL CORNEAL SUPERFICIAL	625	745	815
B2244	FOREIGN BODY REMOVAL CORNEAL EMBEDDED	1215	1450	1590
B2245	FOREIGN BODY ANTERIOR CHAMBER	6050	7215	7915
B2246	INTRAOCULAR FOREIGN BODY WITH MAGNET	6050	7215	7915
B2247	EXCISION BIOPSY As OP patient in THEATRE PACKAGE	8510	10145	11125
B2248	DERMOID ANGULAR AND LIMBAL	6050	7215	7915
B2249	I & D ABCESS (LID/LACRIMAL) - THEATRE	5105	6085	6675
B2251	INTRA VITREAL INJECTION	3015	3595	3945
B2254	LASER - YAG	4535	5410	5935
B2255	LASER - PRP FOR EACH EYE	15140	18050	19795
B2256	LASER - MACULA FOR EACH EYE	4535	5410	5935
B2257	HUMPHREY VISUAL FIELD ANALYSER (HFA)	1455	1735	1905
B2258	VISTEC CONTRAST SENSITIVITY TEST	385	460	500
B2260	A SCAN	355	355	355
B2261	B SCAN	2300	2745	3010
B2263	BOTULINUM TOXIN INJ. (AS PER ACTUAL COST)	9080	10825	11875
B2264	CONTACT LENS			
B2266	CONTACT LENS - RGP	2580	2580	2580
B2267	CONTACT LENS SOFT - DISPOSABLE	1465	1465	1465
B2268	CONTACT LENS SOFT EXTENDED WEAR	2920	2920	2920
B2270	BLUE IOL INSERTION PC IN GEN WARD ADD COST OF LENS	37660	43370	43370
B2277	C.P.C. - CYCLOPHOTOCOAGULATION	6050	7215	7915
B2278	ERG - ELECTRORETINOGRAM	2080	2480	2720

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2279	FDT - FREQUENCY DOUBLING TECHNOLOGY	635	760	835
B2281	TMS	915	1095	1200
B2282	GENERAL-NEW REGISTRATION FOR CONTACT LENS	770	770	770
B2283	PNEUMORETINOPEXY	6050	7215	7915
B2289	CARLSON JAMPOLSK'S PROCEDURE	9485	11310	12400
B2290	ECTROPION / ENTROPION CORRECTION	12115	14445	15845
B2291	CANNALICULAR REPAIR	7805	9310	10210
B2293	CANTHOPLASTY	9555	11395	12495
B2295	I & D ABCESS (LID/LACRIMAL) OP - TREATMENT ROOM	850	1015	1115
B2296	CUTLER BEARD SURGERY	34010	40550	44470
B2297	SOCKET RECONSTRUCTION	12115	14445	15845
B2298	LACRIMAL INTUBATION	4860	5795	6360
B2302	TRABECULECTOMY-PACKAGE DEAL PC GEN	46720	59975	59975
B2307	DCR-PC IN GEN.WARD(PACKAGE)	46760	57160	57160
B2312	PROBE CHARGES	9080	10825	11875
B2314	CENTRAL CORNEAL THICKNESS (CCT)	365	365	365
B2315	DAY DVT	255	515	515
B2316	HRT	915	1095	1200
B2318	BUCKLING PC GENL.WARD(PACKAGE)	63080	73480	73480
B2322	BLUE TRIPLE PC IN GENL.WARD(PACKAGE)	61000	74255	74255
B2326	PTERYGIUM+CONJ, GRAFT (As OP patient inTHEATRE PAC	13610	16230	17800
B2327	SUTURE REMOVAL	1520	1815	1990
B2328	SILICONE OIL REMOVAL	12115	14445	15845
B2329	BUCKLE REMOVAL	4535	5410	5935
B2330	RESUTURING/WOUND SUTURING	3015	3595	3945
B2331	EYE BALL PROSTHESIS	9080	10825	11875
B2333	GLUE WITH CONTACT LENS	4535	5410	5935
B2334	EYE BALL PROTHESIS(REMOVAL)	2125	2535	2780
B2335	LASER - FOCAL & BARRAGE	4535	5410	5935
B2336	AMNIOTIC MEMBRANE GRAFT	8950	10670	11705

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2340	CONTACT LENS			
B2341	CONTACT LENS(BAUSH & LOMB) ORDINARY	4820	4820	4820
B2342	CONTACT LENS(BAUSH & LOMB) SPECIAL	3605	3605	3605
B2343	COSMETIC LENS SINGLE	3440	3440	3440
B2344	BANDAGE LENS SINGLE	1720	1720	1720
B2345	SOFT LENS REGULAR	4465	4465	4465
B2348	CHOROIDAL DRAINAGE	3740	4455	4890
B2349	DISPOSABLE SOFT CONT LENS (38&FW OPTIMA 4 PAIR/YR)	4730	4730	4730
B2350	JJ DISPOSABLE - ACIVUCLEAR ( 6 PAIR PER YEAR )	6445	6445	6445
B2351	ARTIFICIAL EYE	150	150	150
B2352	CLINICAL PHOTOGRAPH / FUNDUS PHOTOGRAPH	245	295	325
B2353	ENDO LASER	9080	10825	11875
B2355	INVESTIGATION PRINTOUT	310	370	410
B2359	HUNDI COLLECTION			
B2360	RED CROSS PERIPHERAL CLINIC			
B2361	LASER - SECTORAL PRP	7555	9005	9875
B2362	SPECULAR MICROSCOPY	450	450	450
B2363	COLOUR VISION - 15 HUE TEST	130	155	170
B2366	IOL CALCULATION - A+K+S	1100	1100	1100
B2367	OPHTHALMOLOGY - GLUCOMETER AC/PC/RBS	130	130	130
B2371	CONFORMER	380	380	380
B2372	CONTRAST SENSITIVITY	405	480	525
B2375	UVEA CLINIC	260	260	260
B2377	SEPTIC OPD	115	115	115
B2378	OP THREE MONTH RENEWAL	30	665	665
B2379	OCT (BASIC + ANGIO + AUTOFL)	4555	5435	5960
B2381	BLUMENTHAL	1290	1290	1290
B2382	PHACO	6985	6985	6985
B2383	AVASTIN INJECTION	18160	21655	23750
B2384	GOLD IMPLANT	10615	12655	13880

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2385	ACRYOSOF IQ LENS	9000	9000	9000
B2387	AGV IMPLANT	24000	24000	24000
B2388	ROP SCREENING	1215	1450	1590
B2389	CORNEAL TOPOGRAPHY (SIRIUS)	1190	1420	1555
B2390	OCT (OLD)	1190	1420	1555
B2391	INTRAOP INJECTION AVASTIN	6630	6630	6630
B2392	BUCKLING AC SINGLE ROOM	65330	65330	65330
B2393	OCT BASIC	2080	2480	2720
B2394	OCT ANGIO	2920	3480	3815
B2395	OCT AUTOFLUORESCENCE	610	730	800
B2396	CAMP DIET (PER MEAL)	25	25	25
B2397	HOYA THREE PIECE LENS	6120	6120	6120
B2398	BOWMAN S CAUTERY	3645	4350	4770
B2399	TECTONIC CORNEAL GRAFT	14560	17360	19040
B2400	REFUND			
B2401	STAFF			
B2402	STAFF DEPENDENT			
B2403	STUDENT			
B2404	RETIRED STAFF			
B2405	RETIRED STAFF DEPENDENT			
B2406	PRONOTE			
B2407	ABSCONDED			
B2408	COUNCIL MEMBER CONCESSION			
B2409	REDUCTION			
B2410	FUND			
B2411	OP REIMBURSEMENT CERTIFICATE	500	500	500
B2412	IP REIMBURSEMENT CERTIFICATE	700	700	700
B2413	COMBINED REIMBURSEMENT CERTIFICATE	1000	1000	1000
B2414	TRYPAN BLUE	140	140	140
B2415	PHACO CASSETE	2490	2490	2490



