

GOVERNMENT OF NAGALAND
State Health Society
Department of Health & Family Welfare
Nagaland, Kohima



Application for empanelment of Private Hospital under
"Rashtriya Swasthya Bima Yojana"
and
"Senior Citizens Health Insurance Scheme"
in the State of Nagaland

State Nodal Agency (SNA) RSBY
Directorate of Health & Family Welfare
Below Nagaland Civil Secretariat Complex, Ruziezou, Kohima- 797 001
Telefax: 0370- 2270565/ 2270222 / 2270565
email: rsby.hfw@gmail.com, nrhmnagaland @gmail.com,
website:

Instructions for submission of Application Form:

1. Applications are invited from interested Private Hospitals registered/ licensed under Nagaland Health Care establishment Act, 1997 for empanelment as network hospital for implementation of Rashtriya Swasthya Bima Yojana (RSBY) & Senior Citizen Health Insurance Scheme (SCHIS).
2. Application Form along with the overview on RSBY & SCHIS Guideline can be downloaded from the url link:
3. The interested hospital must fulfil all the requirements as set out in the RSBY & SCHIS Guideline and the Contract(s).
4. Duly filled Application Form (Annexure: A) along with a demand Draft of Rs. 1000.00 (Rupees one thousand only) in favour of SHS-RSBY payable at Kohima should be submitted to RSBY Cell (Room No: 302), Directorate of Health & Family Welfare Kohima on or before 12th July 2016.
5. The selection & empanelment of interested Private Hospitals for implementation of Rashtriya Swasthya Bima Yojana (RSBY) & Senior Citizen Health Insurance Scheme (SCHIS) will be done jointly with the Insurance Company.
6. Selected Private Hospital shall signed the Memorandum of Understanding (MoU)/ Contract with the Insurance Company.
7. For any queries please email to rsby.hfw@gmail.com

Introduction:

A number of studies have revealed that the risk owing to low level of health security is endemic for workers, especially those in the unorganized sector. The vulnerability of these workers increases when they have to pay out of pocket for their medical care with no subsidy or support. On the one hand, such workers do not have the financial resources to bear the cost of medical treatment; on the other, the public owned health infrastructure leaves a lot to be desired. A large number of these unorganized workers are entangled in debt traps to pay for treatment in hospitals. Senior citizens in these families due to poor financial position are exposed to further vulnerability in getting treatment as either their treatment cost may exceed the RSBY Benefit package. Thus, health insurance may provide a probable relief to such families by can be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses. The "Rashtriya Swasthya Bima Yojana (RSBY)" and "Senior Citizens Health Insurance Scheme (SCHIS)" implemented and administered through Ministry of Health & Family Welfare announced by the Central Government attempts to address such issues.

State Government is inviting application for 11 Districts namely <Dimapur, Longleng, Kiphire, Kohima, Mokokchung, Mon, Peren, Phek, Tuensang, Wokha & Zunheboto> from Public as well as Private Hospital, registered under Nagaland Health Establishment Authority and meeting the eligibility criteria for implementation of RSBY and SCHIS.

For effective operation of the scheme, a strong partnership is envisaged between the Insurance Company, Public and the Private Sector Hospitals and the State Agencies. State Government/Nodal Agency will assist the Insurance Company in identifying and empaneling the Government/Private hospitals, fixing of treatment protocol and costs and treatment authorization, so that the cost of administering the scheme is kept low, while making full use of the resources available in the Government/Private health systems.

Along with enrolment, availability of empaneled hospitals in close vicinity is most important requirement for successful implementation of RSBY. This will ensure that the beneficiaries have easy access to health care in time of need. Therefore, it is necessary to ensure that sufficient numbers of health care providers are empanelled in the scheme. It is also important to ensure that these providers are in close proximity to the beneficiaries.

Public hospitals, including ESI hospitals and such private hospitals fulfilling minimum qualifications in terms of availability of inpatient medical beds, laboratory, equipment, operation theatres, smart card reader etc. and a track record in the treatment of the diseases can be enlisted for providing treatment to the identified families under the scheme.

Empanelled hospital or Health care service provider (public or private) means that the institution is fully equipped and trained to receive/ entertain beneficiaries under the scheme and submit their claims electronically i.e. Hospital has adequate facilities as prescribed in this document in **Appendix 12**.

The overall responsibility of empanelment of Health Care Providers under RSBY will be of Insurance Company identified by the State Nodal agency for a that district. SNA will supervise and intervene, if required,

to ensure that sufficient numbers of good hospitals are empaneled and that such hospitals are not kept out of system on flimsy grounds.

Only such Hospitals as are in agreement with the scheme and its clauses need to participate in the selection process for empanelment of hospitals. Any disagreement in this regard is liable for disqualification/rejection of bid. Hence all the hospitals are expected to go through the scheme carefully and submit their application.

1. The Schemes

The name of the scheme shall be “RASHTRIYA SWASTHYA BIMA YOJANA” (RSBY) and SENIOR CITIZENS HEALTH INSURANCE SCHEME (SCHIS).

2. Objective

To improve access, of enrolled beneficiaries and their families to quality healthcare for cashless treatment of diseases involving hospitalization through empanelled healthcare providers. The objective of SCHIS is to provide a convenient and affordable health cover for senior citizens aged 60 years and above to cover secondary and tertiary care treatments.

Note: All the details of benefits, target population and premium payment etc. regarding SCHIS has been provided in Section 14 of this document. Other details for SCHIS will be same as that of RSBY.

3. Beneficiaries

The scheme is intended to benefit the Below Poverty Line (BPL) and all other identified categories of beneficiaries in all districts. A district-wise profile of the number of families is given below:

District	Total number of beneficiaries in different categories (in thousand)													Total number				
	BPL Families	BOCW	Street vendors	MGNREGA	Beedi workers	Domestic workers	Railway porters	Sanitation workers	Rickshaw drivers/pullers	Mine workers	Rag pickers	Auto/taxi drivers	Weavers and textile workers	Blocks	CHCs	District Hospitals	PHCs/Other Govt. Hospitals	Private Hospitals
Dimapur	97.7			266.9										4	2	1	8	11
Kiphire	48.6			104.7										3	1	1	4	0
Kohima	66.8			272.7										4	3	1	16	5
Longleng	23.4			98.5										2	0	1	3	0
Mokokchung	77.4			154.05										6	3	1	15	1
Mon	59.5			173.9										6	2	1	15	0
Peren	28.4			116.09										3	1	1	8	0
Phek	63.3			173.3										5	3	1	23	0
Tuensang	38.5													8	2	1	12	1
Wokha	60.5			132.6										5	2	1	12	1
Zunheboto	63.8			179.8										6	2	1	13	1
Total	627.9			1372.54										52	21	11	129	20

NOTE: In addition to the estimated number of families as given above, the Central/ State Government may add more families to the scheme. The same terms and conditions including premium shall be applicable to additional beneficiary families. However, the State Government shall have to take prior written approval from Ministry of Health & Family Welfare before adding more beneficiaries to the scheme than the estimated number of beneficiaries.

District	Total number of BPL Senior Citizen beneficiaries in different categories (in thousand)													Total number				
	BPL Families	BOCW	Street vendors	MGNREGA	Beedi workers	Domestic workers	Railway porters	Sanitation workers	Rickshaw drivers/pullers	Mine workers	Rag pickers	Auto/taxi drivers	Weavers and textile workers	Blocks	CHCs	District Hospitals	PHCs/Other Govt. Hospitals	Private Hospitals
Dimapur	2.84			4.40										4	2	1	8	11
Longleng	0.84			1.31										3	1	1	4	0
Kiphire	0.77			0.72										4	3	1	16	5
Kohima	6.30			5.17										2	0	1	3	0
Mokokchung	9.73			5.36										6	3	1	15	1
Mon	2.53			2.73										6	2	1	15	0
Peren	3.60			0.49										3	1	1	8	0
Phek	5.57			5.57										5	3	1	23	0
Tuensang	2.34													8	2	1	12	1
Wokha				3.67										5	2	1	12	1
Zunheboto	5.33			6.18										6	2	1	13	1
Total	39.85			35.6										52	21	11	129	20

4. Enrolment unit and its definition

4.1. Unit of Enrolment

The unit of enrolment for RSBY is family.

4.2. Size of Family

The size of the enrolled family, for availing benefit under RSBY, shall be up to 5.

4.3. Definition of Family

- a. A family would comprise the head of the family, spouse, and up to three dependents.
- b. If the spouse of the head of the family is listed in the beneficiary database, the spouse shall mandatorily be part of the Beneficiary Family Unit.
- c. If the head of the family is absent at the time of enrolment, the spouse shall become the head of the family for the purpose of RSBY.
- d. The head of the family shall nominate up to but not more than 3 dependants, as part of the Beneficiary Family Unit, from the dependants that are listed as part of the family in the beneficiary database.
- e. If the spouse is dead or is not listed in the beneficiary database, the head of the family may nominate a fourth member as a dependant as part of the Beneficiary Family Unit.
- f. If both the head of the family and spouse are not available, the next oldest member of the family should be nominated as the head of the family, who can then nominate up to 4 (four) other members to be enrolled. If such a member is not listed in the existing database, the FKO can add such a person if they have a certificate from Revenue or Panchayat authorities showing a relationship with the head of family.

5. Benefits RSBY and SCHIS [Please refer Clause 14 for SCHIS]

5.1. Benefit Package only for RSBY

The benefits under this scheme, to be provided on a cashless basis to the beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following:

- a. Coverage for meeting expenses of hospitalization for medical and/or surgical procedures, including maternity benefit and new born care, to the enrolled families for up to INR 30,000/- per family per year, subject to limits, in any of the empanelled healthcare providers across India. The benefit to the family will be on floater basis, i.e., the total reimbursement of INR 30,000/- can be availed individually or collectively by members of the family per year.

- b. Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in **Appendix 1**.
- c. Coverage of health services related to surgical nature for defined procedures shall also be provided on a day care basis. The Insurance Company shall provide coverage for the defined day care treatments/ procedures as given in **Appendix 2**.
- d. Provision for transport allowance of INR 100 per hospitalisation subject to an annual ceiling of INR 1000 shall be a part of the package. This will be provided by the hospital to the beneficiary at the time of discharge in cash.
- e. Pre and post hospitalization costs up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.
- f. Screening and Follow up care as separate day care packages. This is separate from pre and post hospitalisation coverage as mentioned in **Section 5.1(e)** above.
- ~~g. For Weavers and Artisans families or for any other category specifically mentioned in this document, outpatient benefits of INR 7,500 per family per year (with a limit of 10 visits), in addition to inpatient benefits of INR 30,000 per family per year, will also be covered and details of those benefits are given in Section 10.~~
- h. Maternity and new born children will be covered as indicated below:
 - i. It shall include treatment taken in hospital/nursing home arising out of childbirth, including normal delivery/ caesarean section and/or miscarriage or abortion induced by accident or other medical emergency subject to exclusions given in **Appendix 1**.
 - ii. New born children shall be automatically covered from birth up to the expiry of the policy for that year, for all the expenses incurred in taking treatment at the hospital as in-patient. This benefit shall be a part of basic sum insured and new born children will be considered as a part of the insured family member till the expiry of the policy subject to exclusions given in **Appendix 1**.
 - iii. The coverage shall be from day one of the inception of the policy. However, normal hospitalisation period *for both mother and children* should not be less than 48 hours *post-delivery*.
 - iv. The identification of the mother or any other member of the family will be sufficient identification for the new born child to avail treatment.

Note:

- i. For the ongoing policy period until its renewal, new born children will be provided all benefits under RSBY and will NOT be counted as a separate member even if five members of the family are already enrolled.

5.2. Package Rate

The Insurer's liability for any medical or surgical treatment, procedure or intervention or listed day care procedure under the benefits package shall be no more than the package rates for that medical or surgical treatment, procedure or intervention or listed day care procedure that is set out in **Appendix 3**. A separate set of package rates for Senior Citizens has been given in **Appendix 3A**. If hospitalization is due to a medical condition, a flat per day rate will be paid depending on whether the beneficiary is admitted in the General Ward or the Intensive Care Unit (ICU) and the condition as defined in the package rates.

These package rates (in case of surgical procedures or interventions or day care procedures) or flat per day rate (in case of medical treatments) will include:

- a. Registration Charges
- b. Bed charges (General Ward)
- c. Nursing and Boarding charges
- d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
- e. Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
- f. Medicines and Drugs
- g. Cost of Prosthetic Devices, implants
- h. X-Ray and other Diagnostic Tests etc.
- i. Food to patient
- j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
- k. Transportation Charge of INR 100/- (payable to the beneficiary at the time of discharge in cash by the hospital)
- l. Any other expenses related to the treatment of the patient in the hospital

However if separate rates have been indicated in the package rates for any of the above, the hospitals may block those rates as additional packages after pre-authorization. Insurance companies shall be guided by whether the procedure is an essential part of delivery of the original package or an additional input necessitated by a medical condition that is not part of the condition dealt with in the original package.

The package rates can be amended by the State Nodal Agency before the issuance of bid or renewal of the contract, as the case may be. However, if this is done during the currency of the policy period then it shall only be done with the mutual consent of the Insurer and State Nodal Agency. However, package rate changes shall be implemented only after prior intimation to MoHFW (MoHFW).

Provided that the beneficiary has sufficient insurance cover remaining at the time of seeking treatment, surgical or medical procedure or intervention or day care procedure for which package rates have been decided, claims by the empanelled healthcare provider will not be subject to any pre-authorization process by the Insurer. The list of common procedures and package charges is set out in **Appendix 3** and **Appendix 3A** of this Document, and will also be incorporated as an integral part of the service agreements between the insurer and its empanelled healthcare providers.

6. Healthcare Providers

6.1. Eligible Healthcare Providers

Both public (including Employee State Insurance Hospitals) and private healthcare providers which provide hospitalization and/or day care services would be eligible for empanelment under RSBY, subject to such requirements for empanelment as outlined in this document.

6.2. Empanelment of Healthcare Providers

The Insurer shall ensure that the beneficiaries enrolled under the scheme are provided with the option of choosing from a list of empanelled healthcare providers for the purposes of seeking treatment.

Healthcare providers having adequate facilities and offering services as stipulated in the guidelines will be empanelled after being inspected by a qualified technical team from the Insurance Company or their representatives in consultation with the District Nodal Officer, RSBY and approved by the District Administration/ State Government/ State Nodal Agency.

If it is found that there are insufficient healthcare providers in a district or that the facilities and services provided by healthcare providers in a district are inadequate, then the State Nodal Agency can reduce the minimum empanelment criteria specified in this section on a case-by-case basis.

6.3. Criteria for Empanelment of Public Healthcare Providers

All Government hospitals (including Community Health Centres), as decided by the State Government and Employee State Insurance Scheme hospitals shall be empanelled provided they possess the following minimum facilities:

- a. Telephone/Fax
- b. The complete transaction enabling infrastructure as has been defined in **Appendix 4**.
- c. An operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cashless' service to the patient.
- d. Maintaining of necessary records as required and providing necessary records of RSBY beneficiaries to the Insurer or their representative/ Government/Nodal Agency as and when required.
- e. A Bank account which is operated by the health care provider through Rogi Kalyan Samiti or equivalent body.

6.4. Criteria for Empanelment of Private Healthcare Providers

The criteria for empanelling private hospitals and health facilities are as follows:

- a. At least 10 functioning inpatient beds or as determined by State Nodal Agency. The facility should have an operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cashless' service to the patient.
- b. Those facilities undertaking surgical operations should have a fully equipped Operating Theatre of their own.
- c. Fully qualified doctors and nursing staff under its employment round the clock.
- d. Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or their representative/ Government/Nodal Agency as and when required.
- e. Registration with the Income Tax Department.
- f. NEFT enabled bank account
- g. Telephone/Fax

The complete transaction-enabling infrastructure, required to be procured by the private hospitals to be considered as empanelled and enabled for raising claims on the Insurance Company, has been defined in **Appendix 13**.

6.5. IT Infrastructure needed for Empanelment in RSBY

- a. Both public and private healthcare providers which fulfil the criteria for empanelment and are selected for empanelment in RSBY by the insurance company or their representatives will need to put in place such infrastructure and install such hardware and software as given in **Appendix 13**.
- b. The insurer shall be responsible for providing and installing the entire IT infrastructure, i.e. hardware and software, for each public empanelled healthcare provider in a district before commencement of enrolment in that district.
- c. Each private empanelled healthcare provider will be responsible for providing and installing the entire IT infrastructure, i.e. hardware and software, before commencement of enrolment in the district where such empanelled healthcare provider is located.
- d. It is the responsibility of the healthcare provider to ensure that the system is running at all times and to inform the concerned insurer which has installed the system, in case there are any problems related to its proper use as required.

6.6. Additional Benefits to be provided by Healthcare Providers

In addition to the benefits mentioned above, both public and private healthcare providers should provide free registration and free OPD consultation to the RSBY enrolled beneficiaries.

6.7. Additional Responsibilities of the Healthcare Providers

In addition to providing cashless treatment, the healthcare provider shall:

- a. Display clearly their status of being an empanelled provider of Rashtriya Swasthya Bima Yojana, in the prescribed format given by the State Nodal Agency, outside/ at their main gate.
- b. Provide a functional help desk for giving necessary assistance to RSBY beneficiaries. At least two persons nominated by every healthcare provider should be trained in different aspects of RSBY and related hardware and software by the insurance company.
- c. Display a poster near the reception/admission desks along with other material provided by the insurer for the ease of beneficiaries, government and insurer. The template of empanelled status and poster for reception area will be provided by the State Nodal Agency.
- d. Make claims on the insurer electronically, by swiping the smart card presented by the beneficiaries at the time of registration, admission (blocking) and discharge. The insurer shall discourage the empanelled healthcare providers from making manual claims.
- e. Send hospitalisation data of RSBY patients electronically on a daily basis to the designated server.
- f. Maintain such records and documentation as are required for the insurer to pre-authorise treatments and process claims.
- g. Cooperate with the insurer and the state nodal agency and provide access to the insurer and state nodal agency to all facilities, records and information for the conduct of audits or evaluation of performance of the empanelled healthcare provider.
- h. Comply with the provisions of all applicable laws, statutes, rules and regulations, as amended from time to time.
- i. Comply with any standard treatment guidelines laid down by government.

6.8. Number of Healthcare Providers to be empanelled

The Insurance Company shall make sure that an adequate number of public and private healthcare providers are empanelled. The following are the minimum criteria to be met when empanelling health care providers:

- a. There should be at least one hospital for every 8,000 families enrolled in the scheme.
- b. At least two hospitals shall be empanelled in every block.
- c. The following specialties shall be available through empanelled hospitals in each district:
 - General Medicine
 - General Surgery
 - Obstetrics and Gynecology
 - Pediatrics
 - Ophthalmology
 - ENT
 - Orthopedic

If sufficient hospitals are not available in the district or in adjoining districts, the insurance company shall obtain a certificate to that effect from the District Administration. If such hospitals are not available facilities which can manage IP care which may not conform to the standards set by RSBY may be empanelled with the permission of SNA.

The hospitals that have been accredited by agencies such as NABH shall be empanelled by insurance companies if they apply for empanelment.

6.9. Process for Empanelment of Healthcare Providers

Insurance Company will undertake following activities for the empanelment of healthcare providers:

- a. Receive list of public and private healthcare providers in a district, from the respective district administration/ SNA, for empanelment in RSBY & SHIS. SNA/ District committee may also consider other healthcare providers available in a district, apart from those applying through the online portal or by post.
- b. Organise a district workshop in the district for sensitization of public and private healthcare providers after completion of tendering process but before the commencement of enrolment in the district.
- c. Prepare and submit a final list of public and private healthcare providers, which will be empanelled in a district, to the district administration along with a copy to the state nodal agency.
- d. Enter details of the healthcare providers being empanelled into the online empanelment form on the RSBY portal. This will generate a hospital code for every healthcare provider and also generate a request for their Master Hospital card (MHC).
- e. Enter into services agreements with the public and private healthcare providers which have agreed to be empanelled in a district, prior to commencement of enrolment for such district.
- f. Make sure that the necessary software and hardware are installed in the healthcare provider before the commencement of the policy.
- g. Follow-up with the healthcare providers to ensure that they have received their master hospital card before commencement of policy.
- h. Ensure that the IT infrastructure is activated and operational at every empanelled healthcare provider during the policy period.
- i. Ensure training of healthcare provider personnel at the hospital workshop and individually, along with refresher training as and when needed.

6.10. Agreement with Empanelled Healthcare Providers

The insurance company will sign agreements with the empanelled healthcare providers to provide benefits under RSBY. Draft template for agreement between the insurer and the healthcare provider has been provided in **Appendix 5**.

If the insurer wishes to modify the draft services agreement or amend the services agreement entered into with an empanelled healthcare provider, the insurer shall obtain the prior written approval from the state nodal agency for such modifications or amendments.

6.11. De-empanelment of Healthcare Providers

- a. An empanelled healthcare provider would be de-empanelled if it is found that guidelines of the scheme have not been followed by them and the services offered are not satisfactory as per the requisite standards. The insurance company will follow the guidelines for de-empanelment of hospitals as given in **Appendix 6**.
- b. A hospital once de-empanelled, in accordance with the procedures laid down in **Appendix 6**, shall not be empanelled again for a period as decided by the SNA according to the severity of under-performance.

6.12 List of Empanelled Healthcare Providers to be submitted

The insurer should provide the list of empanelled healthcare providers, in each district before the commencement of enrolment in that district, with the following details to the State Government/ Nodal Agency:

- a. A list of empanelled healthcare providers, within the state, and in neighbouring districts of the State, that have agreed to be a part of RSBY and SCHIS network.
- b. For healthcare providers empanelled after commencement of enrolment in the district, the insurer will need to submit this information every month to the State Government/ Nodal Agency. Insurer will also need to ensure that details of these healthcare providers are conveyed to the beneficiaries through an appropriate IEC from time to time.

Insurer will need to ensure that details of all empanelled healthcare providers are conveyed to the beneficiaries of RSBY and SCHIS at regular intervals through appropriate means and an updated copy of such list is kept at the district kiosks and panchayat office at all times.

The Insurer has to ensure that all the beneficiaries are provided with adequate facilities so that they do not have to pay out-of-pocket either at the commencement of the treatment or at the end of treatment to the extent that such services are covered under the RSBY and SCHIS. This service provided by the Insurer along with the responsibilities of the Insurer as detailed in this clause are collectively referred to as the "Cashless Access Service".

