न्यूक्लियर पॉवर कार्पोरेशन ऑफ इंडिया लिमिटेड
NUCLEAR POWER CORPORATION OF INDIA LTD.
(भारत सरकार का उद्यम A Government of India Enterprise)
कैगा स्थल KAIGA SITE | केजीएस अस्पताल KGS HOSPITAL
TECHNOLOGIES FOR NEW INDIA@75
आज़ादी का अमृत महोत्सव
कैगा टाउनशिप, डाक घर: कैगा-581400, उत्तर कन्नड़ जिला, कर्नाटक, भारत Kaiga Township, PO: Kaiga- 581400, Uttar Kannada Dist., Karnataka, India
CIN: U40104MH1987GOI149458 website: www.npcil.nic.in ☎ 08382-254822
पंजीकृत कार्यालय: 16वाँ तल, सेंटर-1, वर्ल्ड ट्रेड सेंटर, कफे परेड, कोलाबा, मुम्बई **Regd Off:** 16th Flr., Centre-1, Word Trade Centre, Cuffe Parade, Colaba, Mumbai-400005.

EXPRESSION OF INTEREST FOR EMPANELMENT OF

I. MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI, DHARWAD, MANGALORE, GOA – MADGAON, PANAJI, BELGAUM.

II. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR

III. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI / DHARWAD

IV. PAEDIATRIC CARE HOSPITAL/ PAEDIATRIC NURSING HOME AT GOA (MADGAON)

EOi No: KGS/MED/EOI/001/2022

INDEX

NOTICE INVITING EXPRESSION OF INTEREST FOR EMPANELMENT OF MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI), BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON).

Nuclear Power Corporation of India Limited (NPCIL), Kaiga Site invites Expression of Interest (EOI) from eligible MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI), BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON) for empanelment to extend medical facilities to the CHSS beneficiaries and their dependents of Kaiga Site.

The EOI document may be downloaded from our Website : www.npcil.nic.in or copy can be collected from the office of Medical Superintendent, KGS Hospital, Kaiga Township, PO: Kaiga, Distt. Uttar Kannada.

The duly filled in documents must be sent by speed post or submitted personally in sealed envelope in the office of Medical Superintendent, KGS Hospital, Kaiga Township, PO: Kaiga, Distt. Uttar Kannada, Karnataka -581400 latest by **26.04.2022** at 19.00 hours.

12/4/22

Medical Superintendent
KGS Hospital

DISCLAIMER

This Expression of Interest (EOI) is issued by the Nuclear Power Corporation of India Limited (NPCIL), Government of India Enterprises under Department of Atomic Energy.

This EOI is meant only for MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI), BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON) which intend to submit their credentials in line with the terms and conditions set forth in EOI document. While 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 information in this EOI is selective. Each interested applicant must conduct its own analysis of the information contained in this EOI or to correct any inaccuracies therein that this EOI may contain and is advised to carryout its own investigation into the proposed empanelment for MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI), BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON).

The interested MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI), BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON) may apply in the prescribed Application Format provided 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 Kaiga Site and the Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home. No deviation to terms and conditions indicated in the agreement shall be accepted.

1. NPCIL KAIGA SITE – AN INTRODUCTION :

NPCIL, a premier Central Public Sector Enterprise under the Department of Atomic Energy, Government of India 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.

1.1 ABOUT KAIGA SITE:

Kaiga Site is located about 55 KM east of Karwar town, 13 KM on the upper side of Kadra Dam situated near the River Kali in Uttar Kannada District Karnataka State and 150 Kms from Belgaum.

1.2 Kaiga site has its own hospital at Kaiga Township. It caters to around 8000 plus beneficiaries. All medical and some surgical facilities are available at our hospital. Some of the patients are required to be referred to the secondary & tertiary level centers and higher diagnostic facilities for treatment and management which are not available in KGS Hospital.

1.3 We prefer Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home having advanced facilities in the surrounding near by area of Kaiga Site for referring our patients.

2.0 TERMS & CONDITIONS :

2.1 The empanelment of MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI), BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON) will be based on the medical services requirement and locality as enumerated below :

Broadly the empanelment of hospital will be considered based on the requirement:

Category I – Tertiary care : Multi Speciality / Super Speciality Hospital having NABH accreditation.

Category II – Single Speciality hospital providing secondary health management

Category III – Hospitals / Nursing Homes providing single or multi Speciality services located in the nearby smaller towns / cities.

CRITERIA FOR MULTI SPECIALITY HOSPITALS:

1. The hospital should have minimum 30 beds for Multi Speciality Services and minimum 20 beds for Super Speciality Services.
2. The hospital should have adequate Medical Officers (Specialists), nursing and para medical staff to meet the requirement of services and workload.
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/Pulse 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.

2.2 The MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI) , BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL , DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON) shall provide medical facility to the

CHSS beneficiaries based on the referrals made by the authorized signatory of the NPCIL KGS Hospital.

2.3 The beneficiaries of Kaiga Hospital are governed by Contributory Health Services Scheme (CHSS) who are entitled to facilities of private, semi-private or general ward depending on their basic pay / pension. The entitlement is as follows:-

S. No.	Pay Band	Entitlement
1.	Up to X	Four beds in a room with common toilet / bathroom.
2.	Between X and Y	Two beds in a room with attached toilet / bathroom and necessary furnishings (Semi Private)
3.	Y and above	Single Bed A/c accommodation as per availability in the referral hospital with attached toilet / bathroom

2.4 The treatment obtained from the empanelled Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home will be considered as a part of extended medical facilities of the NPCIL KGS Hospital and cost of such treatment / investigations incurred will be paid directly by NPCIL Kaiga Site to the Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home.

2.5 Referral Letters signed only by the Medical Superintendent, KGS Hospital or Authorized signatory shall be entertained for treatment.

2.6 The empanelment of Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home will be normally for 03 (Three) years & similarly the renewal of empanelment will also be normally for a period of 03 (Three) years based on mutual agreement.

2.7 The terms and conditions for empanelment of Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home, may be negotiated for the purpose of extending credit facility to NPCIL Kaiga Site which will enable the beneficiaries to get the appropriate medical treatment without the necessity of cash payment.

2.8 Maximum 90 days medicines will be allowed on credit basis if so advised by the doctor of the referred Multi-Speciality / Super Speciality Hospital and the same will be incorporated in the agreement.

2.9 In case of discharged patients, maximum 07 (seven) days medicines related to the treatment availed shall be allowed on credit basis.

2.10 Tax exemption certificate prescribed under the Income Tax Act, 1961 to the company to avail tax exemption by the employees, may be provided by the hospital.

3.0 GENERAL INFORMATION & INSTRUCTIONS :

3.1 NPCIL Kaiga Site floats this EOI for empanelment of Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home, subject to fulfilling the requirement as stated above.

3.2 Applicants are expected to examine the EOI document carefully before submission. Incomplete applications will be summarily rejected.

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 Kaiga Site.

3.4 The applicant shall bear all costs associated with the preparation and submission of their application.

3.5 The applicant shall not disclose confidential information relating to the patient to any third party without prior written approval of NPCIL Kaiga Site.

3.6 NPCIL Kaiga Site reserves the rights to call for the supporting documents for verification if so deemed also cross-check for any details as furnished by the applicant from their previous clients etc. The applicants shall not have any objection whatsoever in this regard.

3.7 The application submitted by the party shall comprise the documents in support of Qualification and Hospital rate list. All the envelopes should compulsorily be sealed & super scribed with **EOI for MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD / MANGALORE / GOA (MADGAON & PANAJI) / BELGAUM. NURSING HOME / ENT CLINIC / DENTAL CLINIC / EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL / DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON).**

4.0 RATES / TARIFF :

4.1 The schedule of rates charged by the hospital should be comparable with CGHS rates for Bengaluru as notified by Ministry of Health & Family Welfare Department of Health & Family Welfare.

If a hospital is NABH accredited / non NABH and agrees for CGHS 2014 Bengaluru rates, then they should submit a signed copy of the CGHS 2014 Bengaluru NABH / non NABH rates. If some surgery is not listed in CGHS rate list, the approved rates for Other Major Surgery / Other Minor Surgery will be applicable to all treatment procedures not mentioned in CGHS rate list. In those cases where any unlisted investigation / treatment procedure is undertaken, the reimbursement shall be limited to the rate of nearest similar investigation / treatment procedure under CGHS.

If a hospital does not agree with CGHS rates, then they need to submit the chargeable rates of procedures etc as per codes in CGHS rate list so that deviation from the CGHS rates can be calculated and justified when they are called for negotiation. If some surgery is not listed in CGHS rate list the same may be mentioned in the codes of rates

for Other Major Surgery / Other Minor Surgery. In those cases where any CGHS unlisted investigation / treatment procedure the same may be mentioned in the CGHS code of nearest similar investigation / treatment procedure under CGHS rate list.

4.1.1 "Package Rate" shall mean and include lumpsum cost of inpatient treatment / day care / diagnostic procedure for which a CHSS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) –

i. Registration charges
ii. Admission charges
iii. Accommodation charges including patients diet
iv. Operation charges
v. Injection charges
vi. Dressing charges
vii. Doctor / consultant visit charges
viii. ICU / ICCU charges
ix. Monitoring charges
x. Transfusion charges
xi. Anesthesia charges
xii. Operation theatre charges
xiii. Procedural charges / surgeon's fee
xiv. Cost of surgical disposables and all sundries used during hospitalization
xv. Cost of medicines
xvi. Related routine and essential investigations
xvii. Physiotherapy charges etc.
xviii. Nursing care and charges for its services.

(b) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

(c) The hospitals empanelled under CGHS rates shall not charge more than the package rates / rates.

4.1.2 Package rates envisage upto a maximum duration of indoor treatment as follows:

12 days for Specialized (Super Specialties) treatment;

7 days for other Major Surgeries;

3 days for Laparoscopic surgeries / normal deliveries ;

and 1 day for day care / Minor (OPD) surgeries.

4.1.3 a) Room rent is applicable only for treatment procedures for which there is no CGHS prescribed package rate

b) During the treatment in ICCU/ICU, no separate room rent will be admissible.

c) Normally the treatment in higher category of accommodation that the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be

allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was give in higher type of ward.

If, on request of the beneficiary, treatment is provided in higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary.

Room rent shall include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine up keeping.

4.1.4 The package rates given in rate list will be for Semi Private ward. If the beneficiary is entitled for category below semi private ward there will be a decrease of 10% in the rates; for category above semi private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, per-se, does not require admission.

4.2 If the hospital is approved by the Central Government/Karnataka State Government under CS(MA) Rules, such Hospitals may be empanelled on their scheduled rates as applicable from time to time.

4.3 In a particular place If any of the hospital is not ready to provide medical services at CGHS/Government rates but such hospital is empanelled or recognized by other Government Organization,i.e., Central government or State Government in the same place, then the schedule of rates on which such hospital is empanelled or recognized may be considered.

5. EVALUATION AND COMPARISION OF APPLICATIONS

The Hospital Empanelment Committee will visit and inspect the Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home which have given EOI based on the Annexure –II criteria as the case may be. As per recommendations of Committee, applications will be shortlisted and the rate list of such screened Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home will be opened for further process of empanelment.

6. AWARD CRITERIA

The Corporation shall empanel the Hospital whose evaluated EOI has been determined to be technically suitable and financially lowest and is substantially responsive to the EOI document, provided further that the applicant is determined to be qualified to execute the agreement satisfactorily.

7. CORRUPT & FRAUDULENT PRACTICES :

It is expected that applicants 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 applicants (prior to or after EOI submission) designed to establish application 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 applicant or the agency to whom the work has been awarded is engaged in corrupt or fraudulent practices.

8. NPCIL Kaiga Site reserves the right to reject any application if :

i. At any point of time, a material misrepresentation is made or uncovered.

ii. The applicant does not respond promptly and thoroughly to requests for supplemental information required for the evaluation of the Application.

9. AGREEMENT :

The final agreement will be signed by the Senior Manager / Manager (HR) of the NPCIL – Kaiga Site with the Multi-Speciality / Super Speciality Hospital, ENT Clinic / Dental Clinic / EYE Care Hospital / Pediatric Care Hospital / Nursing Home as the case may be approved for empanelment in the prescribed format as at Annexure-V.

Annexure I

APPLICATION FORMAT FOR EMPANELMENT OF MULTI – SPECIALITY / SUPER SPECIALITY HOSPITAL AT HUBLI-DHARWAD, MANGALORE, GOA (MADGAON & PANAJI), BELGAUM. NURSING HOME, ENT CLINIC, DENTAL CLINIC, EYE CARE HOSPITAL AT KARWAR. EYE CARE HOSPITAL, DENTAL HOSPITAL AT HUBLI-DHARWAD. PEDIATRIC CARE HOSPITAL / PEDIATRIC NURSING HOME AT GOA (MADGAON).

