

न्युक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड

Nuclear Power Corporation of India Limited

(भारत सरकार का उद्यम) (A Government of India Enterprise)

जैतापुर परमाणु विद्युत परियोजना **Jaitapur Nuclear Power Project**

संपर्क कार्यालय, रत्नागिरी रेलवे स्टेशन के नजदिक रत्नागिरी 415 639

Liaison Office, Near Ratnagiri Railway Station, Ratnagiri 415 639

बोर्ड नं./Board No : 02352 – 228471-73

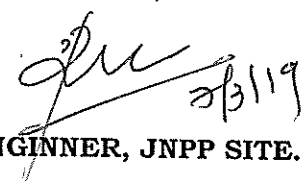
NOTICE INVITING EXPRESSION OF INTEREST (EOI)

EOI No. JNPP/MED/EOI/001/2019

NUCLEAR POWER CORPORATION OF INDIA LIMITED, JAIPUR NUCLEAR POWER PROJECT INVITES EXPRESSION OF INTEREST (EOI) FROM REPUTED HOSPITALS, NURSING HOMES PROVIDING SERVICES IN PAEDIATRY, OPHTHALMOLOGY, OBSTETRICS & GYNAECOLOGY, ENT, DENTAL AND ORTHOPAEDIC BOTH NABH/NABL ACCREDITED & NON ACCREDITED FROM RATNAGIRI TOWN AND ADJOINING AREA FOR CONSULTATION TREATMENT & MANAGEMENT OF PATIENTS OF JAIPUR NUCLEAR POWER PROJECT, RATNAGIRI.

INTERESTED PARTIES ARE REQUESTED TO SUBMIT THEIR EOI WITH THEIR CREDENTIALS AND SUPPORTING DOCUMENTS TO THE DEPUTY MANAGER (HR), LIAISON OFFICE, JAIPUR NUCLEAR POWER PROJECT, NEAR RATNAGIRI RAILWAY STATION, KUWARBAV, RATNAGIRI 415639, PHONE NO. 02352-228471-73, ON OR BEFORE **18 March, 2019**. THE DETAILS MAY BE ACCESSED FROM OUR WEBSITE: www.npcil.nic.in OR a copy can be collected from the office of Jaitapur Nuclear Power Project at above address.

NPCIL RESERVES THE RIGHT TO ACCEPT OR REJECT ANY HOSPITAL/NURSING HOME/CLINICS.


CHIEF ENGINEER, JNPP SITE.

EXPRESSION OF INTEREST

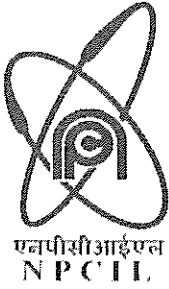
FOR

EMPANELMENT OF HOSPITALS /NURSING HOMES

BID REFERENCE : EOI No JNPP/MED/EOI/001/2019

Issued by

JAITAPUR NUCLEAR POWER PROJECT



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जैतापुर परमाणु विद्युत परियोजना Jaitapur Nuclear Power Project

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DISCLAIMER

This Expression of Interest (EOI) is issued by the Nuclear Power Corporation of India Limited (NPCIL), a Central Public Sector Enterprise of the Department of Atomic Energy, Government of India.

This EOI is meant only for those Hospitals/Nursing Homes which intend to submit their credentials in line with the terms and conditions set forth in EOI documents. Whilst the information in this EOI has been prepared in good faith, it is not and does not purport to be comprehensive or to have been independently verified.

The interested Hospitals/Nursing Homes may apply in the prescribed Application Format given at Annexure I. An agreement as provided at Annexure V of this EOI detailing all terms and conditions for availing the medical facility shall be signed between the NPCIL and the HOSPITAL. No deviation to terms and conditions indicated in the agreement shall be accepted.

1. NPCIL, (JNPP) – An Introduction :

NPCIL is a premier Central Public Sector Enterprise under the Department of Atomic Energy, Government of India. It has comprehensive capability in all facets of nuclear technology namely, Site Selection, Design, Construction, Commissioning, Operation, Maintenance, Renovation, Modernization & Up-gradation, Plant Life extension, Waste Management and Decommissioning of Nuclear Reactors in India under one roof. NPCIL intends to set up 6 Nuclear Reactors of 1650 MWe each totaling to 9900 MWe at Village Madban, Tal Rajapur, Dist. Ratnagiri. The land has already been acquired for this purpose.

1.1 About Jaitapur Nuclear Power Project :

Jaitapur Nuclear Power Project (JNPP) is situated on the plateau of Madban off Arabian Sea towards south west end of Ratnagiri District. It is about 70 Kms from Ratnagiri, which is District Headquarters. Near Rail Head is Rajapur Station of Rajapur Taluka, which is around 30 Kms from JNPP Site.

1.2 About Liaison Office of JNPP at Ratnagiri :

The Liaison Office of JNPP is situated in Ratnagiri town near the Ratnagiri Railway Station. All the employees are at present posted at Liaison Office who

stay in Ratnagiri Town. **PRESENT STRENGTH OF BENEFICIARIES IS AROUND 21 OF ALL AGE GROUPS.**

1.3 About Hospitals/Nursing Home requirement for our employees :

The Hospitals/Nursing Homes having advanced facilities in the surrounding area of Ratnagiri are preferred for referring our patients.

2.0 Terms & Conditions:

2.1 Location of Hospitals/Nursing Homes:

Should be in and around city i.e. Ratnagiri. In exceptional case, depending up on facilities available, hospitals beyond this limit will also be considered.

2.2 Services Expected:

Nursing Homes/Hospitals providing services in Obstetrics and Gynecology, Pediatrics, Orthopedics, ENT, Ophthalmology, Dental specialties,

Doctors running clinics, Nursing Homes can also apply for recognition/empanelment.

Qualification of Medical & Paramedical staff:

1. Doctors-MBBS, BDS, MS/MD, DNB in respective specialization, duly recognized by statutory bodies like Indian Medical Council, Nurses & Paramedical staff – Qualifications duly recognized by statutory bodies.
2. Medical facilities in Allopathic medicines only will be provided. (However, dispensaries/clinics/hospitals providing medical services in Homeopathy, Ayurvedic and Unani System of medicines will also be recognized for the benefit of NPCIL employees. In respect of Homeopathy, Ayurvedic and Unani System of medicines, the employees will have to bear the expenses initially, which will be reimbursed to them as per CS (MA) Rules, 1944.)
3. Medical facilities includes Outpatient/In-patient consultation, medicines, laboratory tests, X-Ray, CT Scan, MRI, Surgery, rooms for in-patients and other medical procedures or any other facilities required for treatment of patients.
4. The Medicines supplied by the Hospital should be of standard quality and from reputed manufacturers and it should not include cosmetics, toiletries, tonics and nutrients etc.
5. The recognized hospital is expected to maintain the highest standard of cleanliness, hygiene, services in OPD, In-patient wards. It is also expected to use standard and good tools, equipment's, instruments, toiletries, cleaning materials, surgical/dressing materials required for treatment of patients. All types of services in medical attendance and treatment should be of up-to-date standard, acceptable to NPCIL. The Doctors, Nurses, Para-

medical staff, Ward boys, Ayahs, and other personnel are expected to be well disciplined and courteous in their behavior with patients.

Any complaints in this regard from the beneficiaries of NPCIL/JNPP will be viewed seriously and hospital is liable for penal action, including de-empanelment.

- 2.3** The Hospitals /Nursing Homes/ Laboratories / Diagnostic Centers shall provide medical facility to the medical beneficiaries of the NPCIL/ JNPP on the basis of medical card issued to each beneficiary bearing the following details:

- 1. Name of the beneficiary:**
- 2. Date of birth :**
- 3. Employee Name:**
- 4. Designation :**
- 5. Employee Number :**
- 6. Relationship to employee :**
- 7. Valid Up to :**
- 8. Blood Group :**
- 9. Eligibility of Ward :**
- 10. Residential Address :**
- 11. Office Address:**

- 2.4** The hospital shall provide their Bank Account details along with IFSC code and PAN Card Number, Service Tax Number (if applicable) and all other documents (e.g. Registration under The Shops and Establishments Act, The Indian Medical Council, Blood Bank, Drug license etc.) necessary for running of the hospital. The HOSPITAL shall provide Tax Exemption Certificate prescribed under the Income Tax Act, 1961 to the COMPANY to avail tax exemption by the employees.

- 2.5** The Empanelment Committee constituted by NPCIL – JNPP will screen the hospitals which have given EOI and visit only screened hospitals/diagnostic centers for further process of empanelment. The Hospital Empanelment Committee will visit and inspect the hospital/diagnostic center based on the **Annexure – I, II, III & IV** as the case may be and give recommendations for empanelment.

- 2.6** The patients bringing valid medical card (as mentioned in paragraph 2.3 above) will only be entertained.

- 2.7** The empanelment of Hospitals / Nursing Homes will be normally for 03 (Three) years & similarly the renewal of empanelment of Hospitals will also be normally for a period of Three (03) years on mutual understanding.

3.0 INSTRUCTIONS TO APPLICANTS :

- 3.1** NPCIL floats this EOI for empanelment of Hospitals under one category subject to fulfilling the requirement as stated above.
- 3.2** Applicants are expected to examine carefully the contents of all the documents provided. Failure to comply with the requirements of EOI will be at the applicants own risk.
- 3.3** It would be deemed that prior to the submission of the Application, the applicant has :
- i.** Made a complete and careful examination of requirements and other information set forth in this EOI request document.
 - ii.** Received all such relevant information as it has requested from NPCIL.
- 3.4** The firm shall bear all costs associated with the preparation or delivery of its application.
- 3.5** Firm shall not disclose confidential information to any third party witho prior written approval of NPCIL.
- 3.6** NPCIL reserves its rights to call for the supporting documents for verification if so deemed also cross-check for any details as furnished by the firm from their previous clients etc. Bidders shall have no objection whatsoever in this regard.
- 3.7** **Hospital /Nursing homes already empanelled with CGHS are eligible for empanelment. Documentary proof of empanelment must be attached with format.**

3.8 Corrupt & Fraudulent Practices :

It is expected that Bidders/Contractors observe the highest standard of ethics during the execution of the contract in pursuance to the policy of " Corrupt & Fraudulent Practices ", that is defined as follows :

- i.** "Corrupt practice" means the offering, receiving or soliciting of anything of value to influence the action of a public official in the contract execution.
- ii.** "Fraudulent practice" means a misrepresentation of facts to influence the execution of a contract to the detriment of NPCIL and includes collusive practices amongst the bidders (prior to or after bid submission) designed to establish bid process at artificial non-competition levels and to deprive NPCIL of the benefits of free and open competition.

NPCIL will reject a proposal for award of work, if it is determined that any bidder participating in a bid or the agency to whom the work has been awarded is engaged in corrupt or fraudulent practices as defined above.

3.9 NPCIL reserves the right to reject any application if :

- i. At any point of time, a material misrepresentation is made or uncovered for a firm.
- ii. The firm does not respond promptly and thoroughly to requests for supplemental information required for the evaluation of the Application.

4.0 RATES / TARIFF:

- 4.1 Rates of package and procedure shall be as per CGHS rates 2014 applicable for Delhi & NCR.
- 4.2 The schedule of rates charged by the hospital should be comparable with CGHS rates notified for that city/nearby city/the capital city of the state.
- 4.3 Package rates (with list of inclusions) in case of surgical branches will be considered. For Medical branches separate rates should be quoted.
- 4.4 Rates quoted as package should be for general wards : **5-10-15-20%** escalation will be considered for each increase of entitled category on whole package.
- 4.5 If schedule of rates of a Hospital is approved by the central Government/State Government under CSMA Rules, such Hospitals should be empanelled on their scheduled rates as applicable from time to time.
- 4.6 The hospital shall extend cash less medical facilities to beneficiaries on production and verification of identity of the beneficiary through the bonafide Medical Registration Card issued by any of the Units of NPCIL/Jaitapur Nuclear Power Project.

5.0 AGREEMENT :

- 5.1 The final agreement will be signed by the **Unit Head (JNPP)** of the NPCIL, JNPP with the Hospitals / Laboratories / Diagnostic Centers approved for empanelment in the prescribed format as at **Annexure-V**.
- 5.2 The said Hospital will not charge anything from the beneficiaries and the beneficiaries shall not be liable to pay anything to the Hospital for the medical treatment.
- 5.3 Agreement will be done on Rs100/-stamp paper.
- 5.4 The empanelled hospital shall raise the monthly bill strictly in accordance with the charges as agreed to between NPCIL and the Hospital every month and detailed break-up of the bill shall be furnished to the satisfaction of NPCIL.
- 5.5 NPCIL shall attempt to make payment to the hospital after processing the bill within a period of 60 days from the date of receipt of the bill. However, if for want of some clarifications, documents, errors in the bills, if they are returned to the hospital, the period of 60 days will count only after the date of re-submission of the bills by the hospital after infirmities as pointed out are removed.



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Annexure - I

APPLICATION FORMAT

APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS
(MULTI-SPECIALTY / SPECIALTY/SUPER-SPECIALTY) / DIGONSTIC
CENTRES/PATHOLOGICAL LABS.

1. Name of the city where hospital is located.

2. Name of the Hospital

3. Address

4. Tel / fax / e – mail

Telephone No																			
Fax																			
e-mail / website address																			

Signature of the Authorized Applicant

Attachment : Full NABH certificate with exact period mentioned.
Signed by Hospital Authority.

5. Empanelment Applied for.....

- a) ☐ Multispecialty (General Purpose) ^{1*} ((Minimum three specialities)
- b) ☐ Super Specialty (one or more Specialty)
- c) ☐ Dental Care Centre
- d) ☐ Super Specialty Eye Care
- e) ☐ Diagnostic Centre

(Please tick the appropriate column)

Super Specialty - Specify Specialty -

Cardiology, Cardiovascular and Cardiothoracic Surgery /

☐

Neurology and Neurosurgery

☐

Urology - Including Dialysis and Lithotripsy
(Renal Transplant, if available)

☐

Orthopedic - Surgery - including arthroscopic surgery and joint
Replacement

☐

Gastroenterology and GI-Surgery (Liver Transplant, if available)

☐

Comprehensive Oncology (includes surgery, chemotherapy
And Radiotherapy) /

☐

Pediatrics and Pediatrics surgery

☐

Endoscopic surgery

☐

E.N.T. including Specialized surgeries

☐

Any other (specify the name of the Speciality)

☐

Note : Facilities for Relevant Diagnostic procedures/investigations
Should be available -

Note: 1* **Multispecialty (General Purpose)** - shall include General Medicine, General Surgery, Obstetrics and Gynecology, Pediatrics, Orthopedics, ICU and Critical Care Units (ENT, Ophthalmology, Dental specialties - desirable), and facilities for Radiology and in house laboratory and Blood Bank. These hospitals will not be considered for ONE Specialty/ or selected specialties only. However, they can be considered for additional Specialties in addition to General Purpose treatment.

Signature of the Authorized Applicant

Dental Care Centre

Applied for :-

General Dentistry

☐

Special Dental procedures – specialty specified

☐

Diagnostic procedures / investigations for Dental

☐

Super Speciality Eye Care -

Applied for – (Specify)

a) Cataract / Glaucoma

☐

b) Retinal - Medical – Vitreo – retinal surgery

☐

c) Strabismus

☐

d) Oculoplasty & Adnexa & other specialized treatment

☐

6. Whether the hospital is recognized under any one or more of following :

1. Under CGHS/CS (MA)/CHSS of DAE , GO
CHSS OF DOS/GOI/any CPSU

Yes ☐

No ☐

2. Under State Health Authority / Local Body

Yes ☐

No ☐

3. Under any Medical Health Insurance
Organization (If, yes, specify)

Yes ☐

No ☐

4. Trust Hospital

Yes ☐

No ☐

7. Whether CGHS rates acceptable

Yes ☐

No ☐

8. Whether NABH/NABL Accredited

Yes ☐

No ☐

9. Total no. of beds/ICU beds/speciality wise beds/
Super-speciality wise beds.

10. Any other relevant information.

11. Rate list for various treatment/investigation to be enclosed.

Signature of the Authorized Applicant

CHECKLIST FOR GR.II HOSPITALS

SECTION-A (FOR MULTISPECIALITY HOSPITALS)

CRITERIA FOR MULTI SPECIALITY HOSPITALS :

1. The hospital should have minimum 30 beds for Multi Speciality Hospitals and minimum 20 beds for Super Speciality Hospitals.
2. The hospital should have adequate doctors, nursing and para medical staff to meet the requirement of services and workload of the hospital.
3. It should be able to provide emergency services.
4. The bed occupancy rate should be 50% in last one year.
5. It should have standby power supply.
6. It should have pathology laboratory /X-Ray facilities.
7. It should have operation theatre with OT table, shadowless light, autoclave facilities, Boyle's apparatus/Anesthesia machine/Pluse Oxymeter and ECG monitor.
8. It should have blood bank support.
9. It should have pharmacy/drugs store.
- 10.It should have ambulance facility.
- 11.It should have waste disposal system as per prescribed rules.

SECTION - B (CARDIOLOGY HOSPITALS)

CRITERIA FOR CARDIOLOGY HOSPITALS:

1. The hospital should have full time qualified Cardiologists.
2. It should have qualified cardio-thoracic surgeon back up.
3. It should have separate Cardiac ICU.
4. It should have Cath. Lab. Facility.
5. It should be performing minimum 200 angiography per day.
6. It should be performing minimum 100 angioplasties per year.