Each empanelled healthcare provider shall install the requisite machines and software to authenticate and validate smart cards, beneficiaries and the insurance cover policies. The services have to be provided to beneficiaries based on smart card & fingerprint authentication with only the minimum of delay for pre-authorization (if necessary). Reimbursement to the hospitals should be based on the electronic transaction data received from hospitals on a daily basis. The detailed process and steps for Cashless Access Service has been provided in **Appendix 11**.

7. Repudiation of claims

In case of any claim being found untenable, the insurer shall communicate reasons in writing to the designated authority of the District/State/Nodal Agency and the healthcare provider for this purpose within ONE MONTH of receiving the claim electronically.

A final decision regarding rejection, even if the claim is getting investigated, shall be taken within ONE MONTH. Rejection letters shall carry the details of the claim summary, rejection reason and details of the Grievance Committee Redressal.

Such claims shall be reviewed by the Central/ State/ District Committee on monthly basis. Details of every claim which is pending beyond ONE MONTH will need to be sent to District/SNA along with the reason for delay.

If the insurer does not settle the claim within 30 days of the claim being preferred the hospital shall be paid interest @ 1 % of claimed amount per 15 days of delay in settlement. The amount shall be paid to the hospitals in the same manner for payment of claims.

8. Third Party Administrators, Smart Card Service Providers or Similar Agencies

8.1. The role of these agencies may include among others the following:

- a. To manage and operate the enrolment process
- b. To manage and operate the empanelment and de-empanelment process
- c. To manage and operate the district kiosk
- d. To provide, install and maintain the smart card related infrastructure at the public hospitals. They would also be responsible for training all empanelled hospitals on the RSBY policy as well as usage of the system.
- e. To manage and operate the toll free call centre
- f. To manage and operate the claim settlement process
- g. Field Audit at enrolment stations and hospitals
- h. Provide IEC and BCC activities, especially for enrolment.

9. Procurement, installation and maintenance of smart card related hardware and software in empanelled healthcare providers

9.1 Public Healthcare Providers

It will be the responsibility of the Insurer to procure and install smart card related devices in the empanelled public healthcare providers of the State. The details of hardware and software which needs to be installed have been provided in **Appendix 13**.

The details of provisions regarding annual maintenance costs are as follows:

- a. The Insurer shall provide annual maintenance or enter into annual maintenance contracts for the maintenance of the IT infrastructure provided and installed at the premises of the public empanelled healthcare providers.

- b. If any of the hardware devices or systems or any of the software fails at the premises of a public empanelled healthcare provider, the Insurer shall be responsible for either repairing or replacing such hardware or software within 72 hours and in an expeditious manner after the public empanelled healthcare provider has filed a complaint with the Insurer regarding the non-functional hardware or software.

9.2 Private Healthcare Providers

It will be the responsibility of the empanelled private healthcare providers to procure and install smart card related devices in its premises. The cost of procurement, installation and maintenance of these devices will be the responsibility of the private empanelled healthcare provider.

Each private empanelled healthcare provider shall enter into an annual maintenance contract for the maintenance of the IT infrastructure installed by it. If any of the hardware devices or systems or any of the software installed at its premises fails, then it shall be responsible for either repairing or replacing such hardware or software within 72 hours and in an expeditious manner after becoming aware of such failure or malfunctioning. The private empanelled healthcare provider shall bear all costs for the maintenance, repair or replacement of the IT infrastructure installed in its premises.

The responsibility of the insurance company is to assist the healthcare providers in the procurement, and installation of the hardware and software on time.

Note:

In case of districts where the scheme is being renewed, the Insurance Company will ensure that the healthcare providers are not asked to spend additional money on the software or hardware due to compatibility issues. It will be the responsibility of the Insurance Company to provide the RSBY transaction software free of cost to the healthcare providers if there are compatibility issues.

10. Grievance Redressal

There shall be the following Grievance Committees, at different levels, to attend to the grievances of various stakeholders:

10.1. District Grievance Redressal Committee (DGRC)

This will be constituted by the State Nodal Agency in each district within 15 days of signing of MoU with the Insurance Company. The District Grievance Redressal Committee will comprise of at least the following members:

- a. District Magistrate or an officer of the rank of Addl. District Magistrate or Chief Medical Officer: Chairman
- b. District Key Manager/ District Grievance Nodal Officer: Convener
- c. Representative of the Insurance Company Member

District administration may include additional members for this purpose.

10.2. State Grievance Redressal Committee (SGRC)

This will be constituted by the State Nodal Agency within 15 days of signing of MoU with the Central Government. The State Grievance Redressal Committee will comprise of at least the following members:
Reconstituted SGRC:

1. State Health Secretary/Principal Secretary (Health & FW)-Chairman
2. Regional Director, DGHS (Directorate General Health Services) -Member
3. Labour Commissioner of the State- Member
4. State Grievance Nodal Officer for RSBY – Member Convener
5. State Representative of the Insurance Company- Member

State Govt./Nodal Agency may include additional members for this purpose.

10.3. National Grievance Redressal Committee (NGRC)

The National Grievance redressal Committee (NGRC) shall be proposed by the Ministry of Health and Family Welfare from time to time at the National level. The present constitution of National Grievance Redressal Committee is as under:

- a. JS (RSBY), Ministry of Health & Family Welfare- Chairman.
- b. Director (Vigilance)- Ministry of Health & Family Welfare- Member.
- c. Representative of Ministry of Labour & Employment- Member.
- d. Director – eGovernance, Ministry of Health & Family Welfare- Member.
- e. Deputy Secretary (RSBY), Ministry of Health & Family Welfare- Member Convener.

If any stakeholder has a grievance against another stakeholder during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled in the following way:

Grievance Settlement of Stakeholders

If any stakeholder has a grievance against another one during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled in the following way by the Grievance Committee:

A. Grievance of a Beneficiary

GRIEVANCE AGAINST INSURANCE COMPANY, HOSPITAL, THEIR REPRESENTATIVES OR ANY FUNCTIONARY

If a beneficiary has a grievance on issues relating to enrolment, hospitalization or any other RSBY related issue against Insurance Company, hospital, their representatives or any functionary, the beneficiary will approach DGRC. The DGRC shall take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can appeal to the SGRC within 30 days of the decision of the DGRC. The SGRC shall take a decision on the appeal within 30 days of receiving the appeal. The decision of the SGRC on such issues will be final.

GRIEVANCE AGAINST DKM OR OTHER DISTRICT AUTHORITIES

If the beneficiary has a grievance against the District Key Manager (DKM) or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall take a decision on the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decision of the SGRC. The NGRC shall take a decision on the appeal within 30 days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

B. Grievance of a Health Care Provider

GRIEVANCE AGAINST BENEFICIARY, INSURANCE COMPANY, THEIR REPRESENTATIVES OR ANY OTHER FUNCTIONARY

If a Health Care Provider has any grievance with respect to beneficiary, Insurance Company, their representatives or any other functionary, the Health Care Provider will approach the DGRC. The DGRC should be able to reach a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can go to the SGRC within 30 days of the decision of the DGRC, which shall take a decision within 30 days of receipt of appeal. The decision of the Committee shall be final.

C. Grievance of Insurance Company

GRIEVANCE AGAINST FKO

If an insurance company has any grievance with respect to beneficiary or Field Key Officer (FKO), it will approach the DGRC. The DGRC should take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can appeal to the SGRC within 30 days of the decision of the DGRC. The SGRC shall take a decision within 30 days of receiving the appeal. The decision of the SGRC on such issues will be final.

GRIEVANCE AGAINST DKM OR OTHER DISTRICT AUTHORITIES

If Insurance Company has a grievance against District Key Manager or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decision of the SGRC and NGRC shall take a decision within thirty days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

D. Grievance of any Stakeholder

GRIEVANCE AGAINST STATE NODAL AGENCY/STATE GOVERNMENT

Any stakeholder aggrieved with the action or the decision of the State Nodal Agency/State Government can address his/ her grievance to the NGRC which shall take a decision on the issue within 30 days of the receipt of the grievance. An appeal against this decision within 30 days of the decision of the NGRC can be filed before Joint Secretary (in charge of RSBY), Ministry of Health and Family Welfare, Government of India who shall take a decision within 30 days of the receipt of the Appeal. The decision of DGLW shall be final.

Note:

There would be a fixed date, once a month, for addressing these grievances in the respective Committees (DGRC/SGRC/NGRC). This would enable all grievances to be heard within the set time frame of 30 days.

11. Capacity building interventions

- a. The Insurance Company shall design training/ workshop / orientation programs for Empanelled Healthcare Providers, Members of the Hospital Management Societies, District Program Managers, Gram Panchayat members, etc. and implement the same with the support of the State Nodal Agency. The training packages shall be jointly developed by the State Nodal Agency and the Insurance Company.
- b. At least the following training shall be provided by the Insurance Company:
 - Enrollment Team Training – To be done for each enrollment team during the enrollment period.
 - Healthcare Provider Training – At least once a year for all the empanelled healthcare providers, in each district, separately for Public and Private healthcare providers.
 - State and District Officers of the Insurance Company – At least once a year for these officers in each district.

Insurer needs to share a draft Capacity Building plan with the State Nodal Agency within 15 days of signing of the contract. The cost of these Capacity Building interventions will be borne by the Insurer.

12. Audit mechanism

12.1. Medical Audit

- a. The Insurance Company shall carry out regular inspection of healthcare providers through periodic medical audits, to ensure proper care and counselling for beneficiaries at the healthcare providers.
- b. Specifically, the Insurer shall conduct a periodic medical audit of a specified sample of cases, including random verification of admissions and claims. The medical audit should compulsorily be done by a qualified medical doctor (at least an MBBS) who is a part of the Insurer's organization or who is duly authorized by the Insurer to undertake such medical audit.

12.2. Beneficiary Audit

- a. For Beneficiaries who have been discharged, the Insurer, on a random basis, must visit the Beneficiary's residence to verify the admission and treatment taken from the Empanelled Healthcare Provider along with their experience at the corresponding healthcare provider.
- b. The format for conducting medical audit and the composition of team shall be shared by the Insurer at the time of signing of agreement.

13. Claim management

13.1. Payment of Claims and Claim Turnaround Time

The Insurer will observe the following discipline regarding settlement of claims received from the empanelled healthcare providers:

- a. The Insurer will ensure that all claims raised by the hospital are settled and the payments made to the hospital within ONE MONTH of receipt of claim data by the Insurance Company.
- b. In case a claim is being rejected, this information will also be sent to hospital within ONE MONTH of receiving the claim. Along with the claim rejection information, Insurer will also inform the hospital that it can appeal to the District Grievance Redressal Committee if required. The contact details of the District Grievance Redressal Committee will need to be provided by the Insurance Company along with each claim rejection letter.
- c. In both the cases, i.e. where a claim is being settled or being investigated, the process shall be completed within one month of receipt of the claim by the insurance company.
- d. The Insurer may collect at their own cost complete claim papers from the provider, if required for audit purposes. This will not have any bearing on the claim settlement to the provider.

13.2. Right of Appeal and reopening of claims

The Empanelled Healthcare Provider shall have a right of appeal to approach the Insurer if they feel that

the claim is payable. If the healthcare provider does not agree with the Insurers' decision in this regard, it can appeal to the District and/or State Level Grievance Redressal Committee. This right of appeal will be mentioned by the Insurer in every repudiation advice. The Insurer and/ or Government can re-open the claim if proper and relevant documents, as required by the Insurer, are submitted.

14. Terms and Conditions for Additional Benefits for Senior Citizens Health Insurance Scheme (SCHIS):

To provide additional top up benefits to senior citizens and take care of additional geriatric diseases, it has been decided by Government of India that an enhanced coverage will be provided exclusively for senior citizens over and above the benefits being provided under RSBY. These additional benefits will be called "Senior Citizens Health Insurance Scheme" in this document. The terms and conditions for SCHIS are as follows:

14.1 Benefits

An enhanced coverage of Rs. 30,000 per senior citizen in the eligible RSBY family will be provided over and above the benefits provided to entire family under RSBY and subject to other terms and conditions outlined herein, are the following:

- a. Health Insurance Coverage: The scheme shall provide an additional coverage of Rs. 30,000 per senior citizen in the eligible family. This package will be over and above the package of Rs. 30,000 provided under RSBY.
- b. This additional benefit can only be used exclusively by senior citizens of the family who are enrolled in RSBY
- c. The hospital will provide services included in benefit package for Senior Citizens only after due pre-authorisation procedures.
- d. A senior citizen seeking treatment under the scheme would have to first exhaust this additional top up cover of Rs. 30,000 (or more if there are more than one senior citizens) before utilizing the existing basic cover of Rs. 30,000 of RSBY.
- e. If in any RSBY enrolled family there would be more than one senior citizen, then the additional cover will be in multiple of Rs. 30,000 per senior citizen and it will be provided on a floater basis among the senior citizens of the RSBY enrolled family.
- f. This means that if in a family if there are 2 senior citizens then an additional cover of Rs. 60,000 would be available on a floater basis to both the senior citizens and they would need to exhaust first this top up cover before they can utilize the basic family cover of Rs. 30,000 of RSBY.

14.2. Target Beneficiaries

The target beneficiaries of this schemes are such RSBY enrolled beneficiaries that are 60 years and above in age. Such senior citizens who are BPL or belong to other designated categories of RSBY but not enrolled in RSBY will not be eligible to get benefit of this scheme.

14.3. Eligible Health Services Providers and their Empanelment

All the providers already empaneled for providing inpatient services under RSBY will be automatically empaneled for providing benefits under senior citizen health insurance scheme.

In addition, Insurance Company can empanel additional hospitals that have facilities to provide defined tertiary care packages. The proposed criteria for hospitals providing tertiary care is as under:

14.4. Empanelment of Health Care Providers

All the health care providers already empanelled for providing inpatient services under RSBY will be automatically empanelled for providing benefits under senior citizen health insurance scheme.

In addition, Insurance Company can empanel additional hospitals that have facilities to provide defined tertiary care packages for senior citizens.

14.5. IT Hardwares and Softwares

The hospital will need to install machines and the equipment, conforming to the guidelines issued by the Central Government, for providing benefits under this scheme. The software to be used thereon shall be the one approved by the Central Government.

14.6. Criteria for empanelment of hospitals

The criteria for empanelment of hospitals empanelled for providing treatment to senior citizens only including tertiary care are as follows:

- a. Minimum 50 inpatient medical beds with adequate spacing of 60Sq.feet for each bed and supporting staff as per norms.
- b. At least one in-house surgeon and or in-house physician (MD) shall be available for empanelment of Surgical and Medical packages respectively.
- c. The hospital should have at least minimum of 3 MBBS doctors as duty doctors, for bed strength of 50 and above. The doctors mentioned at (b) above may also act as duty doctors. Round- the-clock, availability of Duty Doctors & Paramedic staff
- d. Round- the-clock, availability of Duty Doctors & Paramedic staff

- e. In-house round-the-clock basic diagnostic facilities for biochemical, pathological and radiology tests such as Calorimeter, Auto analyzer, Microscope, X-ray, E.C.G, USG. etc., round-the-clock lab and imageology support.
 - f. Casualty should be equipped with Monitors, Defibrillator, Crash Cart, Resuscitation equipment, Oxygen and Suction facility and with attached toilet facility.
 - g. Fully equipped Operation Theatre along with required equipments as mentioned in the specific requirements for each Specialty.
 - h. Post-op ward with adequate number of Monitors, Ventilators and other required facilities.
 - i. ICU facility with Monitors, Ventilators, Oxygen facility, Suction facility, Defibrillator, and required other facilities & requisite staff.
 - j. Round-the-clock availability of specialists in the concerned specialties having sufficient experience and availability of specialists in support fields with short notice.
 - k. Round-the-clock advanced diagnostic facilities either 'In-House' or with 'Tie-up' with a nearby Diagnostic Centre.
 - l. Round-the-clock Blood Bank facilities either 'In-House' or with 'Tie-up' with a nearby Blood Bank.
 - m. Round-the-clock Physiotherapy centre facilities either 'In-House' or with 'Tie-up' with a nearby Physiotherapy Centre, wherever it is applicable.
 - n. Round-the-clock own Ambulance facilities.
 - o. Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.
 - p. 24 Hrs In-house pharmacy
 - q. Registration with the Income Tax Department.
 - r. NEFT enabled bank account
 - s. Telephone/Fax and Internet Facility
 - t. Safe drinking water facilities.
 - u. Generator facility with required capacity suitable to the bed strength of the hospital should be installed.
 - v. Bio Medical waste management facility available
 - w. Fire Fighting system available.
- 14.7. Apart from other terms and conditions of claim raising and settlement, the claims under SCHIS shall be processed by adhering the procedure as defined under pre-authorisation basis.
- 14.8. All other terms and conditions as applicable for RSBY Beneficiaries will also be applicable for SCHIS Beneficiaries.

Annexure A: Application Form for empanelment of Private Hospital for implementation of RSBY & SCHIS

From

[Name of Hospital]
[Address of Hospital]

Date: [insert date], 2016

To

The Principal Director
Directorate of Health & Family Welfare
Below Nagaland Civil Secretariat Complex,
Ruziezou, Kohima

Sub: Submission of Application for Empanelment under RSBY

Dear Sir,

I, [insert name] designated as [insert title] at [insert location] of [insert name of Hospital] and being the authorized signatory of the Hospital, would like to state that this Hospital is interested to empanel as network hospital **for implementation of RSBY & SCHIS.**

We understand the modalities for implementation of RSBY & SCHIC and certify that our hospital have fulfilled criteria for empanelment and if selected for empanelment in RSBY, we shall put in place the requisite infrastructure (hardware and software) as per requirement before commencement of enrolment in the district.

We hereby undertake and explicitly agree that if our hospital is selected for implementation of RSBY & SCHIS, we shall adhere to and comply with the terms of the Scheme as set out in the RSBY & SCHIS Guideline and the Contract(s).

The following Documents are enclosed as annexure:

- a. Demand Draft No:..... of Rs. 1000.00 (Rupees one thousand only) in favour of SHS-RSBY payable at Kohima.
- b. Details of the Applicant Private Hospital- Annexure B
- c. Self Assessment Report of Hospital including Infrastructure and Services- Annexure C
- d. Photocopy of Certificate of Registration/ Licence under Nagaland Health Care establishment Act, 1997.

Dated this _____ day of __, 2016

[signature]

In the capacity of _____
[position]

Duly authorized to sign this Bid for and on behalf of _
[name of Hospital]

Annexure: B- DETAILS OF THE APPLICANT PRIVATE HOSPITAL

1. Details of the Company	
a. Name:	
b. Address of the corporate headquarters and its branch office head in the State, if any:	
c. Date of incorporation and/or commencement of business:	
2. Details of individual(s) who will serve as the point of contact/communication for the State Nodal Agency:	
a. Name:	
b. Designation:	
c. Company:	
d. Address:	
e. Telephone Number:	
f. E-mail Address:	
g. Fax Number:	
3. Particulars of the Authorised Signatory of the Applicant:	
a. Name:	
b. Designation:	
c. Company:	
d. Address:	
e. Telephone Number:	
f. E-mail Address:	
g. Fax Number:	

Annexure: C- Self Assessment Report of Hospital including Infrastructure and Services-

Criteria	Yes/ No
Basic Requirement	
a. At least 10 functioning inpatient beds	
b. Operational pharmacy	
c. Diagnostic test services	
d. Fully equipped Operating Theatre of their own for those hospital undertaking surgical operations	
e. Fully qualified doctors and nursing staff under its employment round the clock.	
f. Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or their representative/ Government/Nodal Agency as and when required.	
g. Registration with the Income Tax Department.	
h. NEFT enabled bank account	
i. Telephone/Fax	
Speciality Requirement	
a. General Medicine	
b. General Surgery	
c. Obstetrics and Gynecology	
d. Pediatrics	
e. Ophthalmology	
f. ENT	
g. Orthopedic	
Tertiary Care Requirement for SCHIS:	
a. Minimum 50 inpatient medical beds with adequate spacing of 60Sq.feet for each bed and supporting staff as per norms.	
b. At least one in-house surgeon and or in-house physician (MD) shall be available for empanelment of Surgical and Medical packages respectively.	
c. The hospital should have at least minimum of 3 MBBS doctors as duty doctors, for bed strength of 50 and above. The doctors mentioned at (b) above may also act as duty doctors. Round- the-clock, availability of Duty Doctors & Paramedic staff	
d. Round- the-clock, availability of Duty Doctors & Paramedic staff	
e. In-house round-the-clock basic diagnostic facilities for biochemical, pathological and radiology tests such as Calorimeter, Auto analyzer, Microscope, X-ray, E.C.G, USG. etc., round-the-clock lab and imageology support.	
f. Casualty should be equipped with Monitors, Defibrillator, Crash Cart, Resuscitation equipment, Oxygen and Suction facility and with attached toilet facility.	
g. Fully equipped Operation Theatre along with required equipments as mentioned in the specific requirements for each Specialty.	
h. Post-op ward with adequate number of Monitors, Ventilators and other required facilities.	
i. ICU facility with Monitors, Ventilators, Oxygen facility, Suction facility, Defibrillator, and required other facilities & requisite staff.	
j. Round-the-clock availability of specialists in the concerned specialties having sufficient experience and availability of specialists in support fields with short notice.	
k. Round-the-clock advanced diagnostic facilities either 'In-House' or with 'Tie-up' with a nearby Diagnostic Centre.	
l. Round-the-clock Blood Bank facilities either 'In-House' or with 'Tie-up' with a nearby Blood Bank.	
m. Round-the-clock Physiotherapy centre facilities either 'In-House' or with 'Tie-up' with a nearby Physiotherapy Centre, wherever it is applicable.	
n. Round-the-clock own Ambulance facilities.	
o. Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.	
p. 24 Hrs In-house pharmacy	
q. Registration with the Income Tax Department.	
r. NEFT enabled bank account	
s. Telephone/Fax and Internet Facility	
t. Safe drinking water facilities.	
u. Generator facility with required capacity suitable to the bed strength of the hospital should be installed.	
v. Bio Medical waste management facility available	
w. Fire Fighting system available.	

Appendix 1- Exclusions (Medical exclusions in RSBY policy)

The Insurer shall not be liable to make any payment under the Cover in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

1. Exclusions (IPD & Day care procedures)

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- Conditions that do not require hospitalization: Condition that do not require hospitalization and can be treated under Out Patient Care. Outpatient diagnostic, medical and surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered.
- Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.
- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment.
- Congenital external diseases: Congenital external diseases or defects or anomalies (Except as given in Appendix 3), Convalescence, general debility, "run down" condition or rest cure.
- Drug and alcohol Induced illness: Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- Fertility related procedures: Any fertility, sub-fertility or assisted conception procedure, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
- Vaccination: Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
- War, Nuclear invasion: Injury or disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not) or by nuclear weapons / materials.