1. Name of the city where hospital is located.

2. Name of the hospital

3. Address

4. Tel/fax/e-mail

Telephone	
Fax	
e-mail/website address	

Signature of the Authorised Applicant

Attachment : Copy of full NABH certificate with exact period and scope of accreditation signed by Hospital Authority - Yes / No

5. Empanelment Applied for:

a)	Multi speciality (General Purpose)1*	
b)	Super Speciality (One or more speciality)	
c)	Dental Clinic	
d)	Super Speciality Eye care	
e)	Nursing Home	
f)	ENT Clinic / Hospital	
g)	Pediatric care Nursing Home / Hospital	

(Please tick the appropriate box)

Note : 1* - Multispeciality (General Purpose) – shall include General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, ICU and Critical Care Units (ENT, Opthalmology, Dental specialities desirable) and facilities for Radiology and in house laboratory and Blood Bank. These hospitals will not be considered for ONE Speciality/or selected specialities only. However, they can be considered for additional Specialities in addition to General Purpose treatment

a) Details of Multispecialty (General Purpose) :

Should have minimum three specialities.

b) Details of Super specialty (Please tick the appropriate box) **:**

Cardiology, Cardiovascular and Cardiothoracic surgery	
Neurology and Neurosurgery	
Urology – including Dialysis and Lithotripsy (Renal Transplant, if available)	
Orthopaedic Surgery – including arthroscopic surgery and Joint Replacement	
Gastroenterology and GI-Surgery (Liver Transplant, if available)	
Comprehensive Oncology (includes surgery, chemotherapy and Radiotherapy)	
Paediatrics and Paediatrics surgery	
Endoscopic surgery	
E.N.T. including Specialised surgeries	
Any other (specify the name of the Speciality)	

c) **Dental Clinic – Specify service** (Please tick the appropriate box)

General Dentistry	
Special Dental procedures – speciality specified	
Diagnostic procedures/investigations for Dental	

d) **Super Speciality Eye care** – Specify service (Please tick the appropriate box)

Cataract/Glaucoma	
Retinal – Medical – Vitro retinal surgery	
Strabismus	
Occuloplasty & Adnexa & other specialized treatment	

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

S.N	Authority	Yes	No
a)	Under CGHS/CS(MA)/CHSS of DAE, CHSS of DoS, GOI/any CPSU.		
b)	Under State Health Authority/Local Body		
c)	Under any Medical Health Insurance Organisation (If yes, specify)		
d)	Trust Hospital		

7. Whether CGHS rates applicable

Yes		No	

If " **Yes** " then ***please enclose your latest hospital rate list for other than CGHS procedures***. and also enclose the latest CGHS Bengaluru rate list for CGHS procedures.

If "**No**", please enclose your hospital rate list for empanelment.

8. Whether NABH/NABL accredited Yes ☐ No ☐

9. Number of Bed

Total no. of beds	ICU Beds	Speciality wise beds	Super speciality wise beds

10. Hospital / Laboratories having NABH/NABL certificate shall attach the copy of the same with the signature of Hospital Authority.

11. Any other relevant information..

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

Signature of the Authorised Applicant

Annexure II

CHECKLIST FOR CATEGORY.II HOSPITALS

SECTION-A: (FOR MULTI SPECIALITY 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. **- Yes / No**
2. The hospital should have adequate doctors, nursing and para medical staff to meet the requirement of services and workload of the hospital. **- Yes / No**
3. It should be able to provide emergency services. **- Yes / No**
4. The bed occupancy rate should be 50% in last one year. **- Yes / No**
5. It should have standby power supply. **- Yes / No**
6. It should have pathology laboratory/X-Ray facilities. **- Yes / No**
7. It should have operation theatre with OT Table, shadowless light, autoclave facilities, Boyle's apparatus/Anesthesia machine/Pulse Oxymeter and ECG monitor. **- Yes / No**
8. It should have blood bank support. **- Yes / No**
9. It should have pharmacy/drugs store. **- Yes / No**
10. It should have ambulance facility. **- Yes / No**
11. It should have waste disposal system as per prescribed rules. **- Yes / No**

Section –F (E.N.T. CLINIC / HOSPITAL)

CRITERIA FOR ENT CLINIC / HOSPITAL :

1. The hospital should have qualified ENT surgeon **- Yes / No**
2. It should have audiometry facility **- Yes / No**
3. It should have facility for endoscopy and require instrumentation facility **- Yes / No**

Section –I (DENTAL HOSPITAL)

CRITERIA FOR DENTAL HOSPITALS :

1. The hospital should have qualified Dental Surgeon. **- Yes / No**
2. It should have facility for Dental X-ray. **- Yes / No**
3. It should have adequate nursing staff. **- Yes / No**
4. It should be able to provide emergency services. **- Yes / No**
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. **- Yes / No**

SECTION-J: (EYE CARE HOSPITALS)

CRITERIA FOR EYE CARE HOSPITALS:

1. The hospital should have qualified Opthalmic Surgeon with experience in PHACOEMULSIFICATION surgery. **- Yes / No**
2. It should have perform minimum 500 IOL implants in one year. **- Yes / No**
3. It should have Phacoemulsifier Unit. **- Yes / No**
4. It should have YAG laser for capsulotomy. **- Yes / No**
5. It should provide IOL of national/international standard. **- Yes / No**
6. It should have back up facilities of Vitro-retinal Surgeon. **- Yes / No**
7. It should have adequate OT facilities. **- Yes / No**
8. It should have adequate nursing staff. **- Yes / No**
9. It should have facilities for Glaucoma cases management. **- Yes / No**

Annexure III

CHECKLIST FOR CATEGORY.III HOSPITALS

NURSING HOMES PROVIDING SINGLE OR MULTI SPECIALITY SERVICES

1. The hospital should have full time / round-the-clock qualified doctors, nursing and para medical staff. **- Yes / No**
2. It should have minimum 20 beds. **- Yes / No**
3. It should be able to provide emergency services. **- Yes / No**
4. It should have pathology laboratory facilities. **- Yes / No**
5. It should have power back up. **- Yes / No**
6. It should have OPD facilities with adequate sitting arrangements **- Yes / No**

Annexure – Room Entitlement

Name of Accommodation	Amenities in the room/ward			
	No of beds for patient in one Room/ward	No of toilets/bathroom in room/ward	AC	Other(s)
For example General Ward	For example 8 beds in a room / ward	For example 2 toilets/bathroom in room	Yes / No	For example one attender bed for each patient, call button for nursing attendance etc.
For example semiprivate Room				
For example private Room				
And so on				

(ONLY SUCCESSFUL BIDDER WILL FILL THIS AGREEMENT &
THIS IS ONLY A SPECIMEN COPY OF AGREEMENT FOR YOUR INFORMATION)

Annexure-V

No……..…

AGREEMENT

BETWEEN

NPCIL (NAME OF THE UNIT)

AND

……..……,

This Agreement is made and executed on this_____ day of _____, 2022 by and between NPCIL (Name of the Unit)……. having its office at ……. Of the First Party AND

…….. *(Name of the Multi – Speciality/ Super Speciality Hospital at Hubli-Dharwad, Mangalore, Goa (Madgaon & Panaji), Belgaum. Nursing Home, ENT Clinic, Dental Clinic, EYE Care Hospital at Karwar. EYE care Hospital, Dental Hospital at Hubli-Dharwad. Pediatric Care Hospital / Pediatric Nursing Home at Goa (Madgaon). with Address)* of the Second Party**.**

WHEREAS, the Contributory Health Services Scheme is providing comprehensive medical care facilities to all CHSS beneficiaries of NPCIL Kaiga Site and other Units of DAE referred to as “beneficiary”.

AND WHEREAS, NPCIL Kaiga Site Empanelment of Referral Hospitals Scheme proposes to provide treatment facilities and diagnostic facilities to the Beneficiaries in the *Multi – Speciality/ Super Speciality Hospital at Hubli-Dharwad, Mangalore, Goa (Madgaon & Panaji), Belgaum. Nursing Home / ENT Clinic / Dental Clinic / EYE Care Hospital at Karwar. EYE care Hospital/ Dental Hospital at Hubli-Dharwad. Pediatric Care Hospital / Pediatric Nursing Home at Goa (Madgaon).* & all over India. AND WHEREAS, *(Name of the Multi – Speciality/ Super Speciality Hospital at Hubli-Dharwad, Mangalore, Goa (Madgaon & Panaji), Belgaum. Nursing Home, ENT Clinic, Dental Clinic, EYE Care*

Hospital at Karwar, EYE care Hospital, Dental Hospital at Hubli-Dharwad. Pediatric Care Hospital / Pediatric Nursing Home at Goa (Madgaon)) agreed to give the following treatment / diagnostic facilities to the Beneficiaries in the Hospitals *Multi – Speciality/ Super Speciality Hospital at Hubli-Dharwad, Mangalore, Goa (Madgaon & Panaji), Belgaum. Nursing Home, ENT Clinic, Dental Clinic, EYE Care Hospital at Karwar, EYE care Hospital, Dental Hospital at Hubli-Dharwad, Pediatric Care Hospital / Pediatric Nursing Home at Goa (Madgaon).* owned by the Second Party.

……..
……

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 CHSS 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. For any material / additional procedure / investigation other than the requirement for which the patient was

initially permitted, would require the permission of the Medical Superintendent / MOIC.

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 not the part of package as detailed below, if issued to the patient 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 patient's 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. However, the revised CGHS/CSMA/CHSS rates will be made effective on specific request of the Hospital/Nursing Home/ Laboratory / Diagnostic Centre/ Dental Clinics/ Consultant/ Visiting Consultant from date of revision of notification by the respective authority and amendment can be issued accordingly.

1.8 The Second Party shall provide services only for which it has been empanelled by NPCIL Kaiga Site 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 Medical Superintendent / MOIC and the charges will be as per the charge fixed by NPCIL Kaiga Site for the same treatment in the nearby locality.

1.9 The Hospital will admit the patients on the basis of the Reference letter issued by the Medical Superintendent / MOIC in the prescribed format.

1.10 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.

1.11 The Second Party shall submit all the medical records in soft copy of medical records along with the bills wherever computerized hospital management system exists to the First Party.

1.12 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.

1.13 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.

1.14 The Second Party shall immediately communicate to Medical Superintendent / MOIC 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.

1.15 The Second Party will submit an annual report regarding number of referrals received, admitted, bills submitted to the First Party and payment received, details of monthly report submitted to the Medical Superintendent/MOIC

1.16 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.

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

1.18 The Second Party will investigate / treat the beneficiary of the First Party only for the condition for which they are referred. In case of unforeseen emergencies of these patients during admission for approved purpose/procedure, 'provisions of emergency' shall be applicable.

1.19 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 concerned Medical Superintendent/MOIC whenever patient needs further referral.

1.20 The Second Party shall admit KGS retired CHSS beneficiaries directly for OPD treatment without reference letter on production of Medical identity card issued by KGS along with (Aadhar Card / PAN Card / Pension Identity Card / Retired employees Card). Services include the following

a. Upto Two consultations in a month and upto Five days medicines on each consultation.

b. Upto Two X-rays, One Ultrasound in a month, if needed.

c. Basic investigation (Haemogram, KFT, LFT, Urine-R&M, Blood Sugar Fasting and PP)

d. In case of chronic treatment like BP, diabetes, etc. Medicine can be prescribed and issued for two months.

2.0 DUTIES AND RESPONSIBILITIES OF HOSPITALS &CLINICS

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 / CLINICS, LABORATORIES & DIAGNOSTIC CENTRE 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 Authorized Medical Officer by E-mail / FAX and obtain Referral Form from him/her within 24 hours. 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. Remittance by the First Party will be made into the Bank Account details shared by the Second Party

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.

11.0 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.

Medical Superintendent / MOIC

Name of the Hospital / Clinic 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

Head HR of NPCIL Unit & Seal
(First Party)

In the Presence of
(Witnesses)

1.

2.

Signed by

For and on behalf of (Name of the Hospital/Clinic……..)

Duly authorized vide Resolution of (name of the Hospital / Clinic ……)

(Second Party)

In the presence of

(Witnesses)

1.

2.

NOTE: **This agreement is common for Multi – Speciality/ Super Speciality Hospital at Hubli-Dharwad, Mangalore, Goa (Madgaon & Panaji), Belgaum. Nursing Home, ENT Clinic, Dental Clinic, EYE Care Hospital at Karwar. EYE care Hospital, Dental Hospital at Hubli-Dharwad. Pediatric Care Hospital / Pediatric Nursing Home at Goa (Madgaon) and therefore at the time of actual signing of the agreement, non applicable clauses may be suitably stricken off without diluting the intent / contents**

	CGHS package rate Bengaluru 2014 updated on 05.05.2021		
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1	Consultation OPD	135	135
2	Consultation- for Inpatients	270	270
3	Dressings of wounds	45	52
4	Suturing of wounds with local anesthesia	108	124
5	Aspiration Plural Effusion - Diagnostic	120	138
6	Aspiration Plural Effusion - Therapeutic	174	200
7	Abdominal Aspiration - Diagnostic	330	380
8	Abdominal Aspiration - Therapeutic	414	476
9	Pericardial Aspiration	342	393
10	Joints Aspiration	285	329
11	Biopsy Skin	207	239
12	Removal of Stitches	36	41
13	Venesection	124	143
14	Phimosis Under LA	1180	1357
15	Sternal puncture	173	199
16	Injection for Haemorrhoids	373	428
17	Injection for Varicose Veins	315	363
18	Catheterisation	425	500
19	Dilatation of Urethra	450	518
20	Incision & Drainage	378	435
21	Intercostal Drainage	125	144
22	Peritoneal Dialysis	1319	1517
	TREATMENT PROCEDURE SKIN		
23	Excision of Moles	311	357
24	Excision of Warts	279	321
25	Excision of Molluscum contagiosum	117	135
26	Excision of Venereal Warts	144	166
27	Excision of Corns	126	145
28	I/D Injection Keloid(Intralesional Injection)	97	112
29	Chemical Cautery (s)	99	114
	TREATMENT PROCEDURE OPTHALMOLOGY		
30	Subconjunctival/subtenon's injections in one eyes	66	76
31	Subconjunctival/subtenon's injections in both eyes	132	152
32	Pterygium Surgery	5550	6325
33	Conjunctival Peritomy	58	67
34	Conjunctival wound repair or exploration following blunt	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	414	476