SECTION -C (HAEMODIALYSIS)

CRITERIA FOR DIALYSIS :

1. The hospital should have a good dialysis unit placed in neat, clean and hygienic room.
2. It should have at least two good haemodialysis machines with facility of giving bicarbonate hemodialysis.
3. It should have water-purifying unit equipped with reverse osmosis.
4. Unit should be regularly fumigated and they should perform regular antisepctic precautions.
5. It should have facility for providing dialysis in Seropositive cases.
6. It should have trained dialysis Technician and Sisters and full time Nephrologist and Resident Doctors available to combat the complications during the dialysis.
7. It should conduct at least 50 dialysis per month and each session of haemodialysis should be at least 4 hours.
8. Facility should be available 24 hours a day.

SECTION-D (ORTHOPAEDIC CENTRE)

CRITERIA FOR ORTHOPAEDIC CENTRE :

1. The hospital should have qualified Orthopaedic Surgeon.
2. It should have aseptic operation theatre.
3. It should have imaging facility.
4. It should be able to give emergency services.
5. It should have a Physiotherapy support.

SECTION - E (NEUROLOGY CENTRE)

CRITERIA FOR NEUROLOGY CENTRE :

1. The hospital should have qualified Neurologist/Neuro Surgeon.
2. It should have EFG and imaging facility support.
3. It should have physiotherapy support.

SECTION -F (E.N.T. CLINIC/HOSPITAL)

CRITERIA FOR E.N.T. CLINIC/HOSPITAL :

1. The hospital should have qualified E.N.T. surgeon.
2. It should have audiometry facility.
3. It should have facility for Endoscopy and require instrumentation facility.

SECTION – G (ONCOLOGY)

CRITERIA FOR ONCOLOGY :

1. The hospital should have qualified Oncologists.
2. It should have aseptic operation theatre for Oncological Surgery.
3. It should have facilities for Chemotherapy.
4. It should have facilities for Radiotherapy and adequate manpower as per guidelines of AERB.

SECTION -H (ENDOSCOPIC/LAPROSCOPIN SURGERY HOSPITAL)

CRITERIA FOR ENDOSCOPIC/LAPRISCOPIC SURGERY HOSPITAL :

1. The hospital should have adequate facilities for casualty/emergency ward, full – fledged ICU, proper wards, qualified nurses and paramedical staff and Resident doctors/specialists.
2. The surgeon should be Post Graduate with experience in the concerned field.
3. He/she should be able to carry out the surgery with its variations and able to handle its complications.
4. The hospital should have facilities to carry out laproscopic surgeries.
5. The hospital should have at least one complete set of laproscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laproscopic surgery.

SECTION – I (DENTAL HOSPITALS)

CRITERIA FOR DENTAL HOSPITALS :

1. The hospital should have qualified Dental Surgeon.
2. It should have facility for Dental X-ray.
3. It should have adequate nursing staff.
4. It should be able to provide emergency services.
5. It should have working Dental Chair, Electrically operated, hygienic/aseptic piping unit fitted with Halogen Light and other facilities like Air Rotor, Air Motor/Micro Motor, Oil free medical grade compressor, Ultrasonic Scaler, Light Cure Machine, Built in high suction apparatus etc.

SECTION – J (EYE CARE HOSPITALS)

CRITERIA FOR EYE CARE HOSPITALS :

1. The hospital should have qualified Ophthalmic Surgeon with experience PHACOEMULSIFICATION surgery.
2. It should have perform minimum 500 IOL implants in one year.
3. It should have Phacoemulsifier Unit.
4. It should have YAG laser for capsulotomy.
5. It should provide IOL of national/international standard.
6. It should have back up facilities of Vitro-retinal Surgeon.
7. It should have adequate OT facilities.
8. It should have adequate nursing staff.
9. It should have facilities for Glaucoma cases management.

CHECKLIST FOR GR.III HOSPITALS

NURSING HOMES PROVIDING SINGLE OR MULTISPECIALITY SERVICES

1. The hospital should have full time/round- the – clock qualified doctors, nursing and para medical staff.
2. It should have minimum 20 beds.
3. It should be able to provide emergency services.
4. It should have pathology laboratory facilities.
5. It should have power back up.
6. It should have OPD facilities with adequate sitting arrangements.

SECTION – B (CT SCAN CENTRE)

CRITERIA FOR CT SCAN CENTRE :

1. The centre should have whole body CT scan.
2. It should be housed in building as per AERB guidelines.
3. There should be sufficient work space.
4. There should be waiting area which should be separate from the radiation area.
5. There should be provision for changing room.
6. There should be provision of Radiation protective devices like Screen, Lead apron, Thyroid & Gonads protective shield.
7. There should be equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium.
8. There should be provision for sterilized instrument, disposable syringes & needles, catheter etc.
9. There should be provision for washed clean lines.
10. There should be qualified Radiologist-having post graduate degree.
11. There should be qualified Radiographer-holding diploma (2 years)/degree in Radiography from recognized institution,
12. There should be nursing staff/female attendant for lady patient.
13. There should be provision for radiation monitoring of all technical staff & doctor through DRP/BARC.
14. There should be coverage by Anesthetist during procedures involving contrast media.
15. There should be disposal of waste.
16. There should be backup of Generator, UPS, emergency light.
17. Centre should be easily approachable.
18. Workload – 50 per month.
19. Installation should be approved by AERB.

CHECKLIST FOR DIAGNOSTIC CENTRES

SECTION -A (RADIOLOGICAL DIAGNOSIS AND IMAGING CENTRE)

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTRE :

1. The centre should have standard quality X- ray machine/MRI machine.
2. It should have adequate space & patient waiting area.
3. It should have qualified Radiologist.
4. It should have technicians- full time, holding degree/diploma (2 years) from recognized institutions.
5. It should be equipped for resuscitation of patient.
6. It should have facilities for computer printer reports.
7. It should have backup of Generator, UPS, Emergency light.
8. There should be Automatic Film Processor Unit.
9. They should be performing minimum 30 -50 MRI per month.

SECTION – C (MAMMOGRAPHY CENTRE)

CRITERIA FOR MAMMOGRAPHY CENTRE :

1. The centre should have standard quality mammography machine with low radiations and biopsy attachment.
2. It should have automatic/manual film processor.
3. It should have provision for hard copy & computer printout reports.
4. It should have adequate working space.
5. There should be provision for changing room, privacy for patients.
6. There should be female Radiographer/attendant.
7. There should be backup of Generator, UPS, Emergency light.
8. Centre should be easily approachable.
9. Workload minimum 25 per month.

SECTION - D (USG/COLOUR DOPPLER CENTRE)

CRITERIA FOR USG/COLOUR DOPPLER CENTRE :

1. Centre should be registered under the PNDT Act and its status of implementation.
2. Machine should be permanently housed in the Diagnostic Centre. It should be of high resolution Ultrasound standard and of updated technology. Equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz and should also have provision/facilities of Trans Vaginal/Trans Rectal Probes.
3. It should have minimum three probes.
4. There should be facilities for print out of hard copies of the images and reports.
5. The centre should have qualified Radiologist.
6. There should have full time Nurse/Female attendant for female patients.
7. The size of the room should be adequate with proper ventilation.
8. There should be emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure.
9. There should be anesthetics coverage during such procedures.
10. Availability of clean lines & disposable consumable & sterilized instruments.
11. There should be backup of Generator, UPS, emergency light.
12. Centre should be easily approachable.
13. Workload 250 per month.

SECTION -E (BONE DENSITOMETRY CENTRE)

CRITERIA FOR BONE DENSITOMETRY CENTRE :

1. The centre should have bone densitometry equipment (ultrasound/x-ray based) with colour printer.
2. There should be separate waiting room.
3. There should be qualified Radiologist.
4. There should be qualified Radiographer from recognized institution.
5. The centre should be radiation safety measures.
6. There should be backup of Generator, UPS, Emergency light.
7. Workload 50 per month.
8. Quotation should be separately given for Dexa Scan/Ultrasound.
9. Desirable : Capable of performing 1-3 sites and whole body.

No.....

AGREEMENT

BETWEEN

Nuclear Power Corporation of India Limited,

Jaitapur Nuclear Power Project

AND

.....,

This Agreement is made and executed on this _____ day of _____, 201 between NPCIL (Name of the Unit)..... having its office at Of the First Party AND

..... (Name of the Hospitals / Nursing Home/Diagnostic Centers / Pathological Labs. / Consultants / Visiting Consultants *with Address*) of the Second Party.

WHEREAS M/s. -----, Ratnagiri, has agreed to provide medical facilities to employees, their family and dependents (herein after referred as 'beneficiaries') of Jaitapur Nuclear Power Project, the beneficiaries of other Units/ Projects of NPCIL coming on tour, leave etc., to Jaitapur Nuclear Power Project, Ratnagiri or beneficiaries of Units/ Projects of NPCIL settled in and around Ratnagiri after their retirement on superannuation, voluntary retirement from NPCIL/DAE and its constituent units, as per Central Government Health Scheme (CGHS) rates.

Medical facilities include consultation, medicines, laboratory tests, X-Ray, CT Scan, MRI, Surgery, rooms for in-patients and other medical procedures or any other facilities required for treatment of patients.

Whereas NPCIL approved for empanelment of the said Hospital as per _____ rates as per the _____ for treatment of employees of Jaitapur Nuclear Power Project, Ratnagiri and members of their family for a period of -----, which shall be regulated as per the schedule of charges as approved and appended as Annexure to this agreement. The said Hospital will not charge anything from the beneficiaries and the beneficiaries shall not be liable to pay anything to the Hospital for the medical treatment.

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:

1.0 GENERAL CONDITIONS

- 1.1 The Second Party shall extend credit facility to the First Party for providing the services under the Scheme to the beneficiaries.
- 1.2 Both outpatient and inpatient treatment and any other procedures under the approved Package rates shall be extended on credit basis to all the beneficiaries and no separate registration fees, file charges etc. will be charged. Cost of all required medicines, investigations, blood & blood components (service charges excluding blood donor charges etc.) will be incorporated in the final bill to be submitted by the referral hospital. The schedule of the rates is indicated in **Annexure A**.
- 1.3 The charges for the treatment of all the categories of procedures under the Packages is to be charged according to the package rates wherever approved. The cost of the items like stent, valves, pace makers, implants, prosthesis etc. which is not included in the packages shall be used, if required, only with prior concurrence of the Medical Superintendent and charged accordingly.
- 1.4 All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure are the part of package.
- 1.5 The package rate, if any, under the treatment requirement will be calculated as per the rate specified in **Annexure-A**. No additional charge on account of extended period of stay shall be allowed if that extension is due to any infection as a consequence of surgical procedure or due to any improper procedure and is not justified.
- 1.6 The non-medical items do not form the part of package as detailed below, if issued to the patient ; and should not be billed to NPCIL :
 - a) Toilet / Tissue rolls/papers
 - b) Face tissue
 - c) Air freshener
 - d) Eau-de-cologne
 - e) Diapers
 - f) Food served to patients relatives/attendants, if any.
 - g) Toiletry items like tooth paste, tooth brush, mouth wash, soap including oil (olive/Olio), cream, Vaseline body lotion, sanitary items, etc.

- h) Telephone charges
- i) Drinking Glass
- j) Digital / Ordinary Thermometers
- k) Insulin Syringe/needle for outpatient
- l) Medical certificate charges, Admission Card/Registration charges.
- m) Barber charges/ Razor charges / Hair remover lotion
- n) Treatment purely on aesthetic reason
- o) Private Nurse/Attendant charges
- p) Mineral Water / Packaged Drinking water
- q) Medicine Box
- r) Any supplementary protein foods given to the patient
- s) Patient relative holding room charge
- t) All non-allopathic drugs and medicines.

1.7 The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for beneficiary of First Party under this Agreement shall remain firm and not be increased during the validity period of this Agreement.

1.8 The Second Party shall provide services only for which it has been empanelled by NPCIL Units at the rate fixed / agreed between the Parties and shall be binding. Due to any reason, if any other services are required to be provided by the hospital, the same shall be provided only with the approval of authorities of JNPP and the charges will be as per the charge fixed by NPCIL Units for the same treatment in the nearby locality. If no such empanelled hospital exists in that locality, the charges may be as per the CGHS rates.

1.9 The Second Party shall furnish reports on monthly basis by 10th day of the succeeding calendar month in the prescribed format to the First Party in respect of the beneficiaries treated / investigated.

1.10 The Second Party shall submit all the medical records in soft copy format as far as possible to the First Party.

1.11 The Second Party agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the Second Party, which alone shall be responsible for the defect and / or deficiencies in rendering such services.

1.12 It is hereby agreed that during the In-patient treatment of the

Beneficiaries, the Second Party will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package deal rate, as agreed by the Parties, which includes the cost of all the items. In case of any such complaint, the same shall be considered as a breach and appropriate action, including removing from the empanelment and / or termination of this Agreement, may be initiated against the Second Party on the basis of any investigation or enquiry, as deemed fit, carried out by teams / appointed by the First Party.

1.13 The Second Party shall immediately communicate to Jaitapur Nuclear Power Project about any change in the infrastructure / strength of staff. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior permission of the First Party. The new establishment of the Second Party shall attract a fresh inspection and empanelment will be continued subject to satisfaction of the inspection by the Hospital Empanelment Committee.

1.14 The Second Party will submit an annual report regarding number of patients treated, period of admission in case of IPD patients bills submitted to the First Party and payment received, details of monthly report submitted to the Medical Superintendent.

1.15 In case of any natural disaster / epidemic, the Second Party shall fully cooperate with the authorities of the First Party and will convey / reveal all the required information, apart from providing treatment.

1.16 The Second Party will not make any commercial publicity projecting the name of the First Party. However, the fact of empanelment under NPCIL may be displayed at the premises of the empanelled center.

1.17 The Second Party will not refer the patient to other specialist / other hospital without prior permission of authorities of the First Party. Prior intimation shall be given to Jaitapur Nuclear Power Project whenever patient needs further referral.

2.0 DUTIES AND RESPONSIBILITIES OF HOSPITALS / DIAGNOSTIC CENTRES / PATHOLOGICAL LABS.

It shall be the duty and responsibility of the Second Party at all times, to obtain,

maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.”

3.0 HOSPITALS / DIAGNOSTIC CENTRES / PATHOLOGICAL LABS. INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Second Party is responsible for and obliged to conduct all contractual obligations in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Second Party is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

4.0 TREATMENT IN EMERGENCY

- 4.1** Notwithstanding anything contained in this agreement, in case of emergency, the Second Party shall not refuse admission or demand advance from the CHSS beneficiary, but should provide the treatment as in the usual course for the concerned patient as per the approved rates including package rates, if any. The Second Party is required to inform the Jaitapur Nuclear Power Project.

If any patient is taken up in emergency, charges applicable will be as per the approved rates including Package Rate only wherever applicable and no emergency charges or any additional charge on account of the emergency will be payable.

5.0 TERMINATION

- 5.1** This agreement can be terminated by either of the party by giving 30 days notice in writing to the other party.
- 5.2** However, the First Party may, without prejudice to any other remedy for breach of Agreement, by written notice to the Second Party may terminate the Agreement in whole or part:
- a. If the Second Party fails to perform any of its obligation(s) under the Agreement.
 - b. If the Second Party in the judgment of the First Party has indulged in corrupt or fraudulent practices in competing for or in executing the

Agreement.

c. In case of any violation of the provisions of the Agreement by the Second Party such as (but not limited to), refusal of service, refusal of credit facilities to eligible beneficiaries and direct charging from the Beneficiaries of the First Party, deficient or defective service, over billing and negligence in treatment.

5.3 If the Second Party is found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreement will be summarily suspended without any notice by the First Party and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.

6.0 INDEMNITY

The Second Party shall at all times, indemnify and keep indemnified the First Party against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Second Party in execution of or in connection with the services under this Agreement will not hold the First Party responsible or obligated.

7.0 PAYMENT

The payment will be made to the Second Party within a period of 60 days from the date of submission of the bill accompanied with all necessary and supporting documents.

8.0 DURATION

The Agreement shall remain in force for a period of three (03) years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for a further periods with mutual consent of the Parties.

9.0 ARBITRATION

9.1 Any dispute/difference arising out of this Agreement shall be mutually resolved with the consent of both the parties. However, in case, the disputes/difference could not be resolved through mutual discussion, in that case the same shall be referred for resolution by the sole arbitrator to be appointed by CMD, NPCIL. The arbitration shall be governed by the Arbitration and Conciliation Act, 1996 as amended from time to time.

10.0 MISCELLANEOUS

- 10.1 Nothing under this Agreement shall be construed as establishing or creating any right or any relationship of Master and Servant or Principal and Agent between the First Party and the Second Party.
- 10.2 The Second Party shall notify the First Party of any change as to the status, change of name etc. as the case may be, if such change would have an impact on the performance of obligation of the Second Party under this Agreement.
- 10.3 This Agreement can be modified or altered only on written agreement signed by both the parties.
- 10.4 If the Second Party is wound up or dissolved or become insolvent, the First Party shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Second Party or their heirs, successors, assigns and legal representatives from the liability in respect of the services provided by the Second Party under the Agreement.
- 10.5 The Second Party shall not assign, in whole or in part, its obligations to perform under the agreement, except with the prior written consent of the First Party at its sole discretions and on such terms and conditions as deemed fit by the First Party. However, any such assignment shall not relieve the Second Party from its liability or obligation under this agreement.

11. NOTICES

- 11.1 Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by Speed Post or by facsimile and confirmed by original copy by post to the other Party's address as below.