2. Suicide: Intentional self-injury/suicide

- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic, or similar establishments or as mutually agreed between the State and the insurance agency (ies).

3. Exclusions under maternity benefit clause:

- The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:
- Expenses incurred in connection with voluntary medical termination of pregnancy are not covered except induced by accident or other medical emergency to save the life of mother.
- Normal hospitalisation period is less than 48 hours from the time of delivery operations associated therewith for this benefit.
- Pre-natal expenses under this benefit; however treatment in respect of any complications requiring hospitalization prior to delivery can be taken care under medical procedures.

Appendix 2: List of day care procedures

The Insurance Company shall provide coverage for the day care treatments/ procedures as mentioned below. This is an indicative list and not exhaustive. The SNA and the insurance company shall mutually agree on additional day care treatments/procedures to be included in the list below

- i. Haemodialysis
- ii. Parenteral Chemotherapy
- iii. Radiotherapy
- iv. Eye Surgery
- v. Lithotripsy (kidney stone removal)
- vi. Tonsillectomy
- vii. D&C
- viii. Dental surgery following an accident
- ix. Surgery of hydrocele
- x. Surgery of prostate
- xi. Gastrointestinal surgeries
- xii. Genital surgery
- xiii. Surgery of nose
- xiv. Surgery of throat
- xv. Surgery of ear
- xvi. Surgery of urinary system
- xvii. Treatment of fractures/dislocation (excluding hair line fracture), contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization
- xviii. Laparoscopic therapeutic surgeries that can be done in day care
- xix. Identified surgeries under general anesthesia
- xx. Any disease/procedure mutually agreed upon
- xxi. Screening and follow up care Including medicine cost but without diagnostic tests
- xxii. Screening and follow up care Including medicine cost but with diagnostic tests

Note:

- The cost of serial number xxi above is INR 100 and serial number xxii above is INR 150 per visit
- One visit will be for up to seven consecutive days
- For serial number xxi and xxii the total amount used cannot be more than INR 1,500 per family per year. This will be part of INR 30,000 limit.

Appendix 3 – Provisional/Suggested List for Medical and Surgical Interventions / Procedures in General Ward

These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalization) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.

Medical (Non-surgical) hospitalization procedures means Bacterial meningitis, Bronchitis- Bacterial/Viral, Chicken pox, Dengue fever, Diphtheria, Dysentery, Epilepsy, Filariasis, Food poisoning, Hepatitis, Malaria, Measles, Meningitis, Plague, Pneumonia, Septicemia, Tuberculosis (Extra pulmonary, pulmonary etc.), Tetanus, Typhoid, Viral fever, Urinary tract infection, Lower respiratory tract infection and other such procedures requiring hospitalization etc.

(i) NON SURGICAL(Medical) TREATMENT IN GENERAL WARD	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of INR 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of document.	INR 750 / Per Day
(ii) IF ADMITTED IN ICU:	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital during stay in I.C.U. Details of what all is included is give in Section 5.2 of this document.	INR 1500 /- Per Day
(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE):	
Includes the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of INR 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of this document.	To be negotiated with Insurer before carrying out the procedure
(iv) SURGICAL PROCEDURES IN GENERAL WARD	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of INR 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of this document.	Please refer Package Rates in the following table

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1. Dental				
1	Fistulectomy	FP00100001	1	8500.00
2	Fixation of fracture of jaw	FP00100002	2	10000.00
3	Sequestrectomy	FP00100003	1	9750.00
4	Tumour excision	FP00100004	2	7500.00
5	Apisectomy including LA	FP00100005	D	550.00
6	Complicated Ext. per Tooth including LA	FP00100006	D	300.00
7	Cyst under LA (Large)	FP00100007	D	450.00
8	Cyst under LA (Small)	FP00100008	D	300.00
9	Extraction of tooth including LA	FP00100009	D	100.00

10	Flap operation per Tooth	FP00100010	D	350.00
11	Fracture wiring including LA	FP00100011	D	600.00
12	Gingivectomy per Tooth	FP00100012	D	250.00
13	Impacted Molar including LA	FP00100013	D	550.00
14	Drainage of parotid abscess	FP00100014	2	7000.00
15	Excision of mandible	FP00100015	7	12000.00
16	Repair of parotid duct	FP00100016	7	15000.00
17	Abscess incision	FP00100017	D	250.00
18	All extractions in one Jaw	FP00100018	D	300.00
19	Alveolectomy per tooth	FP00100019	D	250.00
20	Apical Curettage per tooth	FP00100020	D	250.00
21	Condylectomy	FP00100021	D	1500.00
22	Fistula closure	FP00100022	D	350.00
23	Cinivectomy full mouth	FP00100023	2	1500.00
24	Fracture Jaws closed reduction	FP00100024	1	500.00
25	Frenectomy	FP00100025	D	150.00
26	growth removal	FP00100026	3	250.00
27	Osteotomy	FP00100027	D	1000.00
28	Pericoronotomy	FP00100028	D	200.00
29	Pulpotomy	FP00100029	D	250.00
30	Removal of Impaction	FP00100030	D	250.00
31	Segmental resection of jaw	FP00100031	D	1500.00
32	treatment of malocclusion through wiring	FP00100032	D	8000.00
33	treatment Nursing bottle caries (Full mouth)	FP00100033	D	5000.00
34	Complete denture	FP00100034	D	1500.00
35	Removable partial denture	FP00100035	D	150.00
36	Restoration of teeth per tooth	FP00100036	D	200.00
37	treatment of gums through scaling (three sittings)	FP00100037	D	450.00
38	Root canal treatment per tooth	FP00100038	D	500.00
39	Metal crown per cap	FP00100039	D	200.00
40	Ceramic crown per cap	FP00100040	D	600.00
2. Ear				
41	Aural polypectomy	FP00200001	1	10000.00
42	Decompression sac	FP00200002	2	11500.00
43	Fenestration	FP00200003	2	7000.00
44	Labyrinthectomy	FP00200004	2	9000.00
45	Mastoidectomy	FP00200005	2	13000.00
46	Mastoidectomy corticol module radical	FP00200006	3	9000.00
47	Mastoidectomy With Myringoplasty	FP00200007	2	9000.00
48	Mastoidectomy with tympanoplasty	FP00200008	2	10000.00
49	Myringoplasty	FP00200009	2	6000.00
50	Myringoplasty with Ossiculoplasty	FP00200010	2	10500.00
51	Myringotomy - Bilateral	FP00200011	2	4500.00
52	Myringotomy - Unilateral	FP00200012	2	2500.00
53	Myringotomy with Grommet - One ear	FP00200013	2	5000.00
54	Myringotomy with Grommet - Both ear	FP00200014	2	6500.00
55	Ossiculoplasty	FP00200015	2	7500.00

56	Partial amputation - Pinna	FP00200016	1	4050.00
57	Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus	FP00200017	3	8500.00
58	Excision of Pinna for Growths (Squamous/Basal) Injuries Total Amputation	FP00200024	2	5100.00
59	Stapedectomy	FP00200018	2	8000.00
60	Tympanoplasty	FP00200019	5	11000.00
61	Vidian neurectomy - Micro	FP00200020	3	7000.00
62	Ear lobe repair - single	FP00200021	D	1000.00
63	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	FP00200022	D	3000.00
64	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	FP00200023	D	2000.00
65	Pharyngectomy and reconstruction	FP00200025	2	12000.00
66	Skull base surgery	FP00200026	3	29000.00
67	Total Amputation & Excision of External Auditory Meatus	FP00200027	2	6000.00
68	Total amputation of Pinna	FP00200028	2	3000.00
69	Tympanotomy	FP00200029	2	3000.00
70	Removal of foreign body from ear	FP00200030		800.00
71	Tympanoplasty+ Mastoidectomy	FP00200031	3	9100.00
72	Tympanoplasty+ Mastoidectomy corticol module radical	FP00200032	3	10750.00
73	Aural polypectomy + Mastoidectomy with tympanoplasty	FP00200033	3	12500.00
74	Mastoidectomy corticol module radical+Myringoplasty	FP00200034	3	11750.00
75	Tympanoplasty+ Myringoplasty	FP00200035	3	9100.00
76	Mastoidectomy +Myringoplasty with ossiculoplasty	FP00200036	3	10500.00
77	Mastoidectomy corticol module radical+Myringoplasty with ossiculoplasty	FP00200037	3	14500.00
78	Mastoidectomy corticol module radical+Ossiculoplasty	FP00200038	3	12600.00
79	Tympanoplasty+ Ossiculoplasty	FP00200039	3	10150.00
80	Aural polypectomy +Tympanoplasty	FP00200040	3	11900.00
3. Nose				
81	Ant. Ethmoidal artery ligation	FP00300001	3	12360.00
82	Antrostomy – Bilateral	FP00300002	3	6500.00
83	Antrostomy – Unilateral	FP00300003	3	4500.00
84	Caldwell - luc – Bilateral	FP00300004	2	8000.00
85	Caldwell - luc - Unilateral	FP00300005	2	4600.00
86	Cryosurgery	FP00300006	2	7200.00
87	Rhinorrhoea - Repair	FP00300007	1	5200.00
88	Dacryocystorhinostomy (DCR)	FP00300008	1	9300.00
89	Septoplasty + FESS	FP00300009	2	10500.00
90	Ethmoidectomy - External	FP00300010	2	9200.00
91	Fracture reduction nose with septal correction	FP00300011	1	6700.00
92	Fracture - setting maxilla	FP00300012	2	8750.00
93	Fracture - setting nasal bone	FP00300013	1	4200.00
94	Functional Endoscopic Sinus (FESS)	FP00300014	1	9200.00
95	Intra Nasal Ethmoidectomy	FP00300015	2	12600.00
96	Rhinotomy - Lateral	FP00300016	2	10900.00
97	Nasal polypectomy - Bilateral	FP00300017	1	7700.00
98	Nasal polypectomy - Unilateral	FP00300018	1	5400.00

99	Turbinectomy Partial - Bilateral	FP00300019	3	7200.00
100	Turbinectomy Partial - Unilateral	FP00300020	3	4600.00
101	Radical fronto ethmo sphenodectomy	FP00300021	5	15500.00
102	Rhinoplasty	FP00300022	3	14500.00
103	Septoplasty	FP00300023	2	8500.00
104	Sinus Antroscopy	FP00300024	1	4600.00
105	Submucos resection	FP00300025	1	7500.00
106	Trans Antral Ethmoidectomy	FP00300026	2	10800.00
107	Youngs operation	FP00300027	2	5600.00
108	Angiofibrom Excision	FP00300028	3	14500.00
109	cranio-facial resection	FP00300029	2	11800.00
110	Endoscopic DCR	FP00300030	1	5600.00
111	Endoscopic Hypophysectomy	FP00300031	2	16500.00
112	Endoscopic surgery	FP00300032	1	6300.00
113	Intranasal Diathermy	FP00300033	1	1800.00
114	Lateral Rhinotomy	FP00300034	1	1130.00
115	Rhinoporosis	FP00300035	5	14500.00
116	Septo-rhinoplasty	FP00300036	2	6600.00
117	Removal of FB from nose	FP00300037	D	900.00
118	Adeno tonsillectomy + Aural polypectomy	FP00300038	D	11000.00
119	Septoplasty + Functional Endoscopic Sinus (FESS)	FP00300039	D	13500.00
120	Ant. Ethmoidal artery ligation+ Intra nasal Ethmoidectomy	FP00300040	2	14500.00
121	Ant. Ethmoidal artery ligation+Nasal polypectomy - Bilateral	FP00300041	3	13750.00
122	Functional Endoscopic Sinus (FESS) + Nasal polypectomy - Unilateral	FP00300042	3	10250.00
123	Ant. Ethmoidal artery ligation+ Rhinoplasty	FP00300043	5	16500.00
124	Antrostomy – Bilateral+ Septoplasty	FP00300044	3	8050.00
125	Ant. Ethmoidal artery ligation+Functional Endoscopic Sinus (FESS)	FP00300045	3	14500.00
4. Throat				
126	Adeno Tonsillectomy	FP00400001	1	6000.00
127	Adenoidectomy	FP00400002	1	4000.00
128	Arytenoidectomy	FP00400003	2	15000.00
129	Choanal atresia	FP00400004	2	10000.00
130	Tonsillectomy + Myrinogotomy	FP00400005	3	10000.00
131	Pharyngeal diverticulum's – Excision	FP00400006	2	12000.00
132	Laryngectomy	FP00400007	2	15750.00
133	Laryngofissure	FP00400012	2	3500.00
134	Laryngopharyngectomy	FP00400019	2	13500.00
135	Maxilla – Excision	FP00400008	2	10000.00
136	Oro Antral fistula	FP00400009	2	10000.00
137	Parapharyngeal – Exploration	FP00400010	2	10000.00
138	Parapharyngeal Abscess – Drainage	FP00400011	2	15000.00
139	peritonsillar abscess under LA	FP00400025	D	1500.00
140	Excision of Pharyngeal Diverticulum	FP00400028		9500.00
141	Pharyngoplasty	FP00400013	2	11000.00
142	Release of Tongue tie	FP00400014	1	2500.00
143	Retro pharyngeal abscess – Drainage	FP00400015	D	4000.00

144	Styloidectomy - Both side	FP00400016	3	7500.00
145	Styloidectomy - One side	FP00400017	3	10000.00
146	Tonsillectomy + Styloidectomy	FP00400018	2	12500.00
147	Thyroglossal Fistula – Excision	FP00400020	3	9000.00
148	Tonsillectomy – Bilateral	FP00400021	1	7000.00
149	Tonsillectomy – Unilateral	FP00400022	1	5500.00
150	Total Parotidectomy	FP00400023	2	15000.00
151	Uvulopharyngo Plasty	FP00400024	2	11000.00
152	Cleft palate repair	FP00400026	2	8000.00
153	Commondo Operation (glossectomy)	FP00400027	5	14000.00
154	Excision of Branchial Cyst	FP00400029	5	7000.00
155	Excision of Branchial Sinus	FP00400030	5	5500.00
156	Excision of Cystic Hygroma Extensive	FP00400031	5	7500.00
157	Excision of Cystic Hygroma Major	FP00400032	5	4500.00
158	Excision of Cystic Hygroma Minor	FP00400033	3	3000.00
159	Excision of the Mandible Segmental	FP00400034	5	3000.00
160	Hemiglossectomy	FP00400036	5	4500.00
161	Hemimandibulectomy	FP00400037	5	11000.00
162	Palatopharyngoplasty	FP00400038	2	14000.00
163	Parotidectomy – Conservative	FP00400039	5	7000.00
164	Parotidectomy - Radical Total	FP00400040	5	15000.00
165	Parotidectomy – Superficial	FP00400041	5	9500.00
166	Partial Glossectomy	FP00400042	5	3500.00
167	Ranula excision	FP00400043	3	4000.00
168	Removal of Submandibular Salivary gland	FP00400044	5	5500.00
169	Total Glossectomy	FP00400046	5	14000.00
170	Cheek Advancement	FP00400047	5	9000.00
171	Adeno tonsillectomy+Aural polypectomy	FP00400035	5	13500.00
172	Adenoidectomy+Aural polypectomy	FP00400045	4	13500.00
173	Adeno tonsillectomy+choanal atresia	FP00400048	5	13000.00
174	Appendicectomy + Cholecystectomy	FP00400049	7	14500.00
175	Adenolysis + Cholecystectomy	FP00400050	7	22000.00
176	Adeno tonsillectomy+Nasal polypectomy – Bilateral	FP00400051	5	9450.00
177	Adenoidectomy+Tonsillectomy – Bilateral	FP00400052	5	8250.00
178	Adenoidectomy+ Tonsillectomy + Myrinogotomy	FP00400053	5	9800.00
179	polyp removal under LA	FP00400054	1	1250.00
5. General Surgery				
180	Abdomino Perineal Resection	FP00500001	3	17500.00
181	Adventitious Burse – Excision	FP00500002	3	8750.00
182	Anterior Resection for CA	FP00500003	5	10000.00
183	Appendicectomy	FP00500004	2	6000.00
184	Appendicular Abscess – Drainage	FP00500005	2	7000.00
185	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	FP00500006	3	17000.00
186	Bakers Cyst – Excision	FP00500008	3	5000.00
187	Bilateral Inguinal block dissection	FP00500009	3	13000.00
188	Bleeding Ulcer - Gastrectomy & vagotomy	FP00500010	5	17000.00
189	Bleeding Ulcer - Partial Gastrectomy	FP00500011	5	15000.00

190	Block dissection Cervical Nodes	FP00500012	3	15750.00
191	Branchial Fistula	FP00500013	3	13000.00
192	Breast Lump - Left – Excision	FP00500015	2	5000.00
193	Breast Lump - Right – Excision	FP00500016	2	5000.00
194	Bronchial Cyst	FP00500018	3	5000.00
195	Bursa – Excision	FP00500019	3	7000.00
196	Bypass - Inoprablaca of Pancreas	FP00500020	5	20400.00
197	Caecopexy	FP00500021	3	13000.00
198	Carbuncle back	FP00500022	1	3500.00
199	Cavernostomy	FP00500023	5	13000.00
200	Cervial Lymphnodes – Excision	FP00500024	2	2500.00
201	Colocystoplasty	FP00500027	5	15000.00
202	Colostomy	FP00500028	5	12500.00
203	Cyst over Scrotum – Excision	FP00500031	1	4000.00
204	Cystic Mass – Excision	FP00500032	1	2000.00
205	Dermoid Cyst - Large – Excision	FP00500033	D	2500.00
206	Dermoid Cyst - Small – Excision	FP00500034	D	1500.00
207	Distal Pancreatectomy with Pancreatico Jejunostomy	FP00500035	7	17000.00
208	Diverticulectomy	FP00500036	3	15000.00
209	Dorsal Slit and Reduction of Paraphimosis	FP00500037	D	1500.00
210	Drainage of Ischio Rectal Abscess	FP00500038	1	4000.00
211	Incision and Drainage of large Abscess	FP00500039	D	1500.00
212	Drainage of Peripherally Gastric Abscess	FP00500040	3	8000.00
213	Drainage of Psoas Abscess	FP00500041	2	6000.00
214	Drainage of Subdiaphragmatic Abscess	FP00500042	3	8000.00
215	Drainage Pericardial Effusion	FP00500043	7	11000.00
216	Duodenal Diverticulum	FP00500044	5	15000.00
217	Duodenal Jejunostomy	FP00500045	5	15000.00
218	Duodenectomy	FP00500046	7	20000.00
219	Dupcryn's (duputryn's contracture]	FP00500047	7	13000.00
220	Duplication of Intestine	FP00500048	8	17000.00
221	Hydrocelectomy + Orchidectomy	FP00500049	2	7000.00
222	Epididectomy	FP00500050	3	8000.00
223	Epididymal Swelling –Excision	FP00500051	2	5500.00
224	Epidymal Cyst	FP00500052	D	3000.00
225	Evacuation of Scrotal Hematoma	FP00500053	2	5000.00
226	Excision Benign Tumor -Small intestine	FP00500054	5	15000.00
227	Excision Bronchial Sinus	FP00500055	D	8000.00
228	Excision and drainage of liver Abscess	FP00500056	3	13000.00
229	Excision Filarial Scrotum	FP00500057	3	8750.00
230	Excision Mammary Fistula	FP00500058	2	5500.00
231	Excision Meckel's Diverticulum	FP00500059	3	15000.00
232	Excision Pilonidal Sinus	FP00500060	2	8250.00
233	Excision Small Intestinal Fistulla	FP00500061	5	12000.00
234	Excision of Large Growth from Tongue	FP00500063	3	5000.00
235	Excision of Small Growth from Tongue	FP00500064	D	1500.00
236	Excision of Swelling in Right Cervial Region	FP00500065	1	4000.00

237	Excision of Large Swelling in Hand	FP00500066	D	2500.00
238	Excision of Small Swelling in Hand	FP00500067	D	1500.00
239	Excision of Neurofibroma	FP00500068	3	7000.00
240	Excision of Siniuds and Curetage	FP00500069	2	7000.00
241	Facial Decompression	FP00500070	5	15000.00
242	Fibro Lipoma of Right Sided Spermatic with Lord Excision	FP00500071	1	2500.00
243	Fibroadenoma – Bilateral	FP00500072	2	7500.00
244	Fibroadenoma – Unilateral	FP00500073	2	6500.00
245	Fibroma – Excision	FP00500074	2	7000.00
246	Fissurectomy	FP00500075	2	7000.00
247	Fissurectomy and Haemorrhoidectomy	FP00500076	2	11250.00
248	Fissurectomy with Eversion of Sac - Bilateral	FP00500077	2	8750.00
249	Fissurectomy with Sphincterotomy	FP00500078	2	9000.00
250	Fistula Repair	FP00500079	2	5000.00
251	Foreign Body Removal in Deep Region	FP00500081	2	3000.00
252	Fulguration	FP00500082	2	5000.00
253	Fundoplication	FP00500083	3	15750.00
254	G J Vagotomy	FP00500084	5	15000.00
255	Vagotomy	FP00500085	3	12000.00
256	Ganglion - large – Excision	FP00500086	1	3000.00
257	Ganglion (Dorsum of Both Wrist) - Excision	FP00500087	1	4000.00
258	Ganglion - Small – Excision	FP00500088	D	1000.00
259	Gastro jejunal ulcer	FP00500089	5	10000.00
260	Gastro jejuno Colic Fistula	FP00500090	5	12500.00
261	Gastrojejunostomy	FP00500091	5	15000.00
262	Gastrotomy	FP00500092	7	15000.00
263	Graham's Operation	FP00500093	5	12500.00
264	Granuloma – Excision	FP00500094	1	4000.00
265	Growth – Excision	FP00500095	D	1800.00
266	Haemangioma – Excision	FP00500096	3	7000.00
267	Haemorrhage of Small Intestine	FP00500097	3	15000.00
268	Hemi Glossectomy	FP00500098	3	10000.00
269	Hemithyoplasty	FP00500101	3	12000.00
270	Hepatic Resection (lobectomy)	FP00500102	7	15000.00
271	Hernia – Epigastric	FP00500103	3	10000.00
272	Hernia – Incisional	FP00500104	3	12250.00
273	Hernia - Repair & release of obstruction	FP00500105	3	10000.00
274	Hernia - Umbilical	FP00500106	3	8450.00
275	Hernia - Ventral - Lipectomy/Incisional	FP00500107	3	10500.00
276	Hernia - Femoral	FP00500108	3	7000.00
277	Hernioplasty	FP00500109	3	7000.00
278	Herniorraphy and Hydrocelectomy Sac Excision	FP00500110	3	10500.00
279	Hernia - Hiatus - abdominal	FP00500111	5	14500.00
280	Hydatid Cyst of Liver	FP00500112	3	10000.00
281	Nodular Cyst	FP00500113	D	3000.00
282	Hydrocelectomy+Hernioplasty - Excision	FP00500115	3	9000.00
283	Hydrocele - Excision - Unilateral	FP00500116	2	3750.00