42	Scleral grafting or conjunctival flap for corneal perforation	2300	2645
43	Keratoconus correction with therapeutic contact	1200	1380
44	Ultraviolet (UV) - radiation for cross-linking for keratoconus	1800	2070
45	EDTA for band shaped keratopathy	777	893
46	Arcuate keratotomy for astigmatism	2800	3220
47	Re-suturing (Primary suturing) of corneal wound	1035	1191
48	Penetrating keratoplasty with glaucoma surgery	10930	12569
49	Penetrating keratoplasty --- with vitrectomy	12144	13966
50	Penetrating keratoplasty with IOL implantation	13656	15703
51	DALK- Deep anterior lamellar keratoplasty	15525	17854
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	2070	2381
61	Dacryocystectomy	1725	1984
62	Punctal plugs for dry eyes	130	150
63	Refraction	36	41
64	Indirect Ophthalmoscopy	60	69
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	777	893
73	Ultrasound B- Scan	230	265
74	Fundus Photo Test	180	207
75	Indocyanin green angiography	828	952
76	Corneal endothelial cell count with specular	230	265
77	Corneal topography	331	381
78	Corneal pachymetry	230	265
79	Auto-refraction	34	40
80	Macular function tests	44	51
81	Potential acuity metry	100	115
82	Laser interferometry	156	179
83	OCT-Optical coherence tomography	1913	2250
84	HRT- Heidelberg's retinal tomogram	150	173
85	GDx Nerve fibre layer analyzer	88	101
86	UBM- Ultrasound bio microscopy	150	173
87	Non Contact tonometry (NCT)	50	58

88	IOP measurement with schiotz	27	32
89	IOP measurement with applation tonometry	50	58
90	Three mirror examination for retina	52	60
91	90 D lens examination	45	52
92	Gonioscopy	52	60
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	Tarsorraphy	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	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 (RDS)	11500	13225
122	Retinal detachment surgery (RDS) with scleral buckling	13800	15870
123	Buckle removal	1035	1191
124	Silicone oil removal	2800	3220
125	Anterior retinal cryopexy	1046	1202
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	Trephination	2300	2645
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
132	Goniotomy	345	397
133	Glaucoma surgery with Glaucoma valves	6900 +valve	7935+ valve
134	Cyclocryotherapy	1150	1323
135	YAG laser iridotomy	1350	1553

136	YAG laser capsulotomy	1093	1257
137	ALT-Argon laser trabeculoplasty	1346	1547
138	PDT-Photodymic therapy	3105	3571
139	TTT- Transpupillary thermal therapy	3000	3450
140	PTK- Phototherapeutic keratectomy	7500	8625
141	Argon/diode laser for retinal detatchment	1035	1200
142	Intralase application for keratoconus	5750	6613
143	EOG- electro-oculogram	850	1000
144	ERG- Electro-retinogram	794	913
145	VEP- visually evoked potential	800	920
146	Vitrectomy- pars plana	11500	13225
147	Intravitreal injections- of antibiotics	1150	1323
148	Intravitreal injections- of Ranibizumab excluding cost	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	1350	1553
154	Extracapsular cataract extraction (ECCE) with IOL	3450	3968
155	Small Incision Cataract Surgery (SICS) with IOL	4500	5175
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	1530	1760
164	Orbital Abscess incision and Drainage	3000	3450
165	Biopsy	460	529
166	Paracentesis	230	265
167	Scleral graft for scleral melting or perforation	2520	2898
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	4050	4658
173	Botulinum injection for blepharospasm or squint	2250	2588
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
	TREATMENT PROCEDURE DENTAL PROCEDURES		
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	3150	3623
178	Splints/Circummandibular wiring under LA	510	587
179	splints/Circummandibular 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	3150	3623
183	Internal wire fixation/plate fixation of Mandible	3825	4399
184	Extraction per tooth under LA	80	92
185	Complicated Extraction 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	845	972
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	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	6750	7763
192	Biopsy Intraoral-Soft tissue	337	387
193	Biopsy Intraoral-Bone	374	430
194	Hemi-mandibulectomy with graft	18900	21735
195	Hemi-mandibulectomy without graft	18900	21735
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	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 PROCEDURE/INVESTIGATION LIST	Non- NABH/Non-NABL Rates	NABH/NABL 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-upto 3 teeth	700	805
214	Removable partial denture-Metal based-more than 3 teeth	900	1035
215	Removable partial denture-Acrylic based-upto 3 teeth	500	575
216	Removable partial denture-Acrylic based-more than 3 teeth / Per tooth	264	304
217	Amalgam restoration-per tooth	200	230
218	Composite Restoration-per tooth-anterior tooth	250	288
219	Glass Ionomer filling-per tooth	200	230
220	Scaling & polishing	300	345
221	Removable Orthodontics appliance- per Arch	630	725
222	Fixed Orthodontics-per Arch	1150	1323
223	Space maintainers-Fixed	500	575
224	Habit breaking appliances-removable	765	900
225	Habit breaking appliances-Fixed	1500	1725
226	Expansion plate	1000	1150
227	Feeding appliance for cleft palate	1350	1553
228	Maxillo-facial prosthesis (sal/auricular/orbital/facial lost	3150	3623
229	Functional orthodontic appliances	3000	3450
230	Obturator (Maxillo-facial)	1350	1553
231	Occlusal night guard(splint)	800	920
	TREATMENT PROCEDURE ENT		
232	Pure Tone Audiogram	172	198
233	Impedence with stepedeal reflex	230	265
234	Short Increment Sensitivity Index (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	311	357
241	Removal of foreign body From Ear	207	239
242	Syringing (Ear)	149	172
243	Polyp removal under LA	575	661
244	Polyp removal under GA	850	978
245	Peritonsillar abscess Drainage under LA	1304	1499
246	Myringoplasty	6210	7142
247	Staepedectomy	9200	10580
248	Myringotomy with Grommet insertion	4600	5290
249	Tympanotomy	7763	8927
250	Tympanoplasty	12800	14720
251	Mastoidectomy	13455	15474
252	Otoplasty	16100	18515

253	Labyrinthectomy	13800	15870
254	Skull Base surgery	22500	25875
255	Facial Nerve Decompression	15525	17854
256	Septoplasty	5750	6613
257	Submucous Resection	7314	8411
258	Septo-rhinoplasty	14490	16664
259	Rhinoplasty- Non-cosmetic	11500	13225
260	Fracture Reduction of Nasal Bone	4000	4600
261	Intra nasal Diathermy	1150	1323
262	Turbinectomy	5750	6613
263	Endoscopic Dacryocystorhinostomy (DCR)	13000	14950
264	Endoscopic Surgery	13800	15870
265	Septal Perforation Repair	12420	14283
266	Antrum Puncture	855	984
267	Lateral Rhinotomy	1000	1150
268	Cranio-facial resection	22950	26393
269	Caldwell Luc Surgery (Radical Antrostomy for maxillary sinus)	9600	11040
270	Angiofibroma Excision	17000	19550
271	Endoscopic Hypophysectomy	19350	22253
272	Endoscopic Optic Nerve Decompression	29498	33922
273	Decompression of Orbit	22950	26393
274	Punch/Wedge biopsy	674	775
275	Tonsillectomy	5000	5750
276	Uvulo-palatoplasty	13500	15525
277	Functional Endoscopic Sinus Surgery (FESS) for Antrochoanal polyp	5750	6613
278	Functional Endoscopic Sinus Surgery (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 (Total Ossicular Replacement Prosthesis) or PORP (Partial Ossicular Replacement Prosthesis)"	2415	2777
282	Endolymphatic sac decompression	2875	3306
283	Diagnostic endoscopy under GA	2070	2381
284	Young's 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	6159	7082
289	Tongue Tie excision	1350	1553
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	4500	5175

296	Oesophagoscopy with foreign body removal from Oesophagus	1620	1863
297	Bronchoscopy with foreign body (FB) removal	2438	2804
298	Other Major Surgery	13500	15525
299	Other Minor Surgery	7650	9000
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
	TREATMENT PROCEDURE FOR HEAD AND NECK		
300	Ear Lobe Repair one side	450	518
301	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	3600	4140
302	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	3800	4370
303	Partial Amputation of Pinna	4050	4658
304	Total Amputation of Pinna	6000	6900
305	Total Amputation & Excision of External Auditory Meatus	1500	1725
306	Excision of Cystic Hygroma	4658	5356
307	Excision of Cystic Hygroma Extensive	6707	7713
308	Excision of Branchial Cyst	9315	10713
309	Excision of Branchial Sinus	9315	10713
310	Excision of Pharyngeal Diverticulum	10580	12167
311	Excision of Carotid Body-Tumours	11615	13357
312	Operation for Cervical Rib	11250	12938
313	Block Dissection of Cervical Lymph Nodes	13500	15525
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 (Estlander flap in plastic surgey of lips)	7475	8596
319	Abbe Operation (Abbe flap in plastic surgery of lips)	8820	10143
320	Cheek Advancement	9775	11241
321	Excision of the Maxilla	19320	22218
322	Excision of mandible-segmental	13973	16069
323	Mandibulectomy	18900	21735
324	Partial Glossectomy	5520	6348
325	Hemiglossectomy	7000	8050
326	Total Glossectomy	20597	23686
327	Combined Mandibulectomy and Neck Dissection Operation (Commando Operation)	22000	25300
328	Parotidectomy - Superficial	12075	13886
329	Parotidectomy - Total	13500	15525
330	Parotidectomy - Radical	17595	20235

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	11748	13510
336	Total Thyroidectomy	17100	19665
337	Resection Enucleation of thyroid Adenoma	10580	12167
338	Total Thyroidectomy and Block Dissection	23805	27376
339	Excision of Lingual Thyroid	15194	17473
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
340	Excision of Thyroglossal Cyst/Fistula	11903	13688
341	Excision of Parathyroid Adenoma/Carcinoma	21275	24466
342	Laryngectomy	16043	18449
343	Laryngo Pharyngectomy	27000	31050
344	Hyoid Suspension	10350	11903
345	Genioplasty	12000	13800
346	Direct Laryngoscopy including biopsy under GA	4658	5356
347	Phonosurgery	13800	15870
348	Fibreoptic examination of Larynx (FOL) under LA	1649	1940
349	Microlaryngeal Surgery	10350	11903
350	Laryngofissure	15525	17854
351	Tracheal Stenosis Excision	19780	22747
	Head and neck cancer		
352	Excisional Biopsies	5175	5952
353	Benign Tumour Excisions	8550	9833
354	Temporal Bone subtotal resection	18630	21425
355	Modified Radical Neck Dissection	22770	26186
356	Carotid Body Excision	23400	26910
357	Total Laryngectomy	35273	40564
358	Flap Reconstructive Surgery	37260	42849
359	Parapharyngeal Tumour Excision	35397	40707
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	6272	7213
364	Local mastectomy-simple	11385	13093
365	Radical mastectomy-formal or modified.	25875	29757
366	Excision of mammary fistula	13973	16069
367	Segmental resection of breast	14490	16664
368	Other Major Surgery	22500	25875
369	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE GENERAL		
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	2898	3333
380	Incision Biopsy of Growths/Ulcers	1470	1691
381	Trucut Needle Biopsy	1395	1605
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
382	Percutaneous Kidney Biopsy	1470	1691
383	Marrow Biopsy (Open)	954	1097
384	Muscle Biopsy	1470	1691
385	Scalene Node Biopsy	1350	1553
386	Excision of Sebaceous Cysts	1242	1428
387	Excision of Superficial Lipoma	1739	2000
388	Excision of Superficial Neurofibroma	2380	2800
389	Excision of Dermoid Cysts	2277	2619
390	Haemorrhoidectomy	20720	24375
391	Stappler haemorrhoidectomy	38000	43700
392	keloid excision	1150	1323
393	Varicose vein surgery-Trendelenburg operation with suturing or ligation	10000	11500
	TREATMENT PROCEDURE OESOPHAGUS		
394	Atresia of Oesophagus and Tracheo Oesophageal Fistula	25875	29757
395	Operations for Replacement of Oesophagus by Colon	25000	28750
396	Oesophagectomy for Carcinoma Easophagus	25000	28750
397	Oesophageal Intubation (Mausseau Barbin Tube)	10350	11903
398	Achalasia Cardia Transthoracic	13455	15474
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	1553	1786
407	Gastric & Duodenal Biopsy (Endoscopic)	1944	2236
408	Pyloromyotomy	2800	3220
409	Gastrostomy	7763	8927
410	Simple Closure of Perforated peptic Ulcer	9775	11241
411	Vagotomy Pyleroplasty / Gastro Jejunostomy	13800	15870
412	Duodenojejunostomy	17055	19614
413	Partial/Subtotal Gastrectomy for Carcinoma	20700	23805
414	Partial/Subtotal Gastrectomy for Ulcer	22425	25789

415	Operation for Bleeding Peptic Ulcer	18878	21710
416	Operation for Gastrojejunal Ulcer	18000	20700
417	Total Gastrectomy for Cancer	20131	23151
418	Highly Selective Vagotomy	16767	19283
419	Selective Vagotomy & Drainage	16767	19283
420	Congenital Diaphragmatic Hernia	17078	19639
421	Hiatus Hernia Repair- Abdominal	14490	16664
422	Hiatus Hernia Repair- Transthoracic	16100	18515
423	Exploratory Laparotomy	11385	13093
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
424	Epigastric Hernia Repair	11385	13093
425	Umbilical Hernia Repair	11385	13093
426	Ventral /incisional Hernia Repair	9264	10653
427	Inguinal Hernia Herniorrhaphy	13352	15354
428	Inguinal Hernia - Hernioplasty	14850	17078
429	Femoral Hernia Repair	16457	18925
430	Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	17078	19639
431	Splenectomy - For Trauma	17078	19639
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 (Distal Splenorenal Shunt)	28750	33063
438	Pancreatico Duodenectomy (Whipple's procedure)	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 Common Bile Duct (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	13869	15950
455	Resection & Anastomosis of Small Intestine	18630	21425
456	Duodenal Diverticulum	18400	21160
457	Operation for Intestinal Obstruction	10350	11903
458	Operation for Intestinal perforation	34200	39330