Jaitapur Nuclear Power Project.

Hospitals / Diagnostic Centers / Pathological Labs. with address:

(.....)

IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year first above mentioned.

Signed by

Unit Head (JNPP Site) NPCIL & Seal
(First Party)

In the Presence of
(Witnesses)

1.

2.

Signed by

For and on behalf of (Hospitals /Nursing Homes/ Diagnostic Centers /
Pathological Labs.)

Duly authorized vide Resolution No.-----dated----- of
(name of Hospitals / Nursing Homes/Diagnostic Centers / Pathological
Labs.)

(Second Party)

In the presence of
(Witnesses)

1.

2.

NOTE :This agreement is common for Hospitals / Diagnostic Centers / Pathological
Labs and therefore at the time of actual signing of the agreement, non applicable
clauses may be suitably stricken off without diluting the intent / contents.

Tele: 25683476
Mil: 36833

Annexure 'A'

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

05 Apr 2017

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

**REVISION OF ECHS RATES FOR EMPANELLED HOSPITALS,
DIAGNOSTIC LABORATORIES AND IMAGING CENTRES. MUMBAI**

1. Refer GOI MoD ID No 22A (48)/2007/US/WE/D (Res) dt 19 Aug 2010.
2. CGHS rates were revised for all cities except Mumbai in 2014.
3. CGHS has vide its OM S-11011/22/2017/CGHS-HEC dt 03 Apr 2017 revised the rate of Mumbai from 2010 to Delhi 2014 rates as an interim measure.
4. Regional Centre ECHS Mumbai would disseminate the new rates to empanelled hospitals, diagnostic laboratories and imaging centres, SEMO's, Stn HQR's & ECHS Polyclinics.
5. The procedures and CGHS package rates of Delhi shall hereafter be treated as ECHS package rates for hospitals, diagnostic laboratories & imaging centres under Regional Centre ECHS Mumbai and the rates would be applicable from the date of issue of this letter.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Copy to:-

MoD (DoESW) - for info please.

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7) } - for info please.

Office of the CGDA - for info please.
Ulan Batar Road
Palam, Delhi Cantt-10

UTI-ITSL

1533/1, Above Farico Show Room

1st Floor, Old Madras Road

Halasuru, Bangalore,

Karnataka-560008

- for info.

()

All Regional Centres

- for info.

Internal

Ops & Coord, P & FC, Claim Sec

- for info.

✓ Stats & Automation Sec

- for uploading on ECHS website.



Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS

Nirman Bhawan, New Delhi 110 011

No S-11011/22/2017/CGHS-HEC

Dated the 3rd April, 2017

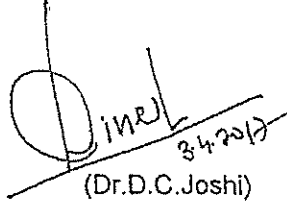
OFFICE MEMORANDUM

Subject:- Revision of CGHS package rates for empanelled hospitals, diagnostic laboratories and imaging centres under CGHS, Mumbai

With reference to the above mentioned subject attention is drawn to the Office Memoranda Nos. S 11011/23/2009-CGHS D-II /Hospital Cell dt. 15.11.2010 and S 11011/23/2009-CGHS D-II /Hospital Cell (Part -I) dt. 11.04.2011 vide which CGHS package rates have been prescribed for empanelled hospitals, diagnostic laboratories and imaging centres under CGHS, Mumbai and to state that it has now been decided by competent authority to revise the CGHS package for empanelled HCOs under CGHS, Mumbai as per 2014 CGHS rates of Delhi as an interim measure, till further orders.

A list of the procedures and package rates of CGHS Delhi, which shall hereafter be treated as CGHS package rates for hospitals, diagnostic laboratories and imaging centres empanelled under CGHS, Mumbai is enclosed.

Encl. as above.


(Dr.D.C.Joshi)
Director, CGHS

To

1. Additional Director, CGHS Mumbai
2. The Medical Superintendents of all CGHS Empanelled Health Care Organizations in Mumbai through the Additional Director, CGHS Mumbai.
3. Addl. DDG (HQ, CGHS, Nirman Bhawan, New Delhi.
4. UTI Infrastructure Technology And Services Limited, Plot No.3, Sector 11, CBD Belapur Navi Mumbai, PIN - 400614

CGHS RATES 2014-DELHI & NCR.

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1	Consultation OPD	150	150
2	Consultation- for Inpatients	300	300
3	Dressings of wounds	50	58
4	Suturing of wounds with local anesthesia	108	124
5	Aspiration Plural Effusion - Diagnostic	120	138
6	Aspiration Plural Effusion - Therapeutic	193	222
7	Abdominal Aspiration - Diagnostic	345	397
8	Abdominal Aspiration - Therapeutic	460	529
9	Pericardial Aspiration	380	437
10	Joints Aspiration	317	365
11	Biopsy Skin	230	265
12	Removal of Stitches	36	41
13	Venesection	124	143
14	Phimosis Under LA	1311	1508
15	Sternal puncture	173	199
16	Injection for Haemorrhoids	414	476
17	Injection for Varicose Veins	350	403
18	Catheterisation	425	500
19	Dilatation of Urethra	500	575
20	Incision & Drainage	420	483
21	Intercostal Drainage	125	144
22	Peritoneal Dialysis	1466	1686
	TREATMENT PROCEDURE SKIN		
23	Excision of Moles	345	397
24	Excision of Warts	310	357
25	Excision of Molluscum contagiosum	130	150
26	Excision of Veneral Warts	160	184
27	Excision of Corns	140	161
28	I/D Injection Keloid	97	112
29	Chemical Cautery (s)	110	127
	TREATMENT PROCEDURE OPHTHALMOLOGY		
30	Subconjunctival/subtenon's injections in one eyes	69	79
31	Subconjunctival/subtenon's injections in both eyes	138	158
32	Pterygium Surgery	5500	6325
33	Conjunctival Peritomy	58	67
34	Conjunctival wound repair or exploration following blunt trauma	3300	3795
35	Removal of corneal foreign body	115	132
36	Cauterization of ulcer/subconjunctival injection in one eye	69	79
37	Cauterization of ulcer/subconjunctival injection in both eyes	138	159
38	Corneal grafting—Penetrating keratoplasty	5750	6613
39	Corneal grafting—Lamellar keratoplasty	5000	5750
40	Cyanoacrylate /fibrin glue application for corneal perforation	690	794
41	Bandage contact lenses for corneal perforation	460	529

Source:- CGHS, Ministry of health & Family, GOI website

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
42	Scleral grafting or conjunctival flap for corneal perforation	2300	2645
43	Keratoconus correction with therapeutic contact lenses	1200	1380
44	UV radiation for cross-linking for keratoconus	1800	2070
45	EDTA for band shaped keratopathy	863	992
46	Arcuate keratotomy for astigmatism	2800	3220
47	Re-suturing (Primary suturing) of corneal wound	1150	1323
48	Penetrating keratoplasty ---- with glaucoma surgery	12144	13966
49	Penetrating keratoplasty --- with vitrectomy	12144	13966
50	Penetrating keratoplasty ---- with IOL implantation	13656	15703
51	DALK- Deep anterior lamellar keratoplasty	17250	19838
52	Keratoprosthesis stage I and II	11500	13225
53	DSAEK- Descemet's stripping automated endothelial keratoplasty	16675	19176
54	ALTK- Automated lamellar therapeutic keratoplasty	16500	18975
55	Probing and Syringing of lacrimal sac- in one eye	69	79
56	Probing and Syringing of lacrimal sac- in both eye	138	159
57	Dacryocystorhinostomy—Plain	2875	3306
58	Dacryocystorhinostomy—Plain with intubation and/or with lacrimal implants	9750	11213
59	Dacryocystorhinostomy—conjunctival with implant	9200	10580
60	Caliculoplasty	2300	2645
61	Dacryocystectomy	1725	1984
62	Punctal plugs for dry eyes	130	150
63	Refraction	40	46
64	Indirect Ophthalmoscopy	67	77
65	Orthoptic check-up- with synoptophore	44	51
66	Lees' charting or Hess' charting	100	115
67	Orthoptic exercises	50	58
68	Pleoptic exercises	50	58
69	Perimetry/field test—Goldman	144	166
70	Perimetry/field test— automated	144	166
71	Fluorescein angiography for fundus or iris	920	1058
72	Ultrasound A- Scan	863	992
73	Ultrasound B- Scan	230	265
74	Fundus Photo Test	200	230
75	Indocyanin green angiography	920	1058
76	Corneal endothelial cell count with specular microscopy	230	265
77	Corneal topography	331	381
78	Corneal pachymetry	230	265
79	Auto-refraction	35	40
80	Macular function tests	44	51
81	Potential acuity metry	100	115
82	Laser interferometry	173	199
83	OCT-Optical coherence tomography	2125	2500
84	HRT- Heidelberg's retinal tomogram	150	173
85	GDX--- Nerve fibre layer analyzer	88	101

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
86	UBM- Ultrasound bio microscopy	150	173
87	Non Contact tonometry	50	58
88	IOP measurement with schiotz	30	35
89	IOP measurement with applation tonometry	50	58
90	Three mirror examination for reti	58	67
91	90 D lens examination	50	58
92	Gonioscopy	58	67
93	Chalazion incision and curettage in one eye	400	460
94	Chalazion incision and curettage in both eyes	431	496
95	Ptosis surgery with fasanella servat procedure	2300	2645
96	Ptosis surgery with LPS resection one lid	5500	6325
97	Ptosis surgery with Sling surgery one lid	6670	7671
98	Ectropion surgery- one lid	1400	1610
99	Ectropion surgery- both lids	2500	2875
100	Epicanthus correction	1550	1783
101	Cantholysis and canthotomy	575	662
102	Entropion surgery- one lid	1380	1587
103	Entropion surgery- both lids	2000	2300
104	Tarsorrhaphy	650	748
105	Suturing of lid lacerations	1150	1323
106	Lid retraction repair	1700	1955
107	Concretions removal	115	132
108	Bucket handle procedure for lid tumors	345	397
109	Cheek rotation flap for lid tumors	6900	7935
110	Orbitotomy	8050	9258
111	Enucleation	3000	3450
112	Enucleation with orbital implants and artificial prosthesis	3000	3450
113	Evisceration	3450	3968
114	Evisceration with orbital implants and artificial prosthesis	5693	6547
115	Telecanthus correction	5175	5951
116	Orbital decompression	5750	6613
117	Exenteration	5750	6613
118	Exenteration with skin grafting	6900	7935
119	Fracture orbital repair	9200	10580
120	Retinal laser procedures	1500	1725
121	Retinal detachment surgery	11500	13225
122	Retinal detachment surgery with scleral buckling	13800	15870
123	Buckle removal	1150	1323
124	Silicone oil removal	2800	3220
125	Anterior retinal cryopexy	1162	1336
126	Squint correction for one eye	5000	5750
127	Squint correction for both eyes	7500	8625
128	Trabeculectomy	6900	7935
129	Trabeculotomy	6900	7935
130	Trabeculectomy with Trabeculotomy	10350	11903
131	Trephition	2300	2645

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
132	Goniotomy	345	397
133	Glaucoma surgery with Glaucoma valves	6900+valve	7935 +valve
134	Cyclocryotherapy	1150	1323
135	YAG laser iridotomy	1500	1725
136	YAG laser capsulotomy	1093	1257
137	ALT-Argon laser trabeculoplasty	1495	1719
138	PDT-Photodynamic therapy	3450	3968
139	TTT- Transpupillary thermal therapy	3000	3450
140	PTK- Phototherapeutic keratectomy	7500	8625
141	Argon/diode laser for retinal detachment	1150	1323
142	Intralase application for keratoconus	5750	6613
143	EOG- electro-oculogram	900	1035
144	ERG- Electro-retinogram	794	913
145	VEP- visually evoked potential	800	920
146	Vitreotomy- pars plana	11500	13225
147	Intravitreal injections- of antibiotics	1150	1323
148	Intravitreal injections- of lucentis excluding cost of drug	3000	3450
149	X- Ray orbit	115	132
150	CT-orbit and brain	1600	1840
151	MRI- Orbit and brain	3450	3968
152	Dacryocystography	340	391
153	Orbital angio-graphical studies	1500	1725
154	ECCE with IOL	3450	3968
155	SICS with IOL	5000	5750
156	Phaco with foldable IOL (silicone and acrylic)/PMMA IOL	10781	12398
157	Pars plana lensectomy with/without IOL	10350	11903
158	Secondary IOL implantation- AC IOL PC IOL or scleral fixated IOL	6900	7935
159	Cataract extraction with IOL with capsular tension rings (Cionni's ring)	13500	15525
160	Optic nerve sheathotomy	7500	8625
161	Iridodialysis repair or papillary reconstruction	5000	5750
162	Iris cyst removal	850	978
163	Lid Abscess incision and Drainage	1700	1955
164	Orbital Abscess incision and Drainage	3000	3450
165	Biopsy	460	529
166	Paracentesis	230	265
167	Scleral graft for scleral melting or perforation	2800	3220
168	Amniotic membrane grafting	1100	1265
169	Cyclodiathermy	2300	2645
170	Intraocular foreign body removal	187	215
171	Electrolysis	230	265
172	Perforating injury repair	4500	5175
173	Botulinum injection for blepharospasm or squint	2500	2875
	TREATMENT PROCEDURE DENTAL PROCEDURES		

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
174	Flap Operation per quadrant	360	414
175	Gingivectomy per quadrant	234	269
176	Reduction & immobilization of fracture- Maxilla Under LA	900	1035
177	Reduction & immobilization of fracture-Mandible Under LA	3500	4025
178	splints/Circum mandibular wiring under LA	510	587
179	splints/Circum mandibular wiring under GA	990	1139
180	Internal wire fixation/plate fixation of Maxilla under LA	3000	3450
181	Internal wire fixation/plate fixation of Maxilla under GA	4000	4600
182	Internal wire fixation/plate fixation of Mandible under LA	3500	4025
183	Internal wire fixation/plate fixation of Mandible under GA	4250	4888
184	Extraction per tooth under LA	80	92
185	Complicated Ext. per Tooth under LA	100	115
186	Extraction of impacted tooth under LA	160	184
187	Extraction in mentally retarded/patients with systemic diseases/patient with special needs under short term GA	939	1080
188	Cyst & tumour of Maxilla /mandible by enucleation/ excision/ marsupialisation upto 4 cms under LA	244	281
189	Cyst & tumour of Maxilla/mandible by enucleation/ excision/ marsupialisation size more than 4 cms under LA	406	467
190	Cyst & tumour of Maxilla/mandible by enucleation/excision/marsupialisation size more than 4 cms under GA	1000	1150
191	TM joint ankylosis- under GA	7500	8625
192	Biopsy Intraoral-Soft tissue	374	430
193	Biopsy Intraoral-Bone	374	430
194	Hemi-mandibulectomy with graft	21000	24150
195	Hemi-mandibulectomy without graft	21000	24150
196	Segmental-mandibulectomy with graft	3400	3910
197	Segmental-mandibulectomy without graft	990	1139
198	Maxillectomy- Total with graft	2500	2875
199	Maxillectomy- Total without graft	1950	2243
200	Maxillectomy- partial with graft	3000	3450
201	Maxillectomy- partial without graft	2500	2875
202	Release of fibrous bands & grafting -in (OSMF) treatment under GA	1500	1725
203	Pre-prosthetic surgery- Alveoloplasty	500	575
204	Pre-prosthetic surgery - ridge augmentation	1200	1380
205	Root canal Treatment(RCT) Anterior teeth(per tooth)	500	575
206	Root canal Treatment(RCT) Posterior teeth (per tooth)	700	805
207	Apicoectomy- Single root	500	575
208	Apicoectomy-Multiple roots	650	748
209	Metal Crown-per unit	500	575

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
210	Metal Crown with Acrylic facing per unit -	700	805
211	Complete single denture-metal based	1500	1725
212	Complete denture- acrylic based per arch	950	1093
213	Removable partial denture-Metal based-up to 3 teeth	700	805
214	Removable partial denture-Metal based-more than 3 teeth	900	1035
215	Removable partial denture-Acrylic based-up to 3 teeth	500	575
216	Removable partial denture-Acrylic based-more than 3 teeth	264	304
217	Amalgum restoration-per tooth	200	230
218	Composite Restoration-per tooth-anterior tooth	250	288
219	Glas Ionomer-per tooth	200	230
220	Scaling & polishing	300	345
221	Removable Orthodontics appliance- per Arch	700	805
222	Fixed Orthodontics-per Arch	1150	1323
223	Space maintainers-Fixed	500	575
224	Habit breaking appliances-removable	800	920
225	Habit breaking appliances-Fixed	1500	1725
226	Expansion plate	1000	1150
227	Feeding appliance for cleft palate	1500	1725
228	Maxillo-facial prosthesis (sal/auricular/orbital/facial lost part)	3500	4025
229	Functional orthodontic appliances	3000	3450
230	Obturator (Maxillo-facial)	1500	1725
231	Occlusal night guard(splint)	800	920
	TREATMENT PROCEDURE ENT		
232	Pure Tone Audiogram	172	198
233	Impedence with stepedeal reflex	230	265
234	SISI Tone Decay	132	152
235	Multiple hearing assessment test to Adults	115	132
236	Speech Discrimination Score	90	103
237	Speech Assessment	120	138
238	Speech therapy per session of 30-40 minutes	131	151
239	Cold Calorie Test for Vestibular function	172	198
240	Removal of foreign body From Nose	345	397
241	Removal of foreign body From Ear	230	265
242	Syringing (Ear)	166	191
243	Polyp removal under LA	575	661
244	Polyp removal under GA	850	978
245	Peritonsillar abscess Drainage under LA	1449	1666
246	Myringoplasty	6900	7935
247	Stapedectomy	9200	10580
248	Myringotomy with Grommet insertion	4600	5290
249	Tympanotomy	8625	9919
250	Tympanoplasty	13800	15870
251	Mastoidectomy	14950	17193
252	Otoplasty	16100	18515