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2416	FGE (FLUID GAS EXCHANGE)	2135	2135	2135
B2417	TECNIS	13000	13000	13000
B2418	SF 6	5345	5345	5345
B2419	PFCL	4700	4700	4700
B2420	ENDOCAPSULAR RING	2000	2000	2000
B2422	CEREBRAL VISUAL IMPAIRMENT(CVI)ASSESSMENT	335	335	335
B2423	OPHTHAL CMC CONSULTATION	475	565	620
B2424	OPHTHAL MED REPORT	180	180	180
B2425	RETIBLUE	420	420	420
B2426	MP (MEMBRANE PEELING)	1085	1085	1085
B2427	SCLERAL BLADE	925	925	925
B2428	C 3 F 8	5345	5345	5345
B2429	SILICONE OIL	8575	8575	8575
B2430	CANALICULAR INTUBATION TUBE	1500	1500	1500
B2431	OPHTHAL NEW REGISTRATION CASUALTY	430	430	430
B2432	IOL REPOSITIONING/CORTEX ASPIRATION	6050	7215	7915
B2433	WOUND EXPLORATION	15140	18050	19795
B2434	ANTERIOR VITRECTOMY	14825	17680	19390
B2435	VITRECTOMY CORE	25515	30420	33365
B2436	IOL EXPLANTATION	9080	10825	11875
B2437	CORNEAL SCRAPING	625	745	815
B2438	BLEB REVISION	9095	10845	11890
B2439	TENON S GRAFT	9080	10825	11875
B2440	NEEDLING (BLEB)	3660	4365	4785
B2441	CORNEAL COLLAGEN LINKING/UV TREATMENT	36320	43305	47500
B2442	DALK/ENDOTHELIAL KERATOPLASTY	33295	39695	43535
B2443	UBM(ULTRASOUND BIOMICROSCOPY)	1825	2180	2390
B2444	AUTOFLOURESCENCE	750	890	980
B2445	AUROSILING	2135	2135	2135
B2446	SILICON BALL	1680	1680	1680

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2447	OLOGEN	12600	12600	12600
B2449	GRAFT HANDLING	6050	7215	7915
B2450	I O CARE S P	1000	1000	1000
B2451	I O CARE M P	1000	1000	1000
B2452	AUROLAB MP	400	400	400
B2453	TONOPEN	295	350	385
B2454	PASCAL TONOMETER	295	350	385
B2456	OPHTHAL REPAET REGISTRATION CASUALTY	430	430	430
B2457	VITREORETINA CLINIC NEW REGISTRATION	355	355	355
B2458	VITREORETINA CLINIC REPEAT REGISTRATION	100	100	100
B2459	INFLAMMATORY&INFECTIOUS CLINIC-NEW REGISTRATION	185	185	185
B2460	INFLAMMATORY&INFECTIOUS CLINIC-REPEAT REGISTRATION	70	70	70
B2461	COMPUTERIZED EYE TESTING	195	195	195
B2463	CVI CLINIC	1145	1145	1145
B2464	SURGE PRIMARY EYE CARE CLINIC	790	790	790
B2465	GLAUCOMA BASIC PACKAGE (HFA+CCT)	1815	2165	2370
B2467	HCQ PACKAGE (HFA, OCT & ERG)	5300	6315	6930
B2468	DIPLOPIA CHARTING	310	370	410
B2469	4 PRISM BASE OUT	210	250	270
B2470	BRIGHTNESS SENSITIVITY	310	370	410
B2471	IC AMPHOTERICIN	3015	3595	3945
B2472	SCLERAL PATCH GRAFT	6975	8315	9120
B2473	OP SUTURING	1825	2180	2390
B2474	DRESSING SMALL	535	635	695
B2475	DRESSING EXENTERATION	1825	2180	2390
B2476	INJ. TT	130	130	130
B2477	DAY CARE PHACO IOL (PACKAGE)	38555	38555	38555
B2478	DAY CARE BLU IOL (PACKAGE)	28915	28915	28915
B2479	HESS CHART	500	595	655
B2480	AS OCT	1955	2335	2560

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2481	OCCLUDER	75	75	75
B2482	STIMULATION CARD	485	485	485
B2484	MULLERECTOMY	13610	16230	17800
B2485	MULLER S RECESSION UNILATERAL	20405	24330	26680
B2486	MULLER S RECESSION BILATERAL	34010	40550	44470
B2487	MISCELLANEOUS LID PROCEDURES UNILATERAL	8510	10145	11125
B2488	MISCELLANEOUS LID PROCEDURES BILATERAL	17005	20275	22235
B2489	ORBITAL FRACTURE FIXATION	20405	24330	26680
B2490	BLEPHAROPLASTY (ONE SIDE)	34010	40550	44470
B2491	CANTHOTOMY	850	1015	1115
B2492	LID RECONSTRUCTION	13610	16230	17800
B2493	LID RECONSTRUCTION WITH FLAP	25515	30420	33365
B2494	LID RECONSTRUCTION WITH GRAFT	34010	40550	44470
B2495	FLAP RELEASE	8510	10145	11125
B2496	INCISION (WEDGE) BIOPSY	8510	10145	11125
B2497	OPTIC NERVE SHEATH FENESTRATION (ONSD)	34010	40550	44470
B2498	TELECANTHUS REPAIR (ONE SIDE)	9555	11395	12495
B2499	ENDOSCOPIC DCR	34010	40550	44470
B2500	CORNEOSCLERAL TEAR	47615	56770	62265
B2501	AC REFORMATION	3400	4055	4445
B2502	SF IOL	13610	16230	17800
B2503	SUTURE REMOVAL-OP TREATMENT ROOM	500	595	655
B2504	TARSORRHAPY OP THEARE PACKAGE	10205	12170	13345
B2505	TARSORRHAPY IP THEARE	5105	6085	6675
B2506	SUPERPHOB LENS	10500	10500	10500
B2507	FROSTED GLASSES - PAEDIATRIC	720	720	720
B2508	LEA PADDLE	540	540	540
B2509	BIOFLEX OCCLUDER	485	485	485
B2600	NEW-OPHTHAMOLOGIST/OPTOMETRIST/SOCIAL WORKER	525	525	525
B2601	REVIEW-OPHTHAMOLOGIST/OPTOMETRIST/SOCIAL WORKER	500	500	500

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2602	NEW-OPTOMETRIST/SOCIAL WORKER	315	315	315
B2603	REPEAT-OPTOMETRIST/SOCIAL WORKER	105	105	105
B2604	MOBILITY TRAINING	150	180	195
B2605	INDEPENDENT LIVING SKILLS TRAINING/CONTRAST MODIFI	150	180	195
B2606	NVDA BASIC TRAINING PER DAY	150	180	195
B2607	NVDA ORIENTATION/COMPUTER ACCESSIBILITY/MOBILE ACC	150	180	195
B2608	VOCATIONAL REHAB ASSISTANCE/ITK(ILLAM THEDI KALVI)	150	180	195
B2609	HOME VISIT/SCHOOL VISIT	375	450	495
B2610	COUNSELLING	230	270	300
B2700	CAMP LENS (118.5)	220	220	220
B2701	ARCY FLEX LENS	2210	2210	2210
B2702	AUROFLEX	3500	3500	3500
B2703	OCU FLEX	3500	3500	3500
B2706	ACRYOSOF SP	7500	7500	7500
B2707	ACRYOSOF MP	7000	7000	7000
B2708	AMO SENSOR	7400	7400	7400
B2709	NUCLEUS (VISION SURGICAL)	1500	1500	1500
B2710	BED AND NURSING			
B2711	PROFESSIONAL CHARGES / FEES			
B2712	SURGERY FEES			
B2713	THEATRE CHARGES			
B2714	SUTURE GLOVES			
B2715	AIR CONDITION	1400	1400	1400
B2716	MATERIALS			
B2717	BUCKLE			
B2718	GEN ANAESTHESIA	2205	2205	2205
B2719	PROBE			
B2720	OXYGEN	100	100	100
B2721	DRUGS			
B2722	COT			

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2723	SCHELL FREE WORK			
B2724	EYE O CARE AC LENS	420	420	420
B2725	AUROLAB SP	285	285	285
B2726	AUROLAB AC LENS	285	285	285
B2727	AUROLAB LOW POWER SP	660	660	660
B2728	AUROFOLD	3500	3500	3500
B2729	CAMP LENS (118.2)	400	400	400
B2730	SUPRA PHOB LENS	6000	6000	6000
B2731	HOYA VIVINEX	15000	15000	15000
B2732	PROSTHESIS - ARTIFICIAL EYES (ONE)	2600	2600	2600
B2733	AUROVUE IOL	4500	4500	4500
B2734	AADI IMPLANT	4500	4500	4500
B2735	MEDPORE IMPLANT	18000	18000	18000
B2736	ROSE K LENS - PAIRS	15000	15000	15000
B2737	SINGLE ROSE K - SINGLE LENS	10000	10000	10000
B2738	SCLERAL LENS - SINGLE LENS	60000	60000	60000
B2739	IO CARE CAMP LENS	410	410	410
B2740	CAMP SPECTRA PMMA IOL	500	500	500
B2741	SCLERAL LENS INSERTION PLUNGER	2245	2245	2245
B2742	SCLERAL LENS REMOVAL PLUNGER	2245	2245	2245
B2743	TECNIS EYHANCE LENS	16000	16000	16000
B2744	TROCHAR SET	4585	4585	4585
B2745	LIGHT PIPE	6875	6875	6875
B2746	TENONOPLASTY	11910	14200	15570
B2747	CORNEAL / LID SHAVE BIOPSY	2550	3040	3330
B2748	HOYA NANEX	13000	13000	13000
B2749	FREEDOM YELLOW PMMA RIGID LENS	2500	2500	2500
B2750	FREEDOM IOL - PMMA SINGLE PIECE	2000	2000	2000
B2751	AUROLAB (LOW POWER)	1050	1050	1050
B2752	AUROLAB (SF IOL)	980	980	980