459	Benign Tumours of Small Intestine	18000	20700
460	Excision of Small Intestine Fistula	19550	22483
461	Operations for GI Bleed	14400	16560
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	23000	26450
465	Ileosigmoidostomy and related resection	16790	19309
466	Ileotransverse Colostomy and related resection	15111	17378
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
467	Caecostomy	3903	4488
468	Loop Colostomy Transverse Sigmoid	11799	13569
469	Terminal Colostomy	15525	17854
470	Closure of Colostomy	15732	18092
471	Right Hemicolectomy	13800	15870
472	Left Hemicolectomy	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.	12420	14283
477	Fissure in Ano - Fissurectomy	13800	15870
478	Rectal Polyp-Excision	5658	6507
479	Fistula in Ano - High Fistulectomy	15102	17367
480	Fistula in Ano - Low Fistulectomy	8880	10212
481	Prolapse Rectum - Thiersch Wiring	10350	11903
482	Prolapse Rectum - Rectopexy	5750	6613
483	Prolapse Rectum - Grahams Operation	16560	19044
484	Operations for Hirschsprungs Disease	14260	16399
485	Excision of Pilonidal Sinus (open)	10350	11903
486	Excision of Pilonidal Sinus with closure	10500	12075
487	Abdomino-Perineal Excision of Rectum	18300	21045
488	Anterior Resection of rectum	21000	24150
489	Pull Through Abdominal Resection	17170	19746
490	Retro Peritoneal Tumor Removal	16200	18630
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	16200	18630
496	Laparoscopic treatment of Pseudo Pancreatic cyst	18000	20700
497	Laparoscopic Whipple's operation (Laparoscopic Pancreatico Duodenectomy	20000	23000
498	Laparoscopic GI bypass operation	22000	25300
499	Laparoscopic Total Colectomy	25000	28750
500	Laparoscopic Hemicolectomy	23000	26450
501	Laparoscopic Anterior Resection (of Intestine/ Rectum)	20700	23805

502	Laparoscopic Cholecystetomy	18975	21821
503	Laparoscopic Appedicectomy	16200	18630
504	Laparoscopic Hernia inguinal repair	16200	18630
505	Laparoscopic ventral Hernia Repair	15750	18113
506	Laparoscopic Paraumblical Hernia Repair	17500	20125
507	Laparoscopic Adrenelectomy	12000	13800
508	Laparoscopic Nephrectomy	19800	22770
509	Other Major Surgery	34500	39675
510	Other Minor Surgery	6000	6900
	TREATMENT PROCEDURE ICU/CCU PROCEDURES (SPECIAL CARE CASES)		
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)	518	595
	TREATMENT PROCEDURE CARDIOVASCULAR AND CARDIAC SURGERY & INVESTIGATIONS		
520	Atrial Septal Defect(ASD) closure	51808	59579
521	Ventricular septal defect (VSD) with graft	51808	59579
522	TOF/TAPVC/TCPC/REV/RSOV repair	127075	146136
523	BD Glenn/Left atrium myxoma	80750	95000
524	Senning/Arterial Switch Operation (ASO) with graft	122188	140516
525	Double Switch Operation (DSO)	93254	107241
526	Atrioventricular(AV) canal repair	144900	166635
527	Fontan procedure	152100	174915
528	Conduit repair	169000	194350
529	Coronary Artery Bypass Graft surgery (CABG)	125300	144095
530	CABG + Intra-Aortic Balloon Pump (IABP)	169000	194350
531	CABG + Valve.	169000	194350
532	CABG without bypass.	127500	150000
533	Ascending aorta replacement	130000	149500
534	Double Valve Replacement (DVR)	155422	178735
535	Mitral valve Replacement(MVR)/ Aortic valve Replacement(AVR)	103615	119157
536	Mitral Valve repair + Aortic Valve repair	103615	119157
537	Aorta femoral bypass	52000	59800
538	Blalock-Taussig shunt (BT Shunt) / Coarctation	51980	59777
539	Pulmonary Artery Banding (PA Banding)	51980	59777
540	Pericardectomy	42320	48668

541	Congenital cytomegalovirus (CMV)/ patent ductus arteriosus (PDA)	46782	53799
542	Gunshot injury	51980	59777
543	Heart transplant	248400	285660
544	Balloon coronary angioplasty/PTCA with VCD	80600	92690
545	Balloon coronary angioplasty/PTCA without VCD	80000	92000
546	Rotablation	48875	56206
547	Percutaneous transvenous mitral commissurotomy (PTMC) / percutaneous mitral balloon valvotomy	9238	10624
548	Cardiac Catheterization (CATH)	10000	11500
549	Aortic Arch Replacement	10350	11903
550	Aortic Dissection	12650	14548
551	Thoraco Abdominal Aneurism Repair	15000	17250
552	Embolectomy	18900	21735
553	Vascular Repair	36000	41400
554	Bentall Repair with Prosthetic Valve	30000	34500
555	Bentall Repair with Biologic Valve	127500	150000
556	Coaractation dilatation	14500	16675
557	Coaractation dilatation with Stenting	18500	21275
558	Temporary cardiac pacing (TPI) Single Chamber	7500	8625
559	Temporary cardiac pacing (TPI) Dual Chamber	8160	9600
560	Permanent pacemaker implantation (PPI)- Single Chamber	13800	15870
561	Permanent pacemaker implantation- Dual Chamber	19320	22218
562	Permanent pacemaker implantation (PPI)-	34500	39675
563	Automatic implantable cardioverter defibrillator (AICD) Single Chamber	28750	33063
564	Automatic implantable cardioverter defibrillator (AICD) Dual Chamber	40000	46000
565	Combo device implantation	36000	41400
566	Diagnostic Electrophysiological studies conventional	4550	5233
567	Ambulatory BP monitoring	587	690
568	External Loop/event recording	2563	3015
569	RF Ablation conventional	31500	36225
570	RF Ablation Atrial Tachycardia/Carto	40500	46575
571	Endomyocardial biopsy	9000	10350
572	Intra aortic balloon pump (IABP)	7820	8993
573	Intra vascular coils	41400	47610
574	Septostomy- Balloon	16150	19000
575	Septostomy- Blade	19550	22483
576	Aortic valve balloon dilatation (AVBD) / pulmonary valve balloon dilatation (PVBD)	48300	55545
577	Digital subtraction angiography-Peripheral artery	11500	13225
578	Digital subtraction angiography- venogram	11500	13225
579	CT 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	54315	63900
584	Intravascular ultrasound (IVUS)	22500	25875
585	Fractional flow reserve (FFR)	12750	15000
586	Holter analysis	850	1000
587	Aortic stent grafting for aortic aneurysm	78500	90275
588	Inferior Vena Cava (IVC) filter implantation	15300	18000
589	ASD/VSD/PDA device closure	36225	41659
590	Electrocardiogram (ECG)	50	58
591	Head--up tilt test (HUTT)	2040	2400
592	2D echocardiography	1080	1242
593	3D echocardiography	1275	1500
594	Fetal Echo	1260	1449
595	2D Transesophageal Echocardiography (TEE)	1403	1650
596	3D Transesophageal Echocardiography (TEE)	1403	1650
597	Stress Echo- exercise	1350	1553
598	Stress Echo- pharmacological	2250	2588
599	Stress Myocardial Perfusion Imaging (MPI)- exercise	1955	2300
600	Stress Myocardial Perfusion Imaging (MPI) - pharmacological	2500	2875
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL 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	3150	3623
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(CS)	12645	14542
615	Cesarean Hysterectomy	18975	21821
616	Rupture Uterus closure & repair with Tubal Ligation	17250	19838
617	Perforation of Uterus after D/E Laparotomy &	13800	15870
618	Laparotomy for Ectopic pregnancy	12420	14283
619	Laparotomy-peritonitis Lavage and Drainage	11500	13225
620	Salphingo-Oophorectomy/ Oophorectomy Laparoscopic	10000	11500
621	Ovarian Cystectomy-laparoscopic.	10350	11903
622	Ovarian Cystectomy -laparotomy.	13800	15870
623	Salpingo-Oophorectomy-laparotomy	11520	13248

624	Laparoscopic Broad Ligament Hematoma Drainage with repair	6900	7935
625	Exploration of perineal Haematoma & Repair	7200	8280
626	Exploration of abdominal Haematoma (after laparotomy + LSCS)	7245	8332
627	Manual Removal of Placenta	3280	3772
628	Examination under anesthesia (EUA)	1000	1150
629	Burst-abdomen Repair	9000	10350
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	4500	5175
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/ McDonald stitch	2898	3333
640	Abdominal Hysterectomy with or without salpingo-oophorectomy	15525	17854
641	Non-descent Vaginal Hysterectomy (NDVH)	15525	17854
642	Vaginal Hysterectomy with repairs (UV Prolapse)	15525	17854
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	Rectovaginal Fistula (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	25200	28980
652	Diagnostic Curettage	2484	2857
653	Cervical Biopsy	1620	1863
654	Polypectomy	1518	1746
655	Other-Minor Operation Endometrial	2300	2645
656	Excision Vaginal Cyst/Bartholin Cyst	3450	3968
657	Excision Vaginal Septum	4250	5000
658	Laparoscopy -Diagnostic with chromopertubation and or adhesiolysis and drilling	4025	4629
659	Laparoscopy Sterilization	3450	3968
660	Laparoscopically Assisted Vaginal Hysterectomy (LAVH)	22719	26126

661	Balloon Temponade for Post Partum Haemorrhage (PPH)	2800	3220
662	Total laparoscopic hysterectomy	25243	29029
663	Laparoscopic treatment of Ectopic pregnancy-salpingectomy/salpingostomy conservative	9775	11241
664	Conisation of cervix	4025	4629
665	Trachelectomy of cervix for early CA cervix	5500	6325
666	Hysteroscopic cannulation	2588	2975
667	Laparotomy recannalization of Fallopian tubes-(Tubuloplasty)	20183	23210
668	Laparoscopic recannalization of Fallopian tubes-(Tubuloplasty)	18000	20700
669	Colposcopy	958	1102
670	Inversion of Uterus – Vaginal Reposition	2500	2875
671	Inversion of Uterus – Abdominal Reposition	2500	2875
672	Laparoscopic Vesicovaginal Fistula (VVF) Repair	25200	28980
673	Abdominal Vesicovaginal Fistula (VVF) Repair	25200	28980
674	Vaginal Vesicovaginal Fistula (VVF) Repair	25200	28980
675	Interventional Ultrasonography- Chorionic villus sampling (CVS)	880	1012
676	Amniocentesis	880	1012
677	Karyotyping	800	920
678	Thermal balloon ablation.	11500	13225
679	Ultrasonographic myolysis	9264	10653
680	Vaginal Myomectomy	10000	11500
681	Intra Uterine Inseminition	920	1058
682	Intracytoplasmic sperm injection (ICSI)	11500	13225
683	Laparotomy abdominal sacro-colpopexy	15000	17250
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
684	Vaginal Colpopexy	19800	22770
685	Laparoscopic abdominal sacro-colpopexy	20000	23000
686	Laparotomy pelvic Lymphadenectomy	1200	1380
687	Laparoscopic pelvic Lymphadenectomy	3500	4025
688	Endometrial aspiration cytology/biopsy	513	590
689	Transvaginal sonography (TVS for Follicular monitioring /aspiration)	414	476
690	laparoscopic treatment for stress incontinence	13500	15525
691	Transvaginal tapes for Stress incontinence	13500	15525
692	trans-obturator tapes for Stress incontinence	10800	12420
693	Interventional radiographic arterial embolization	18000	20700
694	Diagnostic cystoscopy	2875	3306
695	Staging laparotomy surgery for Carcinoma 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 Transcervical Resection of Endometrium (TCRE)	8500	9775
701	Hysteroscopy Removal of Intra-uterine Contraceptive Device (IUCD)	7500	8625
702	Hysteroscopy Removal of Septum	9900	11385
703	Hysteroscopy Diagnostic	6750	7763
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	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/Umblical Doppler/Uterine Vessel Doppler	800	920
711	Medical Termination of Pregnancy (MTP)- 1st Trimester	2700	3105
712	Medical Termination of Pregnancy (MTP) - 2nd Trimester	3933	4523
713	Quadruple test	1800	2070
714	Biophysical score	600	690
715	Other Major Surgery	25200	28980
716	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE NEPHROLOGY AND UROLOGY		
717	Partial Nephrectomy -open	14594	16782
718	Partial Nephrectomy-Laparoscopic/endoscopic	14490	16664
719	Nephrolithomy -open	10800	12420
720	Nephrolithomy -Laparoscopic/endoscopic	12600	14490
721	Pyelolithotomy-open	13000	14950
722	Pyelolithotomy -Laparoscopic/endoscopic	10580	12167
723	Operations for Hydronephrosis -pyeloplasty open	18400	21160
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
724	Operations for Hydronephrosis -pyeloplasty Lap/endoscopic	14594	16782
725	Operations for Hydronephrosis Endopyelotomy antegrade	14490	16664
726	Operations for Hydronephrosis Endoplyelotomy retrograde	10800	12420
727	Operations for Hydronephrosis -ureterocalicostomy	12600	14490
728	Operations for Hydronephrosis-Ileal ureter	13000	14950
729	Open Drainage of Perinephric Abscess	10580	12167
730	Percutaneous Drainage of Perinephric Abscess - Ultrasound guided	18400	21160