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
253	Labyrinthectomy	13800	15870
254	Skull Base surgery	25000	28750
255	Facial Nerve Decompression	17250	19838
256	Septoplasty	5750	6613
257	Submucous Resection	7314	8411
258	Septo-rhinoplasty	16100	18515
259	Rhinoplasty- Non-cosmetic	11500	13225
260	Fracture Reduction	4250	5000
261	Intra nasal Diathermy	1150	1323
262	Turbinectomy	5750	6613
263	Endoscopic DCR	13000	14950
264	Endoscopic Surgery	13800	15870
265	Septal Perforation Repair	13800	15870
266	Antrum Puncture	950	1093
267	Lateral Rhinotomy	1000	1150
268	Cranio-facial resection	25500	29325
269	Caldwell Luc Surgery	10626	12220
270	Angiofibroma Excision	17000	19550
271	Endoscopic Hypophysectomy	21500	24725
272	Endoscopic Optic Nerve Decompression	32775	37691
273	Decompression of Orbit	25500	29325
274	Punch/Wedge biopsy	674	775
275	Tonsillectomy	5000	5750
276	Uvulo-palatoplasty	15000	17250
277	FESS for antrochoal polyp	5750	6613
278	FESS for ethmoidal polyp	5750	6613
279	Polyp removal ear	748	860
280	Polyp removal Nose(Septal polyp)	748	860
281	Mastoidectomy plus Ossiculoplasty including TORP or PORP	2415	2777
282	Endolymphatic sac decompression	2875	3306
283	Diagnostic endoscopy under GA	2300	2645
284	Yonges operation for Atrophic rhinitis	6900	7935
285	Vidian neurectomy for vasomotor Rhinitis	10350	11903
286	Nasal Packing-anterior	345	397
287	Nasal Packing-posterior	805	926
288	Ranula Excision	6843	7869
289	Tongue Tie excision	1500	1725
290	Sub Mandibular Duct Lithotomy	269	309
291	Adenoidectomy	5640	6486
292	Palatopharyngoplasty	8165	9390
293	Pharyngoplasty	17193	19772
294	Styloidectomy	9200	10580
295	Direct laryngoscopy including Biopsy under GA	5000	5750
296	Oesophagoscopy/foreign body removal from	1800	2070
297	Bronchoscopy with F.B.removal	2438	2804
298	Other Major Surgery	15000	17250

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
299	Other Minor Surgery	8500	10000
	TREATMENT PROCEDURE FOR HEAD AND NECK		
300	Ear Lobe Repair one side	500	575
301	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	4000	4600
302	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	3800	4370
303	Partial Amputation of Pinna	4500	5175
304	Total Amputation of Pinna	6200	7130
305	Total Amputation & Excision of External Auditory Meatus	1500	1725
306	Excision of Cystic Hygroma	5175	5951
307	Excision of Cystic Hygroma Extensive	7452	8570
308	Excision of Branchial Cyst	10350	11903
309	Excision of Branchial Sinus	10350	11903
310	Excision of Pharyngeal Diverticulum	10580	12167
311	Excision of Carotid Body-Tumours	11615	13357
312	Operation for Cervical Rib	12500	14375
313	Block Dissection of Cervical Lymph Nodes	15000	17250
314	Pharyngectomy & Reconstruction	15000	17250
315	Operation for Carcinoma Lip - Wedge-Excision	8050	9258
316	Operation for Carcinoma Lip - Vermilionectomy	5758	6622
317	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	9292	10686
318	Estlander Operation	7475	8596
319	Abbe Operation	9800	11270
320	Cheek Advancement	9775	11241
321	Excision of the Maxilla	19320	22218
322	Excision of mandible-segmental	15525	17854
323	Mandibulectomy	21000	24150
324	Partial Glossectomy	5520	6348
325	Hemiglossectomy	7000	8050
326	Total Glossectomy	22885	26318
327	Commodo Operation	22000	25300
328	Parotidectomy - Superficial	12075	13886
329	Parotidectomy - Total	15000	17250
330	Parotidectomy - Radical	19550	22483
331	Repair of Parotid Duct	11500	13225
332	Removal of Submandibular Salivary gland	8625	9919
333	Hemithyroidectomy	9500	10925
334	Partial Thyroidectomy (lobectomy)	11500	13225
335	Subtotal Thyroidectomy	13053	15011
336	Total Thyroidectomy	19000	21850
337	Resection Enucleation of thyroid Adenoma	10580	12167
338	Total Thyroidectomy and Block Dissection	26450	30418
339	Excision of Lingual Thyroid	16882	19414

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
340	Excision of Thyroglossal Cyst/Fistula	13225	15209
341	Excision of Parathyroid Adenoma/Carcinoma	21275	24466
342	Laryngectomy	17825	20499
343	Laryngo Pharyngectomy	30000	34500
344	Hyoid Suspension	10350	11903
345	Genioplasty	12000	13800
346	Direct Laryngoscopy including biopsy under GA	5175	5951
347	Phonosurgery	13800	15870
348	Fiberoptic examination of Larynx under LA	1725	1984
349	Microlaryngeal Surgery	10350	11903
350	Laryngofissure	17250	19838
351	Tracheal Stenosis Excision	19780	22747
	Head and neck cancer		
352	Excisional Biopsies	5750	6613
353	Benign Tumour Excisions	9500	10925
354	Temporal Bone subtotal resection	20700	23805
355	Modified Radical Neck Dissection	25300	29095
356	Carotid Body Excision	26000	29900
357	Total Laryngectomy	39192	45071
358	Flap Reconstructive Surgery	41400	47610
359	Parapharyngeal Tumour Excision	39330	45230
360	Other Major Surgery	21250	25000
361	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE BREAST		
362	Drainage of abscess	6000	6900
363	Excision of lumps	6969	8014
364	Local mastectomy-simple	12650	14548
365	Radical mastectomy-formal or modified.	28750	33063
366	Excision of mammary fistula	15525	17854
367	Segmental resection of breast	16100	18515
368	Other Major Surgery	25000	28750
369	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE GENERAL SURGERY		
370	Injury Of Superficial Soft Tissues	425	500
371	Suturing of small wounds	269	309
372	Secondary suture of wounds	3400	4000
373	Debridement of wounds	450	518
374	Removal Of Foreign Bodies	300	345
	Biopsies		
375	Excision of Cervical Lymph Node	1725	1984
376	Excision of Axillary Lymph Node	2277	2619
377	Excision of Inguinal Lymph Node	2277	2619
378	Excision Biopsy of Ulcers	1470	1691
379	Excision Biopsy of Superficial Lumps	3220	3703
380	Incision Biopsy of Growths/Ulcers	1470	1691
381	Trucut Needle Biopsy	1550	1783

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
382	Percutaneous Kidney Biopsy	1470	1691
383	Marrow Biopsy (Open)	1060	1219
384	Muscle Biopsy	1470	1691
385	Scalene Node Biopsy	1350	1553
386	Excision of Sebaceous Cysts	1242	1428
387	Excision of Superficial Lipoma	1932	2222
388	Excision of Superficial Neurofibroma	2500	2875
389	Excision of Dermoid Cysts	2277	2619
390	Haemorrhoidectomy	20720	24375
391	Stappler haemorrhoidectomy	38000	43700
392	keloid excision	1150	1323
393	Vericose vein surgery;Tendelenburg operation with suturing or ligation.	10000	11500
	TREATMENT PROCEDURE OESOPHAGUS		
394	Atresia of Oesophagus and Tracheo Oesophageal Fistula	28750	33063
395	Operations for Replacement of Oesophagus by Colon	25000	28750
396	Oesophagectomy for Carcinoma Easophagus	25000	28750
397	Oesophageal Intubation (Mausseau Barbin Tube)	11500	13225
398	Achalasia Cardia Transthoracic	14950	17193
399	Achalasia Cardia Abdominal	12650	14548
400	Oesophago Gastrectomy for mid 1/3 lesion	24495	28169
401	Heller's Operation	19750	22713
402	Colon-Inter position or Replacement of Oesophagus	22540	25921
403	Oesophago Gastrectomy – Lower Corringers procedure	21390	24599
404	Other Major Surgery	27625	32500
405	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE ABDOMEN / GI SURGERY		
406	Gastroscopy	1725	1984
407	Gastric & Duodenal Biopsy (Endoscopic)	1950	2243
408	Pyloromyotomy	2800	3220
409	Gastrostomy	8625	9919
410	Simple Closure of Perforated peptic Ulcer	9775	11241
411	Vagotomy Pyloroplasty / Gastro Jejunostomy	13800	15870
412	Duodenojejunostomy	18950	21793
413	Partial/Subtotal Gastrectomy for Carcinoma	23000	26450
414	Partial/Subtotal Gastrectomy for Ulcer	22425	25789
415	Operation for Bleeding Peptic Ulcer	20976	24122
416	Operation for Gastrojejunal Ulcer	19780	22747
417	Total Gastrectomy for Cancer	22368	25723
418	Highly Selective Vagotomy	18630	21425
419	Selective Vagotomy & Drainage	18630	21425
420	Congenital Diaphragmatic Hernia	18975	21821
421	Hiatus Hernia Repair- Abdominal	14490	16664
422	Hiatus Hernia Repair- Transthoracic	16100	18515
423	Exploratory Laparotomy	12650	14548

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
424	Epigastric Hernia Repair	11385	13093
425	Umbilical Hernia Repair	11385	13093
426	Ventral /incisional Hernia Repair	10293	11837
427	Inguinal Hernia Herniorraphy	14835	17060
428	Inguinal Hernia - Hernioplasty	16500	18975
429	Femoral Hernia Repair	18285	21028
430	Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	18975	21821
431	Splenectomy - For Trauma	18975	21821
432	Splenectomy - For Hypersplenism	14490	16664
433	Splenorenal Anastomosis	23000	26450
434	Portocaval Anastomosis	28750	33063
435	Direct Operation on Oesophagus for Portal Hypertension	22885	26318
436	Mesentericocaval Anastomosis	25450	29268
437	Warren Shunt	28750	33063
438	Pancreato Duodenectomy	21735	24995
439	By Pass Procedure for Inoperable Carcinoma of Pancreas	23000	26450
440	Cystojejunostomy or Cystogastrostomy	14490	16664
441	Cholecystectomy	10292	11836
442	Cholecystectomy & Exploration of CBD	14375	16531
443	Repair of CBD	13600	16000
444	Operation for Hydatid Cyst of Liver	11902	13687
445	Cholecystostomy	10292	11836
446	Hepatic Resections (Lobectomy /Hepatectomy)	14375	16531
447	Operation on Adrenal Glands - Bilateral	26105	30021
448	Operation on Adrenal Glands - Unilateral	13800	15870
449	Appendicectomy	8108	9324
450	Appendicular Abscess – Drainage	9775	11241
451	Mesenteric Cyst- Excision	11040	12696
452	Peritonioscopy/Laparoscopy	4600	5290
453	Jejunostomy	5750	6613
454	Ileostomy	15410	17722
455	Resection & Anastomosis of Small Intestine	20700	23805
456	Duodenal Diverticulum	18400	21160
457	Operation for Intestinal Obstruction	10350	11903
458	Operation for Intestinal perforation	38000	43700
459	Benign Tumours of Small Intestine	19550	22483
460	Excision of Small Intestine Fistula	19550	22483
461	Operations for GI Bleed	16000	18400
462	Operations for Haemorrhage of Small Intestines	19550	22483
463	Operations of the Duplication of the Intestines	17825	20499
464	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for Adhesions)	23000	26450
465	Ilieosigmoidostomy and related resection	16790	19309
466	Ileotransverse Colostomy and related resection	16790	19309

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
467	Caecostomy	3903	4488
468	Loop Colostomy Transverse Sigmoid	13110	15077
469	Terminal Colostomy	17250	19838
470	Closure of Colostomy	17480	20102
471	Right Hemi-Colectomy	13800	15870
472	Left Hemi-Colectomy	13800	15870
473	Total Colectomy	17250	19838
474	Operations for Volvulus of Large Bowel	24920	28658
475	Operations for Sigmoid Diverticulitis	18630	21425
476	Fissure in Ano with Internal sphinctrectomy with fissurectomy.	13800	15870
477	Fissure in Ano - Fissurectomy	13800	15870
478	Rectal Polyp-Excision	5658	6507
479	Fistula in Ano - High Fistulectomy	16780	19297
480	Fistula in Ano - Low Fistulectomy	9867	11347
481	Prolapse Rectum - Theirsch Wiring	10350	11903
482	Prolapse Rectum - Rectopexy	5750	6613
483	Prolapse Rectum - Grahams Operation	18400	21160
484	Operations for Hirschsprungs Disease	14260	16399
485	Excision of Pilonidal Sinus (open)	11500	13225
486	Excision of Pilonidal Sinus with closure	11500	13225
487	Abdomino-Perineal Excision of Rectum	18300	21045
488	Anterior Resection of rectum	21850	25128
489	Pull Through Abdominal Resection	17170	19746
490	Retro Peritoneal Tumor Removal	18000	20700
491	Radio ablation of varicose veins	1800	2070
492	Laser ablation of varicose veins	17250	19838
493	Laparoscopic Fundoplication	19300	22195
494	Laparoscopic Splenectomy	25000	28750
495	Laparoscopic Removal of hydatid cyst	18000	20700
496	Laparoscopic treatment of Pseudo Pancreatic cyst	18000	20700
497	Laparoscopic whipples operation	20000	23000
498	Laparoscopic GI bypass operation	22000	25300
499	Laparoscopic Total Colectomy	25000	28750
500	Laparoscopic Hemi Colectomy	23000	26450
501	Laparoscopic Anterior Resection	23000	26450
502	Laparoscopic Cholecystectomy	18975	21821
503	Laparoscopic Appedicectomy	18000	20700
504	Laparoscopic Hernia inguinal repair	18000	20700
505	Laparoscopic ventral Hernia Repair	17500	20125
506	Laparoscopic Paraumbilical Hernia Repair	17500	20125
507	Laparoscopic Adrenelectomy	12000	13800
508	Laparoscopic Nephrectomy	22000	25300
509	Other Major Surgery	38000	43700
510	Other Minor Surgery	6000	6900
	TREATMENT PROCEDURE ICU/CCU PROCEDURES (SPECIAL CARE CASES)		

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
511	Coronary Care with Cardiac Monitoring (Room Rent extra)	750	863
512	Compressed air / piped oxygen /per hour	50	58
513	Ventilator charges (Per day)	531	611
514	Paediatric care for New born (Per day)	186	214
515	Incubator charges (Per day)	345	397
516	Neonatal ICU charges (Per day)	391	450
517	Resuscitation	184	212
518	Exchange Transfusion	265	305
519	Pneupack ventilator in Nursery (Per day)	575	661
	TREATMENT PROCEDURE CARDIOVASCULAR AND CARDIAC SURGERY & INVESTIGATIONS		
520	ASD Closure	51808	59579
521	VSD with graft	51808	59579
522	TOF/TAPVC/TCPC/REV/RSOV repair	127075	146136
523	B.D.Glenn/Left atrium myxoma	80750	95000
524	Senning/ASO with graft	122188	140516
525	DSO	103615	119157
526	AV Canal repair	161000	185150
527	Fonten	169000	194350
528	Conduit repair	169000	194350
529	CABG	127075	146136
530	CABG + IABP	169000	194350
531	CABG + Valve.	169000	194350
532	CABG without bypass.	140000	161000
533	Ascending aorta replacement	130000	149500
534	DVR	155422	178735
535	MVR/AVR	103615	119157
536	MV repair + AV repair	103615	119157
537	Aorta femoral bypass	52000	59800
538	B.T Shunt/Coarctation	51980	59777
539	P.A.Banding septostomy	51980	59777
540	Pericardectomy	42320	48668
541	CMV/PDA	51980	59777
542	Gunshot injury	51980	59777
543	Heart transplant	276000	317400
544	Balloon coronary angioplasty/PTCA with VCD	80600	92690
545	Balloon coronary angioplasty/PTCA without VCD	80000	92000
546	Rotablation	48875	56206
547	balloon valvotomy/PTMC	10264	11804
548	CATH	10000	11500
549	Arch Replacement	10350	11903
550	Aortic Dissection	12650	14548
551	Thoraco Abdominal Aneurism Repair	15000	17250
552	Embolectomy	21000	24150
553	Vascular Repair	36000	41400