284	Hydrocele - Excision - Bilateral	FP00500117	2	5000.00
285	Ileio Sigmoidostomy	FP00500118	5	13000.00
286	Infected Bunion Foot - Excision	FP00500119	1	4000.00
287	Inguinal Node (bulk dissection) axial	FP00500120	2	10000.00
288	Intestinal perforation	FP00500121	6	9000.00
289	Intestinal Obstruction	FP00500122	6	9000.00
290	Intussusception	FP00500123	7	12500.00
291	Jejunostomy	FP00500124	6	10000.00
292	Closure of Perforation	FP00500125	5	9000.00
293	Cysto Reductive Surgery	FP00500126	3	7000.00
294	Gastric Perforation	FP00500127	6	12500.00
295	Intestinal Perforation (Resection Anastomosis)	FP00500128	5	11250.00
296	Appendicular Perforation	FP00500129	5	9500.00
297	Burst Abdomen Obstruction	FP00500130	7	11000.00
298	Closure of Hollow Viscus Perforation	FP00500131	5	13500.00
299	Laryngectomy & Pharyngeal Diverticulum (Throat)	FP00500132	3	10000.00
300	Anorectoplasty	FP00500133	2	14000.00
301	Laryngectomy with Block Dissection (Throat)	FP00500134	3	12000.00
302	Laryngo Fissure (Throat)	FP00500135	3	12500.00
303	Laryngopharyngectomy (Throat)	FP00500136	3	12000.00
304	Ileostomy	FP00500137	7	17500.00
305	Lipoma	FP00500138	D	2000.00
306	Loop Colostomy Sigmoid	FP00500139	5	12000.00
307	Lords Procedure (haemorrhoids)	FP00500140	2	5000.00
308	Lumpectomy - Excision	FP00500141	2	7000.00
309	Mastectomy	FP00500142	2	9000.00
310	Mesenteric Cyst - Excision	FP00500143	3	9000.00
311	Mesenteric Caval Anastomosis	FP00500144	5	10000.00
312	Microlaryngoscopic Surgery	FP00500145	3	12500.00
313	Oeshophagoscopy for foreign body removal	FP00500146	D	6000.00
314	Oesophagectomy	FP00500147	5	14000.00
315	Oesophagus Portal Hypertension	FP00500148	5	18000.00
316	Pelvic Abscess - Open Drainage	FP00500149	5	8000.00
317	Orchidectomy	FP00500150	2	5500.00
318	Orchidectomy + Herniorraphy	FP00500151	3	7000.00
319	Orchidopexy	FP00500152	5	6000.00
320	Orchidopexy with Circumsion	FP00500153	5	9750.00
321	Orchidopexy With Eversion of Sac	FP00500154	5	8750.00
322	Orchidopexy with Herniotomy	FP00500155	5	14875.00
323	Pancreatrico Deodeneotomy	FP00500157	6	13750.00
324	Papilloma Rectum - Excision	FP00500158	2	3500.00
325	Haemorroidectomy+ Fistulectomy	FP00500159	2	7000.00
326	Phyomatous Growth in the Scalp - Excision	FP00500160	1	3125.00
327	Porto Caval Anastomosis	FP00500161	5	12000.00
328	Pyeloplasty	FP00500162	5	11000.00
329	Radical Mastectomy	FP00500163	2	12500.00
330	Radical Neck Dissection - Excision	FP00500164	6	18750.00

331	Hernia - Spigelian	FP00500165	3	12250.00
332	Rectal Dilation	FP00500166	1	4500.00
333	Prolapse of Rectal Mass - Excision	FP00500167	2	8000.00
334	Rectopexy	FP00500169	3	10000.00
335	Repair of Common Bile Duct	FP00500170	3	12500.00
336	Resection Anastomosis (Large Intestine)	FP00500171	8	15000.00
337	Resection Anastomosis (Small Intestine)	FP00500172	8	15000.00
338	Retroperitoneal Tumor - Excision	FP00500173	5	15750.00
339	Haemorrhoidectomy	FP00500174	2	5000.00
340	Salivary Gland - Excision	FP00500175	3	7000.00
341	Sebaceous Cyst - Excision	FP00500176	D	1200.00
342	Segmental Resection of Breast	FP00500177	2	10000.00
343	Scrotal Swelling (Multiple) - Excision	FP00500178	2	5500.00
344	Sigmoid Diverticulum	FP00500179	7	15000.00
345	Simple closure - Peptic perforation	FP00500180	6	11000.00
346	Sinus - Excision	FP00500181	2	5000.00
347	Soft Tissue Tumor - Excision	FP00500182	3	4000.00
348	Spindle Cell Tumor - Excision	FP00500183	3	7000.00
349	Splenectomy	FP00500184	10	23000.00
350	Submandibular Lymphs - Excision	FP00500185	2	4500.00
351	Submandibular Mass Excision + Reconstruction	FP00500186	5	15000.00
352	Superficial Parodectomy	FP00500188	5	10000.00
353	Swelling in Rt and Lt Foot - Excision	FP00500189	1	2400.00
354	Swelling Over Scapular Region	FP00500190	1	4000.00
355	Terminal Colostomy	FP00500191	5	12000.00
356	Thyroplasty	FP00500192	5	11000.00
357	Coloectomy - Total	FP00500193	6	15000.00
358	Cystectomy - Total	FP00500194	6	10000.00
359	Pharyngectomy & Reconstruction - Total	FP00500196	6	13000.00
360	Tracheal Stenosis (End to end Anastomosis) (Throat)	FP00500197	6	15000.00
361	Tracheoplasty (Throat)	FP00500198	6	15000.00
362	Tranverse Colostomy	FP00500199	5	12500.00
363	Umbilical Sinus - Excision	FP00500200	2	5000.00
364	Vagotomy & Drainage	FP00500201	5	15000.00
365	Vagotomy & Pyloroplasty	FP00500202	6	15000.00
366	Varicose Veins - Excision and Ligation	FP00500203	3	7000.00
367	Vasco Vasostomy	FP00500204	3	11000.00
368	Volvlous of Large Bowel	FP00500205	4	15000.00
369	Warren's Shunt	FP00500206	6	15000.00
370	Abbe Operation	FP00500207	3	7500.00
371	Aneurysm not Requiring Bypass Techniques	FP00500208	5	28000.00
372	Aneurysm Resection & Grafting	FP00500209	D	29000.00
373	Aorta-Femoral Bypass	FP00500210	D	25000.00
374	Arterial Embolectomy	FP00500211	D	20000.00
375	Aspiration of Empyema	FP00500212	3	1500.00
376	Benign Tumour of intestine Excisions	FP00500213	3	8500.00
377	Carotid artery aneurism	FP00500214	7	28000.00

378	Carotid Body Excision	FP00500215	6	14500.00
379	Cholecystectomy & Exploration of CBD	FP00500216	7	11500.00
380	Cholecystostomy	FP00500217	7	9000.00
381	Congenital Arteriovenous Fistula	FP00500218	D	21000.00
382	Decortication (Pleurectomy)	FP00500219	D	16500.00
383	Diagnostic Laproscopy	FP00500220	D	4000.00
384	Dissecting Aneurysms	FP00500221	D	28000.00
385	Distal Abdominal Aorta	FP00500222	D	22500.00
386	Dressing under GA	FP00500223	D	1500.00
387	Estlander Operation	FP00500224	3	6500.00
388	Examination under Anaesthesia	FP00500225	1	1500.00
389	Excision and Skin Graft of Venous Ulcer	FP00500226	D	10500.00
390	Excision of Corns	FP00500227	D	250.00
391	Excision of MoHFWs	FP00500229	D	300.00
392	Excision of Molluscumcontagiosum	FP00500230	D	350.00
393	Excision of Parathyroid Adenoma/Carcinoma	FP00500231	5	13500.00
394	Excision of Sebaceous Cysts	FP00500232	D	1200.00
395	Excision of Superficial Lipoma	FP00500233	D	1500.00
396	Excision of Superficial Neurofibroma	FP00500234	D	300.00
397	Excision of Thyroglossal Cyst/Fistula	FP00500235	3	7000.00
398	Femoropopliteal by pass procedure	FP00500238	7	23500.00
399	Flap Reconstructive Surgery	FP00500239	D	22500.00
400	Free Grafts - Large Area 10%	FP00500240	D	5000.00
401	Free Grafts - Theirech- Small Area 5%	FP00500241	D	4000.00
402	Free Grafts - Very Large Area 20%	FP00500242	D	7500.00
403	Free Grafts - Wolfe Grafts	FP00500243	10	8000.00
404	Haemorrhoid – injection	FP00500244	D	500.00
405	Hemithyroidectomy	FP00500245	D	8000.00
406	Intrathoracic Aneurysm -Aneurysm not Requiring Bypass Techniques	FP00500246	7	16440.00
407	Intrathoracic Aneurysm -Requiring Bypass Techniques	FP00500247	7	17460.00
408	Isthmectomy	FP00500248	5	7000.00
409	Laposcopic Hernia Repair	FP00500249	3	13000.00
410	Lap. Assisted left Hemicolectomy	FP00500250	5	17000.00
411	Lap. Assisted Right Hemicolectomy	FP00500251	3	17000.00
412	Lap. Assisted small bowel resection	FP00500252	3	14000.00
413	Lap. Assisted Total Colectomy	FP00500253	5	19500.00
414	Lap. Cholecystectomy & CBD exploration	FP00500254	5	15000.00
415	Lap. For intestinal obstruction	FP00500255	5	14000.00
416	Lap. Hepatic resection	FP00500256	5	17300.00
417	Lap. Hydatid of liver surgery	FP00500257	5	15200.00
418	Laposcopic Adhesiolysis	FP00500258	5	11000.00
419	Laposcopic Adrenalectomy	FP00500259	5	12000.00
420	Laposcopic Appendicectomy	FP00500260	3	9500.00
421	Laposcopic Cholecystectomy	FP00500261	5	12000.00
422	Laposcopic Coliatomus	FP00500262	5	17000.00
423	Laposcopic cystogastrostomy	FP00500263	5	15000.00
424	Laposcopic donor Nephroctomy	FP00500264	5	15000.00

425	Laposcopic Gastrostomy	FP00500266	5	10500.00
426	Laposcopic Hiatus Hernia Repair	FP00500267	5	17000.00
427	Laposcopic Pyelolithotomy	FP00500268	5	15000.00
428	Laposcopic Pyloromyotomy	FP00500269	5	12500.00
429	Laposcopic Rectopexy	FP00500270	5	15000.00
430	Laposcopic Splenectomy	FP00500271	5	12000.00
431	Laposcopic Thyroidectomy	FP00500272	5	12000.00
432	Laposcopic umbilical hernia repair	FP00500273	5	14000.00
433	Laposcopic ureterolithotomy	FP00500274	5	14000.00
434	Laposcopic ventral hernia repair	FP00500275	5	14000.00
435	Laprotomy-peritonitis lavage and drainage	FP00500276	7	7000.00
436	Ligation of Ankle Perforators	FP00500277	3	10500.00
437	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	FP00500278	3	8000.00
438	Repair of Main Arteries of the Limbs	FP00500279	5	28000.00
439	Mediastinal Tumour	FP00500280	D	23000.00
440	Oesophagectomy for Carcinoma Easophagus	FP00500281	7	20000.00
441	Operation for Bleeding Peptic Ulcer	FP00500282	5	14000.00
442	Operation for Carcinoma Lip - Vermilionectomy	FP00500283	7	7200.00
443	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	FP00500284	7	8250.00
444	Operation for Carcinoma Lip - Wedge-Excision	FP00500285	7	7750.00
445	Appendicectomy - Appendicular Abscess – Drainage	FP005000007	5	9500.00
446	Caecostomy	FP00500014	5	6500.00
447	Closure of Colostomy	FP00500017	5	12500.00
448	Coccygeal Teratoma Excision	FP00500025		15300.00
449	Colostomy - Loop Colostomy Transverse Sigmoid	FP00500026		11900.00
450	Congenital Atresia & Stenosis of Small Intestine	FP00500029		15500.00
451	Cystojejunostomy/or Cystogastrostomy	FP00500030		17500.00
452	Direct Operation on Oesophagus for Portal Hypertension	FP00500062		19890.00
453	Drainage of perinephric abscess	FP00500080	5	8500.00
454	drainage of perivertibral abscess	FP00500099	5	7000.00
455	Excision and removal of superficial cysts	FP00500100	D	750.00
456	Excision I/D Injection keloid or Acne (per site)	FP00500114	D	250.00
457	Foreign Body Removal in Superficial	FP00500156	D	850.00
458	Gastrojejunostomy and vagotomy	FP00500168		15500.00
459	hernia -hiatus-Transthoracic	FP00500187	5	15500.00
460	Incision and Drainage of small abscess	FP00500228	D	750.00
461	Intercostal drainage	FP00500265	3	1500.00
462	operation for carcinoma lip- cheek advancement	FP00500283	7	9250.00
463	Thymectomy	FP00500335		23000.00
464	Operation for Gastrojejunal Ulcer	FP00500286	5	13000.00
465	Operation of Choledochal Cyst	FP00500287	7	12500.00
466	Operations for Acquired Arteriovenous Fistula	FP00500288	7	19500.00
467	Operations for Replacement of Oesophagus by Colon	FP00500289	7	21000.00
468	Operations for Stenosis of Renal Arteries	FP00500290	7	24000.00
469	Parapharyngeal Tumour Excision	FP00500292	7	11000.00
470	Partial Pericardectomy	FP00500293	8	14500.00
471	Partial Thyroidectomy	FP00500294	7	8000.00

472	Partial/Subtotal Gastrectomy for Carcinoma	FP00500295	7	15500.00
473	Partial/Subtotal Gastrectomy for Ulcer	FP00500296	7	15500.00
474	Patch Graft Angioplasty	FP00500297	8	17000.00
475	Pericardiostomy	FP00500298	10	25000.00
476	Peritoneal dialysis	FP00500299	1	1500.00
477	Phimosis Under LA	FP00500300	D	1000.00
478	Pneumonectomy	FP00500301	8	20000.00
479	Portocaval Anastomosis	FP00500302	9	22000.00
480	Removal of Foreign Body from Trachea or Oesophagus	FP00500303	1	2500.00
481	Removal Tumours of Chest Wall	FP00500304	8	12500.00
482	Renal Artery aneurysm and dissection	FP00500305	8	28000.00
483	Procedures Requiring Bypass Techniques	FP00500306	8	28000.00
484	Resection Enucleation of Adenoma	FP00500307	7	7500.00
485	Rib Resection & Drainage	FP00500308	5	7500.00
486	Skin Flaps - Rotation Flaps	FP00500309	3	5000.00
487	Soft Tissue Sarcoma	FP00500310	5	12500.00
488	Splenectomy - For Hypersplenism	FP00500311	8	18000.00
489	Splenectomy - For Trauma	FP00500312	8	18000.00
490	Splenorenal Anastomosis	FP00500313	8	20000.00
491	Superficial Veriscosity	FP00500314	3	2500.00
492	Surgery for Arterial Aneurysm Carotid	FP00500315	8	15000.00
493	Surgery for Arterial Aneurysm Renal Artery	FP00500316	6	15000.00
494	Surgery for Arterial Aneurysm Spleen Artery	FP00500317	7	15000.00
495	Surgery for Arterial Aneurysm -Vertebral	FP00500318	7	20520.00
496	Suturing of wounds with local anaesthesia	FP00500319	D	200.00
497	Suturing without local anaesthesia	FP00500320	D	100.00
498	Sympathetectomy – Cervical	FP00500321	5	2500.00
499	Sympathetectomy – Lumbar	FP00500322	5	11500.00
500	Temporal Bone resection	FP00500323	5	11500.00
501	Temporary Pacemaker Implantation	FP00500324	5	10000.00
502	Thorachostomy	FP00500325	5	7500.00
503	Thoracocentesis	FP00500326	5	1200.00
504	Thoracoplasty	FP00500327	7	20500.00
505	Thoracoscopic Decortication	FP00500328	7	19500.00
506	Thoracoscopic Hydatid Cyst excision	FP00500329	7	16500.00
507	Thoracoscopic Lebectomy	FP00500330	7	19500.00
508	Thoracoscopic Pneumonectomy	FP00500331	7	22500.00
509	Thoracoscopic Segmental Resection	FP00500332	7	18500.00
510	Thoracoscopic Sympathectomy	FP00500333	7	16500.00
511	Thrombendarterectomy	FP00500334	7	23500.00
512	Thorax (penetrating wounds)	FP00500336	7	10000.00
513	Total Laryngectomy	FP00500337	7	17500.00
514	Total Thyroidectomy and Block Dissection	FP00500339	10	16500.00
515	Trendelenburg Operation	FP00500340	5	10500.00
516	Urethral Dilatation	FP00500341	D	500.00
517	Vagotomy Pyloroplasty / Gastro Jejunostomy	FP00500342	6	11000.00
518	Varicose veins – injection	FP00500343	D	500.00

519	Vasectomy	FP00500344	D	1500.00
520	Subtotal Thyroidectomy (Toxic Goitre)	FP00500345	5	12000.00
521	Debridement of Ulcer-Leprosy	FP00500324	7	9000.00
522	Tissue Reconstruction Flap Leprosy	FP00500335	10	22000.00
523	Tendon Transfer-Leprosy	FP00500338	10	22000.00
524	Excision of Veneral Warts	FP00500346	D	250.00
525	Excision of Warts	FP00500347	d	350.00
526	Chemical Cautery Wart excision (per sitting)	FP00500348	d	100.00
527	Adhenolysis + Appendicectomy	FP00500349	5	17500.00
528	Haemorrhoidectomy + Fistulectomy	FP00500350	5	12000.00
529	cleft lip	FP00500291	2	2500.00
530	cleft lip and palate	FP00500351	5	10000.00
531	Hernia - Repair & release of obstruction+Hydrocele - Excision – Bilateral	FP00500352	5	10500.00
532	Hernia - Repair & release of obstruction+Hydrocele - Excision - Unilateral	FP00500353	5	9750.00
533	Hernia - Repair & release of obstruction+ Hernioplasty	FP00500354	5	11900.00
534	Hydrocele - Excision - Bilateral + Hernioplasty	FP00500355	3	8500.00
535	Hydrocele - Excision - Unilateral + Hernioplasty	FP00500356	3	8250.00
536	Hydrocele - Excision - Bilateral + Cyst over Scrotum - Excision	FP00500357	3	7250.00
537	Hydrocele - Excision - unilateral + Cyst over Scrotum - Excision	FP00500358	3	6500.00
538	Appendicular Perforation +Hysterectomy - abdominal*	FP00500359	7	14500.00
539	Caecopexy+Hysterectomy - abdominal*	FP00500360	5	16500.00
540	Cholecystectomy + Hysterectomy - abdominal*	FP00500361	7	16500.00
541	Cholecystectomy & exploration +Hysterectomy - abdominal*	FP00500362	7	16500.00
542	Cystocele - Anterior repair+ Hysterectomy - abdominal*	FP00500363	5	1500.00
543	Fissurectomy and Haemorrhoidectomy+ Hysterectomy - Abdominal*	FP00500364	5	15250.00
544	Hysterectomy with bilateral salpingo operectomy+Adhenolysis*	FP00500365	7	20450.00
545	Hysterectomy with bilateral salpingo operectomy+Appendicectomy*	FP00500366	5	12250.00
546	Skin Grafting + Fasciotomy	FP00500367	7	13650.00
547	Hernioplasty + Orchidectomy	FP00500368	5	8750.00
548	Appendicectomy + Ovarian Cystectomy	FP00500369	5	10150.00
549	Appendicular Perforation +Ovarian Cystectomy	FP00500370	5	13500.00
550	Fissurectomy and Haemorrhoidectomy+ Rectal Dilation	FP00500371	3	9500.00
551	Rectal Dilation + Rectal Polyp	FP00500372	3	5750.00
552	Cholecystectomy & exploration + Repair of Common Bile Duct	FP00500373	7	17750.00
553	Cholecystectomy + Caecopexy	FP00500374	7	18000.00
554	Cholecystectomy & exploration + Adhenolysis	FP00500375	7	23650.00
555	Fissurectomy +Fistulectomy	FP00500376	5	12500.00
556	Removal of foreign body (from skin/muscle)	FP00500377	D	450.00
557	Aspiration of cold Abscess of Lymphnode	FP00500378	D	2040.00
558	Aspiration of Empyema	FP00500379	D	1700.00
559	Injury of Superficial Soft Tissues - Debridement of wounds	FP00500380	D	850.00
560	Injury of Superficial Soft Tissues - Delayed primary suture	FP00500381	D	1250.00
561	Injury of Superficial Soft Tissues - Secondary suture of wounds	FP00500382	D	850.00
6. Obstetrics and Gynaecology				
562	Abdominal open for stress incision	FP00600001	5	13000.00