731	Cavernostomy	9775	11500
732	Operations for Cyst of the Kidney -open	10764	12379
733	Operations for Cyst of the Kidney -Lap/endoscopic	12627	14522
734	Ureterolithotomy -open	13248	15235
735	Ureterolithotomy-Lap/Endoscopic	10000	11500
736	Nephroureterectomy open	14490	16664
737	Nephroureterectomy -Lap/Endoscopic	16100	18515
738	Operations for Ureter for -Double Ureters	17100	19665
739	Operations for Ureter -for Ectopia of Single Ureter	16200	18630
740	Operations for Vesicoureteric Reflux (VUR) -Open	16200	18630
741	Operations for Vesicoureteric Reflux (VUR)-Lap/Endoscopic	16200	18630
742	Operations for Vesicoureteric Reflux (VUR)/ Urinary incontinence with bulking agents	18630	21425
743	Ureterostomy - Cutaneous	12000	13800
744	Uretero-Colic anastomosis	14400	16560
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	9000	10350
750	Suprapubic Drainage (Cystostomy/vesicostomy)	5400	6210
751	Simple Cystectomy	15525	17854
752	Diverticulectomy -open	14400	16560
753	Diverticulectomy- Lap/Endoscopic	16560	19044
754	Diverticulectomy -Endoscopic incision of neck	1725	1984
755	Augmentation Cystoplasty	6670	7671
756	Operations for Exstrophy of the Bladder- Single stage repair	22300	25645
757	Operations for Exstrophy of the Bladder- Multistage repair	20815	23937
758	Operations for Exstrophy of the Bladder- simple cystectomy with urinary diversion	21420	24633
759	Repair of Ureterocoel -Open	12420	14283
760	Repair of Ureterocoel -Lap/Endoscopic	14375	16531
761	Repair of Ureterocoel -Endoscopic incision	13000	14950
762	Open Suprapubic Prostatectomy	18630	21425
763	Open Retropubic Prostatectomy	18113	20830
764	Transurethral Resection of Prostate (TURP)	16767	19283
765	Urethroscopy/ Cystopanendoscopy	4140	4761
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	12600	14490
771	Posterior Urethral Valve fulguration.	10143	11665
772	Operations for Incontinence of Urine - Male -Open	15525	17854

773	Operations for Incontinence of Urine - Male -Sling	16560	19044
774	Operations for Incontinence of Urine - Male-Bulking agent	17492	20115
775	Operations for Incontinence of Urine - Female -Open	15525	17854
776	Operations for Incontinence of Urine - Female-Sling	16560	19044
777	Operations for Incontinence of Urine - Female-Bulking agent	17492	20115
778	Reduction of Paraphimosis	1725	1984
779	Circumcision	3000	3450
780	Meatotomy	2346	2698
781	Meatoplasty	3220	3703
782	Operations for Hypospadias + Chordee Correction	8280	9522
783	Operations for Hypospadias - Second Stage	15000	17250
784	Operations for Hypospadias - One Stage Repair	9200	10580
785	Operations for Crippled Hypospadias	10350	11903
786	Operations for Epispadias _primary repair	11334	13034
787	Operations for Epispadias-crippled epispadias	10247	11784
788	Partial Amputation of the Penis	9688	11141
789	Total amputation of the Penis	10800	12420
790	Orchidectomy-Simple	8798	10117
791	Orchidectomy -Radical	10868	12497
792	Post Radical Orchidectomy retroperitoneal lymph node dissection.	14000	16100
793	Epididymectomy	15938	18750
794	Adreneclectomy Unilateral/Bilateral for Tumour/For Carcinoma- Open	22770	26186
795	Adreneclectomy Unilateral/Bilateral for Tumour/For Carcinoma -Lap/Endoscopic	12960	14904
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 epidedymal 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
803	Operations for Varicocele Bilateral – Lap/ Palomo	14950	17193
804	Block Dissection of ilio-inguinal Nodes - One Side (For Ca-Penis)	5693	6547
805	Block Dissection of ilio-inguinal Nodes -Both Sides (For Ca-Penis)	20700	23805
806	Excision of Filarial Scrotum	10350	11903
807	Kidney Transplantation (related)	200000	230000
808	Kidney Transplantation (Spousal/ unrelated) Including	300000	345000

809	ABO incompatible Transplantation	441000	507150
810	Swap Transplantation	382500	446200
811	Kidney Transplant Graft Nephrectomy	53550	63000
812	Donor Nephrectomy (open)	28750	33063
813	Donor Nephrectomy (Laparoscopic)	46000	52900
814	Cadaver Transplantation	74970	86216
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)	6375	7500
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	2025	2329
826	One sided (single Lumen) Femoral Catheterization for	1000	1150
827	Bilateral (single Lumen) Femoral Catheterization for Haemodialysis	1500	1725
828	Double Lumen Femoral Catheterization for Haemodialysis	1665	1915
829	Permcath Insertion	2800	3220
830	Arterio venous Prosthetic Graft	1850	2128
831	Single lumen Jugular Catheterization	1500	1725
832	Single lumen Subclavian Catheterization	1530	1800
833	Plasma Exchange/ Plasmapheresis	1553	1786
834	Continuous Ambulatory Peritoneal Dialysis (CAPD) catheter insertion- Open method	3150	3623
835	Continuous Ambulatory Peritoneal Dialysis (CAPD) catheter insertion- Schlendinger/ Seldinger method	3150	3623
836	Sustained low efficiency haemodialysis /	1125	1294
Sr. No.	**CGHS TREATMENT PROCEDURE / INVESTIGATION LIST**	**Non- NABH / Non-NABL Rates in Rupee**	**NABH / NABL Rates in Rupee**
837	Continuous Veno venous/Arteriovenous Haemofilteration /Hemofilteration	2250	2588
838	Haemodialysis / Hemodialysis for Sero negative	1260	1449
839	Haemodialysis / Hemodialysis for Sero Positive	1500	1725
840	Acute Peritoneal Dialysis	1305	1501
841	Fistulogram for Arteriovenous Fistula	2500	2875

842	Ultrasound guided Kidney Bipsy	850	978
843	Fistula stenosis dilation	3000	3450
844	Slow continuous Ultrafilteration	2250	2588
845	Percutaneous Nephrolithotomy (PCNL) - Unilateral	18000	20700
846	Percutaneous Nephrolithotomy (PCNL) - Bilateral	22500	25875
847	Endoscopic Bulking agent Inject	4050	4658
848	Testicular Biopsy	1955	2248
849	Radical Nephrectomy -Open	15525	17854
850	Radical Nephrectomy -Lap/Endoscopic	18630	21425
851	Radical Nephrectomy plus IV thrombus	20700	23805
852	Radical Nephrectomy plus IV thrombus plus cardiac bypass.	23000	26450
853	Vesicovaginal Fistula (VVF) Repair (Open)	16000	18400
854	Vesicovaginal Fistula (VVF) Repair (Laparoscopic)	19800	22770
855	Radical Cystectomy -Ileal conduit	16070	18481
856	Radical Cystectomy - continent diversion.	15000	17250
857	Radical Cystectomy – Neo bladder	18000	20700
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 Reimplant for Megaureter/Vesicoureteric reflux/ ureterocele (open)	9445	10861
863	Ureteric Reimplant for Megaureter/Vesicoureteric reflux/ ureterocele (Laparoscopic)	10494	12068
864	Partial Cystectomy	12420	14283
865	Transurethral Resection of Prostate (TURP) & Transurethral Resection of Bladder Tumour	17250	19838
866	Transurethral Resection of Prostate (TURP) with Cystolithotripsy	17000	19550
867	Closure of Urethral Fistula	9900	11385
868	Orchidopexy - Unilateral -Open	9867	11347
869	Orchidopexy - Unilateral- Lap/Endoscopic	12334	14184
870	Orchidopexy - Bilateral -Open	12282	14124
871	Orchidopexy - Bilateral -Lap/Endoscopic	13050	15008
872	Cystolithotomy -Suprapubic	8798	10117
873	Endoscopic Removal of Stone in Bladder	3450	3968
874	Resection Bladder Neck Endoscopic /Bladder neck incision/transurethral incision on prostrate	10925	12564
875	Ureteroscopic Surgery	10350	11903
876	Urethroplasty 1st Stage	10925	12564
877	Scrotal Exploration	7700	8855
878	Perineal Urethrostomy	4715	5422
879	Dilatation of Stricture Urethra under G.A.	2000	2300
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
880	Dilatation of Stricture Urethra under LA	1553	1786
881	Laparoscopic Nephrectomy (**Select CGHS rate Code 508 for approved rate**)	33350	38353

882	Laparoscopic partial Nephrectomy	10000	11500
883	Laparoscopic pyelolithotomy	12650	14548
884	Laparoscopic Pyeloplasty	9775	11241
885	Laparoscopic surgery for Renal cyst	9775	11241
886	Laparoscopic ureterolithotomy	11500	13225
887	Laparoscopic Nephroureterectomy	13225	15209
888	Extracorporeal Shock Wave Lithotripsy (ESWL)	19550	22483
889	Uroflow Study (Uroflometry)	405	466
890	Urodynamic Study (Cystometry)	480	552
891	Cystoscopy with Retrograde Catheter -Unilateral	2803	3223
892	Cystoscopy with Retrograde Catheter - Bilateral	4208	4950
893	Cystoscopy with Bladder Biopsy (Cold Cup Biopsy)	3381	3888
894	Voiding-cysto-urethrogram and retrograde urethrogram (Nephrostogram)	414	476
895	Radical prostatectomy-Open	16043	18449
896	Radical prostatectomy-Laparoscopic	18113	20830
897	Radical prostatectomy- Robotic (Robotic Partial Nephrectomy)	20125	23144
898	Holmium YAG Prostate Surgery	15000	17250
899	Holmium YAG Optical Internal Urethrotomy (OIU)	4600	5290
900	Holmium YAG Core through internal Urethrotomy	17250	19838
901	Holmium YAG Stone Lithotripsy	10200	12000
902	Green Light laser for prostate	17250	19838
903	Retrograde Intrarenal Surgery (RIRS)/ Flexible Ureteroscopy	6800	7820
904	Microscopic Vaso-Epididymal Anastomosis (VEA)/ Vasovasostomy (reversal of vasectomy for Infertility treatment) **(Select CGHS rate code 799 for approved rate)**	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	4600	5290
908	Prosthetic surgery for urinary incontinence	2300	2645
909	Transrectal Ultrasound (TRUS) guided prostate	575	661
910	Ultrasound Guided Percutaneous Nephrostomy	720	828
911	Other Major Surgery	15000	17250
912	Other Minor Surgery	6800	7820
	TREATMENT PROCEDURE NEURO-SURGERY		
913	Craniotomy and Evacuation of Haematoma -	50715	58322
914	Craniotomy and Evacuation of Haematoma - Extradural	50000	57500
915	Evacuation /Excision of Brain Abscess by	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	40500	46575
920	Ventriculoatrial /Ventriculoperitoneal Shunt **(Select CGHS rate code 938 for approved rates)**	25000	28750
921	Twist Drill Craniostomy	4250	5000
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
922	Subdural Tapping	2456	2824
923	Ventricular Tapping	2967	3412
924	Abscess Tapping	2875	3306
925	Placement of Intracranial pressure (ICP) Monitor	2875	3306
926	Skull Traction Application	2300	2645
927	Lumber Pressure Monitoring	4000	4600
928	Vascular Malformations	22000	25300
929	Meningo Encephalocoele excision and repair	15000	17250
930	Meningomyelocoel Repair	24995	28744
931	CSF Rhinorrhaea Repair	25875	29757
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	Ventriculoatrial /Ventriculoperitoneal Shunt	11615	13357
939	Nerve Biopsy	6900	7935
940	Brain Biopsy	5808	6679
941	Anterior Cervical Spine Surgery with fusion	32200	37030
942	Anterio 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 & Craniovertebral (CV) Junction Fusion	34500	39675
946	Craniovertebral Junction (CVJ) Fusion procedures	30000	34500
947	Depressed Fracture Elevation	25000	28750
948	Lumbar Discectomy	27600	31740
949	Endarterectomy (Carotid)	20000	23000
950	Radiofrequency Ablation (RFA) 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 Deep Brain Stimulation (DBS) -One electrode	31050	35708
960	Implantation of Deep Brain Stimulation (DBS) -two electrodes	36225	41659

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	Hemispherotomy for Epilepsy	32200	37030
968	Endoscopic CSF rhinorrhea repair	30000	34500
969	Burr hole evacuation of chronic subdural haematoma	24150	27773
970	Epilepsy surgery	36225	41659
971	Radiofrequency Ablation (RFA) 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	Extracranial-Intracranial Bypass Procedures (EC-IC) bypass procedures	32000	36800
977	Image guided craniotomy	28980	33327
978	Baclofen pump implantation	39000	44850
979	Programmable Ventriculo-Peritoneal (VP) shunt	25000	28750
980	Endoscopic sympathectomy	15396	17706
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	28750	33063
993	Surgery for recurrent disc prolapse/epidural fibrosis	32200	37030
994	Surgery for brain stem tumours	43988	50586
995	Decompressive craniotomy for hemishpherical acute subdural haematoma/brain swelling/large infarct	40000	46000
996	Intra-arterial thrombolysis with Tissue Plasminogen Activator (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	Chemotheraphy wafers for malignant brain tumors	14450	16618
1002	Battery Placement for Deep Brain Stimulation (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
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1009	Surgery for Cranial (Skull) tumors	38500	44275
1010	Surgery for Scalp Arteriovenous Malformations (AVMs)	25000	28750
1011	Kyphoplasty	36000	41400
1012	Balloon Kyphoplasty	40000	46000
1013	Lesioning procedures for Parkinson's disease, Dystonia etc.	31500	36225
1014	Other Major Surgery	42500	50000
1015	Other Minor Surgery	15300	18000
	TREATMENT PROCEDURE PAEDIATRIC SURGERY		
1016	Excision of thyroglossal Duct/Cyst	16000	18400
1017	Diaphragmatic Hernia Repair (Thoracic or Abdominal	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	Gastroschisis 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)	9600	11040
1036	Colostomy Transverse	13500	15525
1037	Colostomy Left Iliac	13500	15525
1038	Abdominal Perineal Pull Through (Hirschsprung's Disease)	19000	21850