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2753	ACRYSOF 3P (EXPAND)	9000	9000	9000
B2754	EXCEL RIGID MP LENS	1000	1000	1000
B2755	MSICS IOL IN GENERAL A/C DAY CARE	40860	48715	53430
B2756	PHACO IOL IN GENERAL A/C DAY CARE	54485	64960	71245
B2757	LID TUMOUR (SMALL) IN GENERAL A/C DAY CARE	34815	41510	45525
B2758	PTERYGIUM WITH CONJ.GRAFT IN GENERAL A/C DAY CARE	46910	55930	61345
B2759	BUCKLING IN DOUBLE BED A/C (PACKAGE)	58550	58550	58550
B2760	TRABECULECTOMY-PACKAGE DEAL DOUBLE BED A/C	39985	39985	39985
B2761	BLUE IOL DOUBLE ROOM A/C ADD COST OF LENS	32485	32485	32485
B2762	DCR IN DOUBLE BED A/C (PACKAGE)	39270	39270	39270
B2763	BLUE TRIPLE IN DOUBLE BED A/C (PACKAGE)	57120	57120	57120
B2764	CM - T FLEX	3500	3500	3500
B2765	BUCKLING IN SINGLE NON A/C	63080	63080	63080
B2766	BUCKLING IN SINGLE A/C	73480	73480	73480
B2767	TRABECULECTOMY IN SINGLE NON A/C	46720	46720	46720
B2768	TRABECULECTOMY IN SINGLE A/C	59975	59975	59975
B2769	BLUE IOL IN SINGLE NON A/C	37660	37660	37660
B2770	BLUE IOL IN SINGLE A/C	43370	43370	43370
B2771	DCR IN SINGLE NON A/C	46760	46760	46760
B2772	DCR IN SINGLE A/C	57160	57160	57160
B2773	BLUE TRIPLE IN SINGLE NON A/C	61000	61000	61000
B2774	BLUE TRIPLE IN SINGLE A/C	74255	74255	74255
B2775	MSICS IOL IN PRIVATE SINGLE DAY CARE	37660	37660	37660
B2776	PHACO IOL IN PRIVATE SINGLE DAY CARE	46840	46840	46840
B2777	LID TUMOUR (SMALL) IN PRIVATE SINGLE DAY CARE	37620	37620	37620
B2778	PTERYGIUM + CONJ.GRAFT IN PRIVATE SINGLE DAY CARE	41740	41740	41740
B2800	PHARMACY DISPENSING			
B2801	CHROMIC 4/0 NW4048	250	250	250
B2802	CHROMIC 5/0 NW4263	355	355	355
B2803	MERSILK 2/0 NW5036	135	135	135

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2804	MERSILK 4/0 NW5000	140	140	140
B2805	MERSILK 6/0 NW5012	340	340	340
B2806	ETHIBOND 5/0 NW683	570	570	570
B2807	MERSILENE 5/0 NW6578	500	500	500
B2808	PROLENE 3/0 W8522	530	530	530
B2809	PROLENE 4/0 W8935	535	535	535
B2810	PROLENE 5/0 W8556	695	695	695
B2811	PROLENE 6/0 W8718	575	575	575
B2812	PROLENE 10/0 W1713	2545	2545	2545
B2813	VICRYL 3/0 NW2472	390	390	390
B2814	VICRYL 5/0 NW2493	320	320	320
B2815	VICRYL 5/0 NW2303	290	290	290
B2816	VICRYL 6/0 NW2670	625	625	625
B2817	VICRYL 8/0 NW2348	710	710	710
B2818	VICRYL 10/0 V960G	820	820	820
B2819	ETHILON 6/0 NW3320	350	350	350
B2820	ETHILON 4/0 NW3319	195	195	195
B2821	ETHILON 8/0 NW3322	345	345	345
B2822	ETHILON 9/0 NW3709	530	530	530
B2823	ETHILON 10/0 NW3314	640	640	640
B2824	AUROLAB 10/0 6402N	245	245	245
B2825	NYLON 10/0 U7003	630	630	630
B2826	APPAVISC	130	130	130
B2827	OPSITE	40	40	40
B2828	SURGICAL KIT	895	895	895
B2829	GLOVES	35	35	35
B2830	HILURON	750	750	750
B2831	URINE DIPSTICK EXAMINATION	100	115	130
B2832	VITRECTOMY	7565	9020	9895
B2833	ACTIVITY BOOK	105	105	105

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
B2834	SMALL ALPHABET BOOK	40	40	40
B2835	CAPITAL ALPHABET BOOK	65	65	65
B2836	KAY PICTURE BOOK	30	30	30
B2900	OPTICALS DISPENSING			
E5000	R I			
E5107	ELECTRICITY CHARGES FOR USING TABLE FAN ETC.	100	100	100
E5108	AIR COOLER CHARGES (PER COOLER-OWN)	115	115	115
E5109	AIR COOLER CHARGES (PER COOLER-HOSP.)	335	335	335
E5112	CYSTOSCOPY	2245	2675	2935
E5113	ULTRASOUND - ABDOMINAL(REHAB)	1565	1870	2050
E5114	ULTRASOUND - TRANSRECTAL (REHAB)	1710	2040	2235
E5115	CYSTOLITHALOPAXY	3015	3595	3945
E5117	ALPHA BED	145	170	185
E5207	SURGICAL KINAMATICS - PER SIDE	2300	2745	3010
E5208	DYNAMICS EMG/MUSCLE - PER SIDE	490	580	640
E5209	KINETICS - SIDE	2300	2745	3010
E5210	PHYSIOLOGICAL COST INDEX	950	1130	1240
E5211	VIDEO ANALYSIS	950	1130	1240
E5212	CYSTOMETROGRAM	2245	2675	2935
E5215	FULL GAIT ANALYSIS BOTH SIDES	18565	22135	24275
E5216	GRBS	65	65	65
E5217	OXYGEN (1 HR,4 LITERS)	100	100	100
E5219	ECG(REHAB)	525	630	690
E5221	PULSE OXIMETER BD	275	325	355
E5226	ULTRASOUND - PVR	435	520	570
E5228	DDA DRUGS INJ FORTVIN	30	30	30
E5230	SUTURE MATERIALS - VICRYL	715	855	935



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
E5232	INJECTIONS FOR SPASTICITY	1565	1870	2050
E5233	MINOR OT	1120	1335	1460
E5234	INJECTION FOR PAIN RELIEF	675	805	885
E5236	NEUROCOGNITIVE ASSESSEMENT (2 SESSIONS)	1120	1335	1460
E5237	NEUROBEHAVIOURAL ASSESSEMENT (2 SESSIONS)	1120	1335	1460
E5240	SUTURE MATERIALS - ETHILON	310	370	410
E5241	SPC/STSG/TENOCTOMY/EX.CLOSURE	5575	6650	7295
E5242	COLOUR DOPPLER-VENOUS FOR DVT (REHAB)	2260	2695	2960
E5243	GUIDED INJECTION	1515	1805	1980
E5244	UPPER EXTREMITY ROBOTIC TRAINING	1360	1620	1775
E5245	LOWER EXTREMITY ROBOTIC TRAINING	2035	2425	2660
E5246	UPPER & LOWER EXTREMITY ROBOTIC TRAINING	3055	3645	3995
H3000	MENTAL HEALTH CENTRE			
H3001	CONSULTATION FEE ( NEW)	900	900	900
H3002	REPEAT REGISTRATION	160	160	160
H3003	CONSULTATION FEE (REPEAT )	840	840	840
H3004	PSYCHOTHERAPY AND REVIEW CHARGE	1710	2040	2235
H3014	OCCUPATIONAL THERAPY OUTPATIENT SERVICES	165	165	165
H3016	I.Q. TEST (P1,P2,P3)	1605	1605	1605
H3017	OCCUPATIONAL THERAPY - SPECIALISED ASSESSMENT	235	280	305
H3019	ELECTRICAL CHARGES PER DAY	100	100	100
H3101	REGISTRATION FEE ( INITIAL VISIT)	160	160	160
H3107	TELEMEDICINE REPEAT REGISTRATION(WITH IN 3 - VIDEO	370	370	370
H3108	TELEMEDICINE CONSULTATION ONCE IN 3 MONTH - VIDEO	845	845	845
H3122	PSYCHOLOGICAL ASSESSMENT - PER SESSION	1595	1900	2085
H3123	E.C.T	1040	1240	1360
H3124	BIO FEEDBACK ( FULL COURSE)	3720	4435	4860