563	Bartholin abscess I & D	FP00600002	D	2200.00
564	Bartholin cyst removal	FP00600003	D	2200.00
565	Cervical Polypectomy	FP00600004	1	3500.00
566	Cyst – Labial	FP00600005	D	2000.00
567	Cyst -Vaginal Enucleation	FP00600006	D	2100.00
568	Ovarian Cystectomy	FP00600007	1	8000.00
569	Cystocele - Anterior repair	FP00600008	2	11500.00
570	D&C (Dilatation & curretage)	FP00600009	D	2750.00
571	Electro Cauterisation Cryo Surgery	FP00600010	D	2750.00
572	Fractional Curretage	FP00600011	D	2750.00
573	Gilliam’s Operation	FP00600012	2	6900.00
574	Haemato Colpo/Excision - Vaginal Septum	FP00600013	D	3450.00
575	Hymenectomy & Repair of Hymen	FP00600014	D	5750.00
576	Hysterectomy - abdominal*	FP00600015	5	11500.00
577	Hysterectomy - Vaginal*	FP00600016	5	11500.00
578	Hysterectomy - Wertheim’s operation*	FP00600017	5	14000.00
579	Hysterotomy -Tumors removal	FP00600018	5	14500.00
580	Myomectomy – Abdominal	FP00600019	5	12000.00
581	Ovarectomy/Oophorectomy	FP00600020	3	8000.00
582	Perineal Tear Repair	FP00600021	D	2100.00
583	Prolapse Uterus -L forts	FP00600022	5	13000.00
584	Prolapse Uterus – Manchester	FP00600023	5	13000.00
585	Retro Vaginal Fistula –Repair	FP00600024	3	14000.00
586	Salpingoophrectomy	FP00600025	3	8750.00
587	Tuboplasty	FP00600026	3	9500.00
588	Vaginal Tear –Repair	FP00600027	D	3500.00
589	Vulvectomy	FP00600028	2	9200.00
590	Vulvectomy – Radical	FP00600029	2	8600.00
591	Vulval Tumors – Removal	FP00600030	3	5750.00
592	Normal Delivery	FP00600031	2	3500.00
593	Casearean delivery	FP00600032	4	6900.00
594	Caesarean+ Hysterectomy*	FP00600033	4	12500.00
595	Conventional Tubectomy	FP00600034	2	3000.00
596	D&C (Dilatation & curetage) > 12 weeks	FP00600035	1	5200.00
597	D&C (dilatation & Curretage) up to 12 weeks	FP00600036	D	4000.00
598	D&C (Dilatation & curretage) up to 8 weeks	FP00600037	D	3000.00
599	Destructive operation	FP00600038	5	7500.00
600	Hysterectomy- Laproscoy*	FP00600039	3	15000.00
601	Insertion of IUD Device	FP00600040	D	575.00
602	Laproscoy Salpingoplasty/ ligation	FP00600041	D	7500.00
603	Laprotomy -failed Laproscoy to explore	FP00600042	5	9500.00
604	Laprotomy for ectopic rupture	FP00600043	5	8500.00
605	Low Forceps+ Normal delivery	FP00600044	3	5500.00
606	Low mid cavity forceps + Normal delivery	FP00600045	3	5500.00
607	Lower Segment Caesarean Section	FP00600046	4	6900.00
608	Manual removal of Placenta for outside delivery etc.	FP00600047	3	4250.00
609	manual removal of Placenta	FP00600059	1	2500.00

610	Normal delivery with episiotomy and P repair	FP00600048	3	5100.00
611	Perforation of Uterus after D/E laprotomy and closure	FP00600049	5	14000.00
612	Repair of post coital tear, Perineal injury	FP00600050	1	2750.00
613	Rupture Uterus , closer and repair with tubal ligation	FP00600051	4	14000.00
614	Salpingo-oophorectomy	FP00600052	4	10500.00
615	Shirodkar Mc. Donalds stich	FP00600053	5	2800.00
616	Casearean delivery + Tubectomy	FP00600054	4	7500.00
617	Pre-eclampsia + Casearean Delivery	FP00600055	7	10000.00
618	Pre-eclampsia + Normal Delivery	FP00600056	5	7500.00
619	Normal Delivery + Tubectomy	FP00600057	4	6500.00
620	Puerperal Sepsis	FP00600058	3	5500.00
621	Bartholin abscess I & D + Cyst -Vaginal Enucleation	FP00600060	d	3100.00
622	Adhenolysis + Cystocele - Anterior repair	FP00600061	7	17500.00
623	Ablation of Endometrium + D&C (Dilatation & curretage)	FP00600062	1	6000.00
624	Ablation of Endometrium + Hysterectomy - abdominal*	FP00600063	7	12500.00
625	Oophorectomy + Hysterectomy - abdominal*	FP00600064	5	13000.00
626	Ovarian Cystectomy + Hysterectomy - abdominal*	FP00600065	5	13000.00
627	Salpingoophrectomy + Hysterectomy - abdominal*	FP00600066	5	13500.00
628	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair*	FP00600067	7	15000.00
629	Hysterectomy (Abdominal and Vaginal) + Perineal Tear Repair*	FP00600068	5	11000.00
630	Hysterectomy (Abdominal and Vaginal) + Salpingoophrectomy*	FP00600069	7	13750.00
631	Cystocele - Anterior Repair + Perineal Tear Repair	FP00600070	5	11500.00
632	Cystocele - Anterior Repair + Salpingoophrectomy	FP00600071	5	15000.00
633	Perineal Tear Repair + Salpingoophrectomy	FP00600072	5	6000.00
634	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair*	FP00600073	5	16000.00
635	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Salpingoophrectomy*	FP00600074	5	18000.00
636	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy*	FP00600075	5	19500.00
637	Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy	FP00600076	5	13500.00
638	Abdominal Perineal neo construction Cx+Uteria+Vagina	FP00600077	5	12000.00
639	Cervical biopsy	FP00600078	d	750.00
640	Cone Biopsy Cervix	FP00600079	d	750.00
641	Colopotomy	FP00600080	d	900.00
642	Colpollaisis/Colporrhophy	FP00600081	1	3000.00
643	Operation for stress incontinence	FP00600082	5	9200.00
644	Radical Vulvectomy	FP00600083	5	9200.00
645	Comprehensive mother package (three antenal check-up , diagnostics , treatment and Delivery - normal or caesarean)	FP00600084	120	7500.00
646	Ablation of Endometriotic Spot +Adhenolysis	FP00600085	3	6500.00
647	Bartholin abscess I & D + cervical polypectomy	FP00600086	3	4500.00
648	Bartholin cyst removal + cervical polypectomy	FP00600087	3	4500.00
649	Bartholin abscess I & D +Cyst -Vaginal Enucleation	FP00600088	3	3750.00
650	Abdomonal open for stress incision+Cystocele - Anterior repair	FP00600089	7	16250.00
651	Ablation of Endometriotic Spot +Cystocele - Anterior repair	FP00600090	5	12500.00
652	Adhenolysis+ Cystocele - Anterior repair	FP00600091	5	18500.00

653	Cervical polypectomy + Cystocele - Anterior repair	FP00600092	5	12500.00
654	Casearean delivery + Cystocele - Anterior repair	FP00600093	5	12500.00
655	D&C (Dilatation & curettage) + Ablation of Endometrium	FP00600094	2	6250.00
656	D&C (Dilatation & curettage) +Bartholin abscess I & D	FP00600095	2	3500.00
657	D&C (Dilatation & curettage) + Cervical polypectomy	FP00600096	2	4250.00
658	Ablation of Endometrium + Electro Cauterisation Cryo Surgery	FP00600097	2	6250.00
659	D&C (Dilatation & curettage) +Electro Cauterisation Cryo Surgery	FP00600098	1	3750.00
660	Hysterectomy - Vaginal+ Haemorroidectomy*	FP00600099	5	13500.00
661	Adhenolysis +Hernia - Ventral - Lipectomy/Incisiona	FP00600100	5	22500.00
662	Hysterectomy - abdominal+Hernia - Epigastric*	FP00600101	5	15500.00
663	Hysterectomy - abdominal+ Hernia - Incisional*	FP00600102	7	16500.00
664	Hysterotomy -Tumors removal+ Hernia - Incisional	FP00600103	5	18650.00
665	Casearean delivery+Hernia - Incisional	FP00600104	5	12500.00
666	Hysterectomy - abdominal+Ablation of Endometrium*	FP00600105	5	12500.00
667	Ovarian Cystectomy +Hysterotomy -Tumors removal	FP00600106	7	14500.00
668	Inguinal hernia - Unilateral + Adhenolysis	FP00600107	5	15500.00
669	Intestinal Obstruction + Appendicectomy	FP00600108	5	12500.00
670	Appendicectomy + Fissurectomy	FP00600109	3	9500.00
671	Cyst over Scrotum - Excision + Fissurectomy and Haemorrhoidectomy	FP00600110	3	9500.00
672	Ablation of Endometriotic Spot +Ovarian Cystectomy	FP00600111	5	8750.00
673	Ablation of Endometrium +Ovarian Cystectomy	FP00600112	5	8750.00
674	D&C (Dilatation & curettage) +Ovarian Cystectomy	FP00600113	5	7500.00
675	Casearean delivery+Ovarian Cystectomy	FP00600114	7	9500.00
676	Ablation of Endometriotic Spot + Polypectomy	FP00600115	4	8400.00
677	Ablation of Endometrium + Polypectomy	FP00600116	4	8400.00
678	D&C (Dilatation & curettage) + Polypectomy	FP00600117	4	9750.00
679	Casearean delivery+ Salpingoophrectomy	FP00600118	5	9500.00
680	Ablation of Endometriotic Spot +Salpingostomy	FP00600119	5	9800.00
681	Adhenolysis+ Salpingostomy	FP00600120	5	9500.00
682	Adhenolysis+ Ovarian Cystectomy	FP00600121	5	15000.00
683	Normal delivery + Perineal tear repair	FP00600122	3	4500.00
684	Electro Cauterisation Cryo Surgery +Fractional Curettage	FP00600123	2	4250.00
685	Broad Ligment Haemotoma drainage	FP00600124	3	7650.00
686	Brust abdomen repair	FP00600125	5	11500.00
687	Colopotomy-drainage P/V needling EUA	FP00600126	2	3500.00
688	Examination under anaesthesia	FP00600127	D	2500.00
689	Excision of urethral caruncle	FP00600128	1	2750.00
690	Exploration of abdominal haematoma (after laparotomy + LUCS)	FP00600129	5	10500.00
691	Exploration of Perineal haematoma & Resuturing of episiotomy	FP00600130	3	7225.00
692	Exploration of PPH-tear repair	FP00600131	3	3400.00
693	Gaping Perineal wound secondary suturing	FP00600132	1	2040.00
694	Internal podalic version and extraction	FP00600133	3	7650.00
695	Laparotomy for Ectopic rupture	FP00600134	5	12750.00
696	Laparotomy-failed laparoscopy to explore	FP00600135	3	6500.00
697	Laparotomy-peritonitis lavage and drainage	FP00600136	5	10200.00
698	Perforation of Uterus after D/E Laparotomy & Closure	FP00600137	5	12750.00
699	Repair of post-coital tear, Perineal injury	FP00600138	1	2900.00

700	Rupture Uterus, closure & repair with tubal ligation	FP00600139	5	15300.00
701	Suction evacuation vesicular MoHFW, missed abortion D/E	FP00600140	2	4250.00
702	Comprehensive mother package (three antenatal check-up , diagnostics , treatment and Delivery - normal or caesarean)	FP00600141	120	7500.00
7. Endoscopic procedures				
703	Cholecystectomy and Drainage of Liver abscess	FP00700001	3	14200.00
704	Cholecystectomy with Excision of TO Mass	FP00700002	4	15000.00
705	Cyst Aspiration	FP00700003	D	1750.00
706	Endometria to Endometria Anastomosis	FP00700004	3	7000.00
707	Fimbriolysis	FP00700005	2	5000.00
708	Hemicolectomy	FP00700006	4	17000.00
709	Hysterectomy with bilateral Salpingo Ooperectomy*	FP00700007	3	12250.00
710	Incisional Hernia – Repair	FP00700008	2	12250.00
711	Inguinal Hernia – Bilateral	FP00700009	2	10000.00
712	Inguinal hernia – Unilateral	FP00700010	2	11000.00
713	Intestinal resection	FP00700011	3	13500.00
714	Myomectomy	FP00700012	2	10500.00
715	Oophorectomy	FP00700013	2	7000.00
716	Peritonitis	FP00700014	5	9000.00
717	Salpingo Oophorectomy	FP00700015	3	9000.00
718	Salpingostomy	FP00700016	2	9000.00
719	Uterine septum	FP00700017	D	7500.00
720	Varicocele – Bilateral	FP00700018	1	15000.00
721	Varicocele – Unilateral	FP00700019	1	11000.00
722	Repair of Ureterocele	FP00700020	3	10000.00
723	Oesophageal Sclerotherapy for varies first sitting	FP00700021	D	1400.00
724	Oesophageal Sclerotherapy for varies subsequent sitting	FP00700022	D	1100.00
725	Upper GI endoscopy	FP00700023	D	900.00
726	Upper GI endoscopy with biopsy	FP00700024	D	1200.00
727	ERCP	FP00700025	D	8000.00
8.Hysteroscopic procedures				
728	Ablation of Endometrium	FP00800001	D	5000.00
729	Hysteroscopic Tubal Cannulation	FP00800002	D	7500.00
730	Polypectomy	FP00800003	D	7000.00
731	Uterine Synechia – Cutting	FP00800004	D	7500.00
9. Neurosurgery				
732	Aneurysm	FP00900001	10	28750
733	Anterior Encephalocele	FP00900002	10	28750
734	Burr hole	FP00900003	8	20625
735	Carotid Endartrectomy	FP00900004	10	20625
736	carotid body tumour – excision	FP00900024	10	21500.00
737	Carpal Tunnel Release	FP00900005	5	12100.00
738	Cervical Ribs – Bilateral	FP00900006	7	14300.00
739	Cervical Ribs – Unilateral	FP00900007	5	11000.00
740	Cranio Ventricle	FP00900008	9	15400.00
741	Cranioplasty	FP00900009	7	11000.00
742	Craniostenosis	FP00900010	7	22000.00
743	Cerebrospinal Fluid (CSF) Rhinorrhoea	FP00900011	3	11000.00

744	Duroplasty	FP00900012	5	9900.00
745	Haematoma - Brain (head injuries)	FP00900013	9	24200.00
746	Haematoma - Brain (hypertensive)	FP00900014	9	24200.00
747	Haematoma (Child irritable subdural)	FP00900015	10	24200.00
748	Laminectomy with Fusion	FP00900016	6	17875.00
749	Local Neurectomy	FP00900017	6	12100.00
750	Lumbar Disc	FP00900018	5	12000.00
751	Meningocele – Anterior	FP00900019	10	33000.00
752	Meningocele – Lumbar	FP00900020	8	24750.00
753	Meningococcal – Occipital	FP00900021	10	29000.00
754	Microdiscectomy – Cervical	FP00900022	10	16500.00
755	Microdiscectomy – Lumber	FP00900023	10	16500.00
756	Peripheral Nerve Surgery	FP00900025	7	13200.00
757	Posterior Fossa - Decompression	FP00900026	8	20625.00
758	Repair & Transposition Nerve	FP00900027	3	7150.00
759	Brachial Plexus – Repair	FP00900028	7	20625.00
760	Spina Bifida - Large - Repair	FP00900029	10	24200.00
761	Spina Bifida - Small - Repair	FP00900030	10	19800.00
762	Shunt	FP00900031	7	16000.00
763	Skull Traction	FP00900032	5	9000.00
764	Spine - Anterior Decompression	FP00900033	8	21000.00
765	Spine - Canal Stenosis	FP00900034	6	15400.00
766	Spine - Decompression & Fusion	FP00900035	6	18700.00
767	Spine - Disc Cervical/Lumber	FP00900036	6	16500.00
768	Spine - Extradural Tumour	FP00900037	7	15400.00
769	Spine - Intradural Tumour	FP00900038	7	15400.00
770	Spine - Intramedullar Tumour	FP00900039	7	16500.00
771	Subdural aspiration	FP00900040	3	8800.00
772	Temporal Rhizotomy	FP00900041	5	13200.00
773	Trans Sphenoidal	FP00900042	6	16500.00
774	Tumours - Supratentorial	FP00900043	7	25000.00
775	Tumours Meninges - Gocussa	FP00900044	7	25000.00
776	Tumours Meninges - Posterior	FP00900045	7	25000.00
777	Vagotomy - Selective	FP00900046	5	16500.00
778	Vagotomy with Gastrojejunostomy	FP00900047	6	16500.00
779	Vagotomy with Pyelorooplasty	FP00900048	6	16500.00
780	Vagotomy - Highly Selective	FP00900049	5	16500.00
781	Ventricular Puncture	FP00900050	3	9000.00
782	Brain Biopsy	FP00900051	5	13750.00
783	Cranial Nerve Anastomosis	FP00900052	5	11000.00
784	Depressed Fracture	FP00900053	7	18150.00
785	Nerve Biopsy excluding Hensens	FP00900054	2	4950.00
786	Peripheral Neurectomy (Trigeminal)	FP00900055	5	11550.00
787	Peritoneal Shunt	FP00900056	5	11000.00
788	R.F. Lesion for Trigeminal Neuralgia -	FP00900057	5	5500.00
789	Subdural Tapping	FP00900058	3	2200.00
790	Twist Drill Craniostomy	FP00900059	3	11550.00

10.Ophthalmology				
791	Abscess Drainage of Lid	FP01000001	D	550.00
792	Anterior Chamber Reconstruction	FP01000002	3	7700.00
793	Buckle Removal	FP01000003	2	10450.00
794	Canaliculo Dacryocysto Rhinostomy	FP01000004	1	7700.00
795	Capsulotomy	FP01000005	1	2200.00
796	Cataract – Bilateral with IOL	FP01000006	D	6500.00
797	Cataract – Unilateral with IOL	FP01000007	D	3500.00
798	Corneal Grafting	FP01000008	D	5000.00
799	Cryoretinopexy – Closed	FP01000009	1	4000.00
800	Cryoretinopexy – Open	FP01000010	1	5500.00
801	Cyclocryotherapy	FP01000011	D	6600.00
802	Cyst	FP01000012	D	3850.00
803	Dacryocystectomy With Pterigium - Excision	FP01000013	D	1100.00
804	Pterigium + Conjunctival Autograft	FP01000014	D	7150.00
805	Dacryocystectomy	FP01000015	D	7500.00
806	Endoscopic Optic Nerve Decompression	FP01000016	D	5500.00
807	Endoscopic Optic Orbital Decompression	FP01000017	D	8800.00
808	Enucleation	FP01000018	1	8800.00
809	Enucleation with Implant	FP01000019	1	2200.00
810	Exentration	FP01000020	D	7500.00
811	Ectropion Correction	FP01000021	D	3850.00
812	Glaucoma surgery (trabeculectomy)	FP01000022	2	3300.00
813	Intraocular Foreign Body Removal	FP01000023	D	7700.00
814	Keratoplasty	FP01000024	1	3300.00
815	Lensectomy	FP01000025	D	8800.00
816	Limbal Dermoid Removal	FP01000026	D	8250.00
817	Membranectomy	FP01000027	D	2750.00
818	Perforating corneo - Scleral Injury	FP01000028	2	6600.00
819	Pterigium (Day care)	FP01000029	D	5500.00
820	Ptosis	FP01000030	D	1100.00
821	Radial Keratotomy	FP01000031	1	4500.00
822	IRIS Prolapse – Repair	FP01000032	2	10000.00
823	Retinal Detachment Surgery	FP01000033	2	3500.00
824	Small Tumour of Lid – Excision	FP01000034	D	11000.00
825	Socket Reconstruction	FP01000035	3	550.00
826	Trabeculectomy – Right	FP01000036	D	6600.00
827	Iridectomy	FP01000037	D	8500.00
828	Tumours of IRIS	FP01000038	2	1980.00
829	Vitrectomy	FP01000039	2	4400.00
830	Vitrectomy + Retinal Detachment	FP01000041	3	14000.00
831	Acid and alkali burns	FP01000042	D	550.00
832	Cataract with foldable IOL by Phoco emulsification tech. unilateral /SICS with foldable lens	FP01000043	D	6000.00
833	Cataract with foldable IOL with Phoco emulsification Bilateral/ SICS with foldable lens	FP01000044	D	9500.00
834	Cauterisation of ulcer/subconjunctival injection - both eye	FP01000045	D	220.00
835	Cauterisation of ulcer/subconjunctival injection - One eye	FP01000046	D	110.00

836	Chalazion - both eye	FP01000047	D	660.00
837	Chalazion - one eye	FP01000048	D	500.00
838	Conjunctival Melanoma	FP01000049	D	1100.00
839	Dacryocystectomy (DCY)	FP01000051	D	6000.00
840	Decompression of Optic nerve	FP01000053	D	13500.00
841	EKG/EOG	FP01000054	1	1350.00
842	Entropion correction	FP01000055	D	3300.00
843	Epicantuhus correction	FP01000056	D	2200.00
844	Epilation	FP01000057	D	250.00
845	ERG	FP01000058	D	825.00
846	Eviseration	FP01000059	D	2700.00
847	Laser for retinopathy (per sitting)	FP01000060	1	1320.00
848	Laser inter ferometry	FP01000061	D	1650.00
849	Lid tear	FP01000062	D	4500.00
850	Orbitotomy	FP01000063	D	6600.00
851	Squint correction	FP01000064	1	12500.00
852	Lasix laser	FP01000040	D	10000.00
853	terigium removal	FP01000050	D	750.00
854	Cataract – Unilateral +Glaucoma surgery (trabeculectomy)	FP01000052	2	7500.00
855	Cataract – Bilateral +Glaucoma surgery (trabeculectomy)	FP01000065	2	9000.00
856	Pterigium + Conjunctival Autograft +Glaucoma surgery (trabeculectomy)	FP01000066	2	8000.00
857	Anterior Chamber Reconstruction +Cataract – Unilateral	FP01000067	2	8750.00
858	Canaliculo Dacryocysto Rhinostomy +Cataract – Unilateral	FP01000068	2	8750.00
859	Abscess Drainage of Lid +Cryoretinopexy - Closed	FP01000069	2	5250.00
860	Lensectomy +Vitrectomy	FP01000070	2	8400.00
861	Trabeculectomy + Vitrectomy	FP01000071	2	8400.00
862	Anterior Chamber Reconstruction +Perforating corneo - Scleral Injury	FP01000072	3	9200.00
863	Cataract – Unilateral + trabeculectomy	FP01000073	3	7700.00
864	Retrobulbar injections both eyes	FP01000074	D	450.00
865	Retrobulbar injections one eye	FP01000075	D	250.00
866	syringing of lacrimal sac for both eyes	FP01000076	D	350.00
867	Syringing of lacrimal sac for one eye	FP01000077	D	250.00
11. Orthopedics				
868	Acromion reconstruction	FP01100001	10	20000.00
869	Accessory bone - Excision	FP01100002	3	12000.00
870	Amputation - Upper Fore Arm	FP01100003	5	16000.00
871	Amputation - Index Finger	FP01100004	1	1000.00
872	Amputation - Forearm	FP01100005	5	18000.00
873	Amputation - Wrist Axillary Node Dissection	FP01100006	4	12000.00
874	Amputation - 2nd and 3rd Toe	FP01100007	1	2000.00
875	Amputation - 2nd Toe	FP01100008	1	1000.00
876	Amputation - 3rd and 4th Toes	FP01100009	1	2000.00
877	Amputation - 4th and 5th Toes	FP01100010	1	2000.00
878	Amputation - Ankle	FP01100011	5	12000.00
879	Amputation - Arm	FP01100012	6	18000.00
880	Amputation - Digits	FP01100013	1	5000.00