1039	Imperforate Anus Low Anomaly -Cut Back	10235	11770
1040	Imperforate Anus Low Anomaly - Perineal	12000	13800
1041	Imperforate Anus High Anomaly -Sacroabdomino Perineal Pull Through	12500	14375
1042	Imperforate Anus High Anomaly - Closure of	8625	9919
1043	Intussusception Operation	18630	21425
1044	Choledochoduodenostomy for Atresia of Extra Hepatic Billiary Duct	15000	17250
1045	Operation of Choledochal Cyst	16000	18400
1046	Nephrectomy for -Pyonephrosis	16000	18400
1047	Nephrectomy for - Hydronephrosis	15000	17250
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**		
1048	Nephrectomy for -Wilms Tumour	15000	17250
1049	Paraortic Lymphadenoctomy with Nephrectomy for Wilms Tumour	20000	23000
1050	Sacro-Coccygeal Teratoma Excision	14000	16100
1051	Neuroblastoma Debulking	16000	18400
1052	Neuroblastoma Total Excision	18630	21425
1053	Rhabdomyosarcoma wide Excision	15000	17250
1054	Congenital Atresia & Stenosis of Small Intestine	19000	21850
1055	Muconium ileus	16000	18400
1056	Malrotation & Volvulus of the Midgut	15000	17250
1057	Excision of Meckel's Deverticulum	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	1000	1150
1062	Injection of Keloids - Haemangioma	1150	1323
1063	Free Grafts - Wolfe Grafts	1725	1984
1064	Free Grafts - Thiersch- Small Area 5%	6728	7736
1065	Free Grafts - Large Area 10%	8000	9200
1066	Free Grafts - Very Large Area 20% and above.	9315	10713
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 - Eyelet Splinting	7475	8596
1081	Reduction of Fractures of Mandible & Maxilla - Cast Metal Splints	6900	7935
1082	Reduction of Fractures of Mandible & Maxilla - Gunning Splints	7500	8625
1083	Internal Wire Fixation of Mandible & Maxilla	10350	11903
1084	Cleft Lip - repair.	10350	11903
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 PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL 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 -	8050	9258
1092	Plastic Surgery of Different Regions of the Ear -	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	11903	13688
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	230	270
1108	Fingers (post slab)	233	268
1109	Fingers full plaster	233	268
1110	Colles Fracture - Below elbow	880	1013
1111	Colles Fracture - Full plaster	895	1029
1112	Colles fracture Ant. Or post. slab	360	414
1113	Above elbow full plaster	173	199
1114	Above Knee post-slab	518	288
1115	Below Knee full plaster	173	199
1116	Below Knee post-slab	646	743
1117	Tube Plaster (or plaster cylinder)	720	828
1118	Above knee full plaster	1139	1310
1119	Above knee full slab	1042	1199
1120	Minerva Jacket	2174	2499

1121	Plaster Jacket	1967	2262
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	207	239
1128	Strapping of Elbow	236	271
1129	Strapping of Knee	345	397
1130	Strapping of Ankle	345	397
1131	Strapping of Chest	414	476
1132	Strapping of Shoulder	500	575
1133	Figure of 8 bandage	466	536
1134	Collar and cuff sling	255	300
1135	Ball bandage	360	414
1136	Application of POP Casts for Upper & Lower Limbs	570	655
1137	Application of Functional Cast Brace	1300	1495
1138	Application of Skin Traction	621	715
1139	Application of Skeletal Tractions	854	982
1140	Bandage & Strappings for Fractures	497	572
1141	Aspiration & Intra Articular Injections	518	595
1142	Application of POP Spices & Jackets	2226	2560
1143	Close Reduction of Fractures of Limb & POP	2340	2691
1144	Reduction of Compound Fractures	2760	3174
1145	Open Reduction & Internal Fixation (ORIF) of Fingers & Toes	5175	5951
1146	Open Reduction of fracture of Long Bones of Upper / Lower Limb -Nailing & External 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	AO Compression Procedures for Fracture Neck	14904	17140
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 & Internal Fixation (ORIF) of Fracture Dislocation	13500	15525
1161	Neurolysis/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	Split Osteotomy and Internal Fixations	21735	24996
1168	Anterolateral decompression for tuberculosis/ Costo-Transversectomy	3450	3968
1169	Antereolateral Decompression and Spine Fusion	19350	22253
1170	Corrective Osteotomy & Internal Fixation- short	13800	15870
1171	Corrective Osteotomy & Internal Fixation- long	11040	12696
1172	Arthrodesis of - Minor Joints	10350	11903
1173	Arthrodesis of - Major Joints	10000	11500
1174	Soft Tissue Operations for Congenital Talipes Equinovarus (CTEV)	8050	9258
1175	Soft Tissue Operations for Polio	6900	7935
1176	Hemiarthroplasty- Hip	19440	22356
1177	Hemiarthroplasty- Shoulder	19440	22356
1178	Operations for Brachial Plexus & Cervical Rib	21735	24996
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	20000	23000
1186	Disarticulations - Minor joint	12650	14548
1187	Arthrography	8280	9522
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	12150	13973
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 (THR)	71100	81765
1197	Total Ankle Joint Replacement	85860	98739
1198	Total Knee Joint Replacement (TKR)	99000	113850
1199	Total Shoulder Joint Replacement	71100	81765
1200	Total Elbow Joint Replacement	71100	81765
1201	Total Wrist Joint Replacement	90000	103500
1202	Total finger joint replacement	20000	23000
1203	Tubular external fixator	4600	5290
1204	Ilizarov's external fixator	7763	8927
1205	Pelvi-acetebular fracture -Internal fixation	8625	9919
1206	Meniscectomy	12000	13800

1207	Meniscus Repair	10000	11500
1208	Anterior Cruciate Ligament (ACL) Reconstruction	8500	9775
1209	Posterior Cruciate Ligament (PCL) Reconstruction	13500	15525
1210	Knee Collateral Ligament Reconstruction	12500	14375
1211	Bencarf Repair Shoulder	11880	13662
1212	RC Repair	1500	1725
1213	Biceps tenodesis	12600	14490
1214	Distal biceps tendon repair	10380	11937
1215	Arthrolysis of knee	12500	14375
1216	Capsulotomy of Shoulder	14220	16353
1217	Conservative Plaster of Paris (POP)	1200	1380
1218	Application for CTEV per sitting	1200	1380
1219	Total Hip Replacement (THR) Revision Stage-I	17000	19550
1220	Total Hip Replacement (THR) Revision Stage-II	50000	57500
1221	Total Knee Replacement (TKR) Revision Stage-I	35000	40250
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1222	Total Knee Replacement (TKR) 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	Spinal Fusion Surgery Cervical/ Lumbar Spine - More than 2 Level	12000	13800
1229	Scoliosis Surgery/ Deformity Correction of Spine	22500	25875
1230	Vertebroplasty	12000	13800
1231	Spinal Injections	450	518
1232	Dynamic Hip Screw (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	11700	13455
1236	Soft Tissue Operations for Polio/ Cerebral Palsy	10080	11592
1237	Mini Fixator for Hand/Foot	8100	9315
1238	Other Major Surgery	38250	45000
1239	Other Minor Surgery	11411	13425
	TREATMENT PROCEDURE PHYSIOTHERAPY		
1240	Ultrasonic therapy	78	90
1241	Shortwave Diathermy (SWD)	78	90
1242	Electrical stimulation (therapeutic)	78	90
1243	Muscle testing and diagnostic	71	82
1244	Infrared	70	81
1245	Ultraviolet Therapeutic (UV Therapeutic) dose	58	67
1246	Intermittent Lumbar Traction	78	90
1247	Intermittent Cervical traction	75	86
1248	Wax bath	75	86
1249	Hot pack	70	81

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	61200	72000
1254	Cobalt 60 therapy- Radical therapy	61583	70820
1255	Cobalt 60 therapy- Palliative therapy	21994	25294
1256	Linear accelerator	26775	31500
1257	Linear accelerator- Radical therapy	52785	60703
1258	Linear accelerator- Palliative therapy	30792	35411
1259	3D Planning	4399	5059
1260	2D Planning	4399	5059
1261	IMRT(Intensity Modulated radiotherapy)	90790	104409
1262	SRT (Stereotactic radiotherapy)	54896	63131
1263	SRS(Stereotactic radio surgery)	80546	92628
1264	IGRT(Image guided radiotherapy)	132314	152161
1265	Respiratory Gating-alongwith Linear accelerator planning	99000	113850
1266	Electron beam with Linear accelerator	60726	71442
1267	Tomotherapy	71460	82179
	NUCLEAR MEDICINE / BRACHYTHERAPY-HIGH DOSE RADIATION		
1268	Intracavitory	10557	12141
1269	Interstitial	52785	60703
1270	Intraluminal	8798	10117
1271	Surface mould	4644	5341
1272	Gliadel Wafer	93900	107985
	NUCLEAR MEDICINE / CHEMOTHERAPY		
1273	Neoadjuvant	863	992
1274	Adjuvant	863	992
1275	Concurrent-chemoradiation	920	1058
1276	Single drug	552	635
1277	Multiple drugs	897	1032
1278	Targeted therapy	920	1058
1279	Chemoport facility	828	952
1280	PICC line (peripherally inserted Central	828	952
	LIST OF PROCEDURES/ TESTS IN GASTROENTEROLOGY / ENDOSCOPIC PROCEDURES		
1281	Upper GI Endoscopy + Lower GI Endoscopy	1553	1786
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	2588	2975
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	2463	2833
1303	Junction biopsy	1800	2070
1304	Conjugal microscopy	4000	4600
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1305	Endoscopic sphincterotomy	2415	2777
1306	CBD stone extraction	2415	2777
1307	CBD stricture dilatation	5850	6728
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	6210	7142
1316	Ultrasound guided FNAC	575	661
1317	Ultrasound guided abscess Drainage	720	828
1318	Percutaneous Transhepatic Biliary Drainage (PTBD)	1150	1323
1319	Diagnostic angiography	2000	2300
1320	Vascular embolization	15100	17365
1321	Transjugular Intrahepatic Portosystemic Shunt	5400	6210
1322	Inferior vena cava (IVC) Venography and Hepatic vein (HV) Venography	30791	35410
1323	Muscular stenting	87975	101172
1324	Balloon-occluded Retrograde Intravenous Obliteration (BRTO)	51750	59513
1325	Portal haemodymic studies	1913	2250
1326	Manometry and PH metry	1451	1707
1327	Oesophageal PH metry	4500	5175
1328	Oesophageal manometry	4500	5175
1329	Small bowel manometry	6120	7200
1330	Anorectal manometry	6120	7200
1331	Colonic manometry	6885	8100
1332	Biliary manometry	6885	8100

1333	Sengstaken blackenesse tube tempode	2588	2975
1334	Lintas machles tube tempode	2875	3306
1335	Faecal / Fecal fat test/ fecal chymotrypsin/ fecal elastase	350	403
1336	Breath tests	270	311
1337	Extracorporeal Shortwave Lithotripsy (ESWL) **(Select CGHS rate code 888 for approved rate)**	37260	42849
1338	Liver biopsy	1242	1428
	NAME OF INVESTIGATION / DENTAL		
1339	Dental IOPA X-ray	50	58
1340	Occlusal X-ray	70	81
1341	OPG X-ray	176	203
	NAME OF INVESTIGATION / PULMONARY		
1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	3500	4025
1343	Lung Perfusion Scan	2000	2300
	NAME OF INVESTIGATION / OSTEOLOGY		
1344	Whole Body Bone Scan with SPECT.	3079	3541
1345	Three phase whole body Bone Scan	3079	3541
	NAME OF INVESTIGATION / NEUROSCIENCES		
1346	Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.	8798	10117
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1347	Radionuclide Cisternography for CSF leak	3421	4025
	NAME OF INVESTIGATION / GASTRO AND HEPATOBILIARY		
1348	Gastro esophageal Reflux Study (GER Study)	1760	2023
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	3079	3541
1350	Hepatobiliary Scintigraphy.	2200	2530
1351	Meckel's Scan	1760	2023
1352	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	1683	1980
1353	Gastric emptying	1275	1466
	NAME OF INVESTIGATION / GENITOURINARY		
1354	Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)	3079	3541
1355	Dynamic Renography.	3079	3541
1356	Dynamic Renography with Diuretic.	3079	3541
1357	Dynamic Renography with Captopril	1960	2254
1358	Testicular Scan	1319	1517
	NAME OF INVESTIGATION /		
1359	Thyroid Uptake measurements with 131-Iodine.	1408	1619
1360	Thyroid Scan with Technetium 99m Pertechnetate.	1319	1517
1361	Iodine-131 Whole Body Scan	2640	3036
1362	Whole Body Scan with MIBG	15836	18211
1363	Parathyroid Scan	4399	5059