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H3126	PERSONALITY ASSESSMENT	2270	2705	2965
H3129	GLUCOMETER CHARGES (MHC)	70	70	70
H3131	NEBULIZER CHARGES	70	70	70
H3132	OCCUPATIONAL THERAPY - DAY CARE	270	270	270
H3133	REIMBURSEMENT CERTIFICATE - O.P	500	500	500
H3134	REIMBURSEMENT CERTIFICATE I.P(MHC)	700	700	700
H3135	TREATMENT ROOM CHARGES PER DAY	500	500	500
H3138	PSYCHOTHERAPY FOR IN-PATIENTS - WEEKLY CHARGE	2380	2835	3110
H3139	AIR COOLER OWN	115	115	115
H3143	EXTRA MATTRESS ONLY FOR PRIVATE ROOM	70	70	70
H3144	EXTRA RELATIVES - ADULT	85	100	110
H3145	EXTRA RELATIVES - CHILDREN	60	60	60
H3146	INJECTION (PRICKS CHARGES)	60	60	60
H3147	SMALL DRESSING	180	215	240
H3150	AIR COOLER - HOS	355	355	355
H3151	COMBINED REIMBURSEMENT CERTIFICATE (IP & OP)	1000	1000	1000
H3152	ECG(MHC)	525	630	690
H3153	OT CHARGES			
H3154	PROFESSIONAL CHARGES			
H3155	ID CARD DEPOSIT	370	370	370
H3158	MHC OT TREADMILL	105	125	135
H3159	ADOS	3190	3805	4175
H3162	SENSORY PROFILE	840	1000	1095
H3163	BASIC MR	750	890	980
H3164	ADI-R	3190	3805	4175
H3165	ACTERS	795	945	1035
H3166	PRE-VOCATIONAL ASSESSMENT	1060	1265	1385
H3167	GESSEL S DEVELOPMENTAL SCHEDULE	1990	2370	2600
H3168	BINET KAMAT TEST	1990	2370	2600
H3169	WISC IV	4770	5690	6240

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H3170	SLD SCREENING	1475	1760	1930
H3171	SLD BATTERY (PER SESSION)	1060	1265	1385
H3172	PROGRESSIVE MATRICES	1195	1425	1565
H3173	VINELAND S SOCIAL MATURITY SCALE	405	480	525
H3174	CONNERS RATING SCALE	1060	1265	1385
H3175	NEUROPSYCHOLOGICAL ASSESSMENT - FULL BATTERY	4545	5420	5940
H3176	CONDUCT DISORDER SCALE	1060	1265	1385
H3177	GILLIANS ASPERGER DISORDER SCALE	1595	1900	2085
H3178	HOME TRAINING PROGRAMME	490	580	640
H3179	SPEECH THERAPY PER SESSION	560	665	730
H3180	SLD INTERVENTION - PER SESSION	795	945	1035
H3181	MEDICAL REPORT (MHC)	180	180	180
H3182	DAYCARE ACTIVITY(PER WEEK)	3620	4315	4735
H3183	PREVOCATIONAL ASSESSMENTS TRAINING (PER MONTH)	15540	18530	20325
H3184	FOLLOW-UP VISITS ACTIVITY (PER MONTH)	3275	3905	4285
H3185	PSYCHOLOGICAL ASSESSMENT REPORT	430	510	560
H3189	OXYGEN MASK	50	60	70
H3190	SUTURE REMOVAL	145	170	185
H3191	LARYNGEAL MASK AIRWAY	1305	1560	1710
H3192	VINELAND ADAPTIVE BEHAVIOUR SCALE	1595	1900	2085
H3193	FAMILY INTERVENTION - PER SESSION	1595	1900	2085
H3194	BHATIA S BATTERY OF PERFORMANCE TESTS	1595	1900	2085
H3195	NEUROPSYCHOLOGICAL ASSESSMENT SCREENING	1360	1620	1775
H3196	FEEDING INTERVENTION PER SESSION	475	565	620
H3197	FEEDING INTERVENTION - REVIEW	245	295	325
H3198	FEEDING ASSESSMENT	475	565	620
H3199	RORSCHACH INKBLOT TEST	4545	5420	5940
H3200	THEMATIC APPERCEPTION TEST	2270	2705	2965
H3201	PSYCHOTHERAPY (BRIEF SESSION)	755	900	985
H3202	INDIAN SCALE FOR AUTISM ASSESSMENT & REPORT	755	900	985

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H3205	SENTENCE COMPLETION TEST	1140	1355	1490
H3207	OCCUPATIONAL THERAPY (5 DAYS)	1515	1805	1980
H3208	PSYCHIATRY DAY CARE	250	250	250
H3209	REPEAT REGISTRATION CASUALTY	370	370	370
H3210	NEW REGISTRATION CASUALTY	945	945	945
H3211	MINNESOTA MULTIPHASIC PERSONALITY INVENTORY(MMPI-2	3535	4215	4625
H3212	WECHSLER ADULT INTELLIGENCE SCALE (WAIS IV)	4545	5420	5940
H3213	INDIAN DISABILITY EVALUATION&ASSESSMENT SCALE(IDAS	350	420	460
H3214	INJECTION IV	150	150	150
H4000	NAMBIKKAI NILAYAM			
H4100	OP AND IP RATES			
H4101	BED & NURSING LCP WARD - GENERAL	525	525	525
H4102	BED & NURSING - PRIVATE	1585	1585	1585
H4103	NEW CONSULTATIONS	900	900	900
H4104	RECONSULTATIONS (AFTER 3 MONTHS)	840	840	840
H4106	HOME TRAINING PROGRAMME ( BRIEF )	490	580	640
H4108	REGISTRATION FEE - REPEAT	160	160	160
H4119	SPEECH THERAPY - PER SESSION	560	665	730
H4120	PLAY THERAPY ( PER SESSION)	330	395	435
H4121	PSYCHOTHERAPY PER SESSION (OP)	1710	2040	2235
H4124	OTHER PSYCHOLOGICAL TESTS	675	805	885
H4125	E.C.T	1040	1240	1360
H4130	GLUCOMETER CHARGES (NN)	70	70	70
H4131	NEBULIZER CHARGES	100	115	130
H4133	REIMBURSEMENT CERTIFICATE (O.P)	500	500	500
H4134	REIMBURSEMENT CERTIFICATE (I.P)	700	700	700
H4135	TREATMENT ROOM CHARGES	710	845	925
H4138	PSYCHOTHERAPY FOR IN-PATIENTS - WEEKLY CHARGE	2380	2835	3110

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H4139	AIR COOLER OWN	115	115	115
H4141	EXTRA MATTRESS ONLY FOR PRIVATE ROOM	70	70	70
H4142	EXTRA RELATIVES - ADULT	60	60	60
H4143	EXTRA RELATIVES - CHILDREN ABOVE 5 YEARS	60	60	60
H4144	INJECTION (PRICKS CHARGES)	10	10	10
H4145	SMALL DRESSING	180	215	240
H4147	AIR COOLER - HOSPITAL	355	355	355
H4149	E.C.G	525	630	690
H4150	PSYCHOLOGICAL / MEDICAL REPORT	305	305	305
H4162	FAMILY NEED ASSESSMENT IN INTELLECTUAL DISABILITY	1280	1525	1675
H4165	VOCATIONAL INTERVENTION FOR INTELLECTUAL	1705	2030	2225
H4170	GROUP THERAPY (SPEECH)	690	820	900
H4173	SPECIFIC LEARNING DISORDER INTERVENTION-PER SESSIO	795	945	1035
H4176	ADHD INTERVENTION PER SESSION	795	945	1035
H4178	OCCUPATION THERAPY(DEVELOPMENTAL DISORDER)PER SESS	795	945	1035
H4179	PLAY THERAPY ASSESSMENT	1705	2030	2225
H4181	PROFESSIONAL CHARGES			
H4183	BEHAVIOURAL OBSERVATION (PER DAY)	305	365	400
H4184	M-CHAT	230	270	300
H4185	SENSORY PROFILE	990	1180	1290
H4186	ADI-R	3190	3805	4175
H4187	OT SCREENING	275	325	355
H4188	FEEDING ASSESSMENT	475	565	620
H4190	ADOLESCENT PEP-R	2125	2535	2780
H4191	WISC IV	4770	5690	6240
H4192	SPM/CPM	1195	1425	1565
H4195	NEUROPSYCHOLOGICAL TESTS -PER SESSION	1595	1900	2085
H4196	AUTISM INTERVENTION (5DAYS)	1710	2040	2235
H4197	ADHD INTERVENTION (5DAYS)	1710	2040	2235
H4200	VOCATIONAL TRAINING PER SESSION	165	195	215