881	Amputation - Fifth Toe	FP01100014	1	1700.00
882	Amputation - Foot	FP01100015	5	18000.00
883	Amputation - Forefoot	FP01100016	5	15000.00
884	Amputation - Great Toe	FP01100017	1	2500.00
885	Amputation - Wrist	FP01100018	5	12000.00
886	Amputation - Leg	FP01100019	7	20000.00
887	Amputation - Part of Toe and Fixation of K Wire	FP01100020	5	12000.00
888	Amputation - Thigh	FP01100021	7	20000.00
889	Anterior & Posterior Spine Fixation	FP01100022	6	25000.00
890	Arthroplasty – Excision	FP01100023	3	8000.00
891	Arthorotomy	FP01100024	7	15000.00
892	Arthrodesis Ankle Triple	FP01100025	7	16000.00
893	Arthorotomy + Synevectomy	FP01100026	3	15000.00
894	Arthroplasty of Femur head - Excision	FP01100027	7	18000.00
895	Bimalleolar Fracture Fixation	FP01100028	6	12000.00
896	Bone Tumour and Reconstruction -Major - Excision	FP01100029	6	13000.00
897	Bone Tumour and Reconstruction - Minor - Excision	FP01100030	4	10000.00
898	Calcaneal Spur - Excision of Both	FP01100031	3	9000.00
899	Clavicle Surgery	FP01100032	5	15000.00
900	Close Fixation - Hand Bones	FP01100033	3	7000.00
901	Close Fixation - Foot Bones	FP01100034	2	6500.00
902	Close Reduction - Small Joints	FP01100035	1	3500.00
903	Closed Interlock Nailing + Bone Grafting	FP01100036	2	12000.00
904	Closed Interlocking Intramedullary	FP01100037	2	12000.00
905	Closed Interlocking Tibia + Orif of Fracture Fixation	FP01100038	3	12000.00
906	Closed Reduction and Internal Fixation	FP01100039	3	12000.00
907	Closed Reduction and Internal Fixation with K wire	FP01100040	3	12000.00
908	Closed Reduction and Percutaneous Screw Fixation	FP01100041	3	12000.00
909	Closed Reduction and Percutaneous Pinning	FP01100042	3	12000.00
910	Closed Reduction and Percutaneous Nailing	FP01100043	3	12000.00
911	Closed Reduction and Proceed to Posterior Stabilization	FP01100044	5	16000.00
912	Debridement & Closure - Major	FP01100045	3	5000.00
913	Debridement & Closure - Minor	FP01100046	1	3000.00
914	Decompression and Spinal Fixation	FP01100047	5	20000.00
915	Decompression and Stabilization with Steffi plate	FP01100048	6	20000.00
916	Decompression L5 S1 Fusion with Posterior Stabilization	FP01100049	6	20000.00
917	Decompression of Carpal Tunnel Syndrome	FP01100050	2	4500.00
918	Decompression Posterior D12+L1	FP01100051	5	18000.00
919	Decompression Stabilization and Laminectomy	FP01100052	5	16000.00
920	Dislocation - Elbow	FP01100053	D	1000.00
921	Dislocation - Shoulder	FP01100054	D	1000.00
922	Dislocation- Hip	FP01100055	1	1000.00
923	Dislocation - Knee	FP01100056	1	1000.00
924	Drainage of Abscess Cold	FP01100057	D	1250.00
925	Duputryen’s Contracture	FP01100058	6	12000.00
926	Epiphyseal Stimulation	FP01100059	3	10000.00
927	Exostosis - Small bones -Excision	FP01100060	2	5500.00

928	Exostosis - Femur - Excision	FP01100061	7	15000.00
929	Exostosis - Humerus - Excision	FP01100062	7	15000.00
930	Exostosis - Radius - Excision	FP01100063	6	12000.00
931	Exostosis - Ulna - Excision	FP01100064	6	12000.00
932	Exostosis - Tibia- Excision	FP01100065	6	12000.00
933	Exostosis - Fibula - Excision	FP01100066	6	12000.00
934	Exostosis - Patella - Excision	FP01100067	6	12000.00
935	Exploration and Ulnar Repair	FP01100068	5	9500.00
936	External fixation - Long bone	FP01100069	4	13000.00
937	External fixation - Small bone	FP01100070	2	11500.00
938	External fixation - Pelvis	FP01100071	5	15000.00
939	Fasciotomy	FP01100072	2	12000.00
940	Fixator with Joint Arthrolysis	FP01100073	9	18000.00
941	Fracture - Acetabulum	FP01100074	9	18000.00
942	Fracture - Femoral neck - MUA & Internal Fixation	FP01100075	7	18000.00
943	Fracture - Femoral Neck Open Reduction & Nailing	FP01100076	7	15000.00
944	Fracture - Fibula Internal Fixation	FP01100077	7	15000.00
945	Fracture - Hip Internal Fixation	FP01100078	7	15000.00
946	Fracture - Humerus Internal Fixation	FP01100079	2	13000.00
947	Fracture - Olecranon of Ulna	FP01100080	2	9500.00
948	Fracture - Radius Internal Fixation	FP01100081	2	9500.00
949	Fracture - TIBIA Internal Fixation	FP01100082	4	10500.00
950	Fracture - Ulna Internal Fixation	FP01100084	4	9500.00
951	Fractured Fragment Excision	FP01100085	2	7500.00
952	Girdle Stone Arthroplasty	FP01100086	7	15000.00
953	Harrington Instrumentation	FP01100087	5	15000.00
954	Head Radius - Excision	FP01100088	3	15000.00
955	High Tibial Osteotomy	FP01100089	5	15000.00
956	Hip Region Surgery	FP01100090	7	18000.00
957	Hip Spica	FP01100091	D	4000.00
958	Internal Fixation Lateral Epicondyle	FP01100092	4	9000.00
959	Internal Fixation of other Small Bone	FP01100093	3	7000.00
960	Joint Reconstruction	FP01100094	10	22000.00
961	Laminectomy	FP01100095	9	18000.00
962	Leg Lengthening	FP01100096	8	15000.00
963	Llizarov Fixation	FP01100097	6	15000.00
964	Multiple Tendon Repair	FP01100098	5	12500.00
965	Nerve Repair Surgery	FP01100099	6	14000.00
966	Nerve Transplant/Release	FP01100100	5	13500.00
967	Neurolysis	FP01100101	7	18000.00
968	Open Reduction Internal Fixation (2 Small Bone)	FP01100102	5	12000.00
969	Open Reduction Internal Fixation (Large Bone)	FP01100103	6	16000.00
970	Open Reduction of CDH	FP01100104	7	17000.00
971	Open Reduction of Small Joint	FP01100105	1	7500.00
972	Open Reduction with Phemister Grafting	FP01100106	3	10000.00
973	Osteotomy -Small Bone	FP01100107	6	18000.00
974	Osteotomy -Long Bone	FP01100108	8	21000.00

975	Patellectomy	FP01100109	7	15000.00
976	Pelvic Fracture - Fixation	FP01100110	8	17000.00
977	Pelvic Osteotomy	FP01100111	10	22000.00
978	Percutaneous - Fixation of Fracture	FP01100112	6	10000.00
979	Prepatellar Bursa and Repair of MCL of Knee	FP01100113	7	15500.00
980	Reconstruction of ACL/PCL	FP01100114	7	19000.00
981	Retro calcaneal Bursa - Excision	FP01100115	4	10000.00
982	Sequestrectomy of Long Bones	FP01100116	7	18000.00
983	Shoulder Jacket	FP01100117	D	5000.00
984	Sinus Over Sacrum Excision	FP01100118	2	7500.00
985	Skin Grafting	FP01100119	2	7500.00
986	Spinal Fusion	FP01100120	10	22000.00
987	Synevectomy	FP01100121	7	18000.00
988	Synovial Cyst - Excision	FP01100122	1	7500.00
989	Tendon Achilles Tenotomy	FP01100123	1	5000.00
990	Tendon Grafting	FP01100124	3	18000.00
991	Tendon Nerve Surgery of Foot	FP01100125	1	2000.00
992	Tendon Release	FP01100126	1	2500.00
993	Tenolysis	FP01100127	2	8000.00
994	Tenotomy	FP01100128	2	8000.00
995	Tension Band Wiring Patella	FP01100129	5	12500.00
996	Trigger Thumb	FP01100130	D	2500.00
997	Wound Debridement	FP01100131	D	1000.00
998	Application of Functional Cast Brace	FP01100132	D	1200.00
999	Application of P.O.P. casts for Upper & Lower Limbs	FP01100133	D	850.00
1000	Application of P.O.P. Spica's & Jackets	FP01100134	D	2450.00
1001	Application of Skeletal Traction	FP01100135	D	1500.00
1002	Application of Skin Traction	FP01100136	D	800.00
1003	Arthroplasty (joints) - Excision	FP01100137	3	13000.00
1004	Aspiration & Intra Articular Injections	FP01100138	D	1000.00
1005	Bandage & Strapping for Fractures	FP01100139	D	600.00
1006	Close Reduction of Fractures of Limb & P.O.P.	FP01100140	D	2000.00
1007	Internal Wire Fixation of Mandible & Maxilla	FP01100141	D	9500.00
1008	Reduction of Compound Fractures	FP01100142	1	4000.00
1009	Reduction of Facial Fractures of Maxilla	FP01100143	1	8500.00
1010	Reduction of Fractures of Mandible & Maxilla - Cast Metal Splints	FP01100144	2	5500.00
1011	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	FP01100145	2	5500.00
1012	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	FP01100146	2	5500.00
1013	Accessory bone - Excision + Acromion reconstruction	FP01100083	5	22400.00
1014	Clavicle Surgery + Closed reduction and internal fixation with K wire	FP01100147	3	19000.00
1015	Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation	FP01100148	3	16500.00
1016	Head radius - Excision + Fracture - Ulna Internal Fixation	FP01100149	3	18000.00
1017	Clavicle Surgery + Closed Interlocking Intramedullary	FP01100150	3	18900.00
1018	Close Fixation - Hand Bones + Closed Reduction and Internal Fixation	FP01100151	3	13300.00
1019	Close Fixation - Hand Bones + Closed Reduction and Internal Fixation with K wires	FP01100152	3	18900.00

1020	Closed Interlocking Intramedullary +Closed reduction and internal fixation with K wire	FP01100153	3	16800.00
1021	External fixation - Long bone +Fracture - Fibula Internal Fixation	FP01100154	5	19600.00
1022	Accessory bone – Excision + Fracture - Humerus Internal Fixation	FP01100155	3	19600.00
1023	Acromion reconstruction +Fracture - Humerus Internal Fixation	FP01100156	7	23100.00
1024	Fracture - Humerus Internal Fixation + Fracture - Olecranon of Ulna	FP01100157	5	15750.00
1025	Fracture - Fibula Internal Fixation + Fracture - TIBIA Internal Fixation	FP01100158	7	17850.00
1026	Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation	FP01100159	7	13300.00
1027	Head radius – Excision + Fracture - Ulna Internal Fixation	FP01100160	5	17150.00
1028	Amputation - Arm+ Amputation - Digits	FP01100161	5	19500.00
1029	Fistulectomy + Sequestrectomy	FP01100162	5	14500.00
1030	Skin Grafting + Sequestrectomy of Long Bones	FP01100163	7	18500.00
1031	Acromion reconstruction +Percutaneous - Fixation of Fracture	FP01100164	7	21000.00
1032	Amputation - Forearm +Open Reduction Internal Fixation (Large Bone)	FP01100165	7	18200.00
1033	Arthorotomy + Open Reduction Internal Fixation (Large Bone)	FP01100166	7	19500.00
1034	Closed reduction and internal fixation with K wire + Open Reduction Internal Fixation (Large Bone)	FP01100167	7	19600.00
1035	Acromion reconstruction +Open Reduction with Phemister Grafting	FP01100168	7	21000.00
1036	Open Reduction Internal Fixation (Large Bone) +Open Reduction with Phemister Grafting	FP01100169	7	18500.00
1037	Open Reduction Internal Fixation (Large Bone) +Osteotomy -long bone	FP01100170	7	14500.00
1038	Open Reduction Internal Fixation (Large Bone) + Hip Region Surgery	FP01100171	10	24500.00
1039	Accessory bone – Excision + Exostosis - Femur - Excision	FP01100172	7	18900.00
1040	Debridement & closure - Major+ skin grafting	FP01100173	7	10150.00
1041	Tendon Grafting + skin grafting	FP01100174	7	18500.00
1042	Debridement & closure – Major + Open Reduction Internal Fixation (Large Bone)	FP01100175	7	15500.00
1043	Closed Interlocking Intramedullary + Debridement & closure - Major	FP01100176	7	11900.00
1044	Above elbow post-slab for Soft Tissue injury	FP01100177	D	550.00
1045	Below knee post-slab for Soft tissue injury	FP01100178	D	750.00
1046	Colles fracture Ant. or post, slab	FP01100179	D	750.00
1047	Colles fracture Below elbow	FP01100180	d	950.00
1048	Colles fracture Full plaster	FP01100181	d	1500.00
1049	Double hip spiky	FP01100182	d	1700.00
1050	Fingers (post, slab)	FP01100183	d	250.00
1051	Fingers full plaster	FP01100184	d	300.00
1052	Minerva Jacket	FP01100185		1500.00
1053	Plaster Jacket	FP01100186	d	1500.00
1054	Shoulder Spica	FP01100187	d	1500.00
1055	Single hip Spica	FP01100188	d	1500.00
1056	Strapping Ankle	FP01100189	d	300.00
1057	Strapping Ball bandage	FP01100190	d	450.00
1058	Strapping Chest	FP01100191	d	450.00
1059	Strapping Collar and cuff sling	FP01100192	d	300.00

1060	Strapping Elbow	FP01100193	d	300.00
1061	Strapping Figure of 8 bandage	FP01100194	d	450.00
1062	Strapping Finger	FP01100195	d	200.00
1063	Strapping Knee	FP01100196	d	350.00
1064	Strapping Nasal bone fracture	FP01100197	d	400.00
1065	Strapping Shoulder	FP01100198	d	250.00
1066	Strapping Toes	FP01100199	d	150.00
1067	Strapping Wrist	FP01100200	d	300.00
1068	Tube Plaster (or plaster cylinder)	FP01100201	d	1050.00
1069 \$	Correction of club foot \$	FP01100202	5 visits	10000.00
12. Paediatrics				
1070	Abdominal Peritoneal (Exomphalos)	FP01200001	5	13000.00
1071	Anal Dilatation	FP01200002	3	5000.00
1072	Anal Transposition for Ectopic Anus	FP01200003	7	17000.00
1073	Chordee Correction	FP01200004	5	10000.00
1074	Closure Colostomy	FP01200005	7	12500.00
1075	Colectomy	FP01200006	5	12000.00
1076	Colon Transplant	FP01200007	3	18000.00
1077	Cystolithotomy	FP01200008	3	7500.00
1078	Oesophageal Atresia (Fistula)	FP01200009	3	18000.00
1079	Gastrostomy	FP01200010	5	15000.00
1080	Hernia - Diaphragmatic	FP01200011	3	10000.00
1081	Hernia-Inguinal - Bilateral	FP01200014	3	10000.00
1082	Hernia-Inguinal -Unilateral	FP01200015	3	7000.00
1083	Meckel's Diverticulectomy	FP01200016	3	12250.00
1084	Meniscectomy	FP01200017	3	6000.00
1085	Orchidopexy - Bilateral	FP01200019	2	7500.00
1086	Orchidopexy - Unilateral)	FP01200020	2	5000.00
1087	Pyeloplasty	FP01200022	5	15000.00
1088	Pyloric Stenosis (Ramsted OP)	FP01200023	3	10000.00
1089	Rectal Polyp	FP01200024	2	3750.00
1090	Resection & Anastomosis of Intestine	FP01200025	7	17000.00
1091	Supra Pubic Drainage - Open	FP01200026	2	4000.00
1092	Torsion Testis	FP01200027	5	10000.00
1093	Tracheo Oesophageal Fistula	FP01200028	5	18750.00
1094	Ureterotomy	FP01200029	5	10000.00
1095	Urethroplasty	FP01200030	5	15000.00
1096	Vesicostomy	FP01200031	5	12000.00
1097 #	neonatal jaundice #	FP01200012	5	9500.00
1098#	Basic Package for Neo Natal Care (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of new born, Mild birth asphyxia, Jaundice requiring phototherapy, Haemorrhagic disease of new-born, Large for date babies (>4000 gm) for observational care)#	FP01200013	<3	3000.00
1099#	Specialised Package for Neo Natal Care (Package for Babies admitted with mild-moderate respiratory distress, Infections/sepsis with no major complications, Prolonged/persistent jaundice, Assisted feeding for low birth weight babies (<1800 gms), Neonatal seizures)#	FP01200018	3<X<8	5500.00

1100	Advanced Package for Neo Natal Care (Low birth weight babies <1500 gm and all babies admitted with complications like Meningitis, Severe respiratory distress, Shock, Coma, Convulsions or Encephalopathy, Jaundice requiring exchange transfusion, NEC)#	FP01200021	>8	12000.00
13. Endocrine				
1101	Adenoma Parathyroid - Excision	FP01300001	3	28000.00
1102	Adrenal Gland Tumour - Excision	FP01300002	5	35000.00
1103	Axillary lymph node - Excision	FP01300003	3	21000.00
1104	Parotid Tumour - Excision	FP01300004	3	9000.00
1105	Pancreatectomy	FP01300005	7	55000.00
1106	Splenectomy	FP01300006	5	13000.00
1107	Thyroid Adenoma Resection Enucleation	FP01300007	5	22000.00
1108	Total Thyroidectomy + Reconstruction	FP01300008	5	15000.00
1109	Trendal Burge Ligation and Stripping	FP01300009	3	9000.00
1110	Post Fossa	FP01300010	D	12000.00
1111	Excision of Lingual Thyroid	FP01300011		18500.00
14. Urology				
1112	Bladder Calculi- Removal	FP01400001	2	7000.00
1113	Bladder Tumour (Fulguration)	FP01400002	2	2000.00
1114	Correction of Extrophy of Bladder	FP01400003	2	1500.00
1115	Cystolithotomy	FP01400004	2	6000.00
1116	Cysto Gastrostomy	FP01400005	4	10000.00
1117	Cysto Jejunostomy	FP01400006	4	10000.00
1118	Dormia Extraction of Calculus	FP01400007	1	5000.00
1119	Drainage of Perinephric Abscess	FP01400008	1	7500.00
1120	Cystolithopexy	FP01400009	2	7500.00
1121	Excision of Urethral Carbuncle	FP01400010	1	5000.00
1122	Exploration of Epididymis (Unsuccessful Vasco vasectomy)	FP01400011	2	7500.00
1123	Urachal Cyst	FP01400012	1	4000.00
1124	Hydrospadius	FP01400013	2	10800.00
1125	Internal Ureterotomy	FP01400014	3	7000.00
1126	Litholaplexy	FP01400015	2	7500.00
1127	Lithotripsy	FP01400016	2	11000.00
1128	Meatoplasty	FP01400017	1	2500.00
1129	Meatotomy	FP01400018	1	1500.00
1130	Neoblastoma	FP01400019	3	10000.00
1131	Nephrectomy	FP01400020	4	10000.00
1132	Nephrectomy (Renal tumour)	FP01400021	4	10000.00
1133	Nephro Uretrectomy	FP01400022	4	10000.00
1134	Nephrolithotomy	FP01400023	3	15000.00
1135	Nephropexy	FP01400024	2	9000.00
1136	Nephrostomy	FP01400025	2	10500.00
1137	Nephrourethrectomy	FP01400026	3	11000.00
1138	Open Resection of Bladder Neck	FP01400027	2	7500.00
1139	Operation for Cyst of Kidney	FP01400028	3	9625.00
1140	Operation for Double Ureter	FP01400029	3	15750.00
1141	Fturp	FP01400030	3	12250.00

1142	Operation for Injury of Bladder	FP01400031	3	12250.00
1143	Partial Cystectomy	FP01400032	3	16500.00
1144	Partial Nephrectomy	FP01400033	3	10000.00
1145	PCNL (Percutaneous Nephrolithotomy) - Bilateral	FP01400034	3	18000.00
1146	PCNL (Percutaneous Nephrolithotomy) - Unilateral	FP01400035	3	14000.00
1147	Post Urethral Valve	FP01400036	1	9000.00
1148	Pyelolithotomy	FP01400037	3	13500.00
1149	Pyeloplasty & Similar Procedures	FP01400038	3	12500.00
1150	Radical Nephrectomy	FP01400039	3	13000.00
1151	Reduction of Paraphimosis	FP01400040	D	1500.00
1152	Re-implantation of Urethra	FP01400041	5	17000.00
1153	Re-implantation of Bladder	FP01400042	5	17000.00
1154	Re-implantation of Ureter	FP01400043	5	17000.00
1155	Repair of Uretero Vaginal Fistula	FP01400044	2	12000.00
1156	Retroperitoneal Fibrosis - Renal	FP01400046	5	26250.00
1157	Retro pubic Prostatectomy	FP01400047	4	15000.00
1158	Splenorenal Anastomosis	FP01400048	5	13000.00
1159	Stricture Urethra	FP01400049	1	7500.00
1160	Suprapubic Cystostomy - Open	FP01400050	2	3500.00
1161	Suprapubic Drainage - Closed	FP01400051	2	3500.00
1162	Trans Vesical Prostatectomy	FP01400053	2	15750.00
1163	Transurethral Fulguration	FP01400054	2	4000.00
1164	TURBT (Transurethral Resection of the Bladder Tumor)	FP01400055	3	15000.00
1165	TURP + Circumcision	FP01400056	3	15000.00
1166	TURP + Closure of Urinary Fistula	FP01400057	3	13000.00
1167	TURP + Cystolithopexy	FP01400058	3	18000.00
1168	TURP + Cystolithotomy	FP01400059	3	18000.00
1169	TURP + Fistulectomy	FP01400060	3	15000.00
1170	TURP + Cystoscopic Removal of Stone	FP01400061	3	12000.00
1171	TURP + Nephrectomy	FP01400062	3	25000.00
1172	TURP + Orchidectomy	FP01400063	3	18000.00
1173	TURP + Suprapubic Cystolithotomy	FP01400064	3	15000.00
1174	TURP + TURBT	FP01400065	3	15000.00
1175	TURP + URS	FP01400066	3	14000.00
1176	TURP + Vesicolithotripsy	FP01400067	3	15000.00
1177	TURP + VIU (visual internal Ureterotomy)	FP01400068	3	12000.00
1178	TURP + Haemorrhoidectomy	FP01400069	3	15000.00
1179	TURP + Hydrocele	FP01400070	3	18000.00
1180	TURP + Hernioplasty	FP01400071	3	15000.00
1181	TURP with Repair of Urethra	FP01400072	3	12000.00
1182	TURP + Herniorraphy	FP01400073	3	17000.00
1183	TURP (Trans-Urethral Resection of Bladder)Prostate	FP01400074	3	14250.00
1184	TURP + Fissurectomy	FP01400075	3	15000.00
1185	TURP + Ureterolithotomy	FP01400076	3	15000.00
1186	TURP + Urethral dilatation	FP01400077	3	15000.00
1187	Ureterocolic Anastomosis	FP01400078	3	8000.00
1188	Ureterolithotomy	FP01400079	3	10000.00