	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	8505	9781
1373	Rest thallium / Myocardial Perfusion Scintigraphy	7200	8280
1374	Venography	2970	3416
1375	Treadmill Test (TMT)	440	506
1376	Transoesophageal Echocardiography (TEE)	440	506
1377	Lymph angiography	1452	1670
	NAME OF INVESTIGATION / TUMOUR		
1378	Scintimammography.	4320	4968
1379	Indium labelled octreotide Scan	65982	75879
Sr. No.	**CGHS TREATM PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
	NAME OF INVESTIGATION / PET SCAN		
1380	FDG Whole body PET / CT Scan	18475	21246
1381	Brain I Heart FDG PET / CT Scan	13197	15176
1382	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	13500	15525
	LABORATORY MEDICINE / CLINICAL PATHOLOGY		
1383	Urine routine- pH, Specific gravity, sugar, protein and	33	39
1384	Urine Microalbumin	70	81
1385	Stool routine	33	39
1386	Stool occult blood	24	28
1387	Post coital smear examination	30	35
1388	Semen analysis	35	40
	LABORATORY MEDICINE / HAEMATOLOGY		
1389	Haemoglobin (Hb)	16	19
1390	Total Leucocytic Count (TLC)	30	35
1391	Differential Leucocytic Count (DLC)	30	35
1392	Erythrocyte Sedimentation Rate (ESR)	25	29
1393	Total Red Cell count with MCV,MCH,MCHC,DRW	30	35
1394	Complete Haemogram/CBC, Hb,RBC count and indices,TLC, DLC, Platelet, ESR, Peripheral smear examination	122	140

1395	Platelet count	43	50
1396	Reticulocyte count	43	50
1397	Absolute Eosinophil count (AEC)	43	50
1398	Packed Cell Volume (PCV)	13	15
1399	Peripheral Smear Examination	39	44
1400	Smear for Malaria parasite	37	42
1401	Bleeding Time	35	40
1402	Osmotic fragility Test	50	58
1403	Bone Marrow Smear Examination	64	75
1404	Bone Marrow Smear Examination with iron stain	225	259
1405	Bone Marrow Smear Examination and cytochemistry	396	455
1406	Activated partial ThromboplastinTime (APTT)	92	105
1407	Rapid test for malaria(card test)	40	46
1408	WBC cytochemistry for leukemia -Complete panel	99	114
1409	Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D-Dimer/ Fibrinogen Degradation Products (FDP)	360	414
1410	Factor Assays-Factor VIII	648	750
1411	Factor Assays-Factor IX	612	704
1412	Platelet Function test	50	58
1413	Tests for hypercoagulable states- Protein C, Protein S,	400	460
1414	Tests for lupus anticoagulant	150	173
1415	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	500	575
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1416	Thalassemia studies (Red Cell indices and Hb	504	580
1417	Tests for Sickling / Hb HPLC)	69	80
	LABORATORY MEDICINE / BLOOD BANK		
1418	Blood Group & RH Type	30	35
1419	Cross match	45	52
1420	Coomb's Test Direct	85	100
1421	Coomb's Test Indirect	100	115
1422	3 cell panel- antibody screening for pregnant female	160	188
1423	11 cells panel for antibody identification	170	200
1424	Hepatitis B surface antigen (HBsAg)	102	120
1425	Hepatitis C virus (HCV)	128	150
1426	Human immunodeficiency virus- HIV I and II	150	173
1427	Venereal Disease Research Laboratory test (VDRL)	43	50
1428	RH Antibody titer	80	92
1429	Platelet Concentrate	56	64
1430	Random Donor Platelet(RDP)- **(Select CGHS rate Code 1828 for approved rate)**	115	135
1431	Single Donor Platelet (SDP- Apheresis)- **(Select CGHS rate Code 1830 for approved rate)**	150	173
1432	Routine-H & E	81	94
1433	special stain	65	75
1434	Immunohistochemistry(IHC)	746	863

1435	Frozen section	702	807
1436	Paraffin section	309	355
	LABORATORY MEDICINE / CYTOLOGY		
1437	Pap Smear	136	160
1438	Body fluid for Malignant cells	135	156
1439	Fine Needle Aspiration Cytology (FNAC)	200	230
	NAME OF INVESTIGATION / FLOW		
1440	Leukemia panel /Lymphoma panel	1400	1610
1441	Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel-CD55,CD59	1000	1150
	LABORATORY MEDICINE / CYTOGENETIC STUDIES		
1442	Karyotyping **(Select CGHS rate code 677 for approved rate)**	1539	1770
1443	Fluorescent in situ hybridization (FISH)	500	575
	LABORATORY MEDICINE / BIO-CHEMISTRY		
1444	Blood Glucose Random	22	25
1445	24 hrs urine for Proteins,Sodium, creatinine	50	58
1446	Blood Urea Nitrogen	50	58
1447	Serum Creatinine	50	58
1448	Urine Bile Pigment and Salt	25	29
1449	Urine Urobilinogen	20	23
1450	Urine Ketones	27	32
1451	Urine Occult Blood	32	36
1452	Urine total proteins	18	21
1453	Rheumatoid Factor / Rh Factor test	100	115
1454	Bence Jones protein	42	49
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1455	Serum Uric Acid	50	58
1456	Serum Bilirubin total & direct	80	92
1457	Serum Iron	85	100
1458	C-reactive Protein (CRP)	100	115
1459	C-reactive Protein (CRP) Quantitative	160	184
1460	Body fluid (CSF/Ascitic Fluid etc.)Sugar, Protein etc.	85	100
1461	Albumin.	18	21
1462	Creatinine clearance.	80	92
1463	Serum Cholesterol	56	64
1464	Total Iron Binding Capacity (TIBC)	80	92
1465	Glucose (Fasting & PP)	42	49
1466	Serum Calcium –Total	54	63
1467	Serum Calcium –Ionic	40	46
1468	Serum Phosphorus	56	66
1469	Total Protein Alb/Glo Ratio	50	58
1470	Immunoglobulin G (IgG)	250	288
1471	Immunoglobulin M(IgM)	250	288
1472	Immunoglobulin A(IgA)	250	288
1473	Antinuclear antibody (ANA)	200	230
1474	Anti-double stranded DNA (anti-dsDNA)	327	385

1475	Serum glutamic pyruvic transaminase (SGPT) / Alanine Aminotransferase (ALT)	50	57
1476	Serum Glutamic oxaloacetic transaminase (SGOT) / Aspartate Aminotransferase (AST)	50	57
1477	Serum amylase	105	122
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	Triglycerides	75	86
1488	Glucose Tolerance Test (GTT)	81	94
1489	Triple Marker.	765	900
1490	Creatine Phosphokinase (CPK)/Creatine Kinase	90	105
1491	Foetal Haemoglobin (HbF)	77	90
1492	Prothrombin Time (PT)	100	115
1493	Lactate dehydrogenase (LDH)	90	104
1494	Alkaline Phosphatase	54	63
1495	Acid Phosphatase	70	81
1496	CPK MB/CK MB	171	197
1497	CK MB Mass/CPK MB Mass	140	161
1498	Troponin I	100	115
1499	Troponin T	544	640
1500	Glucose-6-Phosphate Dehydrogenase (G6PD)	100	115
1501	Lithium.	119	140
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1502	Dilantin (phenytoin).	360	414
1503	Carbamazepine.	373	439
1504	Valproic acid.	270	315
1505	Ferritin **(Select CGHS rate code 1517 for approved rate)**	250	288
1506	Blood gas analysis / Arterial Blood Gas (ABG)	120	138
1507	Blood gas analysis / Arterial Blood Gas (ABG) with electrolytes	414	476
1508	Urine pregnancy test	59	68
1509	Tests for Antiphospholipid antibodies syndrome.	280	322
1510	Glycosylated Haemoglobin (HbA1c)	130	150
1511	Haemoglobin Electrophoresis/ Hb HPLC **(Select CGHS rate code 1417 for approved rate)**	100	115
1512	Kidney Function Test (KFT)	203	233
1513	Liver Function Test (LFT)	225	259
1514	Lipid Profile. (Total cholesterol, LDL, HDL, Triglycerides)	183	215
	Nutritional Markers		

1515	Serum Iron	85	100
1516	Total Iron Binding Capacity **(Select CGHS rate code 1464 for approved rate)**	85	100
1517	Serum Ferritin	100	115
1518	Vitamin B12 assay.	225	259
1519	Folic Acid assay.	298	345
1520	Extended Lipid Profile. (Total cholesterol, LDL, HDL, Triglycerides Apo A1,Apo B,Lp (a))	536	616
1521	Apolipoprotein A1 (ApoA1)	180	207
1522	Apolipoprotein B (Apo B)	179	206
1523	Lipoprotein A / Lp A	401	461
1524	CD 3,4 and 8 counts	170	200
1525	CD 3,4 and 8 percentage	170	200
1526	Low density lipoprotein (LDL)	56	64
1527	Homocysteine.	387	455
1528	Haemoglobin (Hb) Electrophoresis/ **(Select CGHS rate code 1417 for approved rate)**	396	455
1529	Serum Electrophoresis.	198	228
1530	Fibrinogen.	165	190
1531	Chloride.	56	66
1532	Magnesium.	135	156
1533	Gamma-Glutamyl Transpeptidase (GGTP)	81	94
1534	Lipase.	215	248
1535	Fructosamine.	190	224
1536	Beta 2 microglobulin (B2M) /β2 microglobulin	85	100
1537	Catecholamines.	945	1087
1538	Creatinine clearance.	108	124
	NAME OF INVESTIGATION / TUMOUR MARKERS		
1539	Prostate Specific antigen (PSA)- Total.	281	323
1540	Prostate-specific antigen (PSA) - Free.	375	431
1541	Alpha Fetoprotein (AFP)	293	345
1542	Human chorionic gonadotropin (HCG)	260	299
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1543	Cancer Antigen 125 (CA 125)	352	405
1544	Cancer Antigen 19.9 (CA 19.9)	554	637
1545	Cancer Antigen 15.3 (CA 15.3)	536	630
1546	Vanillylmandelic Acid (VMA)	350	403
1547	Calcitonin	500	575
1548	Carcinoembryonic Antigen (CEA)	306	352
	OTHERS		
1549	Immunofluorescence	150	173
1550	Direct(Skin and kidney Disease)	425	500
1551	Indirect (antids DNA Anti Smith ANCA)	425	500
1552	Calcidiol / 25-hydroxycholecalciferol / Vitamin D3 assay (Vit D3)	495	570
1553	Serum Protein electrophoresis with immunofixation electrophoresis (IFE)	270	311

1554	BETA-2 Microglobulin assay **(Select CGHS rate code 1536 for approved rate)**	90	104
1555	Anti-Cyclic Citrullinated Peptide (Anti CCP)	450	518
1556	Anti-tissue Transglutaminase antibody (Anti TTG Antibody)	425	500
	HORMONES		
1557	Serum Erythropoetin	425	500
1558	Adrenocorticotropic Hormone (ACTH)	500	575
1559	T3, T4, TSH	180	207
1560	Triiodothyronine- T3	64	75
1561	Tetraiodothyronine T4	64	75
1562	Thyroid stimulating hormone (TSH)	81	94
1563	Luteinizing hormone (LH)	135	156
1564	Follicle stimulating hormone (FSH)	150	173
1565	Prolactin	150	173
1566	Cortisol	226	266
1567	PTH(Paratharmone)	500	575
1568	C-Peptide (C Peptide / Connecting Peptide)	330	380
1569	Insulin.	150	173
1570	Progesterone.	225	259
1571	17 Hydroxyprogesterone (17 OH Progesterone)	396	455
1572	Dehydroepiandrosterone sulfate (DHEAS)	396	455
1573	Androstenedione	600	690
1574	Growth Hormone.	306	352
	LABORATORY/ MEDICINE/CLINICAL PATHOLOGY		
1575	Thyroid peroxidase antibody (TPO)	300	345
1576	Throglobulin.	300	345
1577	Hydatic Serology.	318	374
1578	Anti Sperm Antibodies.	345	406
1579	Hepatitis *B Virus (HBV) DNA Qualitative*	1989	2300
1580	Hepatitis B Virus (HBV) DNA Quantitative.	1360	1600
1581	Hepatitis C Virus (HCV) RNA Qualitative.	1691	1945
1582	Human papillomaviruse (HPV) Serology	218	251
1583	Rota Virus serology	130	150
1584	PCR for Tuberculosis (TB)	829	975
1585	PCR for Human immunodeficiency virus (HIV)	550	633
1586	Chlamydae antigen	765	880
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1587	Chlamydae antibody	238	280
1588	Brucella serology	208	245
1589	Influenza A serology	849	976
	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	450	518
1596	Contrast enhanced USG	810	932
1597	USG Breast	349	410
1598	USG Hysterosalpingography (HSG)	255	300
1599	Carotid Doppler	765	900
1600	Arterial Colour Doppler	700	805
1601	Venous Colour Doppler	700	805
1602	Colour Doppler, renal arteries/any other organ	720	828
1603	USG guided intervention- FNAC	480	552
1604	USG guided intervention - biopsy	648	745
1605	USG guided intervention - nephrostomy	800	920
	X-Ray		
1606	Abdomen AP Supine or Erect (One film)	119	140
1607	Abdomen Lateral view (one film)	119	140
1608	Chest PA view (one film)	60	70
1609	Chest Lateral (one film)	60	70
1610	Mastoids: Towne view, oblique views (3 films)	225	259
1611	Extremities, bones & Joints AP & Lateral views (Two films)	230	270
1612	Pelvis AP (one film)	110	127
1613	Temporomandibular (TM) Joints (one film)	110	127
1614	Abdomen & Pelvis for KUB	128	150
1615	Skull AP & Lateral (2 films)	230	270
1616	Spine AP & Lateral (2 films)	225	259
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)	900	1035
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)	2250	2588
1625	General:Fistulography / Sinography/Sialography /Dacrocystography/ T-Tube cholangiogram /Nephrostogram	638	750
1626	Percutaneous transhepatic cholangiography (PTC)	1296	1490
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1627	Intravenous Pyelography (IVP)	1190	1400
1628	Micturating Cystourethrography (MCU)	680	800
1629	Retrograde Urethrography (RGU)	612	720
1630	Contrast Hystero-Salpingography (HSG)	954	1097
1631	X-ray Arthrography	700	805
1632	Cephalography	135	156
1633	Myelography	2475	2847