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H4201	PRE-VOCATIONA ASSESSMENT	1060	1265	1385
H4202	REELS	2125	2535	2780
H4203	GESSELL S DEVELOPMENTAL SCHEDULE	1990	2370	2600
H4204	BINET KAMAT TEST	1990	2370	2600
H4206	SLD SCREENING	1475	1760	1930
H4207	SLD battery	2535	3025	3315
H4209	VINELAND S SOCIAL MATURITY SCALE	405	480	525
H4213	GILLIAM ASPERGER S DISORDER SCALE	1595	1900	2085
H4214	BASIC INTERVENTION (5 DAYS)	4250	5070	5560
H4217	PSYCHOTHERAPY PER SESSION(IP)	850	1015	1115
H4221	ADOS	3190	3805	4175
H4222	CARS	1210	1440	1580
H4223	PEP-R	2125	2535	2780
H4224	CCITSN	2125	2535	2780
H4225	CCPSN	2125	2535	2780
H4226	BASIC MR	750	890	980
H4227	ACTERS	795	945	1035
H4228	OT ASSESSMENT	570	680	750
H4229	GLAD	1585	1890	2075
H4230	PAC	1585	1890	2075
H4231	CONDUCT DISORDER SCALE	1060	1265	1385
H4233	SPEECH THERAPY REVIEW CHARGES	165	195	215
H4234	SPEECH THERAPY HOME TRAINING	610	730	800
H4235	DISABILITY CERTIFICATE	170	200	220
H4236	SPECIFIC BEHAVIORAL INTERVENTION 5 DAYS	1710	2040	2235
H4237	SPECIAL EDUCATION PER SESSION (OP)	795	945	1035
H4238	BASIC INTERVENTION PER SESSION (OP)	795	945	1035
H4239	BEHAVIOURAL INTERVENTION PER SESSION (OP)	795	945	1035
H4240	AUTISM INTERVENTION PER SESSION (OP)	795	945	1035
H4241	FEEDING INTERVENTION PER SESSION	475	565	620

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE	D RATE
H4242	FEEDING INTERVENTION - REVIEW	245	295	325
H4243	HOME TRAINING PROGRAMME (COMPREHENSIVE)	1595	1900	2085
H4244	OCCUPATION THERAPY(DEVELOPMENTAL DISORDERS)X 5SESS	1595	1900	2085
H4245	VINELAND ADAPTIVE BEHAVIOUR SCALE	1595	1900	2085
H4246	FAMILY INTERVENTION - PER SESSION	1595	1900	2085
H4247	BHATIA S BATTERY OF PERFORMANCE TESTS	1595	1900	2085
H4248	COGNITIVE SCREENING	1360	1620	1775
H4249	INDIAN SCALE FOR AUTISM ASSESSMENT & REPORT	755	900	985
H4250	SENSORY INTERVENTION COMPREHENSIVE	1140	1355	1490
H4251	SENSORY INTERVENTION BRIEF	455	545	595
H4252	PSYCHOTHERAPY (BRIEF SESSION)	755	900	985
H4253	GROUP SESSION: PER INDIVIDUAL	710	845	925
H4254	INDIVIDUAL MEAL SUPPORT	215	255	280
H4255	INJECTION IV	150	150	150
H4256	ELECTRICAL CHARGES PER DAY	95	95	95
H4257	PSYCHIATRY DAY CARE	250	250	250

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
<b>L1000</b>	<b>LOW COST EFFECT CARE</b>		
<b>L1001</b>	<b>NEW REGISTRATION CHARGE FOR LCECU</b>	<b>120</b>	<b>120</b>
<b>L1002</b>	<b>REPEAT REGISTRATION CHARGE FOR LCECU</b>	<b>90</b>	<b>90</b>
<b>L1003</b>	<b>CONSULTATION FEES FOR LCECU</b>	<b>95</b>	<b>95</b>
<b>L1004</b>	<b>LCECU - HUNDI COLLECTION</b>		
<b>L1005</b>	<b>LCECU - PATIENT PROCEDURES</b>		
<b>L1006</b>	<b>LCECU - OTHERS</b>		
<b>L1007</b>	<b>PREGNANCY TEST</b>	<b>265</b>	<b>265</b>
<b>L1008</b>	<b>ULTRASOUND(OG)</b>	<b>265</b>	<b>265</b>
<b>L1009</b>	<b>EARLY PREGNANCY SCAN</b>	<b>265</b>	<b>265</b>
<b>L1010</b>	<b>GRBS</b>	<b>40</b>	<b>40</b>
<b>L1011</b>	<b>ECG</b>	<b>105</b>	<b>105</b>
<b>L1012</b>	<b>CARDIOTOCOGRAPHY (OP)</b>	<b>160</b>	<b>160</b>
<b>L1013</b>	<b>CARDIOTOCOGRAPHY (IP)</b>	<b>160</b>	<b>160</b>
<b>L1014</b>	<b>URINE KETONE</b>	<b>40</b>	<b>40</b>
<b>L1015</b>	<b>BIRTH CERTIFICATE</b>	<b>160</b>	<b>160</b>
<b>L1017</b>	<b>MEDICAL CERTIFICATE</b>	<b>105</b>	<b>105</b>
<b>L1020</b>	<b>CASUALTY REPEAT REGISTRATION</b>	<b>105</b>	<b>105</b>
<b>L1021</b>	<b>ANC NEW REGISTRATION</b>	<b>105</b>	<b>105</b>
<b>L1022</b>	<b>ANC RE-VISIT</b>	<b>55</b>	<b>55</b>
<b>L1023</b>	<b>IP BED CHARGES (PER DAY)</b>	<b>1115</b>	<b>1115</b>
<b>L1024</b>	<b>IP NORMAL DELIVERY</b>	<b>4200</b>	<b>4200</b>
<b>L1025</b>	<b>IP NORMAL DELIVERY (RMLE)</b>	<b>4200</b>	<b>4200</b>
<b>L1026</b>	<b>IP FORCEPS/SUCTION CUP DELIVERY</b>	<b>5250</b>	<b>5250</b>
<b>L1027</b>	<b>IP PROFESSIONAL FEES PER DAY</b>	<b>390</b>	<b>390</b>
<b>L1028</b>	<b>STEAM INHALATION</b>	<b>30</b>	<b>30</b>
<b>L1029</b>	<b>OXYGEN MASK ADULT_PER HOUR</b>	<b>35</b>	<b>35</b>



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
L1030	OXYGEN MASK PAEDS_PER HOUR	35	35
L1031	NEBULIZATION MASK ADULTS	40	40
L1032	NEBULIZATION MASK PAEDS	40	40
L1033	NASAL PRONGS ADULTS_PER HOUR	55	55
L1034	NASAL PRONGS PAEDS_PER HOUR	55	55
L1035	NASAL PRONGS INFANTS	105	105
L1036	STOMACH WASH	315	315
L1037	JOINT ASPIRATION	320	320
L1038	SKIN BIOPSY	375	375
L1039	BLOOD CULTURE PROCEDURE	210	210
L1040	SUPRAPUBIC URINE CULTURE PROCEDURE	160	160
L1041	CATHERETIZATION PROCEDURE-OPD ONLY	105	105
L1042	NASOGASTRIC TUBE INSERTION-OPD ONLY	105	105
L1043	ENEMA/IMPACTED STOOL	105	105
L1044	DRESSING LARGE	250	250
L1045	OP DRESSING CHARGES MEDIUM(PER DRESSING)	125	125
L1046	OP DRESSING SMALL	105	105
L1047	OXYGEN / HOUR	30	30
L1048	HEAT CRADLE PER DAY	160	160
L1049	LUMBAR PUNCTURE	150	150
L1050	SITZ BATH	65	65
L1051	INFRA RED-GYNAE	65	65
L1052	PHOTOTHERAPY (PER DAY)	160	160
L1053	INTRALESIONAL INJECTION	105	105
L1054	INTRAARTICULAR INJECTION	105	105
L1055	IM INJECTION	50	50
L1056	IV INJECTION	150	150
L1057	SUTURE REMOVAL (WOUND INJURY ONLY)	105	105