1189	Ureteroscopic Calculi - Bilateral	FP01400080	2	18000.00
1190	Ureteroscopic Calculi - Unilateral	FP01400081	2	12000.00
1191	Ureteroscopy Urethroplasty	FP01400082	3	17000.00
1192	Ureteroscopy PCNL	FP01400083	3	17000.00
1193	Ureteroscopic stone Removal And DJ Stenting	FP01400084	3	9000.00
1194	Urethral Dilatation	FP01400085	1	2250.00
1195	Urethral Injury	FP01400086	2	10000.00
1196	Urethral Reconstruction	FP01400087	3	10000.00
1197	Ureteric Catheterization - Cystoscopy	FP01400088	1	3000.00
1198	Ureterostomy (Cutanie)	FP01400089	3	10000.00
1199	URS + Stone Removal	FP01400090	3	9000.00
1200	URS Extraction of Stone Ureter - Bilateral	FP01400091	3	15000.00
1201	URS Extraction of Stone Ureter - Unilateral	FP01400092	3	10500.00
1202	URS with DJ Stenting With ESWL	FP01400093	3	15000.00
1203	URS with Endolitholopexy	FP01400094	2	9000.00
1204	URS with Lithotripsy	FP01400095	3	9000.00
1205	URS with Lithotripsy with DJ Stenting	FP01400096	3	10000.00
1206	URS+ Cysto + Lithotomy	FP01400097	3	9000.00
1207	V V F Repair	FP01400098	3	15000.00
1208	Hypospadias Repair and Orchiopexy	FP01400099	5	16250.00
1209	Vesicoureteral Reflux - Bilateral	FP01400100	3	13000.00
1210	Vesicoureteral Reflux – Unilateral	FP01400101	3	8750.00
1211	Vesicolithotomy	FP01400102	3	7000.00
1212	VIU (Visual Internal Ureterotomy)	FP01400103	3	7500.00
1213	VIU + Cystolithopexy	FP01400104	3	12000.00
1214	VIU + Hydrocelectomy	FP01400105	2	15000.00
1215	VIU and Meatoplasty	FP01400106	2	9000.00
1216	VIU for Stricture Urethra	FP01400107	2	7500.00
1217	VIU with Cystoscopy	FP01400108	2	7500.00
1218	Y V Plasty of Bladder Neck	FP01400109	5	9500.00
1219	Operation for ectopic ureter	FP01400111	3	9000.00
1220	TURP + Cystolithotripsy	FP01400113	3	12000.00
1221	TURP with removal of the vertical calculi	FP01400114	3	12000.00
1222	TURP with Vesicolithotomy	FP01400115	3	12000.00
1223	Ureteroscopic removal of lower ureteric	FP01400116	2	9000.00
1224	Ureteroscopic removal of ureteric calculi	FP01400117	2	7500.00
1225	Varicocele	FP01400118	1	3500.00
1226	VIU + TURP	FP01400119	2	12000.00
1227	Ureteric Catheterization – Cystoscopy +PCNL (Percutaneous Nephrolithotomy) - Unilateral	FP01400045	2	12500.00
1228	Ureteric Catheterization - Cystoscopy+ Pyelolithotomy	FP01400052	2	10500.00
1229	Bladder Calculi- Removal +Transvesical prostatectomy	FP01400110	2	14500.00
1230	Stricture Urethra+ TURP (Trans-Urethral Resection of Bladder)Prostate	FP01400112	2	15550.00
1231	Ureteroscopic Calculi – Unilateral +TURP (Trans-Urethral Resection of Bladder)Prostate	FP01400120	2	18550.00
1232	Bladder Calculi- Removal+ Stricture Urethra	FP01400121	2	10150.00
1233	Ureteroscopic Calculi - Unilateral+ Ureteric Catheterization - Cystoscopy	FP01400122	2	11250.00

1234	Ureteric Catheterization – Cystoscopy + Nephrolithotomy	FP01400123	5	10550.00
1235	Dilatation of urethra	FP01400124	D	750.00
1236	AV Shunt for dialysis	FP01400125	3	7500.00
1237	Haemolysis per sitting	FP01400126	D	3000.00
15. Oncology				
1238	Adenoma Excision	FP01500001	7	12000.00
1239	Adrenalectomy – Bilateral	FP01500002	7	22800.00
1240	Adrenalectomy – Unilateral	FP01500003	7	15000.00
1241	Carcinoma lip - Wedge excision	FP01500004	5	8400.00
1242	Chemotherapy - Per sitting	FP01500005	D	1200.00
1243	Excision Carotid Body tumour	FP01500006	5	15600.00
1244	Malignant ovarian	FP01500007	5	18000.00
1245	Operation for Neuroblastoma	FP01500008	5	12000.00
1246	Partial Subtotal Gastrectomy & Ulcer	FP01500009	7	18000.00
1247	Radiotherapy - Per sitting	FP01500010	D	1800.00
16. Other commonly used procedures				
1248	Upto 30% burns first dressing	FP01600001	D	300.00
1249	Upto 30% burns subsequent dressing	FP01600002	D	200.00
1250	Dog Bite subject to completion of 5 injections plus dressing	FP01600003	D	2500.00
1251	Snake bite (poisonous)	FP01600004	5	10500.00
1252	MRI Head - Without Contrast	FP01600005	D	2500.00
1253	MRI Head - with Contrast	FP01600006	D	3500.00
1254	MRI Orbits - without Contrast	FP01600007	D	1700.00
1255	MRI Orbits - with Contrast	FP01600008	D	5000.00
1256	MRI Nasopharynx and PNS - Without Contrast	FP01600009	D	2500.00
1257	MRI Nasopharynx and PNS - with Contrast	FP01600010	D	5000.00
1258	MRI Neck - Without Contrast	FP01600011	D	2500.00
1259	MRI Neck - with Contrast	FP01600012	D	5000.00
1260	MRI Shoulder - Without Contrast	FP01600013	D	2500.00
1261	MRI Shoulder - with Contrast	FP01600014	D	5000.00
1262	MRI Shoulder both Joint - Without Contrast	FP01600015	D	2500.00
1263	MRI Shoulder both Joint - with Contrast	FP01600016	D	5000.00
1264	MRI Wrist Single Joint - Without Contrast	FP01600017	D	2500.00
1265	MRI Wrist Single Joint - with Contrast	FP01600018	D	5000.00
1266	MRI Wrist both Joint - Without Contrast	FP01600019	D	1000.00
1267	MRI Wrist both Joint - with Contrast	FP01600020	D	5000.00
1268	MRI Knee Single Joint - Without Contrast	FP01600021	D	2500.00
1269	MRI Knee Single Joint - with Contrast	FP01600022	D	5000.00
1270	MRI Knee both Joint - Without Contrast	FP01600023	D	2500.00
1271	MRI Knee both Joint - with Contrast	FP01600024	D	5000.00
1272	MRI Ankle Single - Without Contrast	FP01600025	D	2500.00
1273	MRI Ankle Single - with Contrast	FP01600026	D	5000.00
1274	MRI Ankle Both - Without Contrast	FP01600027	D	2500.00
1275	MRI Ankle Both - with Contrast	FP01600028	D	5000.00
1276	MRI Hip - Without Contrast	FP01600029	D	2500.00
1277	MRI Hip - with Contrast	FP01600030	D	5000.00
1278	MRI Pelvis - Without Contrast	FP01600031	D	2500.00

1279	MRI Pelvis - with Contrast	FP01600032	D	5000.00
1280	MRI Extremities - Without Contrast	FP01600033	D	2500.00
1281	MRI Extremities - with Contrast	FP01600034	D	5000.00
1282	MRI Temporomandibular Single Joint - Without Contrast	FP01600035	D	2500.00
1283	MRI Temporomandibular Single Joint - with Contrast	FP01600036	D	5000.00
1284	MRI Temporomandibular Double Joints - Without Contrast	FP01600037	D	2500.00
1285	MRI Temporomandibular Double Joints - with contrast	FP01600038	D	5000.00
1286	MRI Abdomen - Without Contrast	FP01600039	D	2500.00
1287	MRI Abdomen - with Contrast	FP01600040	D	5000.00
1288	MRI Breast - Without Contrast	FP01600041	D	2500.00
1289	MRI Breast - with Contrast	FP01600042	D	5000.00
1290	MRI Spine Screening - Without Contrast	FP01600043	D	1000.00
1291	MRI Spine Screening - with Contrast	FP01600044	D	4000.00
1292	MRI Chest - Without Contrast	FP01600045	D	2500.00
1293	MRI Chest - with Contrast	FP01600046	D	5000.00
1294	MRI Cervical Spine - Without Contrast	FP01600047	D	1000.00
1295	MRI Cervical Spine - with Contrast	FP01600048	D	5000.00
1296	MRI Lumbar Spine - Without Contrast	FP01600049	D	2500.00
1297	MRI Lumbar Spine - with Contrast	FP01600050	D	5000.00
1298	MRI Screening - Without Contrast	FP01600051	D	1000.00
1299	MRI Screening - with Contrast	FP01600052	D	4000.00
1300	MRI Angiography - Without Contrast	FP01600053	D	1200.00
1301	MRI Angiography - with Contrast	FP01600054	D	5000.00
1302	Mammography (Single side)	FP01600055	D	450.00
1303	Mammography (Both sides)	FP01600056	D	540.00
1304	Pulmonary function test	FP01600057	D	430.00
1305	Fibroptic Bronchoscopy with Washing/Biopsy	FP01600058	D	1830.00
1306	Uroflow Study (Micturometry)	FP01600059	D	330.00
1307	Urodynamic Study (Cystometry)	FP01600060	D	400.00
1308	Cystoscopy with Retrograde Catheter -Unilateral	FP01600061	D	2620.00
1309	Cystoscopy with Retrograde Catheter - Bilateral	FP01600062	D	3300.00
1310	Cystoscopy Diagnostic	FP01600063	D	1570.00
1311	Cystoscopy with Bladder Biopsy	FP01600064	D	2000.00
1312	Cat Scan (C.T.) Head/ Brain - Without Contrast	FP01600065	D	900.00
1313	Cat Scan (C.T.) Head / Brain - with Contrast	FP01600066	D	1400.00
1314	C.T. Head Scan involving special Investigation - Without Contrast	FP01600067	D	1400.00
1315	C.T. Head involving special. Investigation -with Contrast	FP01600068	D	1900.00
1316	C.T. Chest (HRCT) - Without Contrast	FP01600069	D	1700.00
1317	C.T. Chest (HRCT) - with Contrast	FP01600070	D	2140.00
1318	C.T. Spine (Cervical, Dorsal, Lumbar, Sacral) -Without Contrast	FP01600071	D	1440.00
1319	C.T. Spine (Cervical, Dorsal, Lumbar, Sacral) - with Contrast	FP01600072	D	2300.00
1320	C.T. Cervical C.T. 3D Reconstruction only	FP01600073	D	2945.00
1321	C.T. Guided Biopsy	FP01600074	D	1000.00
1322	C.T. Guided percutaneous catheter drainage	FP01600075	D	1200.00
1323	C.T. Myelogram (Cervical Spine) - Without Contrast	FP01600076	D	1800.00
1324	C.T. Myelogram (Cervical Spine) - with Contrast	FP01600077	D	2558.00
1325	C.T. Myelogram (Lumbar Spine or D/S) - Without Contrast	FP01600078	D	2000.00

1326	C.T. Myelogram (Lumbar Spine or D/S)- with Contrast	FP01600079	D	2558.00
1327	C.T. Scan Chest - Without Contrast	FP01600080	D	1400.00
1328	C.T. Scan Chest - with Contrast	FP01600081	D	2325.00
1329	C.T. Scan Upper Abdomen - Without Contrast	FP01600082	D	1300.00
1330	C.T. Scan Upper Abdomen - with Contrast	FP01600083	D	2092.00
1331	C.T. Scan Lower Abdomen - Without Contrast	FP01600084	D	1680.00
1332	C.T. Scan Lower Abdomen - with Contrast	FP01600085	D	2092.00
1333	C.T. Scan Whole Abdomen - Without Contrast	FP01600086	D	2092.00
1334	C.T. Scan Whole Abdomen - with Contrast	FP01600087	D	3400.00
1335	C.T. Scan Neck (Thyroid Soft Tissue) - Without Contrast	FP01600088	D	1560.00
1336	C.T. Scan Neck (Thyroid Soft Tissue) - with Contrast	FP01600089	D	1940.00
1337	C.T. Scan Orbits - Without Contrast	FP01600090	D	1200.00
1338	C.T. Scan Orbits - with contract	FP01600091	D	1750.00
1339	C.T. Scan Limbs - Without Contrast	FP01600092	D	1700.00
1340	C.T. Scan Limbs - with Contrast	FP01600093	D	2300.00
1341	C.T. Scan Whole Body - Without Contrast	FP01600094	D	6700.00
1342	C.T. Scan Whole Body - with Contrast	FP01600095	D	9000.00
1343	C.T. Scan of Para Nasal Sinus - Without Contrast	FP01600096	D	1520.00
1344	C.T. Scan of Para Nasal Sinus - with Contrast	FP01600097	D	1860.00
1345	Whole Blood per unit	FP01600098	D	1200.00
1346	Platelets per unit	FP01600099	D	750.00
1347	Plasma per unit	FP01600100	D	750.00
1348	Packed cells per unit	FP01600101	D	1500.00
17. Medical procedures				
1349	General Ward :Unspecified Description of ailment to be written.	FP01700001	n	750.00
1350	ICU-designated air conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart/tray, defibrillator, ventilators, suction pumps, bed side oxygen facility.	FP01700002	n	1500.00
18. Medical conditions				
1351	Accidental organophosphorus poisoning	FP01800001	n	
1352	Acid peptic disease	FP01800002	1	
1353	Acute and sub-acute endocarditis	FP01800003	10	
1354	Acute asthma attack	FP01800004	3	
1355	Acute colitis	FP01800005	3	
1356	Acute diarrhoea with severe dehydration (grade 2 and above)	FP01800006	2	
1357	Acute diarrhoea with moderate dehydration	FP01800007	1	
1358	Acute Exarcebation of COPD	FP01800008	6	
1359	Acute hepatitis A	FP01800009	10	
1360	Acute hepatitis B	FP01800010	10	
1361	Acute hepatitis B	FP01800011	10	
1362	Acute Hytension - medical management	FP01800012	3	
1363	Acute meningitis - fungal	FP01800013	7	
1364	Acute meningitis - pyogenic	FP01800014	7	
1365	Acute Myocardial infarction (conservative management)	FP01800015	7	
1366	Acute otitis media	FP01800016	2	
1367	Acute Pancreatitis	FP01800017	7	
1368	Acute Pneumonia-/ consolidation Bacterial	FP01800018	5	

1369	Acute renal colitis	FP01800019	3	
1370	Acute renal failure	FP01800020	10	
1371	Acute renal failure (plus dialysis)	FP01800021	7	
1372	acute respiratory failure (including ventilator)	FP01800022	7	
1373	Acute tubulo-interstitial nephritis	FP01800023	7	
1374	Acute urinary infection	FP01800024	3	
1375	Acute virall hepatitis (hepatitis A)	FP01800025	7	
1376	Amoebiasis	FP01800026	3	
1377	Amoebic abscess - liver	FP01800027	5	
1378	Anemia – Severe Hb less than 6 gm/dl (plus blood transfusion units)	FP01800028	5	
1379	Aneurysm - resection and grafting	FP01800029	7	
1380	Angioplasty	FP01800030	5	
1381	ASD / VSD repair	FP01800031	7	
1382	Asthma Acute Status	FP01800032	5	
1383	Bacterial pneumonia, not elsewhere classified	FP01800033	7	
1384	Bronchiectasis	FP01800034	7	
1385	Bronchitis, not specified as acute or chronic	FP01800035	7	
1386	CABG	FP01800036	10	
1387	Caudal Block Therapeutic (Cervical)	FP01800037	D	
1388	Caudal Block Therapeutic (Lumbar)	FP01800038	D	
1389	Cerebral infarction	FP01800039	10	
1390	Chicken pox- complicated	FP01800040	3	
1391	Chronic otitis media	FP01800041	5	
1392	Chronic pancreatitis	FP01800042	5	
1393	Chronic viral hepatitis	FP01800043	10	
1394	Closed valvotomy	FP01800044	10	
1395	Congetive cardiac failure	FP01800045	5	
1396	Conjunctivitis (bacterial)	FP01800046	3	
1397	Control of diabetic ketoacidosis	FP01800047	3	
1398	Control of Hypertension	FP01800048	5	
1399	COPD+ Respiratory Failure	FP01800049	7	
1400	Dengue fever	FP01800050	3	
1401	Dengue fever [classical dengue	FP01800051	7	
1402	Dengue haemorrhagic fever	FP01800052	10	
1403	Dengue h'agic fever (plus packed cell transfusion)	FP01800053	5	
1404	Diarrhoea and gastroenteritis of presumed infectious origin	FP01800054	3	
1405	Diphtheria	FP01800055	7	
1406	Dysentery - bacterial	FP01800056	4	
1407	Dysfunctional uterine bleeding	FP01800057	7	
1408	Emphysema Acute Exacerbation	FP01800058	3	
1409	Endocarditis	FP01800059	5	
1410	Enteric fever	FP01800060	5	
1411	Epiduro-fluoroscopy Adhesiolysis (3 days stay)	FP01800061	3	
1412	Essential (primary) hypertension	FP01800062	3	
1413	Filariasis	FP01800063	2	
1414	Food poisoning	FP01800064	3	
1415	Gestational [pregnancy-induced] hypertension with significant	FP01800065	7	

	proteinuria			
1416	Gestational [pregnancy-induced] hypertension without significant proteinuria	FP01800066	3	
1417	Heat stroke	FP01800067	3	
1418	Hemiplegia / quadriplegia	FP01800068	15	
1419	Colitis	FP01800069	2	
1420	Hepatitis B	FP01800070	5	
1421	Herpes Simplex	FP01800071	7	
1422	Hyper Osmolar Non Ketotic Coma	FP01800072	4	
1423	Insulin-dependent diabetes mellitus-Acute episode	FP01800073	3	
1424	Interstitial lung diseases	FP01800074	4	
1425	Intraarticular Ozone Knee package of 5sitting	FP01800075	D	
1426	Intraarticular Steroid knee package of 5 sitting	FP01800076	D	
1427	Intracerebral haemorrhage (ICU)	FP01800077	10	
1428	Leprosy Reaction & Neuritis (T1R & T2R)	FP01800078	10	
1429	Leprosy Ulcer Care With Stay	FP01800079	10	
1430	Leptospirosis	FP01800080	7	
1431	Localised cellulitis	FP01800081	3	
1432	LRTI management	FP01800082	4	
1433	Lung abscess /Empyema	FP01800083	4	
1434	Malaria - complicated	FP01800084	5	
1435	Malaria - uncomplicated	FP01800085	3	
1436	Malaria –cerebral	FP01800086	7	
1437	Malnutrition-related diabetes mellitus	FP01800087	5	
1438	Management of Pneumothorax	FP01800088	5	
1439	Measles - complicated	FP01800089	7	
1440	Measles - uncomplicated	FP01800090	2	
1441	Meningitis	FP01800091	7	
1442	Management of Haemorrhagic Stroke/Strokes	FP01800092	5	
1443	Management of Ischemic Strokes	FP01800093	5	
1444	Multiple fractures	FP01800094	10	
1445	Myalgia	FP01800095	2	
1446	Neonatal jaundice due to other excessive haemolysis	FP01800096	7	
1447	Neonatal jaundice from other and unspecified causes	FP01800097	7	
1448	Nephrotic syndrome	FP01800098	3	
1449	Non-insulin-dependent diabetes mellitus	FP01800099	3	
1450	Orchitis	FP01800100	2	
1451	Organ transplant	FP01800101	10	
1452	Other acute viral hepatitis	FP01800102	10	
1453	Other bacterial foodborne intoxications, not elsewhere classified	FP01800103	2	
1454	Other Coagulation disorders (plus blood transfusion units costs)	FP01800104	2	
1455	Other non-traumatic intracranial haemorrhage	FP01800105	10	
1456	Ozone Therapy + Nerve Block	FP01800106	D	
1457	Ozone Therapy(Intradiscal Paraspinal package include admission one day + 4 follow up procedure)	FP01800107	D	
1458	Pacemaker - permanent	FP01800108		
1459	Pacemaker - temporary	FP01800109		
1460	Peripheral neuritis/ neuropathy	FP01800110	5	

1461	Pertussis	FP01800111		
1462	Plague	FP01800112		
1463	Plasmodium falciparum malaria	FP01800113	5	
1464	Plasmodium malariae malaria	FP01800114	5	
1465	Plasmodium vivax malaria	FP01800115	5	
1466	Pneumonia	FP01800116		
1467	Pneumonia due to Haemophilus influenzae	FP01800117	7	
1468	Pneumonia due to other infectious organisms, not elsewhere classified	FP01800118	5	
1469	Pneumonia due to Streptococcus pneumoniae	FP01800119	7	
1470	Pneumonia in diseases classified elsewhere	FP01800120	5	
1471	Pneumonia, organism unspecified	FP01800121	5	
1472	Pneumothorax	FP01800122	10	
1473	PUO Management (would include fevers - viral/bacterial/fungal/infestation, etc.)	FP01800123	7	
1474	Respiratory tuberculosis, bacteriologically and histologically confirmed	FP01800124	10	
1475	RTA Head Injury Management (conservative)	FP01800125	3	
1476	Scabies	FP01800126		
1477	Schizophrenia	FP01800127		
1478	Scorpion sting	FP01800128	2	
1479	Septic shock	FP01800129	5	
1480	Septicemia	FP01800130		
1481	Simple and mucopurulent chronic bronchitis	FP01800131	3	
1482	status epilepsy	FP01800132	5	
1483	Staus asthmaticus	FP01800133	6	
1484	Stroke	FP01800134		
1485	Stroke, not specified as haemorrhage or infarction	FP01800135	15	
1486	Subarachnoid haemorrhage (ICU)	FP01800136	7	
1487	Syphilis	FP01800137		
1488	Systemic Lupus Erythematosus	FP01800138	5	
1489	TB – pulmonary	FP01800139		
1490	TB Meningitis	FP01800140		
1491	Tetanus	FP01800141		
1492	Thrombocytopenia (plus blood unit costs)	FP01800142	3	
1493	Tonsillitis	FP01800143		
1494	Trachoma	FP01800144		
1495	Transforaminal Block	FP01800145	D	
1496	Tubercular meningitis	FP01800146	10	
1497	Typhoid	FP01800147		
1498	Typhoid and paratyphoid fevers	FP01800148	7	
1499	Unspecified chronic bronchitis	FP01800149	3	
1500	Unspecified diabetes mellitus	FP01800150	3	
1501	Unspecified malaria	FP01800151	5	
1502	Unspecified viral hepatitis	FP01800152	10	
1503	Upper GI bleeding (conservative)	FP01800153	3	
1504	Upper GI bleeding (endoscopic treatment)	FP01800154	2	
1505	Urethritis - chlamydial	FP01800155		
1506	Urethritis - gonococcal	FP01800156		

1507	URI	FP01800157		
1508	Valve replacement	FP01800158		
1509	Vasculitis	FP01800159	3	
1510	Viral and other specified intestinal infections	FP01800160	3	
1511	Viral fever	FP01800161		
1512	Viral meningitis	FP01800162	7	
1513	Viral pneumonia, not elsewhere classified	FP01800163	5	
1514	Vitamin A deficiency	FP01800164		
1515	Screening		Rs. 100 per visit up to 10 visits during policy year	
1516	Screening with basic diagnostics		Rs. 150 per visit up to 10 visits during policy year.	