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
554	Bentall Repair with Prosthetic Valve	30000	34500
555	Bentall Repair with Biologic Valve	127500	150000
556	Coarctation dilatation	14500	16675
557	Coarctation dilatation with Stenting	18500	21275
558	TPI Single Chamber	7500	8625
559	TPI Dual Chamber	8160	9600
560	Permanent pacemaker implantation- Single Chamber	13800	15870
561	Permanent pacemaker implantation- Dual Chamber	19320	22218
562	Permanent pacemaker implantation Biventricular	34500	39675
563	AICD implantation Single Chamber	28750	33063
564	AICD implantation Dual Chamber	40000	46000
565	Combo device implantation	40000	46000
566	Diagnostic Electrophysiological studies conventional	4550	5233
567	Ambulatory BP monitoring	587	690
568	External Loop/event recording	2848	3350
569	RF Ablation conventional	35000	40250
570	RF Ablation Atrial Tachycardia/Cartho	45000	51750
571	Endomyocardial biopsy	10000	11500
572	IABP	7820	8993
573	Intra vascular coils	46000	52900
574	Septostomy- Balloon	16150	19000
575	Septostomy- Blade	19550	22483
576	AVBD/PVBD	48300	55545
577	Digital subtraction angiography-Peripheral artery	11500	13225
578	Digital subtraction angiography- venogram	11500	13225
579	C.T Guided biopsy	1265	1455
580	Sinogram	863	992
581	Peripheral Angioplasty with VCD	11500	13225
582	Peripheral Angioplasty without VCD	11500	13225
583	Renal Angioplasty	60350	71000
584	IVUS	25000	28750
585	FFR	12750	15000
586	Holter analysis	850	1000
587	Aortic stent grafting for aortic aneurysm	78500	90275
588	IVC Filter implantation	16129	18548
589	ASD/VSD/PDA device closure	36225	41659
590	ECG	50	58
591	HUTT	2200	2530
592	2 D echocardiography	1200	1380
593	3 D echocardiography	1403	1650
594	Fetal Echo	1400	1610
595	2 D TEE	1403	1650
596	3 D TEE(Transoesophageal echo)	1403	1650
597	Stress Echo- exercise	1500	1725
598	Stress Echo- pharmacological	2500	2875
599	Stress MPI- exercise	1955	2300
600	Stress MPI - pharmacological	2500	2875

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
601	Coronary angiography	11500	13225
602	CT coronary angiography	6030	6935
603	Cardiac CT scan	2272	2613
604	Cardiac MRI	2444	2811
605	Stress Cardiac MRI	3000	3450
606	MR angiography.	5635	6480
607	Cardiac PET	1500	1725
608	Pericardiocentesis	3500	4025
609	Other Major Surgery	20000	23000
610	Other Minor Surgery	4250	5000
	TREATMENT PROCEDURE OBSTETRICS AND GYNAECOLOGY		
611	Normal delivery with or without Episiotomy & P. repair	8000	9200
612	vacuum delivery	8625	9919
613	Forceps Delivery	9200	10580
614	Cesarean Section	14050	16158
615	Cesarean Hysterectomy	18975	21821
616	Rupture Uterus closure & repair with Tubal Ligation	17250	19838
617	Perforation of Uterus after D/E Laparotomy & Closure	13800	15870
618	Laparotomy for Ectopic pregnancy	13800	15870
619	Laparotomy-peritonitis Lavage and Drainage	11500	13225
620	Salphingo-Oophorectomy/ Oophorectomy Laproscopic	10000	11500
621	Ovarian Cystectomy-laparoscopic.	10350	11903
622	Ovarian Cystectomy -laparotomy.	13800	15870
623	Salpingo-Oophorectomy-laparotomy	11520	13248
624	Laprosopic Broad Ligament Hematoma Drainage with repair	6900	7935
625	Exploration of perineal Haematoma & Repair	8000	9200
626	Exploration of abdominal Haematoma (after laparotomy + LSCS)	8050	9258
627	Manual Removal of Placenta	3450	3968
628	Examination under anesthesia (EUA)	1000	1150
629	Burst-abdomen Repair	10000	11500
630	Gaping Perineal Wound Secondary Suturing	1656	1904
631	Gaping abdominal wound Secondary Suturing	3450	3968
632	Complete perineal tear-repair	2128	2447
633	Exploration of PPH-tear repair	3500	4025
634	Suction evacuation vesicular mole	5000	5750
635	Suction evacuation Missed abortion/ incomplete abortion	5175	5951
636	Colpotomy	3450	3968
637	Repair of post-coital tear/ perineal injury	3508	4034
638	Excision of urethral caruncle	3450	3968
639	Shirodhkar/ Mc. Donald's stitch	3220	3703
640	Abdominal Hysterectomy with or without salpingo-oophorectomy	17250	19838
641	Vaginal Hysterectomy (NDVH)	17250	19838

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
642	Vaginal Hysterectomy with repairs (UV Prolapse)	17250	19838
643	Myomectomy -laparotomy	14000	16100
644	Myomectomy -laparoscopic	6325	7274
645	Vaginoplasty	14950	17193
646	Vulvectomy -Simple	9200	10580
647	Vulvectomy-Radical	9200	10580
648	RVF Repair	18975	21821
649	Manchester Operation	15000	17250
650	Shirodkar's sling Operation or other sling operations for prolapse uterus	3450	3968
651	Laparoscopic sling operations for prolapse uterus	28000	32200
652	Diagnostic Curettage	2484	2857
653	Cervical Biopsy	1800	2070
654	Polypectomy	1518	1746
655	Other-Minor Operation Endometrial	2300	2645
656	Excision Vaginal Cyst/Bartholin Cyst	3450	3968
657	Excision Vaginal Septum	4600	5290
658	Laparoscopy -Diagnostic with chromopertubation and or adhesiolysis and drilling	4025	4629
659	Laparoscopy Sterilization	3450	3968
660	LAVH	25243	29029
661	Balloon Temponade for PPH	2800	3220
662	Total laparoscopic hysterectomy	25243	29029
663	Laparoscopic treatment of Ectopic pregnancy-salpingectomy/salpinostomy conservative	9775	11241
664	Conisation of cervix	4025	4629
665	Trachelectomy of cervix for early CA cervix	5500	6325
666	Hysteroscopic cannulation	2875	3306
667	Laparotomy recanalization of Fallopian tubes-(Tubuloplasty)	22425	25789
668	Laparoscopic recanalization of Fallopian tubes-(Tubuloplasty)	19500	22425
669	Colposcopy	958	1102
670	Inversion of Uterus – Vaginal Reposition	2500	2875
671	Inversion of Uterus – Abdominal Reposition	2500	2875
672	Laparoscopic VVF Repair	28000	32200
673	Abdominal VVF Repair	28000	32200
674	Vaginal VVF Repair	28000	32200
675	Interventional Ultrasonography (CVS)	880	1012
676	Amniocentesis	880	1012
677	Karyotyping	800	920
678	Thermal balloon ablation.	11500	13225
679	Ultrasonographic myolysis	10293	11837
680	Vaginal Myomectomy	10000	11500
681	Intra Uterine Insemination	920	1058
682	ICSI	11500	13225
683	Laparotomy abdominal sacro-colpopexy	15000	17250

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
684	Vaginal Colpopexy	22000	25300
685	Laparoscopic abdominal sacro-colpopexy	20000	23000
686	Laparotomy pelvic Lymphadenectomy	1200	1380
687	Laparoscopic pelvic Lymphadenectomy	3500	4025
688	Endometrial aspiration cytology/biopsy	570	656
689	Transvaginal sonography (TVS for Follicular monitoring /aspiration)	460	529
690	laparoscopic treatment for stress incontinence	15000	17250
691	Transvaginal tapes for Stress incontinence	15000	17250
692	trans-obturator tapes for Stress incontinence	12000	13800
693	Interventional radiographic arterial embolization	18000	20700
694	Diagnostic cystoscopy	2875	3306
695	Staging laparotomy surgery for CA Ovary	6325	7274
696	Internal Iliac ligation	3393	3902
697	stepwise devascularisation	9200	10580
698	Assisted breech delivery	10925	12564
699	Intra-uterine fetal blood transfusion	21275	24466
700	Hysteroscopy TCRE	8500	9775
701	Hysteroscopy Removal of IUCD	7500	8625
702	Hysteroscopy Removal of Septum	11000	12650
703	Hysteroscopy Diagnostic	7500	8625
704	Radical Hysterectomy for Cancer cervix with pelvic lymphadenectomy	8500	9775
705	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para aortic lymphadenectomy	8500	9775
706	Sterilization Post partum (minilap)	3750	4313
707	Sterilization interval (minilap)	3750	4313
708	Ultrasonography Level II scan/Anomaly Scan	500	575
709	Fetal nuchal Translucency	300	345
710	Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler	850	978
711	MTP- 1st Trimester	3000	3450
712	MTP - 2nd Trimester	4370	5026
713	Quadruple test	2000	2300
714	Biophysical score	600	690
715	Other Major Surgery	28000	32200
716	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE NEPHROLOGY AND UROLOGY		
717	Partial Nephrectomy -open	16215	18647
718	Partial Nephrectomy-laparoscopic/endoscopic	14490	16664
719	Nephrolithomy -open	12000	13800
720	Nephrolithomy -laproscopic/endoscopic	14000	16100
721	Pyelolithotomy-open	13000	14950
722	Pyelolithotomy -laproscopic/endoscopic	10580	12167
723	Operations for Hydronephrosis -pyeloplasty open	18400	21160

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
724	Operations for Hydronephrosis -pyeloplasty Lap/endoscopic	19000	21850
725	Operations for Hydronephrosis Endopyelotomy antegrade	20000	23000
726	Operations for Hydronephrosis Endopyelotomy retrograde	20000	23000
727	Operations for Hydronephrosis -ureterocalicostomy	18000	20700
728	Operations for Hydronephrosis-Ileal ureter	18000	20700
729	Open Drainage of Perinephric Abscess	8000	9200
730	Percutaneous Drainage of Perinephric Abscess -Ultrasound guided	5750	
731	Cavernostomy	9775	11500
732	Operations for Cyst of the Kidney -open	11960	13754
733	Operations for Cyst of the Kidney -Lap/endoscopic	14030	16135
734	Ureterolithotomy -open	13248	15235
735	Ureterolithotomy-Lap/Endoscopic	10000	11500
736	Nephroureterectomy open	16100	18515
737	Nephroureterectomy -Lap/Endoscopic	16100	18515
738	Operations for Ureter for -Double Ureters	19000	21850
739	Operations for Ureter -for Ectopia of Single Ureter	18000	20700
740	Operations for Vesico- ureteric Reflux -Open	18000	20700
741	Operations for Vesico- ureteric Reflux-Lap/Endoscopic	18000	20700
742	Operations for Vesico- ureteric Reflux/ Urinary incontinence with bulking agents	20700	23805
743	Ureterostomy - Cutaneous	12000	13800
744	Uretero-Colic anastomosis	16000	18400
745	Formation of an Ileal Conduit	17250	19838
746	Ureteric Catheterisation	8278	10950
747	Biopsy of Bladder (Cystoscopic)	2300	2645
748	Cysto-Litholapaxy	10925	12564
749	Operations for Injuries of the Bladder	10000	11500
750	Suprapubic Drainage (Cystostomy/vesicostomy)	6000	6900
751	Simple Cystectomy	17250	19838
752	Diverticulectomy -open	16000	18400
753	Diverticulectomy- Lap/Endoscopic	18400	21160
754	Diverticulectomy -Endoscopic incision of neck	1725	1984
755	Augmentation Cystoplasty	6670	7671
756	Operations for Extrophy of the Bladder- Single stage repair	22300	25645
757	Operations for Extrophy of the Bladder- Multistage repair	20815	23937
758	Operations for Extrophy of the Bladder- simple cystectomy with urinary diversion	22500	25875
759	Repair of Ureterocoel -Open	13800	15870
760	Repair of Ureterocoel -Lap/Endoscopic	14375	16531
761	Repair of Ureterocoel -Endoscopic incision	13000	14950
762	Open Suprapubic Prostatectomy	20700	23805

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
763	Open Retropubic Prostatectomy	20125	23144
764	Transurethral Resection of Prostate (TURP)	18630	21425
765	Urethrosocopy/ Cystopanendoscopy	4600	5290
766	Internal urethrotomy -optical	5750	6613
767	Internal urethrotomy -Core through urethroplasty	11040	12696
768	Urethral Reconstruction -End to end ansatamosis	3450	3968
769	Urethral Reconstruction - substitution urethroplasty (Transpubic urethroplasty)	19550	22483
770	Abdomino Perineal urethroplasty	14000	16100
771	Posterior Urethral Valve fulguration.	11270	12961
772	Operations for Incontinence of Urine - Male -Open	17250	19838
773	Operations for Incontinence of Urine - Male -Sling	18400	21160
774	Operations for Incontinence of Urine - Male-Bulking agent	19435	22350
775	Operations for Incontinence of Urine - Female -Open	17250	19838
776	Operations for Incontinence of Urine - Female-Sling	18400	21160
777	Operations for Incontinence of Urine - Female-Bulking agent	19435	22350
778	Reduction of Paraphimosis	1725	1984
779	Circumcision	3000	3450
780	Meatotomy	2346	2698
781	Meatoplasty	3220	3703
782	Operations for Hypospadias + Chordee Correction	9200	10580
783	Operations for Hypospadias - Second Stage	15000	17250
784	Operations for Hypospadias - One Stage Repair	9200	10580
785	Operations for Crippled Hypospadias	11500	13225
786	Operations for Epispadias _primary repair	12593	14482
787	Operations for Epispadias-crippled epispadias	11385	13093
788	Partial Amputation of the Penis	10764	12379
789	Total amputation of the Penis	12000	13800
790	Orchidectomy-Simple	9775	11241
791	Orchidectomy -Radical	12075	13886
792	Post Radical Orchidectomy retroperitoneal lymph node dissection.	14000	16100
793	Epididymectomy	15938	18750
794	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma- Open	25300	29095
795	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma -Lap/Endoscopic	14375	16531
796	Operations for Hydrocele - Unilateral	5865	6745
797	Operations for Hydrocele - Bilateral	8556	9839
798	Operation for Torsion of Testis	11500	13225
799	Micro-surgical Vasovasostomy /Vaso epididymal ansatamosis.	11040	12696
800	Operations for Varicocele Unilateral-Microsurgical	7705	8861
801	Operations for Varicocele Palomo's Unilateral - Lap	9200	10580
802	Operations for Varicocele Bilateral --Microsurgical	12650	14548

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
803	Operations for Varicocele Bilateral – Lap/ Palomo	14950	17193
804	Block Dissection of ilio-inguinal Nodes - One Side (For Ca-Penis)	6325	7274
805	Block Dissection of ilio-inguinal Nodes - Both Sides (For Ca-Penis)	23000	26450
806	Excision of Filarial Scrotum	11500	13225
807	Kidney Transplantation (related)	200000	230000
808	Kidney Transplantation (Spousal/ unrelated) Including immunosuppressant therapy	300000	345000
809	ABO incompatible Transplantation	490000	563500
810	Swap Transplantation	388000	446200
811	Kidney Transplant Graft Nephrectomy	59500	70000
812	Donor Nephrectomy (open)	28750	33063
813	Donor Nephrectomy (Laparoscopic)	46000	52900
814	Cadaver Transplantation	83300	95795
815	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Unilateral	28000	32200
816	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Bilateral	85000	97750
817	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Unilateral	85000	97750
818	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Bilateral	85000	97750
819	Post-Transplant Collection drainage for Lymphocele (open)	6800	8000
820	Post-Transplant Collection drainage for Lymphocele (percutaneous)	6800	8000
821	Post-Transplant Collection drainage for Lymphocele (Laparoscopic)	7650	9000
822	Arteriovenous Fistula for Haemodialysis	2300	2645
823	Arteriovenous Shunt for Haemodialysis	3500	4025
824	Jugular Catheterization for Haemodialysis	1500	1725
825	Subclavian Catheterization for Haemodialysis	2250	2588
826	One sided (single Lumen) Femoral Catheterization for Haemodialysis	1000	1150
827	Bilateral (single Lumen) Femoral Catheterization for Haemodialysis	1500	1725
828	Double Lumen Femoral Catheterization for Haemodialysis	1850	2128
829	Permcath Insertion	2800	3220
830	Arterio venous Prosthetic Graft	1850	2128
831	Single lumen Jugular Catheterization	1500	1725
832	Single lumen Subclavian Catheterization	1700	2000
833	Plasma Exchange/ Plasma phresis	1725	1984
834	Open method CAPD catheter insertion	3500	4025
835	Schlenger method CAPD catheter insertion	3500	4025
836	Sustained low efficiency hemodialysis	1250	1438