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
L1058	INGROWING NAIL OTH	525	525
L1059	SUTURING WOUND/LARGE	210	210
L1060	SUTURING WOUND/SMALL	160	160
L1061	EAR LOBE REPAIR	1050	1050
L1062	EAR SYRINGING	160	160
L1063	POP LARGE	525	525
L1064	POP SMALL	265	265
L1065	FOREIGN BODY REMOVAL EAR/NOSE	210	210
L1066	CORN EXCISION	210	210
L1067	CORN PARING	105	105
L1068	ULCER DEBRIDEMENT	160	160
L1069	PLEUR FLUID ASPIRATION	210	210
L1070	ASCITIC FLUID ASPIRATION	160	160
L1071	ENDOMETRIAL BIOPSY	210	210
L1072	CERVICAL BIOPSY	210	210
L1073	WOUND EXPLORATION	265	265
L1074	BREAST ABSCESS DRAINAGE UNDER LOCAL	525	525
L1075	LABOUR ROOM EXAMINATION (NON IP ADMISSION)	160	160
L1076	I & D SMALL	160	160
L1077	I & D BIG	265	265
L1078	STSG-SMALL	3150	3150
L1079	STSG-LARGE	5250	5250
L1080	EXCISION BIOPSY	525	525
L1081	APS	2625	2625
L1082	INTERVAL STTERALISATION (OT / LOCAL)	5250	5250
L1083	TERMINATION OF PREGNANCY (MTP-ANOMALIES)	1575	1575
L1084	OVARIAN CYSTECTOMY/SALPINGOOPHERECTOMY	3150	3150
L1085	HYSTERECTOMY	21000	21000

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
L1086	SCAR ENDOMETRIOSIS	2100	2100
L1087	POLYPECTOMY	3150	3150
L1088	CIRCUMCISION (ADULT)	5250	5250
L1089	HERNIORRAPHY (ADULT)	5250	5250
L1090	FISSURECTOMY (ADULT)	5250	5250
L1091	HEMORRHOIDECTOMY (ADULT)	5250	5250
L1092	HYDROCELECTOMY (ADULT)	5250	5250
L1093	SEBACEUS CYST (ADULT)	2100	2100
L1094	BREAST LUMP EXCISION (ADULT)	3150	3150
L1095	SEBACEOUS CYST EXCISION UNDER LA	525	525
L1096	INGUINAL HERNIAL REPAIR	5250	5250
L1097	INCISIONAL HERNIAL REPAIR	5250	5250
L1098	UMBILICAL HERNIA REPAIR	5250	5250
L1099	LIPOMA EXCISION	3150	3150
L1100	HYDROCELE-UNILATERAL	5250	5250
L1101	EUA-ALONE	2100	2100
L1102	FISSURE IN ANO-LATERAL ANAL SPHINCTEROTOMY	5250	5250
L1103	FISTULA IN ANO-LAY OPEN FISTULA	5250	5250
L1104	HAEMORRHOIDS-OPEN HAEMORRHOIDECTOMY	5250	5250
L1105	GENERAL-LUMP EXCISION (SMALL)	3150	3150
L1106	PILONIDAL SINUS-EXCISION	5250	5250
L1107	GENERAL-EXCISION OF HIDRADENITIS	2100	2100
L1108	SCAR GRANULOMA EXCISION	1050	1050
L1109	CIRCUMCISION (PAEDIATRIC)	5250	5250
L1110	BILATERAL HERNIORAPHY (PAEDIATRIC)	7875	7875
L1111	UNILATERAL HERNIORAPHY (PAEDIATRIC)	5250	5250
L1112	UNDESCENDED TESTIS (PAEDIATRIC)	5250	5250
L1113	TORSION TESTIS (PAEDIATRIC)	5250	5250

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
L1114	NODE BIOPSY UNDER LOCAL ANAESTHESIA (PAEDIATRIC)	3150	3150
L1115	NODE BIOPSY UNDER GENERAL ANAESTHESIA (PAEDIATRIC)	5250	5250
L1116	LCECU HOME VISIT	210	210
L1117	LCECU OUTREACH CLINIC CONSULTATION FEES	105	105
L1118	LCECU GRBS IN COMMUNITY	85	85
L1119	EXTRACTION	590	590
L1120	EXTRACTION 2	790	790
L1121	EXTRACTION 3	975	975
L1122	EXTRACTION 4	1365	1365
L1123	SURGICAL EXTRACTION / MINOR OTH	1965	1965
L1124	EXTRACTION(QUADRANT)	1965	1965
L1125	SURGICAL EXTRACTION / MINOR OTH	1965	1965
L1126	BIOPSY	945	945
L1127	INCISION & DRAINAGE	880	880
L1128	DRESSING	130	130
L1129	SPLINTING	1890	1890
L1130	SURGICAL EXTRACTION	1605	1605
L1131	SUTURING	315	315
L1132	SUTURING MATERIAL (VICRYL)	475	475
L1133	PPE AND INFECTION CONTROL CHARGES (DENTAL)	295	295
L1134	RESTORATION - CLASS I & V	880	880
L1135	RESTORATION - CLASS II	1650	1650
L1136	RESTORATION - MOD	1890	1890
L1137	LCR	1260	1260
L1138	LCR II	1680	1680
L1139	G.I.C	590	590
L1140	GIC II	880	880
L1141	OCCLUSAL GRINDING	590	590

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
L1142	TEMPORARY FILLING	1240	1240
L1143	PULP EXTRIPATION	1240	1240
L1144	ANTERIOR RCT	3730	3730
L1145	PREMOLAR RCT	3990	3990
L1146	MOLAR RCT	5460	5460
L1147	PEDO RCT	5250	5250
L1148	PULP VITALITY TESTING	135	135
L1149	APEXIFICATION	2540	2540
L1150	BIOHAZARD PROTOCOL	810	810
L1151	IRRIGATION	170	170
L1152	PROPHYLAXIS-I	1155	1155
L1153	PROPHYLAXIS-II	2415	2415
L1154	CURETTAGE(SEGMENT)	870	870
L1155	CURETTAGE(QUADRANT)	1365	1365
L1156	ORAL HEALTH EDUCATION(WELL MOUTH CLINIC	275	275
L1157	TOBACCO EDUCATION	275	275
L1158	TOBACCO CESSATION SUPPORT PROGRAM	630	630
L1159	PERIODONTAL CHARTING	460	460
L1160	DENTAL HYGIENE EDUCATION	265	265
L1161	PARTIAL DENTURE	3570	3570
L1162	PARTIAL DENTURE-II	5250	5250
L1163	EACH ADDITIONAL TOOTH	160	160
L1164	STUDY MODEL/IMPRESSION	1000	1000
L1165	CROWN PREP	3570	3570
L1166	CROWN CEMENTATION	860	860
L1167	CROWN ACRYLIC	1470	1470
L1168	CROWN REMOVAL	590	590
L1169	PERIAPICAL	200	200

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
L1170	OCCLUSAL	295	295
L1171	DENTAL PROCEDURES REGISTRATION	105	105
L1172	AUDITORY TRAINING PER DAY	350	350
L1173	ENT SPEECH & LANGUAGE EVALUATION	385	385
L1174	SWALLOWING THERAPY	305	305
L1175	SWALLOWING ASSESSMENT	305	305
L1176	SPEECH THERAPY CONSUL	590	590
L1177	AUDIOGRAM/BOA	525	525
L1178	TYMPANOMETRY	180	180
L1179	TYMPANOGRAM AND SCREENING ACOUSTIC REFLEX T	385	385
L1180	NEONATAL HEARING SCREENING	400	400
L1181	HEARING AID FITTING AND COUNSELLING	1255	1255
L1182	HEARING AID MINOR REPAIRS	120	120
L1183	HEARING AID REVIEW AND SPEECH REVIEW	790	790
L1184	HEARING AID TRIAL WITH AIDED AUDIOGRAMS	1295	1295
L1185	SPEECH THERAPY FOR HEARING AID USERS	200	200
L1186	AUDIOGRAM SPECIAL TESTSPEECH AUDIOMETRY	430	430
L1187	EAR MOULD IMPRESSION	350	350
L1188	HARD EAR MOULD ONE EAR	1520	1520
L1189	HARD EAR MOULD TWO EARS	2620	2620
L1190	SOFT EAR MOULD ONE EAR URGENT	3380	3380
L1191	SOFT EAR MOULD BILATERAL URGENT	1925	1925
L1192	HA EAR TIP	20	20
L1193	WIDEX BATTERIESHA	55	55
L1194	WIDEX BATTERIES HA SET OF 6	260	260
L1195	VOICE EVALUATION	540	540
L1196	VOICE THERAPY	1530	1530
L1197	VOICE THERAPY X 1DAY	350	350