1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011
	MAMMOGRAPHY		
1635	X-ray Mammography	315	370
1636	MRI Mammography	2295	2700
	Computed Tomography (CT) Scan		
1637	CT Scan Head-Without Contrast	893	1035
1638	CT Scan Head- with Contrast -With Contrast including CT angiography	1215	1398
1639	CT Scan Chest - without contrast (for lungs)	1700	2000
1640	CT Scan Lower Abdomen (incl. Pelvis) With	1700	1955
1641	CT Scan Lower Abdomen (Incl. Pelvis) Without Contrast	1445	1700
1642	CT Scan Whole Abdomen Without Contrast	3000	3450
1643	CT Scan Whole Abdomen With Contrast	4050	4658
1644	Triple Phase CT abdomen	4500	5175
1645	CT Scan angiography abdomen/ Chest	4250	5000
1646	CT Scan Enteroclysis	5400	6210
1647	CT Scan Neck – Without Contrast	1500	1725
1648	CT Scan Neck – With Contrast	1870	2200
1649	CT Scan Orbits - Without Contrast	1190	1400
1650	CT Scan Orbits - With Contrast	1615	1900
1651	CT Scan of Para Nasal Sinuses- Without Contrast	900	1035
1652	CT Scan of Para Nasal Sinuses - With Contrast	1600	1840
1653	CT Scan Spine (Cervical, Dorsal, Lumbar, Sacral)–without Contrast	1488	1725
1654	CT Scan Temporal bone – without contrast	893	1050
1655	CT Scan- Dental	1275	1500
1656	CT Scan Limbs -Without Contrast	1700	2000
1657	CT Scan Limbs -With Contrast including CT angiography	2028	2385
1658	CT Guided intervention –FNAC	1200	1380
1659	CT Guided Trucut Biopsy	1200	1380
1660	CT 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	2205	2536
1666	MRI Nasopharynx and PNS – With Contrast	3500	4025
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1667	MR for Salivary Glands with Sialography	3000	3450
1668	MRI Neck - Without Contrast	2700	3105
1669	MRI Neck- with contrast	4500	5175
1670	MRI Shoulder – Without contrast	2000	2300

1671	MRI Shoulder – With conntrast	2550	3000
1672	MRI shoulder both Joints - Without contrast	2700	3105
1673	MRI Shoulder both joints – With contrast	4000	4600
1674	MRI Wrist Single joint - Without contrast	1913	2250
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	4500	5175
1678	MRI knee Single joint - Without contrast	2125	2500
1679	MRI knee Single joint - With contrast	4500	5175
1680	MRI knee both joints - Without contrast	2125	2500
1681	MRI knee both joints - With contrast	4500	5175
1682	MRI Ankle Single joint - Without contrast	2125	2500
1683	MRI Ankle single joint - With contrast	4500	5175
1684	MRI Ankle both joints - With contrast	4500	5175
1685	MRI Ankle both joints - Without contrast	2500	2875
1686	MRI Hip - With contrast	2250	2588
1687	MRI Hip – without contrast	2125	2500
1688	MRI Pelvis – Without Contrast	2125	2500
1689	MRI Pelvis – with contrast	4600	5290
1690	MRI Extremities - With contrast	4600	5290
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	4500	5175
1698	MRI Breast - With Contrast	4250	5000
1699	MRI Breast - Without Contrast	2125	2500
1700	MRI Spine Screening - Without Contrast	900	1035
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	2125	2500
1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	4500	5175
1709	Whole body MRI (For oncological workup)	5100	6000
1710	MR cholecysto-pancreatography.	4950	5693
1711	MRI Angiography - with contrast	4500	5175
1712	MR Enteroclysis	2125	2500
	BONE DENSITOMETRY (DEXA SCAN)		
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1713	Dexa Scan Bone Densitometry - Two sites	1500	1725

1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip &extremity)	1955	2300
1715	Dexa Scan Bone Densitometry Whole body	2450	2818
	NEUROLOGICAL INVESTIGATIONS AND PROCEDURES		
1716	Electroencephalogram (EEG)/ Video EEG	298	350
1717	Electromyography (EMG)	638	750
1718	Nerve Conduction Velocity(NCV) (at least 2 limbs)	638	750
1719	Repititive nerve stimulation (RNS)-Decremental response (before and after neostigmine)	595	700
1720	Repetitive nerve stimulation (RNS)-Incremental response	595	700
1721	Somatosensory evoked potentials (SSEP)	638	750
1722	Polysomnography (PSG) / Sleep study	638	750
1723	Brachial plexus study	638	750
1724	Muscle biopsy	383	450
1725	Acetylcholine receptor (AChR) antibody titre	1700	2000
1726	Anti muscle specific receptor tyrosine kinase (Anti MuSK) antibody titre	2340	2691
1727	Serum copper	450	518
1728	Serum ceruloplasmin	450	518
1729	Urinary copper	450	518
1730	Serum homocysteine	405	466
1731	Serum valproate level	315	362
1732	Serum phenobarbitone level	332	390
1733	Coagulation profile	553	636
1734	Protein C, Protein S, Antithrombin–III **(Select CGHS rate code 1413 for approved rates)**	2160	2484
1735	Serum lactate level **(Select CGHS rate code 1479 for approved rate)**	405	466
	CSF		
1736	Basic studies including cell count, protein, sugar, gram stain,India Ink preparation and smear for AFP	216	248
1737	Special studies	900	1035
1738	PCR for tuberculosis/ Herpes simplex	1080	1242
1739	Bacterial culture and sensitivity	180	207
1740	Mycobacterial culture and sensitivity	180	207
1741	Fungal culture	115	135
1742	Malignant cells	64	75
1743	Anti measles antibody titre (with serum antibody	801	922
1744	Viral culture	255	300
1745	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	760	874
1746	Oligoclonal band	1080	1242
1747	Myelin Basic protein	1768	2080
1748	Lactate **(Select CGHS rate code 1479 for approved rate)**	298	345
1749	Cryptococcal antigen	1024	1178

	TESTS IN GASTRO-ENTEROLOGY		
1750	D-xylase test	765	900
1751	Faecal / Fecal fat test/ fecal chymotrypsin/ fecal elastase **(Select CGHS rate code 1335 for approved rate)**	765	900
1752	Breath tests **(select CGHS rate code 1336 for approved rate)**	1275	1495
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/NABL Rates**
1753	H pylori serology for Coeliac disease /Celiac disease	468	653
1754	HBV genotyping	2321	2730
1755	HCV genotyping	4633	5450
	TESTS IN ENDOCRINOLOGY (IN ADDITION TO		
1756	Urinary vanillylmandelic acid (VMA)	1350	1553
1757	Urinary metanephrine/Normetanephrine	1024	1178
1758	Urinary free catecholamine	1521	1750
1759	Serum catecholamine	3060	3519
1760	Serum aldosterone	1013	1165
1761	24 Hr urinary aldosterone	828	952
1762	Plasma renin activity	1000	1150
1763	Serum aldosterone/renin ratio	1080	1250
1764	Osmolality urine	128	150
1765	Osmolality serum	128	150
1766	Urinary sodium	72	85
1767	Urinary Chloride	43	50
1768	Urinary potassium	72	85
1769	Urinary calcium	80	94
1770	Thyroid binding globulin	459	540
1771	24 hour urinary free cortisole	200	230
1772	Islet cell antibody	750	863
1773	Glutamic Acid Decarboxylase Autoantibodies test (GAD antibodies)	1197	1377
1774	Insulin associated antibody	404	464
1775	Insulin-like growth factor-1 (IGF-1)	1450	1668
1776	Insulin-like growth factor binding protein 3 (IGF-	1600	1840
1777	Sex hormone binding globulin	1200	1380
1778	USG guided FNAC thyroid gland	348	410
1779	Estradiol (E2)	208	245
1780	Thyroglobulin antibody	528	608
ADDED W.E.F. 14.01.2020			
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non NABH/Non NABL Rate in Rupee**	**NABH/NABL rates in Rupee**

1781	**Kappa Lambda Light Chains, Free, Serum/ Serum free light chains (SFLC)**	**3500**	**4025**
1782	**Serum IGE Level**	**300**	**345**
1783	**NT-Pro BNP**	**1800**	**2070**
1784	**CECT Chest**	**2500 Including CD**	**2875**
1785	**MRI-Prostate (Multi-parametric)**	**6000/- including CD**	**6900 Including CD**
1786	**HCV RNA Quantitative**	**1500**	**1725**
1787	**Tacrolimus**	**2300**	**2645**
1788	**Protein Creatinine Ratio, Urine**	**120**	**138**
1789	**Fibroscan Liver**	**1000**	**1150**
1790	**HLA B27 (PCR)**	**500**	**575**
1791	**Mantoux Test**	**175**	**200**
1792	**Procalcitonin**	**1800**	**2070**
1793	**TORCH Test**	**1120**	**1288**
1794	**Intracoronary OCT (AIIMS Rates)**	**65000 + GST**	**65000 + GST**
1795	**Fractional Flow Reserve (FFR) Wire cost (AIIMS Rates**	**23500 + GST (WireCost), 12750/- (Procedure Cost)**	**23500 + GST (WireCost),15000/-- (Procedure Cost)**
ADDED W.E.F. 05.06.2020			
Sr. No.	**CGHS TREATMENT PROCEDURE/INVESTIGATION LIST**	**Non- NABH/Non-NABL Rates**	**NABH/L Rates**
1796	**Anti –Smooth Muscle Antibody Test (ASMA)**	**1241**	**1460**
1797	**C ANCA-IFA**	**1275**	**1500**

1798	P ANCA-IFA	1275	1500
1799	Angiotensin converting enzyme (ACE)	850	1000
1800	Endo bronchial Ultrasound (EBUS) -Trans bronchial needle aspiration (TBNA) -Using New Needle	15614	18370
1801	Extractable Nuclear Antigens (ENA) -	3910	4600
1802	Chromogranin A	4250	5000
1803	Faecal calprotectin (fecal calprotectin)	2320	2730
1804	C3-COMPLEMENT	552	650
1805	C4-COMPLEMENT	552	650
1806	Genexpert Test	880	1035
1807	DJ stent removal	7395	8700
1808	Pulmonary Function Test (PFT) / (Spirometry with DLCO)	425	500
1809	EUS (Endoscopic Ultrasound) guided FNAC (Using with Needle)	12750	15000
1810	CT Urography	3825	4500
1811	Video Laryngoscopy	5100	6000
1812	CT Angio-Neck Vessels	5100	6000
1813	H1N1 (RT-PCR)	921	1084
1814	Erythropoietin Level (Select CGHS rate code 1557 for approved rate)	See code 1557	See code 1557
1815	Anti HEV IgM	850	1000
1816	Anti HAV IgM	637	750
1817	HBsAg Quantitative	552	650
1818	Typhidot IgM	340	400
1819	Hepatitis B Core Antibody (HBcAb) Level (Hepatitis B Core IgM Antibody)	408	480
1820	Anti HBs	552	650
ADDED vide clause 2,5, & 6 of OM F.No. S-11045/36/2012-CGHS (HEC) dated 26.11.2014			
1821	Free Triiodothyronine (FT3)	106	125
1822	Free Thyroxine (FT4)	106	125
1823	Widal Test	60	70
1824	Dengue Serology	510	600
1825	Blood component charges - Whole Blood per Unit	1450	1450

1826	**Blood component charges - Packed Red Cell per Unit**	**1450**	**1450**
1827	**Blood component charges - Fresh Frozen Plasma**	**400**	**400**
1828	**Platelet Concentrate- Random Donor Platelet (RDP)**	**400**	**400**
1829	**Blood component charges - Cryoprecipitate**	**200**	**200**
1830	**Platelet Concentrate – Single Donor Platelet (SDP)-Apheresis per unit**	**11000**	**11000**
1831	**CCS Group A Officer of above 40 years of age –Male, Annual Health Check up**	**2000**	**2000**
1832	**CCS Group A Officer of above 40 years of age –female, Annual Health Check up**	**2200**	**2200**
	ADDED W.E.F. 07.02.2021		
1833	**Interleukin 6 (IL 6)**	**1360**	**1600**
1834	**High resolution computed Tomography (HRCT Chest)**	**1700**	**2000**
1835	**Fluid air exchange**	**4250 per eye**	**5000**
1836	**C3F8 GAS Injection**	**4250 per eye**	**5000**
1837	**Diurnal variation of IOP**	**1275 per eye**	**1500**
1838	**Silicone oil injection**	**4250 per eye**	**5000**
1839	**Epiretinal Membrane (ERM) Peeling**	**5950 per eye**	**7000**
1840	**Epiretinal Membrane (ERM) Removal**	**2550 per eye**	**3000**
1841	**Internal limiting membrane (ILM) peeling**	**2550 per eye**	**3000**
1842	**Punctoplasty**	**5525 per eye**	**6500**

1843	**Punctal plug(Collagen/silicone)**	**3400 per eye**	**4000**
1844	**Laser Trabeculoplasty Gonioplasty B/E**	**13600 both eye**	**16000 both eye**
1845	**Eye laser pulse therapy**	**2975 per eye**	**3500**
1846	**Glaucoma valve/Glaucoma Ahmed valve**	**12750**	**15000**
1847	**Malyugin Ring**	**8500**	**10,000**
1848	**Globe exploration (eye surgery)**	**8500**	**10,000**
1849	**Scleral Fixation Tissue glue**	**7140**	**8400**
1850	**Fibro optic Nasal Endoscopy**	**1955**	**2300**
1851	**Video Stroboscopy**	**4675**	**5500**
1852	**Video Bronchoscopy with BAL**	**8500**	**10,000**
1853	**Sleep deprived EEG (Rate shall be the same CGHS rate of EEG/Video EEG) Select CGHS rate code 1716**	**See code 1716**	**See code 1716**