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
837	Continuous Veno venous/Arteriovenous Hemofiltration	2250	2588
838	Hemodialysis for Sero negative cases	1400	1610
839	Hemodialysis for Sero Positive cases	1650	1898
840	Acute Peritoneal Dialysis	1450	1668
841	Fistulogram for Arteriovenous Fistula	2500	2875
842	Ultrasound guided kidney Biopsy	850	978
843	Fistula stenosis dilation	3000	3450
844	Slow continuous Ultrafiltration	2500	2875
845	PCNL - Unilateral	20000	23000
846	PCNL - Bilateral	25000	28750
847	Endoscopic Bulking agent Inject	4500	5175
848	Testicular Biopsy	1955	2248
849	Radical Nephrectomy -Open	17250	19838
850	Radical Nephrectomy -Lap/Endoscopic	20700	23805
851	Radical Nephrectomy plus IV thrombus	23000	26450
852	Radical Nephrectomy plus IV thrombus plus cardiac bypass.	23000	26450
853	Vesico Vaginal Fistula Repair (Open)	16000	18400
854	Vesico Vaginal Fistula Repair (Laparoscopic)	22000	25300
855	Radical Cystectomy -Ileal conduit	17000	20000
856	Radical Cystectomy - continent diversion.	15000	17250
857	Radical Cystectomy – Neo bladder	18500	21275
858	Nephrectomy Simple -Open	10074	11585
859	Nephrectomy Simple-lap/Endoscopic	12593	14482
860	Nephrostomy -Open	10000	11500
861	Nephrostomy -Lap/Endoscopic	10704	12593
862	Ureteric Re- implant for Megaureter/Vesicoureteric reflex/ uterocele (open)	10494	12068
863	Ureteric Re -implant for Megaureter/Vesicoureteric reflex/ uterocele (Laparoscopic)	10494	12068
864	Partial Cystectomy	13800	15870
865	TURP & TUR Bladder Tumour	17250	19838
866	TURP with Cystolithotripsy	17000	19550
867	Closure of Urethral Fistula	11000	12650
868	Orchidopexy - Unilateral -Open	9867	11347
869	Orchidopexy - Unilateral- Lap/Endoscopic	12334	14184
870	Orchidopexy - Bilateral -Open	12282	14124
871	Orchidopexy - Bilateral -Lap/Endoscopic	14500	16675
872	Cystolithotomy -Suprapubic	9775	11241
873	Endoscopic Removal of Stone in Bladder	3450	3968
874	Resection Bladder Neck Endoscopic /Bladder neck incision/transurethral incision on prostate	10925	12564
875	Ureteroscopic Surgery	10350	11903
876	Urethroplasty 1st Stage	10925	12564
877	Scrotal Exploration	8556	9839
878	Perineal Urethrostomy	4715	5422
879	Dilatation of Stricture Urethra under G.A.	2000	2300

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
880	Dilatation of Stricture Urethra under LA	1725	1984
881	Laposcopic Nephrectomy	33350	38353
882	Laposcopic partial Nephrectomy	10000	11500
883	Laposcopic pyelolithotomy	12650	14548
884	Laposcopic Pyeloplasty	9775	11241
885	Laposcopic surgery for Renal cyst	9775	11241
886	Laposcopic ureterolithotomy	11500	13225
887	Laposcopic Nephro ureterectomy	13225	15209
888	Lithotripsy Extra corporeal shock wave.	19550	22483
889	Uroflow Study (Uroflometry)	450	518
890	Urodynamic Study (Cystometry)	480	552
891	Cystoscopy with Retrograde Catheter -Unilateral /RGP	2803	3223
892	Cystoscopy with Retrograde Catheter - Bilateral /RGP	4675	5500
893	Cystoscopy with Bladder Biopsy (Cold Cup Biopsy)	3381	3888
894	Voiding-cysto-urethrogram and retrograde urethrogram (Nephrostogram)	414	476
895	Radical prostatectomy-Open	17825	20499
896	Radical prostatectomy-Laposcopic	20125	23144
897	Radical prostatectomy- Robotic (Robotic Partial Nephrectomy)	20125	23144
898	Holmium YAG Prostate Surgery	15000	17250
899	Holmium YAG OIU	4600	5290
900	Holmium YAG Core Through	17250	19838
901	Holmium YAG Stone Lithotripsy	10200	12000
902	Green Light laser for prostate	17250	19838
903	RIRS/ Flexible Ureteroscopy	6800	7820
904	Microscopic VEA/ Vaso-Vasostomy (for Infertility)	13500	15525
905	Cystoscopic Botulinum Toxin Injection (Over active bladder/ Neurogenic bladder)	6800	7820
906	Peyronie's disease – Plaque excision with grafting	3400	4000
907	High Intensity Focus Ultrasound (HIFU) (Robotic) for Carcinoma prostate and renal cell carcinoma	4600	5290
908	Prosthetic surgery for urinary incontinence	2300	2645
909	TRUS guided prostate biopsy	575	661
910	Ultra sound guided PCN	720	828
911	Other Major Surgery	15000	17250
912	Other Minor Surgery	6800	7820
	TREATMENT PROCEDURE NEURO-SURGERY		
913	Craniotomy and Evacuation of Haematoma -Subdural	50715	58322
914	Craniotomy and Evacuation of Haematoma -Extradural	50000	57500
915	Evacuation /Excision of Brain Abscess by craniotomy	40000	46000
916	Excision of Lobe (Frontal Temporal Cerebellum etc.)	41000	47150
917	Excision of Brain Tumours -Supratentorial	39123	44991
918	Excision of Brain Tumours -Infratentorial	45000	51750
919	Surgery of spinal Cord Tumours	45000	51750
920	Ventriculoatrial /Ventriculoperitoneal Shunt	25000	28750
921	Twist Drill Craniostomy	4250	5000

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
922	Subdural Tapping	2456	2824
923	Ventricular Tapping	2967	3412
924	Abscess Tapping	2875	3306
925	Placement of ICP Monitor -	2875	3306
926	Skull Traction Application	2300	2645
927	Lumber Pressure Monitoring	4250	5000
928	Vascular Malformations	22000	25300
929	Meningo Encephalocoele excision and repair	15000	17250
930	Meningomyelocele Repair	24995	28744
931	C.S.F. Rhinorrhoea Repair	28750	33063
932	Cranioplasty	24150	27773
933	Anterior Cervical Dissectomy	16600	19090
934	Brachial Plexus Exploration and neurotization	15525	17854
935	Median Nerve Decompression	14000	16100
936	Peripheral Nerve Surgery – Major	17250	19838
937	Peripheral Nerve Surgery Minor	8280	9522
938	Ventriculo-Atrial Shunt	11615	13357
939	Nerve Biopsy	6900	7935
940	Brain Biopsy	5808	6679
941	Anterior Cervical Spine Surgery with fusion	32200	37030
942	Anterior Lateral Decompression of spine	28750	33063
943	Brain Mapping	837	963
944	Cervical or Dorsal or Lumbar Laminectomy	23000	26450
945	Combined Trans-oral Surgery & CV Junction Fusion	34500	39675
946	C.V. Junction Fusion procedures	30000	34500
947	Depressed Fracture Elevation	25000	28750
948	Lumbar Dissectomy	27600	31740
949	Endarterectomy (Carotid)	20000	23000
950	R.F. Lesion for Trigeminal Neuralgia	11500	13225
951	Spasticity Surgery -	39675	45626
952	Spinal Fusion Procedure	30000	34500
953	Spinal Intra Medullary Tumours	34500	39675
954	Spinal Bifida Surgery Major	18975	21821
955	Spinal Bifida Surgery Minor	15000	17250
956	Stereotaxic Procedures- biopsy/aspiration of cyst	23000	26450
957	Trans Sphenoidal Surgery	30000	34500
958	Trans Oral Surgery	30000	34500
959	Implantation of DBS -One electrode	34500	39675
960	Implantation of DBS -two electrodes	40250	46288
961	Endoscopic aqueductoplasty	15000	17250
962	Facial nerve reconstruction	30000	34500
963	Carotid stenting	42263	48602
964	Cervical disc arthroplasty	27600	31740
965	Lumbar disc arthroplasty	13800	15870
966	Corpus callostomy for Epilepsy	35000	40250
967	Hemishperotomy for Epilepsy	32200	37030
968	Endoscopic CSF rhinorrhea repair	30000	34500

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
969	Burr hole evacuation of chronic subdural haematoma	24150	27773
970	Epilepsy surgery	36225	41659
971	RF lesion for facet joint pain syndrome	17250	19838
972	Cervical laminoplasty	32000	36800
973	Lateral mass C1-C2 screw fixation	23000	26450
974	Microsurgical decompression for Trigeminal nerve	38000	43700
975	Microsurgical decompression for hemifacial spasm	4646	5343
976	IC EC bypass procedures	32000	36800
977	Image guided craniotomy	28980	33327
978	Baclofen pump implantation	39000	44850
979	Programmable VP shunt	25000	28750
980	Endoscopic sympathectomy	17107	19673
981	Lumber puncture	207	238
982	External ventricular drainage (EVD)	4600	5290
983	Endoscopic 3rd ventriculostomy	40000	46000
984	Endoscopic cranial surgery/Biopsy/aspiration	31536	36266
985	Endoscopic discectomy (Lumbar, Cervical)	35621	40964
986	Aneurysm coiling (Endovascular)	34400	39560
987	Surgery for skull fractures	40000	46000
988	Carpel Tunnel decompression	15000	17250
989	Clipping of intracranial aneurysm	24150	27773
990	Surgery for intracranial Arteriovenous malformations(AVM)	40000	46000
991	Foramen magnum decompression for Chari Malformation	93750	107813
992	Dorsal column stimulation for backache in failed back syndrome	28750	33063
993	Surgery for recurrent disc prolapse/epidural fibrosis	32200	37030
994	Surgery for brain stem tumours	43988	50586
995	Decompressive craniotomy for hemispherical acute subdural haematoma/brain swelling/large infarct	40000	46000
996	Intra-arterial thrombolysis with TPA (for ischemic stroke)	4600	5290
997	Steriotactic aspiration of intracerebral haematoma	32545	37427
998	Endoscopic aspiration of intracerebellar haematoma	40000	46000
999	Steriotactic Radiosurgery for brain pathology(X knife/Gamma) - ONE session	27560	31694
1000	Steriotactic Radiosurgery for brain pathology(X knife / Gamma knife -Two or more sessions	57500	66125
1001	Chemotherapy wafers for malignant brain tumors	14450	16618
1002	Battery Placement for DBS	22000	25300
1003	Baclofen pump implantation for spasticity	17330	19930
1004	Peripheral Nerve tumor surgery	24000	27600
1005	Surgery Intra Cranial Meningioma	20000	23000
1006	Surgery for Intracranial Schwannoma	35000	40250
1007	Surgery for Gliomas	45000	51750
1008	Surgery for Orbital tumors	40000	46000

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1009	Surgery for Cranial (Skull) tumors	38500	44275
1010	Surgery for Scalp AVM's	25000	28750
1011	Kyphoplasty	40000	46000
1012	Balloon Kyphoplasty	40000	46000
1013	Lesioning procedures for Parkinson's disease, Dystonia etc.	35000	40250
1014	Other Major Surgery	42500	50000
1015	Other Minor Surgery	17000	20000
	TREATMENT PROCEDURE PAEDIATRIC SURGERY		
1016	Excision of thyroglossal Duct/Cyst	16000	18400
1017	Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach)	17250	19838
1018	Tracheo Oesophageal Fistula (Correction Surgery)	23000	26450
1019	Colon Replacement of Oesophagus	23000	26450
1020	Omphalo Mesenteric Cyst Excision	17250	19838
1021	Omphalo Mesenteric Duct- Excision	15525	17854
1022	Meckels Diverticulectomy	3347	3849
1023	Omphalocele 1st Stage (Hernia Repair)	15525	17854
1024	Omphalocele 2nd Stge (Hernia Repair)	17250	19838
1025	Gastrochisis Repair	16100	18515
1026	Inguinal Herniotomy	12558	14442
1027	Congenital Hydrocele	12000	13800
1028	Hydrocele of Cord	12000	13800
1029	Torsion Testis Operation	15000	17250
1030	Congenital Pyloric Stenosis- operation	13938	16029
1031	Duodenal- Atresia Operation	14000	16100
1032	Pancreatic Ring Operation	22425	25789
1033	Meconium Ileus Operation	14500	16675
1034	Malrotation of Intestines Operation	13000	14950
1035	Rectal Biopsy (Megacolon)	9736	11196
1036	Colostomy Transverse	15000	17250
1037	Colostomy Left Iliac	15000	17250
1038	Abdominal Perineal Pull Through (Hirschsprugis Disease)	19000	21850
1039	Imperforate Anus Low Anomaly -Cut Back Operation	10235	11770
1040	Imperforate Anus Low Anomaly - Perineal Anoplasty	12000	13800
1041	Imperforate Anus High Anomaly -Sacroabdomino Perineal Pull Through	12500	14375
1042	Imperforate Anus High Anomaly - Closure of Colostomy	8625	9919
1043	Intususception Operation	20700	23805
1044	Choledochoduodenostomy for Atresia of Extra Hepatic Billiary Duct	15000	17250
1045	Operation of Choledochal Cyst	16000	18400
1046	Nephrectomy for -Pyonephrosis	17000	19550
1047	Nephrectomy for - Hydronephrosis	15000	17250

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1048	Nephrectomy for -Wilms Tumour	15000	17250
1049	Paraortic Lymphadenectomy with Nephrectomy for Wilms Tumour	20000	23000
1050	Sacro-Coccygeal Teratoma Excision	14000	16100
1051	Neuroblastoma Debulking	16000	18400
1052	Neuroblastoma Total Excision	20700	23805
1053	Rhabdomyosarcoma wide Excision	15000	17250
1054	Congenital Atresia & Stenosis of Small Intestine	19000	21850
1055	Muconium ileus	16000	18400
1056	Mal-rotation & Volvulus of the Midgut	15000	17250
1057	Excision of Meckle's Devericulum	12000	13800
1058	Other Major Surgery	27000	31050
1059	Other Minor Surgery	11050	13000
	TREATMENT PROCEDURE BURNS AND PLASTIC SURGERY		
1060	Primary Suturing of Wound	300	345
1061	Injection of Keloids - Ganglion	1099	1264
1062	Injection of Keloids - Haemangioma	1150	1323
1063	Free Grafts - Wolfe Grafts	1725	1984
1064	Free Grafts - Theirech- Small Area 5%	7475	8596
1065	Free Grafts - Large Area 10%	8000	9200
1066	Free Grafts - Very Large Area 20% and above.	10350	11903
1067	Skin Flaps - Rotation Flaps	8970	10316
1068	Skin Flaps - Advancement Flaps	12500	14375
1069	Skin Flaps - Direct- cross Leg Flaps- Cross Arm Flap	12500	14375
1070	Skin Flaps - Cross Finger	12500	14375
1071	Skin Flaps - Abdominal	9350	11000
1072	Skin Flaps - Thoracic	9350	11000
1073	Skin Flaps - Arm Etc.	11000	12650
1074	Subcutaneous Pedicle Flaps Raising	6900	7935
1075	Subcutaneous Pedicle Flaps Delay	5950	7000
1076	Subcutaneous Pedicle Flaps Transfer	5950	7000
1077	Cartilage Grafting	8625	9919
1078	Reduction of Facial Fractures of Nose	1380	1587
1079	Reduction of Facial Fractures of Maxilla	8000	9200
1080	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	7475	8596
1081	Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	6900	7935
1082	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	7500	8625
1083	Internal Wire Fixation of Mandible & Maxilla	11500	13225
1084	Cleft Lip - repair.	11500	13225
1085	Cleft Palate Repair	12650	14548
1086	Primary Bone Grafting for alveolar cleft in Cleft Lip	11500	13225
1087	Secondary Surgery for Cleft Lip Deformity	10000	11500
1088	Secondary Surgery for Cleft Palate	12650	14548

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1089	Reconstruction of Eyelid Defects - Minor	6325	7274
1090	Reconstruction of Eyelid Defects - Major	8500	9775
1091	Plastic Surgery of Different Regions of the Ear - Minor	8050	9258
1092	Plastic Surgery of Different Regions of the Ear - Major	10350	11903
1093	Plastic Surgery of the Nose - Minor	8050	9258
1094	Plastic Surgery of the Nose - Major	9500	10925
1095	Plastic Surgery for Facial Paralysis (Support with Reanimation)	16100	18515
1096	Pendulous Breast - Mammoplasty	13000	14950
1097	Underdeveloped Breast Mammoplasty	12000	13800
1098	After Mastectomy (Reconstruction)Mammoplasty	12000	13800
1099	Syndactyly Repair	12750	15000
1100	Dermabrasion Face	13225	15209
1101	upto 30% Burns 1st Dressing	152	175
1102	upto 30% Burns Subsequent Dressing	124	143
1103	30% to 50% Burns 1st Dressing	193	222
1104	30% to 50% Burns Subsequent Dressing	152	175
1105	Extensive Burn -above 50% Frist Dressing	276	317
1106	Extensive Burn -above 50% Subsequent dressing	193	222
	TREATMENT PROCEDURE ORTHOPEDICS		
1107	Plaster Work	255	300
1108	Fingers (post slab)	259	298
1109	Fingers full plaster	259	298
1110	Colles Fracture - Below elbow	978	1125
1111	Colles Fracture - Full plaster	994	1143
1112	Colles fracture Ant. Or post. slab	400	460
1113	Above elbow full plaster	173	199
1114	Above Knee post-slab	575	288
1115	Below Knee full plaster	173	199
1116	Below Knee post-slab	718	826
1117	Tube Plaster (or plaster cylinder)	800	920
1118	Above knee full plaster	1265	1455
1119	Above knee full slab	1158	1332
1120	Minerva Jacket	2415	2777
1121	Plaster Jacket	2185	2513
1122	Shoulder spica	1955	2248
1123	Single Hip spica	2243	2579
1124	Double Hip spica	2760	3174
1125	Strapping of Finger	179	206
1126	Strapping of Toes	180	207
1127	Strapping of Wrist	230	265
1128	Strapping of Elbow	262	301
1129	Strapping of Knee	345	397
1130	Strapping of Ankle	345	397
1131	Strapping of Chest	460	529
1132	Strapping of Shoulder	518	596
1133	Figure of 8 bandage	518	596