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
L1198	SPEECH THERAPY 3 SESSIONS	1140	1140
L1199	LCECU - KIT FOR NEBULIZATION ADULT/PEDIATRIC	125	125
U8000	FAMILY MEDICINE		
U8001	SHALOM-NEBULISATION CHARGES	150	180
U8002	SHALOM-INTRA MUSCULAR INJECTION	80	80
U8003	SHALOM-INTRAVENOUS INJECTION	205	205
U8004	SHALOM-DRESSING SMALL, PER DRESSING	165	195
U8005	SHALOM-DRESSING LARGE, PER DRESSING	285	340
U8006	SHALOM-INCISION AND DRAINAGE, SMALL	370	440
U8007	SHALOM-INCISION AND DRAINAGE,LARGE	515	615
U8008	SHALOM-CYST EXCISION	2225	2650
U8009	SHALOM-INGROWING NAIL SURGERY	1365	1630
U8010	SHALOM-EAR LOBE REPAIR	4130	4920
U8011	SHALOM-FOREIGN BODY REMOVAL, EAR / NOSE	1740	2075
U8012	SHALOM-EAR SYRINGING FOR WAX	220	265
U8013	SHALOM-LACERATION SUTURING, SMALL	455	545
U8015	SHALOM-SUTURE REMOVAL	150	180
U8016	SHALOM-TREATMENT ROOM SHORT STAY CHARGE	695	830
U8017	SHALOM-ECG	545	650
U8018	SHALOM-GLUCOMETER RBS	65	65
U8019	SHALOM-URINE DIPSTICK EXAMINATION	40	40
U8020	SHALOM-POP APPLICATION-SMALL(EXCLUDING COST OF POP	275	325
U8021	SHALOM-POP APPLICATION-LARGE(EXCLUDING COST OF POP	975	1165
U8022	SHALOM-STEROID INJ. INTRALESIONAL(EXCLUDING DRUGS)	95	95
U8023	SHALOM-STEROID INJ. INTRAARTICULAR(EXCLUDING DRUG)	285	285
U8025	SHALOM-EXCISION BIOPSY	1230	1465

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

CODE	DESCRIPTION	R RATE	P RATE
U8026	SHALOM-CATHETERIZATION(EXCLUDING COST OF CATHETER)	340	405
U8027	SHALOM-MEDICAL REPORT	180	180
U8028	SHALOM-MEDICAL CERTIFICATE	55	55
U8029	SHALOM-COUNSELLING		
U8030	SHALOM-NURSE EDUCATOR COUNSELING	175	210
U8031	SHALOM-SKIN SMEAR FOR KOH	405	480
U8032	SHALOM-CORN PARING	415	495
U8033	SHALOM-CORN EXCISION	580	690
U8034	SHALOM-AUDITORY TRAINING PER DAY	460	550
U8035	SHALOM-ENT SPEECH & LANGUAGE EVALUATION	515	615
U8036	SHALOM-SWALLOWING THERAPY	405	480
U8037	SHALOM-SWALLOWING ASSESSMENT	405	480
U8038	SHALOM-SPEECH THERAPY CONSUL	780	930
U8039	SHALOM-AUDIOGRAM/BOA	695	830
U8040	SHALOM-TYMPANOMETRY	240	285
U8041	SHALOM-TYMPANOGRAM AND SCREENING ACOUSTIC REFLEX T	515	615
U8042	SHALOM-NEONATAL HEARING SCREENING	535	635
U8043	SHALOM-HEARING AID FITTING AND COUNSELLING	1665	1985
U8044	SHALOM-HEARING AID MINOR REPAIRS	165	195
U8045	SHALOM-HEARING AID REVIEW AND SPEECH REVIEW	1045	1250
U8046	SHALOM-HEARING AID TRIAL WITH AIDED AUDIOGRAMS	1725	2055
U8047	SHALOM-SPEECH THERAPY FOR HEARING AID USERS	265	320
U8048	SHALOM-AUDIOGRAM SPECIAL TEST-SPEECH AUDIOMETRY	570	680
U8049	SHALOM-EAR MOULD IMPRESSION	460	550
U8050	SHALOM-HARD EAR MOULD ONE EAR	2015	2405
U8051	SHALOM-HARD EAR MOULD TWO EARS	3480	4145
U8052	SHALOM-SOFT EAR MOULD ONE EAR URGENT	4485	5350
U8053	SHALOM-SOFT EAR MOULD BILATERAL URGENT	2555	3045



**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL – VELLORE**  
**TARIFF LIST WITH EFFECT FROM 01<sup>st</sup> APRIL 2024**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>R RATE</b>	<b>P RATE</b>
U8054	SHALOM-HA - EAR TIP	25	30
U8055	SHALOM-WIDEX BATTERIES-HA	55	55
U8056	SHALOM-WIDEX BATTERIES HA SET OF 6	265	265
U8057	SHALOM-VOICE EVALUATION	715	855
U8058	SHALOM-VOICE THERAPY	2030	2420
U8059	SHALOM-VOICE THERAPY X 1DAY	460	550
U8060	SHALOM-SPEECH THERAPY - 3 SESSIONS	1510	1800
U8061	SHALOM-HOME BLOOD SUGAR MONITORING BOOKLET	20	20
U8100	SHALOM-NEW REGISTRATION	290	290
U8101	SHALOM-REPEAT REGISTRATION	160	160
U8102	SHALOM-NEW REGISTRATION-PRIVATE	525	525
U8103	SHALOM-REPEAT REGISTRATION-PRIVATE	230	230
U8104	SHALOM-PRIVATE CONSULTATION ONCE IN 3 MONTHS	315	315
U8105	SHALOM-PRIVATE FIRST CONSULTATION	315	315

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE**  
**TARIFF LIST WITH EFFECT FROM 1st APRIL 2024**

<b>1. BED CHARGES: DSCODE - XX001</b>	<b>AMOUNT TO BE CHARGED (COST OF BED)</b>	
<b><u>MAIN HOSPITAL</u></b>		
<b>BED TYPE</b>		
GENERAL	1585	GENERAL
GENERAL SEMI PRIVATE WITHOUT BATH	1650	GENERAL SEMI
4 BED WITH ATTACHED BATH	1685	4 BED
3 BED WITH ATTACHED BATH	1795	TRIPLE
GENERAL BED (AC) OT COMPLEX	2205	GENERAL AC OT
3 BED WITH AC AND ATTACHED BATH (Q5 N)	2445	TRIPLE AC
2 BED WITH ATTACHED BATH	2660	PRIVATE DOUBLE
2 BED WITH AC	3465	2 BED AC
DOUBLE ROOM WITH AC (G7S)	4990	DOUBLE AC
SINGLE ROOM WITHOUT AC	3675	SINGLE
SINGLE ROOM M/O BLOCK	4990	SINGLE M/O
SINGLE ROOM WITH AC	5775	SINGLE AC
SINGLE BED CORNER ROOM	8175	CORNER
A BLOCK DOUBLE ROOM AC	4990	A BLOCK
A BLOCK SINGLE ROOM AC	7875	A BLOCK
A BLOCK DELUX ROOM AC	10500	A BLOCK
BMT - GENERAL	14245	BMT -GENERAL
BMT - PRIVATE	14245	BMT-PRIVATE
HIGH MONITORING BED	2480	HMB
DAY CARE (GENERAL WARD)	1675	GENERAL
DAY CARE (L WARD)	2100	L WARD
DAY CARE (L WARD INSURANCE)	4620	L WARD
DAY CARE (O BLOCK)	2480	O BLOCK
DAY CARE (M/O BLOCK) NON A/C	3310	M/O BLOCK NO AC
DAY CARE (M/O BLOCK) A/C	3965	M/ O BLOCK AC
DAY CARE (PRIVATE DOUBLE ROOM)	5825	PRIVATE DOUBLE
DAY CARE (PRIVATE SINGLE ROOM)	8885	PRIVATE SINGLE

*\*Only the Indian Citizens except credit patients are eligible for Indian Citizen concession.*

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE**  
**TARIFF LIST WITH EFFECT FROM 1st APRIL 2024**