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1134	Collar and cuff sling	255	300
1135	Ball bandage	400	460
1136	Application of P.O.P Casts for Upper & Lower Limbs	633	728
1137	Application of Functiol Cast Brace	1350	1553
1138	Application of Skin Traction	690	794
1139	Application of Skeletal Traction	949	1091
1140	Bandage & Strappings for Fractures	552	635
1141	Aspiration & Intra Articular Injections	575	661
1142	Application of P.O.P Spices & Jackets	2473	2844
1143	Close Reduction of Fractures of Limb & P.O.P	2600	2990
1144	Reduction of Compound Fractures	2760	3174
1145	Open Reduction & Internal Fixation of Fingers & Toes	5175	5951
1146	Open Reduction of fracture of Long Bones of Upper / Lower Limb - iling & Exterl Fixation	8050	9258
1147	Open Reduction of fracture of Long Bones of Upper / Lower Limb -AO Procedures	9660	11109
1148	Tension Band Wirings	5658	6507
1149	Bone Grafting	6601	7591
1150	Excision of Bone Tumours	6900	7935
1151	Excision or other Operations for Scaphoid Fractures	7188	8266
1152	Sequestrectomy & Saucerisation	6900	7935
1153	Sequestrectomy & Saucerizations -Arthrotomy	9971	11467
1154	Multiple Pinning Fracture Neck Femur	11500	13225
1155	Plate Fixations for Fracture Neck Femur	13500	15525
1156	A.O.Compression Procedures for Fracture Neck Femur	16560	19044
1157	Open Reduction of Fracture Neck Femur Muscle Pedicle Graft and Internal Fixations	19500	22425
1158	Close Reduction of Dislocations	3174	3650
1159	Open Reduction of Dislocations	3439	3955
1160	Open Reduction of Fracture Dislocation & Internal Fixation	13500	15525
1161	Neurolisis/Nerve repair	13800	15870
1162	Nerve Repair with Grafting	16675	19176
1163	Tendon with Transplant or Graft	10350	11903
1164	Tendon Lengthening/Tendon repair	8050	9258
1165	Tendon Transfer	3105	3571
1166	Laminectomy Excision Disc and Tumours	4830	5555
1167	Spil Ostectomy and Internal Fixations	24150	27773
1168	Anterolateral decompression for tuberculosis/ Costo-Transversectomy	3450	3968
1169	Antereolateral Decompression and Spil Fusion	19350	22253
1170	Corrective Ostectomy & Internal Fixation - short bones	13800	15870
1171	Corrective Ostectomy & Internal Fixation - long bones	11040	12696
1172	Arthrodesis of - Minor Joints	10350	11903
1173	Arthrodesis of - Major Joints	10000	11500
1174	Soft Tissue Operations for C.T.E.V.	8050	9258
1175	Soft Tissue Operations for Polio	6900	7935

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1176	Hemiarthroplasty- Hip	20000	23000
1177	Hemiarthroplasty- Shoulder	20000	23000
1178	Operations for Brachial Plexus & Cervical Rib	24150	27773
1179	Amputations - Below Knee	6900	7935
1180	Amputations - Below Elbow	6843	7869
1181	Amputations - Above Knee	8050	9258
1182	Amputations - Above Elbow	6843	7869
1183	Amputations - Forequarter	13225	15209
1184	Amputations -Hind Quarter and Hemipelvectomy	18400	21160
1185	Disarticulations - Major joint	20700	23805
1186	Disarticulations - Minor joint	12650	14548
1187	Arthrography	9200	10580
1188	Arthroscopy - Diagnostic	8568	9853
1189	Arthroscopy-therapeutic: without implant	10000	11500
1190	Arthroscopy-therapeutic: with implant	17250	19838
1191	Soft Tissue Operation on JOINTS -SMALL	6900	7935
1192	Soft Tissue Operation on JOINTS -LARGE	13500	15525
1193	Myocutaneous and Fasciocutaneous Flap Procedures for Limbs	18630	21425
1194	Removal of Wires & Screw	1760	2024
1195	Removal of Plates	4140	4761
1196	Total Hip Replacement	79000	90850
1197	Total Ankle Joint Replacement	95400	109710
1198	Total Knee Joint Replacement	110000	126500
1199	Total Shoulder Joint Replacement	79000	90850
1200	Total Elbow Joint Replacement	79000	90850
1201	Total Wrist Joint Replacement	100000	115000
1202	Total finger joint replacement	20000	23000
1203	Tubular external fixator	4600	5290
1204	Ilizarov's external fixator	7763	8927
1205	Pelvi-acetabular fracture -Internal fixation	8625	9919
1206	Meniscectomy	12000	13800
1207	Meniscus Repair	10000	11500
1208	ACL Reconstruction	8500	9775
1209	PCL Reconstruction	13500	15525
1210	Knee Collateral Ligament Reconstruction	12500	14375
1211	Bencarf Repair Shoulder	13200	15180
1212	RC Repair	1500	1725
1213	Biceps tenodesis	14000	16100
1214	Distal biceps tendon repair	10380	11937
1215	Arthrolysis of knee	12500	14375
1216	Capsulotomy of Shoulder	15800	18170
1217	Conservative Pop	1200	1380
1218	Application for CTEV per sitting	1200	1380
1219	Total Hip Replacement Revision Stage-I	17000	19550
1220	Total Hip Replacement Revision Stage-II	50000	57500
1221	Total Knee Replacement Revision Stage-I	35000	40250

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1222	Total Knee Replacement Revision Stage-II	35000	40250
1223	Illizarov/ external fixation for limb lengthening/ deformity correction	12500	14375
1224	Discectomy/ Micro Discectomy	12500	14375
1225	Laminectomy	4646	5343
1226	Spinal Fixation Cervical/dorsolumbar/ lumbosacral	16000	18400
1227	Fusion Surgery Cervical/ Lumbar Spine upto 2 Level	22000	25300
1228	More than 2 Level	12000	13800
1229	Scoliosis Surgery/ Deformity Correction of Spine	25000	28750
1230	Vertebroplasty	12000	13800
1231	Spinal Injections	450	518
1232	DHS for Fracture Neck Femur	15000	17250
1233	Proximal Femoral Nail (PFN for IT Fracture)	14000	16100
1234	Spinal Osteotomy	1434	1649
1235	Illizarov's / External Fixation for Trauma	13000	14950
1236	Soft Tissue Operations for Polio/ Cerebral Palsy	10557	12420
1237	Mini Fixator for Hand/Foot	9000	10350
1238	Other Major Surgery	38250	45000
1239	Other Minor Surgery	11883	13980
	TREATMENT PROCEDURE PHYSIOTHERAPY		
1240	Ultrasonic therapy	78	90
1241	S.W. Diathermy	78	90
1242	Electrical stimulation (therapeutic)	78	90
1243	Muscle testing and diagnostic	71	82
1244	Infra red	78	90
1245	U.V. Therapeutic dose	58	67
1246	Intermittent Lumbar Traction	78	90
1247	Intermittent Cervical traction	75	86
1248	Wax bath	75	86
1249	Hot pack	78	90
1250	Breathing Exercises & Postural Drainage	50	58
1251	Cerebral Palsy – exercise	50	58
1252	Post – polio exercise	50	58
	NUCLEAR MEDICINE / RADIOTHERAPY AND CHEMOTHERAPY		
1253	Cobalt 60 therapy		
1254	Radical therapy	68425	78689
1255	Palliative therapy	24438	28104
1256	Linear accelerator		
1257	Radical therapy	58650	67448
1258	Palliative therapy	34213	39345
1259	3 D Planning	4888	5621
1260	2 D Planing	4888	5621
1261	IMRT(Intensity Modulated radiotherapy)	100878	116010
1262	SRT (Stereotactic radiotherapy)	60996	70145
1263	SRS(Stereotactic radio surgery)	80546	92628
1264	IGRT(Image guided radiotherapy)	147016	169068

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1265	Respiratory Gating-alongwith Linear accelerator planning	110000	126500
1266	Electron beam with Linear accelerator	67473	79380
1267	Tomotherapy	79400	91310
	NUCLEAR MEDICINE / BRACHYTHERAPY- HIGH DOSE RADIATION		
1268	Intracavitary	11730	13490
1269	Interstitial	58650	67448
1270	Intraluminal	9775	11241
1271	Surface mould	4644	5341
1272	GLIADAL WAFER	93900	107985
	NUCLEAR MEDICINE / CHEMOTHARAPY		
1273	Neoadjuvant	863	992
1274	Adjuvant	863	992
1275	Concurrent-chemoadiation	920	1058
1276	Single drug	552	635
1277	Multiple drugs	897	1032
1278	Targeted therapy	920	1058
1279	Chemoport facility	920	1058
1280	PICC line (peripherally inserted Central canulisation)	920	1058
	LIST OF PROCEDURES/ TESTS IN		
	GASTROENTEROLOGY / ENDOSCOPIC PROCEDURES		
1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1725	1984
1282	Diagnostic endoscopy	250	288
1283	Endoscopic biopsy	345	397
1284	Endoscopic mucosal resection	1543	1815
1285	Oesophageal stricture dilatation	1725	1984
1286	Balloon dilatation of achalasia cardia	2875	3306
1287	Foreign body removal	1725	1984
1288	Oesophageal stenting	3000	3450
1289	Band ligation of oesophageal varices	2500	2875
1290	Sclerotherapy of oesophageal varices	2500	2875
1291	Glue injection of varices	2500	2875
1292	Argon plasma coagulation	4025	4629
1293	Pyloric balloon dilatation	2415	2777
1294	Enteranal stenting	3680	4232
1295	Duodenal stricture dilation	990	1139
1296	Single balloon enterocopy	4000	4600
1297	Double balloon enteroscopy	3500	4025
1298	Capsule endoscopy	4950	5693
1299	Piles banding	1099	1264
1300	Colonic stricture dilatation	2737	3148
1301	Hot biopsy forceps procedures	3000	3450
1302	Colonic stenting	2737	3148
1303	Junction biopsy	2000	2300
1304	Conjugal microscopy	4000	4600

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1305	Endoscopic sphincterotomy	2415	2777
1306	CBD stone extraction	2415	2777
1307	CBD stricture dilatation	6500	7475
1308	Biliary stenting (plastic and metallic)	4830	5555
1309	Mechanical lithotripsy of CBD stones	8000	9200
1310	Pancreatic sphincterotomy	6375	7500
1311	Pancreatic stricture dilatation	5750	6613
1312	Pancreatic stone extraction	10098	11613
1313	Mechanical lithotripsy of pancreatic stones	11385	13093
1314	Endoscopic cysto gastrostomy	8050	9258
1315	Balloon dilatation of papilla	6900	7935
1316	Ultrasound guided FNAC	575	661
1317	Ultrasound guided abscess Drainage	720	828
1318	PTBD	1150	1323
1319	Diagnostic angiography	2000	2300
1320	Vascular embolization	15100	17365
1321	TIPS	5400	6210
1322	IVC graphy + hepatic veinography	34212	39344
1323	Muscular stenting	97750	112413
1324	BRTO	57500	66125
1325	Portal haemodynamic studies	1913	2250
1326	Manometry and PH metry	1612	1897
1327	Oesophageal PH metry	5000	5750
1328	Oesophageal manometry	5000	5750
1329	Small bowel manometry	6800	8000
1330	Anorectal manometry	6800	8000
1331	Colonic manometry	7650	9000
1332	Biliary manometry	7650	9000
1333	Sengstaken blacknesse tube tempode	2875	3306
1334	Lintas machles tube tempode	2875	3306
1335	Fecal fat test/ fecal chymotrypsin/ fecal elastase	350	403
1336	Breath tests	300	345
1337	Extra corporeal shortwave lithotripsy	41400	47610
1338	Liver biopsy	1380	1587
	NAME OF INVESTIGATION / DENTAL		
1339	Dental IOPA X-ray	50	58
1340	Occlusal X-ray	78	90
1341	OPG X-ray	196	225
	NAME OF INVESTIGATION / PULMONARY		
1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	3600	4140
1343	Lung Perfusion Scan	2000	2300
	NAME OF INVESTIGATION / OSTEOLOGY		
1344	Whole Body Bone Scan with SPECT.	3421	3934
1345	Three phase whole body Bone Scan	3421	3934
	NAME OF INVESTIGATION / NEUROSCIENCES		
1346	Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.	9775	11241

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1347	Radionuclide Cisternography for CSF leak	3740	4400
	NAME OF INVESTIGATION / GASTRO AND HEPATOBILIARY		
1348	Gastro esophageal Reflux Study (G.E.R. Study)	1955	2248
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	3421	3934
1350	Hepatobiliary Scintigraphy.	2444	2811
1351	Meckel's Scan	1955	2248
1352	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	1870	2200
1353	Gastric emptying	1275	1466
	NAME OF INVESTIGATION / GENITOURINARY		
1354	Renal Cortical Scintigraphy with Technetium 99m D.M.S.A.	3421	3934
1355	Dynamic Renography.	3421	3934
1356	Dynamic Renography with Diuretic.	3421	3934
1357	Dynamic Renography with Captopril	1960	2254
1358	Testicular Scan	1466	1686
	NAME OF INVESTIGATION / ENDOCRINOLOGY		
1359	Thyroid Uptake measurements with 131-Iodine.	1564	1799
1360	Thyroid Scan with Technetium 99m Pertechnetate.	1466	1686
1361	Iodine-131 Whole Body Scan.	2933	3373
1362	Whole Body Scan with M.I.B.G.	17595	20234
1363	Parathyroid Scan	4888	5621
	NAME OF INVESTIGATION / RADIO-ISOTOPE THERAPY		
1364	131-Iodine Therapy	1530	1800
1365	131-Iodine Therapy <15mCi	3854	4432
1366	131-Iodine Therapy 15-50mCi	4956	5699
1367	131-Iodine Therapy 51-100mCi	12000	13800
1368	131-Iodine Therapy >100mCi	15000	17250
1369	Phosphorus-32 therapy for metastatic bone pain palliation	5000	5750
1370	Samarium-153 therapy for metastatic bone pain palliation	10450	12018
1371	Radiosynovectomy with Yttrium	21250	25000
	NAME OF INVESTIGATION / CARDIOLOGY		
1372	Stress thallium / Myocardial Perfusion Scintigraphy	9450	10868
1373	Rest thallium / Myocardial Perfusion Scintigraphy	8000	9200
1374	Venography	3300	3795
1375	TMT	489	562
1376	TEE	489	562
1377	Lymph angiography	1613	1855
	NAME OF INVESTIGATION / TUMOUR IMAGING		
1378	Scintimammography.	4800	5520
1379	Indium labeled octreotide Scan.	73313	84310

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
	NAME OF INVESTIGATION / PET SCAN		
1380	FDG Whole body PET / CT Scan	20528	23607
1381	Brain I Heart FDG PET / CTScan.	14663	16862
1382	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	15000	17250
	LABORATORY MEDICINE / CLINICAL PATHOLOGY		
1383	Urine routine- pH, Specific gravity, sugar, protein and microscopy	35	40
1384	Urine-Microalbumin	70	81
1385	Stool routine	35	40
1386	Stool occult blood	24	28
1387	Post coital smear examination	30	35
1388	Semen analysis	35	40
	LABORATORY MEDICINE / HAEMATOLOGY		
1389	Haemoglobin (Hb)	18	21
1390	Total Leucocytic Count (TLC)	31	36
1391	Differential Leucocytic Count (DLC)	31	36
1392	E.S.R.	25	29
1393	Total Red Cell count with MCV.MCH.MCHC.DRW	32	37
1394	Complete Haemogram/CBC, Hb,RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination	135	155
1395	Platelet count	48	55
1396	Reticulocyte count	48	55
1397	Absolute Eosinophil count	48	55
1398	Packed Cell Volume (PCV)	13	15
1399	Peripheral Smear Examination	43	49
1400	Smear for Malaria parasite	41	47
1401	Bleeding Time	35	40
1402	Osmotic fragility Test	50	58
1403	Bone Marrow Smear Examination	70	81
1404	Bone Marrow Smear Examination with iron stain	250	288
1405	Bone Marrow Smear Examination and cytochemistry	440	506
1406	Activated partial ThromboplastinTime (APTT)	102	117
1407	Rapid test for malaria(card test)	44	51
1408	WBC cytochemistry for leukemia -Complete panel	110	127
1409	Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D-Dimer/ FDP	400	460
1410	Factor Assays-Factor VIII	720	828
1411	Factor Assays-Factor IX	680	782
1412	Platelet Function test	50	58
1413	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	400	460
1414	Tests for lupus anticoagulant	150	173
1415	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein I)	500	575

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1416	Thalassemia studies (Red Cell indices and Hb HPLC)	560	644
1417	Tests for Sickling / Hb HPLC)	77	89
	LABORATORY MEDICINE / BLOOD BANK		
1418	Blood Group & RH Type	30	35
1419	Cross match	50	58
1420	Coomb's Test Direct	90	104
1421	Coomb's Test Indirect	100	115
1422	3 cell panel- antibody screening for pregnant female	170	200
1423	11 cells panel for antibody identification	170	200
1424	HBs Ag	102	120
1425	HCV	128	150
1426	HIV I and II	150	173
1427	VDRL	43	50
1428	RH Antibody titer	80	92
1429	Platelet Concentrate	56	64
1430	Random Donor Platelet(RDP)	128	150
1431	Single Donor Platelet (SDP- Aphresis)	150	173
	LABORATORY MEDICINE / HISTOPATHOLOGY		
1432	Routine-H & E	90	104
1433	special stain	65	75
1434	Immunohistochemistry(IHC)	750	863
1435	Frozen section	780	897
1436	Paraffin section	343	394
	LABORATORY MEDICINE / CYTOLOGY		
1437	Pap Smear	150	173
1438	Body fluid for Malignant cells	150	173
1439	FNAC	200	230
	NAME OF INVESTIGATION / FLOW CYTOMETRY		
1440	Leukemia panel /Lymphoma panel	1536	1766
1441	PNH Panel-CD55,CD59	1000	1150
	LABORATORY MEDICINE / CYTOGENETIC STUDIES		
1442	Karyotyping	1539	1770
1443	FISH	500	575
	LABORATORY MEDICINE / BIO-CHEMISTRY		
1444	Blood Glucose Random	24	28
1445	24 hrs urine for Proteins,Sodium, creatinine	50	58
1446	Blood Urea Nitrogen	54	62
1447	Serum Creatinine	55	63
1448	Urine Bile Pigment and Salt	25	29
1449	Urine Urobilinogen	20	23
1450	Urine Ketones	30	35
1451	Urine Occult Blood	35	40
1452	Urine total proteins	18	21
1453	Rheumatoid Factor test	100	115
1454	Bence Jones protein	47	54

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1455	Serum Uric Acid	55	63
1456	Serum Bilirubin total & direct	80	92
1457	Serum Iron	90	104
1458	C.R.P.	100	115
1459	C.R.P Quantitative	160	184
1460	Body fluid (CSF/Ascitic Fluid etc.)Sugar, Protein etc.	90	104
1461	Albumin.	18	21
1462	Creatinine clearance.	80	92
1463	Serum Cholesterol	62	71
1464	Total Iron Binding Capacity	80	92
1465	Glucose (Fasting & PP)	47	54
1466	Serum Calcium –Total	60	69
1467	Serum Calcium –Ionic	44	51
1468	Serum Phosphorus	60	69
1469	Total Protein Alb/Glo Ratio	50	58
1470	IgG.	250	288
1471	IgM.	250	288
1472	IgA.	250	288
1473	ANA.	200	230
1474	Ds DNA.	350	403
1475	S.G.P.T.	55	63
1476	S.G.O.T.	55	63
1477	Serum amylase	117	135
1478	Serum Lipase	130	150
1479	Serum Lactate	72	83
1480	Serum Magnesium	100	115
1481	Serum Sodium	50	58
1482	Serum Potassium	50	58
1483	Serum Ammonia	100	115
1484	Anemia Profile	204	240
1485	Serum Testosterone	150	173
1486	Imprint Smear From Endoscopy	240	276
1487	Triglyceride	75	86
1488	Glucose Tolerance Test (GTT)	90	104
1489	Triple Marker.	800	920
1490	C.P.K.	100	115
1491	Foetal Haemoglobin (HbF)	85	100
1492	Prothrombin Time (P.T.)	110	127
1493	L.D.H.	100	115
1494	Alkaline Phosphatase	60	69
1495	Acid Phosphatase	78	90
1496	CK MB	190	219
1497	CK MB Mass	140	161
1498	Troponin I	100	115
1499	Troponin T	600	690
1500	Glucose Phosphate Dehydrogenase (G, 6PD)	100	115
1501	Lithium.	130	150

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1502	Dilantin (phenytoin).	400	460
1503	Carbamazepine.	400	460
1504	Valproic acid.	300	345
1505	Feritin.	250	288
1506	Blood gas analysis	120	138
1507	Blood gas analysis with electrolytes	460	529
1508	Urine pregnancy test	65	75
1509	Tests for Antiphospholipid antibodies syndrome.	280	322
1510	Hb A1 C	130	150
1511	Hb Electrophoresis/ Hb HPLC	100	115
1512	Kidney Function Test.	225	259
1513	Liver Function Test.	225	259
1514	Lipid Profile.(Total cholesterol.LDL.HDL.treiglycerides)	200	230
	Nutritional Markers		
1515	Serum Iron	90	104
1516	Total Iron Binding Capacity	90	104
1517	Serum Ferritin	100	115
1518	Vitamin B12 assay.	250	288
1519	Folic Acid assay.	300	345
1520	Extended Lipid Profile.(Total cholesterol.LDL.HDL.treiglycerides.Apo A1.Apo B.Lp(a))	595	684
1521	Apo A1.	200	230
1522	Apo B.	199	229
1523	Lp (a).	445	512
1524	CD 3,4 and 8 counts	170	200
1525	CD 3,4 and 8 percentage	170	200
1526	LDL.	62	71
1527	Homocysteine.	400	460
1528	HB Electrophoresis.	440	506
1529	Serum Electrophoresis.	220	253
1530	Fibrinogen.	165	190
1531	Chloride.	60	69
1532	Magnesium.	150	173
1533	GGTP.	90	104
1534	Lipase.	239	275
1535	Fructosamine.	200	230
1536	β 2 microglobulin	90	104
1537	Catecholamines.	1050	1208
1538	Creatinine clearance.	120	138
	NAME OF INVESTIGATION / TUMOUR MARKERS		
1539	PSA- Total.	312	359
1540	PSA- Free.	375	431
1541	AFP.	300	345
1542	HCG.	289	332

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1543	CA. 125.	391	450
1544	CA 19.9.	616	708
1545	CA 15.3.	560	644
1546	Vinyl Mandelic Acid	350	403
1547	Calcitonin	500	575
1548	Carcioembryonic antigen(CEA)	340	391
	OTHERS		
1549	Immunofluorescence	150	173
1550	Direct(Skin and kidney Disease)	425	500
1551	Indirect (antids DNA Anti Smith ANCA)	425	500
1552	VitD3 assay	550	633
1553	Serum Protein electrophoresis with immunofixationelectrophoresis (IFE)	300	345
1554	BETA-2 Microglobulin assay	100	115
1555	Anti cycliocitrullinated peptide (Anti CCP)	450	518
1556	Anti tissuetransglutaminase antibody	425	500
1557	Serum Erythropoetin	425	500
1558	ACTH	500	575
	HARMONES		
1559	T3, T4, TSH	200	230
1560	T3	64	75
1561	T4	64	75
1562	TSH	90	104
1563	LH	150	173
1564	FSH	150	173
1565	Prolactin	150	173
1566	Cortisol	250	288
1567	PTH(Paratharmone)	500	575
1568	C-Peptide.	330	380
1569	Insulin.	150	173
1570	Progesterone.	225	259
1571	17-DH Progesterone.	440	506
1572	DHEAS.	440	506
1573	Androstendione.	600	690
1574	Growth Hormone.	340	391
1575	TPO.	300	345
1576	Throglobulin.	300	345
1577	Hydatic Serology.	318	374
1578	Anti Sperm Antibodies.	380	437
1579	HBV DNA Qualitative	2000	2300
1580	HBV DNA Quantitative.	1500	1725
1581	HCV RNA Qualitative.	1691	1945
1582	HPV serology	218	251
1583	Rota Virus serology	130	150
1584	PCR for TB	900	1035
1585	PCR for HIV	600	690
1586	Chlamydae antigen	850	978

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1587	chlamydae antibody	238	280
1588	Brucella serology	230	265
1589	Influenza A serology	943	1084
	USG, X-RAY , CT, MRI, BONE DENSITOMETRY		
1590	USG for Obstetrics - Anomalies scan	770	886
1591	Abdomen USG	323	380
1592	Pelvic USG (prostate, gynae, infertility etc)	255	300
1593	Small parts USG (scrotum, thyroid , parathyroid etc)	349	410
1594	Neonatal head (Tranfontanellar)	425	489
1595	Neonatal spine	500	575
1596	Contrast enhanced USG	900	1035
1597	USG Breast	349	410
1598	USG Hystero-Salpaingography (HSG)	255	300
1599	Carotid Doppler	850	1000
1600	Arterial Colour Doppler	706	830
1601	Venous Colour Doppler	706	830
1602	Colour Doppler, renal arteries/any other organ	800	920
1603	USG guided intervention- FNAC	490	564
1604	USG guided intervention - biopsy	720	828
1605	USG guided intervention - nephrostomy	800	920
	X-Ray		
1606	Abdomen AP Supine or Erect (One film)	128	150
1607	Abdomen Lateral view (one film)	128	150
1608	Chest PA view (one film)	60	70
1609	Chest Lateral (one film)	60	70
1610	Mastoids: Towne view, oblique views (3 films)	250	288
1611	Extremities, bones & Joints AP & Lateral views (Two films)	255	300
1612	Pelvis A.P (one film)	110	127
1613	T. M. Joints (one film)	110	127
1614	Abdomen & Pelvis for K. U. B.	128	150
1615	Skull A. P. & Lateral (2 films)	255	300
1616	Spine A. P. & Lateral (2 films)	250	288
1617	PNS view (1 film)	110	127
	X RAY CONTRAST STUDIES		
1618	Barium Swallow	510	600
1619	Barium Upper GI study	800	920
1620	Barium Upper GI study (Double contrast)	935	1100
1621	Barium Meal follow through	935	1100
1622	Barium Enema (Single contrast/double contrast)	850	1000
1623	Small bowel enteroclysis	1020	1200
1624	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2500	2875
1625	General :Fistulography /Sinography/Sialography/Dacrocystography/ T-Tube cholangiogram/Nephrostogram	638	750
1626	Percutaneous transhepatic cholangiography (PTC)	1440	1656

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1627	Intravenous Pyelography (IVP)	1190	1400
1628	Micturating Cystourethrography (MCU)	680	800
1629	Retrograde Urethrography (RGU)	680	800
1630	Contrast Hystero-Salpingography (HSG)	1020	1200
1631	X ray - Arthrography	700	805
1632	Cephalography	150	173
1633	Myelography	2750	3163
1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011
	MAMMOGRAPHY		
1635	X-ray Mammography	315	370
1636	MRI Mammography	2550	3000
	CT		
1637	CT Head-Without Contrast	900	1035
1638	CT Head- with Contrast (+/- CT angiography)	1350	1553
1639	C. T. Chest - without contrast (for lungs)	1700	2000
1640	C. T. Scan Lower Abdomen(incl. Pelvis) With Contrast	1700	1955
1641	C. T. Scan Lower Abdomen(Incl. Pelvis) Without Contrast	1500	1725
1642	C. T. Scan Whole Abdomen Without Contrast	3000	3450
1643	C. T. Scan Whole Abdomen With Contrast	4500	5175
1644	Triple Phase CT abdomen	4500	5175
1645	CT angiography abdomen/ Chest	4500	5175
1646	CT Enteroclysis	6000	6900
1647	C. T. Scan Neck – Without Contrast	1500	1725
1648	C. T. Scan Neck – With Contrast	1870	2200
1649	C. T. Scan Orbits - Without Contrast	1190	1400
1650	C. T. Scan Orbits - With Contrast	1615	1900
1651	C. T. Scan of Para Nasal Sinuses- Without Contrast	900	1035
1652	C. T. Scan of Para Nasal Sinuses - With Contrast	1600	1840
1653	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)–without contrast	1500	1725
1654	CT Temporal bone – without contrast	893	1050
1655	CT - Dental	1275	1500
1656	C. T. Scan Limbs -Without Contrast	1700	2000
1657	C. T. Scan Limbs -With Contrast including CT angiography	2253	2650
1658	C.T. Guided intervention –FNAC	1200	1380
1659	C.T. Guided Trucut Biopsy	1200	1380
1660	C. T. Guided intervention -percutaneous catheter drainage / tube placement	1305	1535
	MRI		
1661	MRI Head – Without Contrast	1998	2350
1662	MRI Head – With Contrast	2848	3350
1663	MRI Orbits – Without Contrast	1445	1700
1664	MRI Orbits – With Contrast	2000	2300
1665	MRI Nasopharynx and PNS – Without Contrast	2450	2818
1666	MRI Nasopharynx and PNS – With Contrast	3500	4025

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1667	MR for Salivary Glands with Sialography	3000	3450
1668	MRI Neck - Without Contrast	3000	3450
1669	MRI Neck- with contrast	5000	5750
1670	MRI Shoulder – Without contrast	2000	2300
1671	MRI Shoulder – With contrast	2600	3000
1672	MRI shoulder both Joints - Without contrast	3000	3450
1673	MRI Shoulder both joints – With contrast	4000	4600
1674	MRI Wrist Single joint - Without contrast	2125	2500
1675	MRI Wrist Single joint - With contrast	4000	4600
1676	MRI Wrist both joints - Without contrast	2125	2500
1677	MRI Wrist Both joints - With contrast	5000	5750
1678	MRI knee Single joint - Without contrast	2125	2500
1679	MRI knee Single joint - With contrast	5000	5750
1680	MRI knee both joints - Without contrast	2125	2500
1681	MRI knee both joints - With contrast	5000	5750
1682	MRI Ankle Single joint - Without contrast	2125	2500
1683	MRI Ankle single joint - With contrast	5000	5750
1684	MRI Ankle both joints - With contrast	5000	5750
1685	MRI Ankle both joints - Without contrast	2500	2875
1686	MRI Hip - With contrast	2500	2875
1687	MRI Hip – without contrast	2125	2500
1688	MRI Pelvis – Without Contrast	2125	2500
1689	MRI Pelvis – with contrast	5000	5750
1690	MRI Extremities - With contrast	5000	5750
1691	MRI Extremities - Without contrast	2125	2500
1692	MRI Temporomandibular – B/L - With contrast	4000	4600
1693	MRI Temporomandibular – B/L - Without contrast	2125	2500
1694	MR Temporal Bone/ Inner ear with contrast	4000	4600
1695	MR Temporal Bone/ Inner ear without contrast	2500	2875
1696	MRI Abdomen – Without Contrast	2125	2500
1697	MRI Abdomen – With Contrast	5000	5750
1698	MRI Breast - With Contrast	4250	5000
1699	MRI Breast - Without Contrast	2125	2500
1700	MRI Spine Screening - Without Contrast	1000	1150
1701	MRI Chest – Without Contrast	2125	2500
1702	MRI Chest – With Contrast	4000	4600
1703	MRI Cervical/Cervico Dorsal Spine – Without Contrast	2125	2500
1704	MRI Cervical/ Cervico Dorsal Spine – With Contrast	4000	4600
1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	2125	2500
1706	MRI Dorsal/ Dorso Lumbar Spine – With Contrast	4000	4600
1707	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast	2125	2500
1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	5000	5750
1709	Whole body MRI (For oncological workup)	5100	6000
1710	MR cholecysto-pancreatography.	5500	6325
1711	MRI Angiography - with contrast	5000	5750
1712	MR Enteroclysis	2125	2500
	BONE DENSITOMETRY (DEXA SCAN)		

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1713	Dexa Scan Bone Densitometry - Two sites -	1500	1725
1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip & extremity)	2000	2300
1715	Dexa Scan Bone Densitometry Whole body	2450	2818
	NEUROLOGICAL INVESTIGATIONS AND PROCEDURES		
1716	EEG/Video EEG	298	350
1717	EMG (Electro myography)	638	750
1718	Nerve condition velocity (at least 2 limbs)	638	750
1719	Decremental response (before and after neo stigmine)	595	700
1720	Incremental response	595	700
1721	SSEP (Somato sensory evoked potentials)	638	750
1722	Poly somnography	638	750
1723	Brachial plexus study	638	750
1724	Muscle biopsy	383	450
1725	ACHR anti body titre	1848	2125
1726	Anti MUSK body titre	2340	2691
1727	Serum COPPER	500	575
1728	Serum ceruloplasmin	450	518
1729	Urinary copper	500	575
1730	Serum homocystine	450	518
1731	Serum valproate level	315	362
1732	Serum phenol barbitone level	350	403
1733	Coagulation profile	553	636
1734	Protein C, S anti thrombine – III	2400	2760
1735	Serum lactate level	450	518
	CSF		
1736	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	240	276
1737	Special studies	1000	1150
1738	PCR for tuberculosis/ Herpes simplex	1200	1380
1739	Bacterial culture and sensitivity	200	230
1740	Mycobacterial culture and sensitivity	200	230
1741	Fungal culture	128	150
1742	Malignant cells	64	75
1743	Anti measles antibody titre (with serum antibody titre)	890	1024
1744	Viral culture	255	300
1745	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	760	874
1746	Oligoclonal band	1200	1380
1747	Myelin Basic protein	1871	2152
1748	Lactate	298	350
1749	Crypto coccal antigen	1138	1309
	TESTS IN GASTRO-ENTEROLOGY		
1750	D-xylase test	850	1000
1751	Fecal fat test/ fecal chymotrypsin/ fecal elastase	850	1000
1752	Breath tests	1300	1495

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1753	H pylori serology for celiac disease	500	725
1754	HBV genotyping	2500	2875
1755	HCV genotyping	4875	5606
	TESTS IN ENDOCRINOLOGY (IN ADDITION TO THOSE INCLUDED UNDER HARMONES)		
1756	Urinary VMA	1500	1725
1757	Urinary metanephrine/Normetanephrine	1138	1309
1758	Urinary free catecholamine	1690	1944
1759	Serum catecholamine	3400	3910
1760	Serum aldosterone	1125	1294
1761	24 Hr urinary aldosterone	920	1058
1762	Plasma renin activity	1000	1150
1763	Serum aldosterone/renin ratio	1200	1380
1764	Osmolality urine	128	150
1765	Osmolality serum	128	150
1766	Urinary sodium	80	94
1767	Urinary Chloride	43	50
1768	Urinary potassium	80	94
1769	Urinary calcium	80	94
1770	Thyroid binding globulin	510	600
1771	24 hr. urinary free cotisole	200	230
1772	Islet cell antebody	750	863
1773	GAD antibody	1330	1530
1774	Insulin associated antibody	449	516
1775	IGF-1	1500	1725
1776	IGF-BP3	1650	1898
1777	Sex hormone binding globulin	1333	1533
1778	USG guided FNAC thyroid gland	387	455
1779	E2	208	245
1780	Thyro globulin antibody	587	675