**REHABILITATION INSTITUTE**

BED TYPE	AMOUNT TO BE CHARGED (COST OF BED)	
FREE	1585	FREE
REHAB GENERAL	1585	GENERAL
REHAB SEMI PRIVATE	1795	SEMI PRIVATE
REHAB PRIVATE	3050	PRIVATE
REHAB SEMI PRIVATE AC	3655	SEMI PRIVATE AC
REHAB SINGLE AC	4780	SINGLE AC
REHAB DELUXE ROOMS	6195	DELUXE

**MENTAL HEALTH CENTRE**

BED TYPE	AMOUNT TO BE CHARGED (COST OF BED)	
ANNEXE GENERAL	995	GENERAL
ANNEXE SINGLE ROOM	1055	GENERAL
LCP WARD	1585	GENERAL
PRIVATE ROOM	1585	PRIVATE
PRIVATE SINGLE NON-AC	2440	PRIVATE
PRIVATE SINGLE AC	4780	PRIVATE AC
PRIVATE CAP SINGLE A/C	3565	CAP SINGLE A/C

**NAMBIKKA NILAYAM**

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE**  
**TARIFF LIST WITH EFFECT FROM 1st APRIL 2024**

BED TYPE	AMOUNT TO BE CHARGED (COST OF BED)	
LCP WARD	1585	GENERAL
PRIVATE	1585	PRIVATE
PRIVATE (A & D)	2675	PRIVATE

**SCHELL HOSPITAL**

BED TYPE	AMOUNT TO BE CHARGED (COST OF BED)	
IP GENERAL	1585	GENERAL
SEMI PRIVATE A/C	3500	SEMI PRIVATE
SINGLE ROOM - NON A/C	4500	SINGLE
SINGLE ROOM - A/C	6500	SINGLE
DAY CARE GENERAL A/C	1800	SINGLE A/C
DAY CARE PRIVATE SINGLE	4500	

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE**  
**TARIEFF LIST WITH EFFECT FROM 1st APRIL 2024**

ICU	AMOUNT TO BE CHARGED (COST OF BED)
AIC	12600
CICU RANIPET	11135
CTIC	11135
HPB ICU	11135
KICU	11135
KNI	11135
MIC	11135
MIC POD 2 RANIPET	11135
MICS	11135
MICU POD 3 RANIPET	11135
MICU POD 4 RPET (PRIVATE)	12600
NEURO TRAUMA ICU RANIPET	11135
NIC	11135
NICU RANIPET	11135
NTIC	11135
PIC	11135
PICU POD 1 RANIPET	11135
SIC	11135
UICU RANIPET	11135
LEVEL 3 NURSERY	11135

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**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE**  
**TARIEFF LIST WITH EFFECT FROM 1st APRIL 2024**

<b>HDU</b>	<b>AMOUNT TO BE CHARGED (COST OF BED)</b>
<b>AHD</b>	<b>4480</b>
<b>CHDU RANIPET</b>	<b>4480</b>
<b>CPU RANIPET (D001)</b>	<b>4480</b>
<b>CTHD</b>	<b>4480</b>
<b>HPB HDU</b>	<b>4480</b>
<b>KNS ICU</b>	<b>4480</b>
<b>MEDICAL STEP-DOWN POD 5</b>	<b>4480</b>
<b>MHDU</b>	<b>4480</b>
<b>MHDU POD 2 RANIPET</b>	<b>4480</b>
<b>NHDU RANIPET</b>	<b>4480</b>
<b>O3E ICU</b>	<b>4480</b>
<b>PHDU</b>	<b>4480</b>
<b>RUTX RANIPET</b>	<b>4480</b>
<b>SHDU</b>	<b>4480</b>
<b>LABOR ROOM SEMI ICU</b>	<b>4480</b>
<b>LEVEL 2 NURSERY</b>	<b>4480</b>
<b>LEVEL 1 NURSERY</b>	<b>1585</b>
<b>THR OR TKR</b>	<b>2660</b>

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**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE**  
**TARIFF LIST WITH EFFECT FROM 1st APRIL 2024**

**PROFESSIONAL CHARGES: DSCODE - XY001**  
**ALL OTHER UNITS (EXCEPT PMR AND NEW BORN)**

<b>BED TYPE</b>	<b>R</b>	<b>P</b>	<b>D</b>
FIRST 4 DAYS (PER DAY)	2420	2885	3160
5-10 Days (PER DAY)	1210	1440	1580
More than 10 Days (PER DAY)	645	770	840
<b>PMR AND NEW BORN</b>	<b>R</b>	<b>P</b>	<b>D</b>
PMR (PER DAY)	675	805	885
NEW BORN (PER DAY)	1380	1645	1800

<b>ICU</b>	<b>R</b>	<b>P</b>	<b>D</b>
ICU Fees	2830	3370	3700
Unit fees 1-10 days (Per day)	1410	1680	1845
More than 10 days (Per Day)	750	890	980
<b>HDU</b>	<b>R</b>	<b>P</b>	<b>D</b>
HDU Fees	2120	2525	2770
Unit fees 1-10 days (Per day)	1060	1265	1385
More than 10 days (per Day)	590	705	775
<b>STEP DOWN ICU</b>	<b>R</b>	<b>P</b>	<b>D</b>
STEP ICU Fees	1060	1265	1385
Unit fees 1-10 days (Per day)	1060	1265	1385
More than 10 days (per Day)	590	705	775

**CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE**  
**TARIEFF LIST WITH EFFECT FROM 1st APRIL 2024**

<b>PLASTIC SURGERY BURN CASES</b>	<b>R</b>	<b>P</b>	<b>D</b>
First Week	26915	26915	26915
Second Week	17200	17200	17200
Additional Days per Week	2240	2240	2240
Uro-Transplant Schedule	23505	23505	23505

**REHABILITATION INSTITUTE PROFESSIONAL CHARGES**

<b>Bed Type</b>	<b>G.Co, 2Bed, Co., SR, DELUX</b>
REHAB General	1280
REHAB Semi Private (Non AC)	2125
REHAB Semi Private AC	2125
REHAB Private Non AC	2125
REHAB Single AC	2200
REHAB Deluxe Room	2305

**MENTAL HEALTH CENTRE PROFESSIONAL CHARGES**

<b>Bed Type</b>	<b>OT Charges</b>	<b>Professional Charges</b>
Annexe General	90	125
Annexe Single Room	100	135
LCP Ward	175	220
Private Room	205	560
Private Single Non-AC	205	560
Private Single AC	205	560
Private CAP Single AC	205	560



Page No. 248	CHRISTIAN MEDICAL COLLEGE AND HOSPITAL - VELLORE					
	TARIFF LIST WITH EFFECT FROM 1st APRIL 2024					
Type	R Rate		P Rate		D Rate	
	Opr. fee	Thr. fee	Opr. fee	Thr. fee	Opr. fee	Thr. fee
1	3515	4850	4195	5780	4600	6340
2	3895	5225	4645	6230	5090	6835
3	4805	6125	5730	7300	6280	8005
4	5910	7445	7045	8875	7725	9735
5	5910	7835	7045	9340	7725	10245
6	6805	9120	8115	10875	8900	11925
7	7910	10835	9430	12920	10345	14170
8	10285	12125	12260	14455	13445	15855
9	11035	14335	13160	17090	14435	18745
10	12325	15235	14695	18165	16115	19925
11	13910	18175	16585	21670	18190	23765
12	15035	19125	17925	22800	19660	25005
13	16025	20890	19105	24910	20955	27320
14	18300	22320	21815	26615	23930	29190
15	19495	23630	23245	28170	25490	30900
16	20425	25430	24350	30320	26705	33250
17	22745	27740	27120	33075	29740	36280
18	22745	27740	27120	33075	29740	36280
19	24870	30470	29650	36330	32520	39850
20	27560	34105	32860	40665	36040	44600
21	31290	36145	37310	43100	40920	47270
22	33480	36145	39920	43100	43785	47270
23	35925	38570	42835	45990	46980	50440
24	40530	41365	48320	49320	53000	54095
25	42755	43705	50980	52110	55915	57155
26	47405	49440	56520	58945	61990	64650
27	52235	52785	62280	62940	68305	69030
28	73190	61320	87265	73115	95710	80190
29	59285	57995	70690	69145	77530	75835
30	68570	59460	81755	70895	89665	77760
31	56870	57995	67805	69145	74365	75835
32	8455	12125	10085	14455	11060	15855
33	12690	18195	15130	21695	16590	23790
34	3350	4375	3990	5215	4380	5720
35	21120	29855	25180	35595	27615	39040
36	70045	49440	83515	58945	91595	64650
37	116920	86510	139405	103145	152900	113125