NB: More common interventions/procedures can be added by the insurer under specific system columns.

Procedure list and their corresponding indicative pricing for the Senior citizen (SCHIS) top-up module:

<i>Part – I - General Speciality:</i>		
S. No	Procedure Name	Package rates (in Rs.)
1. CARDIOLOGY		
1	PTCA - single stent (medicated, inclusive of diagnostic angiogram)	45000.00
2	PTCA - double stent (medicated, inclusive of diagnostic angiogram)	60000.00
3	Balloon Mitral Valvotomy	30000.00
4	Balloon Pulmonary Valvotomy	30000.00
5	Balloon Aortic Valvotomy	30000.00
6	Peripheral Angioplasty with single stent (medicated)	45000.00
7	Peripheral Angioplasty with double stent (medicated)	60000.00
8	Renal Angioplasty with single stent (medicated)	45000.00
9	Renal Angioplasty with double stent (medicated)	60000.00
10	Vertebral Angioplasty with single stent (medicated)	45000.00
11	Vertebral Angioplasty with double stent(medicated)	60000.00
12	Temporary Pacemaker implantation	4500.00
13	Permanent pacemaker (single chamber) implantation (only VVI) including Pacemaker value/pulse generator replacement	50000.00
14	Permanent pacemaker (double chamber) implantation (only VVI) including Pacemaker value/pulse generator replacement	60000.00
15	Pericardiocentesis	4000.00
16	Medical treatment of Acute MI with Thrombolysis /Stuck Valve Thrombolysis	15000.00
17	Coarctoplasty with stenting	45000.00
2. CARDIO THORACIC SURGERY		
18	Coronary artery bypass grafting (CABG)	80000.00
19	Coronary artery bypass grafting (CABG) with Intra-aortic balloon pump (IABP)	90000.00
20	Coronary artery bypass grafting (CABG) with Aneurysmal repair	90000.00
21	Coronary artery bypass grafting (CABG) with Mitral Valve repair	90000.00
22	Open Mitral Valvotomy	75000.00
23	Closed Mitral Valvotomy	30000.00
24	Open Aortic Valvotomy	75000.00
25	Open Pulmonary Valvotomy	75000.00
26	Aortaplasty with stent (Aorta Repair) for Coarctation	45000.00
27	Pericardiectomy	40000.00
28	Lung Cyst	50000.00
29	Space-Occupying Lesion (SOL) mediastinum	50000.00
30	Surgical Correction of Bronchopleural Fistula.	50000.00
31	Diaphragmatic Eventeration	40000.00
32	Oesophageal Diverticula /Achalasia Cardia	40000.00
33	Diaphragmatic Injuries/Repair	40000.00
34	Bronchial Repair Surgery for Injuries due to FB	40000.00
35	Oesophageal tumour excision and follow up care (open preferred)	60000.00
3. CARDIO VASCULAR SURGERY		
36	Femoropopliteal by pass procedure with graft (exogenous)	45000.00
37	Femoropopliteal by pass procedure with graft (endogenous)	30000.00
38	Thromboembolctomy	20000.00
39	Intrathoracic Aneurysm (without graft)-Aneurysm not Requiring Bypass Techniques	60000.00

40	Intrathoracic Aneurysm (with graft) -Requiring Bypass Techniques	60000.00
41	Dissecting Aneurysms with Cardiopulmonary bypass (CPB) (inclu. Graft)	60000.00
42	Dissecting Aneurysms without Cardiopulmonary bypass (CPB) (incl. graft)	60000.00
43	Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with (single) Synthetic Graft	45000.00
44	Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with (double) Synthetic Graft	60000.00
45	Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with vein Synthetic Graft	30000.00
46	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with (double) synthetic Graft	60000.00
47	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with (single) Synthetic Graft	45000.00
48	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with (vein) Graft	30000.00
49	Brachio - Radial Bypass with Synthetic Graft	45000.00
50	Excision of Carotid body Tumor with vascular repair	45000.00
51	Carotid artery bypass with Synthetic Graft	60000.00
52	Deep Vein Thrombosis (DVT) - Inferior Vena Cava (IVC) filter	60000.00
53	Carotid endarterectomy	40000.00
4. NEURO SURGERY		
54	Excision of Brain Tumor	50000.00
55	Carotid Endarterectomy	40000.00
56	Spinal Intra Medullary Tumours	50000.00
57	Corpectomy for Spinal Fixation + cost of implant	50000.00
58	Corpectomy for Spinal Fixation (without implant)	25000.00
5. POLYTRAUMA & REPAIR		
59	Viseral injury requiring surgical intervention along with fixation of fracture of single long bone.	30000.00
60	Viseral injury requiring surgical intervention along with fixation of fracture of 2 or more long bones.	45000.00
61	Chest injury with one fracture of long bone	25000.00
62	Chest injury with fracture of 2 or more long bones	30000.00
63	Arthroscopic Meniscus Repair	60000.00
64	Total Knee Replacement	60000.00
65	Total Hip Replacement	60000.00
6. BURNS		
66	Up To - 40% With Scalds (Conservative)	30000.00
67	Upto - 40% Mixed Burns (With Surgeries)	35000.00
68	Upto - 50% With Scalds (Conservative)	45000.00
69	Up To - 50% Mixed Burns (With Surgeries)	50000.00
70	Between 50% to 60% Burns	70000.00
71	More than 60% Burns	90000.00
72	Mild Contracture Surgeries For Functional Improvement (including splints, pressure garments And Physiotherapy)	20000.00
73	Severe Contracture Surgeries For Functional Improvement (including splints, pressure garments And Physiotherapy)	40000.00

Part – II - Oncology:			
S.No	Sub Category	Procedures	Package rates (in Rs.)
1. SURGICAL ONCOLOGY			
74	Breast	Chest Wall Resection	20000.00
75	Breast	Lumpectomy Breast	3000.00
76	Breast	Breast Reconstruction	25000.00
77	Genitourinary	Emasculation	30000.00
78	Genitourinary	Partial Penectomy	15000.00
79	Genitourinary	Total Penectomy	25000.00
80	Limb Salvage Surgery	Internal Hemipelvectomy	50000.00
81	Limb Salvage Surgery	Curettage & Bone Cement	25000.00
82	Limb Salvage Surgery	Forequarter Amputation	40000.00
83	Limb Salvage Surgery	Hemipelvectomy	45000.00
84	Limb Salvage Surgery	Sacral Resection	40000.00
85	Limb Salvage Surgery	Bone Resection	25000.00
86	Limb Salvage Surgery	Shoulder Girdle Resection	40000.00
87	Lung	Lung Metastectomy – Solitary	35000.00
88	Urinary Bladder	Total Exenteration	60000.00
89	Urinary Bladder	Bilateral Pelvic Lymph Node Dissection(BPLND) for CA Urinary Bladder	45000.00
90	Esophagus	Oesophagectomy With Two Field Lymphadenectomy	60000.00
91	Esophagus	Oesophagectomy With Three Field Lymphadenectomy	60000.00
92	Lung	Lung Metastectomy – Multiple	60000.00
93	Lung	Sleeve Resection Of Lung Cancer	50000.00
94	Testis Cancer	Retro Peritoneal Lymph Node Dissection(RPLND) (For Residual Disease)	45000.00
95	Testis Cancer	Retro Peritoneal Lymph Node Dissection (RPLND) As Part Of Staging	45000.00
96	Urinary Bladder	Anterior Exenteration	40000.00
97	Testis Cancer	Urinary Diversion	35000.00
98	Limb Salvage Surgery	Limb Salvage Surgery Without Prosthesis	40000.00
99	Limb Salvage Surgery	Limb Salvage Surgery With Custom Made Prosthesis	50000.00
100	Limb Salvage Surgery	Limb Salvage Surgery With Modular Prosthesis	60000.00
101	Ca Git	Whipples Any Type	60000.00
102	Ca Git	Triple Bypass	25000.00
103	Ca Git	Abdominoperineal Resection	40000.00
104	Ca Git	Abdomino Perineal Resection (APR) + Sacrectomy	45000.00
105	Ca Rectum	Posterior Exenteration	40000.00
106	Ca Rectum	Total Exenteration	60000.00
107	Ca Cervix	Supra Levator Exenteration	60000.00
108	Head And Neck	Maxillectomy Any Type	40000.00
109	Head And Neck	Wide Excision for tumour	30000.00
110	Head And Neck	Composite Resection and Reconstruction	60000.00
111	Head And Neck	Voice Prosthesis	30000.00
112	Head And Neck	Laryngo-pharyngo-esophagectomy	60000.00
113	Head And Neck	Laser surgery of Larynx	30000.00

114	Bronchoplural Fistula	Surgical Correction Of Bronchoplural Fistula. Myoplasty	35000.00
115	Bronchoplural Fistula	Surgical Correction Of Bronchoplural Fistula Trans Plural (BFP closure)	35000.00
116	Palliative Surgeries	Tracheostomy	5000.00
117	Oral Cavity	Full Thickness Buccal Mucosal Resection & Reconstruction	40000.00
118	Ca Parathyroid	Parathyroidectomy	30000.00
119	Ca.Eye/ Maxilla /Para Nasal Sinus	Maxillectomy + Orbital Exenteration	40000.00
120	Ca.Eye/ Maxilla /Para Nasal Sinus	Maxillectomy + Infratemporal Fossa Clearance	50000.00
121	Ca.Soft Palate	Palatectomy Any Type	30000.00
122	Ca.Ear	Sleeve Resection	25000.00
123	Nasopharynx	Resection Of Nasopharyngeal Tumour	45000.00
124	Reconstruction	Micro Vascular Reconstruction	45000.00
125	Reconstruction	Myocutaneous / Cutaneous Flap	25000.00
126	Palliative Surgeries	Substernal Bypass	40000.00
127	Soft Tissue /Bone Tumours	Wide Excision + Reconstruction soft tissue/Bone Tumours	30000.00
128	Skin Tumours	Skin Tumours Wide Excision + Reconstruction	25000.00
129	Skin Tumours	Skin Tumours Amputation	8000.00
130	Lung	Lung Cancer Decortication	30000.00
131	Soft Tissue /Bone Tumours	Amputation for soft tissue/Bone Tumours	10000.00
132	Lung	Lung Cancer Pneumonectomy	40000.00
133	Breast	Wide Excision of Breast for Tumour	3000.00
134	Ca Cervix	Posterior Exenteration	40000.00
135	Ca Cervix	Total Pelvic Exenteration	60000.00
136	Soft Tissue /Bone Tumours. Chest Wall	Chest Wall Resection + Reconstruction	25000.00
137	Gynec	Bilateral Pelvic Lymph Node Dissection(BPLND)	20000.00
138	Gynec	Radical Trachelectomy	40000.00
139	Ca Abdominal Wall Tumour	Abdominal Wall Tumour Resection	25000.00
140	Gynec	Radical Vaginectomy	30000.00
141	Gynec	Radical Vaginectomy + Reconstruction	35000.00
142	General	Iliac lymph node dissection	15000.00
143	Head & Neck	Functional Neck dissection	20000.00
144	Head & Neck	Supra-Omohyoid Neck dissection	20000.00
145	Colon	Anterior resection rectum	40000.00
146	Stomach	Total Gastrectomy	30000.00
147	Ovarian Cancer	TAH+BSO+Omentectomy	30000.00
148	Brain Tumor	Excision of Brain tumor	30000.00
149	Brain Tumor	V-P Shunt	15000.00
2. RADIATION ONCOLOGY			
150	Cobalt 60 External Beam Radiotherapy	Palliative Treatment	10000.00
151	Cobalt 60 External Beam Radiotherapy	Radical/ Adjuvant Treatment	15000.00
152	Brachytherapy Intracavity	Intracavitary HDR per fraction (max 4 session)	4500.00
153	Brachytherapy Intracavity	Intracavitary LDR per fraction (max 4 session)	2500.00
154	Brachytherapy Interstitial	Interstitial LDR, adjuvant	15000.00
155	Brachytherapy Interstitial	Interstitial HDR one application and multiple dose	25000.00

		fractions	
156	External Beam Radiotherapy (On Linear Acclerator)	Palliative Treatment With Photons	20000.00
157	External Beam Radiotherapy (On Linear Acclerator)	Radical/ Adjuvant Treatment With Photons/Electrons	35000.00
158	Specialized Radiation Therapy – 3DCRT (3-D Conformational Radiotherapy)	Linear accelerator teletherapy 3DCRT, Definitive, Adjuvant (inclusive of RT planning - Rs. 15,000)	75000.00
159	Specialized Radiation Therapy - IMRT (Intensity Modulated Radiotherapy)	Linear accelerator teletherapy IMRT /VMAT, Definitive, Adjuvant (inclusive of RT planning - Rs. 20,000)	90000.00
160	Specialized Radiation Therapy - SRS/ SRT	Definitive, Adjuvant, SRS/SRT (guidelines enclosed as Annexure 4)	75000.00
161	Specialized Radiation Therapy - IMRT with IGRT	IMRT+IGRT-Up To 40 Fractions In 8 Weeks	90000.00
162	Specialized Radiation Therapy Rapid Ax Therapy	Rapid Ax Therapy-Up To 40 Fractions In 8 Weeks	90000.00
3. MEDICAL ONCOLOGY			
163	Lymphoma, Non-Hodgkin's	Cyclophosphamide - Doxorubicin Vincristine - Prednisone (CHOP)- max 8 cycles (Per cycle)	3500.00
164	Multiple Myeloma	Vincristine, Adriamycin, Dexamethasone (VAD) - cycle max 6 cycles	4000.00
165	Multiple Myeloma	Thalidomide + Dexamethasone (Oral) / month - max 12 months	3000.00
166	Colon Rectum	5-Fluorouracil-Oxaliplatin - Leucovorin (FOLFOX) - Max. 12 cycles (Per cycle)	6000.00
167	Bone Tumors/Osteosarcoma	Cisplatin/carboplatin - Adriamycin- max 6 cycles (Per cycle)	3000.00
168	Lymphoma, Hodgkin'S	Adriamycin Bleomycin Vinblastin Dacarbazine (ABVD) - max 8 cycles (Per cycle) (Day 1 & Day 15)	3000.00
169	Cervix	Cisplatin/Carboplatin (AUC2) along with RT- max 6 cycles (Per cycle)	2000.00
170	Childhood B-Cell Lymphomas	Variable Regimen-Lukemia, Lymphoma and Plasmacell (Per cycle) max. 8 cycles.	12000.00
171	Neuroblastoma Stage I –III	Variable Regimen – Neuroblastoma - max 1 year (Per cycle)	9000.00
172	Multiple Myeloma	Melphalan -Prednisone (oral) – per month (max 12 months) - Ovarian CA, Bone CA	1500.00
173	Wilm's Tumor	SIOP/National Wilms Tumour Study Group (NWTS) regimen (Stages I - V)- max 6 months (Per month) - Wilm's tumour	7000.00
174	Hepatoblastoma -Operable	Cisplatin/carboplatin - Adriamycin- max 6 cycles (Per cycle)	4000.00
175	Colon Rectum	Monthly 5-FU	4000.00
176	Breast	Paclitaxel weekly x 12 weeks	4000.00
177	Breast	Cyclophosphamide/Methotrexate/5Fluorouracil (CMF) (Per cycle)	1500.00
178	Breast	Tamoxifen tabs - maximum 12 cycles (Per month)	100.00
179	Breast	Adriamycin/Cyclophosphamide (AC) – per cycle (Maximum 4 cycles)	3000.00
180	Breast	5- Fluorouracil A-C (FAC) – per cycle (Maximum 6 cycles)	3100.00
181	Breast	AC (AC Then T)	3000.00
182	Small Cell Lung Cancer	Cisplatin/Etoposide (IIB) – per cycle (Max. 6 cycles)	4000.00

		only)	
183	Oncology oesophagus	Cisplatin + 5 FU(Neoadjuvant Chemotherapy)/Adjuvant (ADJ)- per cycle (Max. of 6 cycles only)	3000.00
184	Stomach	5-Fu Leucovorin (MCDONALD Regimen)	4000.00
185	Breast	Aromatase Inhibitors (Anastazole/Letrozole/Exemestane) - maximum 12 cycles (Per month)	900.00
186	Urinary Bladder	Weekly Cisplatin/Carboplatin- max 6 cycles with RT (Per week)	2000.00
187	Urinary Bladder	Methotraxate Vinblastin Adriamycin Cyclophosphamide (MVAC)	5000.00
188	Retinoblastoma	Carbo/Etoposide/Vincristine-max 6 cycles (Per cycle)	4000.00
189	Febrile Neutropenia	IV antibiotics and other supportive therapy (Per episode)	9000.00
190	Vaginal Cancer	Cisplastin/5-FU	3000.00
191	Ovary	Carboplatin/Paclitaxel-max 6 cycles (Per cycle)	6000.00
192	Rectal Cancer Stage 2 And 3	Xelox Along With Adjuvant Chemotherapy Of AS-I	4000.00
193	Multiple Myeloma	Zoledronic acid - Max 12 cycles (Per month)	2000.00
194	Gestational Trophoblast Ds. High Risk	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide -Vincristine (EMA-CO)-max 6 cycles (Per cycle)	3000.00
195	Gestational Trophoblast Ds. Low Risk	Actinomycin- max 10 cycles (Per cycle)	1000.00
196	Gestational Trophoblast Ds. Low Risk	Weekly Methotrexate (Per week) max. 10 cycles	600.00
197	Ovary Germ Cell Tumour	Bleomycin-Etoposide-Cisplatin (BEP) - max cycles 4 (Per cycle)	6000.00
198	Prostate	Hormonal Therapy - Per month	3000.00
199	Testis	Bleomycin-Etoposide-Cisplatin (BEP)- max cycles 4 (Per cycle)	6000.00
200	Acute Myeloid Leukemia	Induction Phase, up to	60000.00
201	Acute Myeloid Leukemia	Consolidation Phase, up to	40000.00
202	Histocytosis	Variable Regimen-Histocytosis-max 1 year (Per month)	8000.00
203	Rhabdomyosarcoma	Vincristine-Actinomycin-Cyclophosphamide (VACTC) based chemo - max 1 year (Per month) – Rhabdomyosarcoma	6000.00
204	Ewing's Sarcoma	Variable Regimen Inv - Hematology, Biopsy – Payable	6000.00
205	Unlisted Regimen	Palliative CT- Max 6 cycles (Per cycle)	5000.00
206	Terminally Ill	Palliative And Supportive Therapy - Per month	2000.00
207	Vulval Cancer	Cisplastin/5-FU	3000.00
208	Acute Lymphatic Leukemia	Maintenance Phase - Per month	3000.00
209	Acute Lymphatic Leukemia	Induction 1st And 2 nd Months - Payable maximum upto	50000.00
210	Acute Lymphatic Leukemia	Induction 3rd, 4th, 5th months - Payable maximum upto	20000.00
211	Head and Neck	Tab Gefitinib/Erlotinib-Max 1 Year (Per month)	3000.00

<i>Part – III - Oncology Treatment Plan Approval: Background Information</i>		
Name		
Age		
Sex		
Hospital		
Brief Clinical History		
Family history/predisposing conditions		
Previous cancer treatment history (if any specify details)		
Cancer type/location		
Key Investigations: <ul style="list-style-type: none"> • Baseline CBC/RBS/KFT/LFT/Ca/P/Uric Acid/lipid profile • Tumor markers (if needed) • Viral markers: HbsAg./Anti-HCV/HIV 1&2 • Cardiac ECHO • CECT Neck / chest / abdomen / pelvis 		
Diagnosis		
Tumor type / histology / grade:		
Staging		
Key Investigation (others)	Date	Findings
Treatment Plan by Multidisciplinary Board		
Surgical Oncology		
Required	Not Required	
Done (Specify details- When, Where, Attach discharge summary)		
Procedure		
Code		
Radiation Oncology		
Palliative /Definitive/Adjuvant /Neoadjuvant		
Brachytherapy		
Procedure		
Code		
No. of fractions/ sessions		
Dosage (GRAY)		
Medical Oncology		
Palliative / Definitive/ Adjuvant / Neoadjuvant		
Hormone therapy		
Codes		
Dosage		
Cycles/ Months/ Weeks		
Treatment Schedule (Mention planned schedule with probable dates)		
Radiation Therapy		
Day care/ In patient: General / Semi-Pvt / Pvt		
Chemo Therapy		
Day care/ In patient: General / Semi-Pvt / Pvt		
Tumor Board decision/ remarks:		
Approval authority		
Dept. of Surgical Oncology	Dept. of Radiation Oncology	Dept. of Medical Oncology
Doctor's Name & Seal	Doctor's Name & Seal	Doctor's Name & Seal

Part – IV - GUIDELINES REGARDING STEREOTACTIC RADIOSURGERY (SRS):

- Stereotactic radiosurgery (SRS) refers to treatment of any intracranial site consisting of 1 fraction only.
- Stereotactic body radiotherapy (SBRT or SRT) refers to use at any extracranial site or any intracranial site consisting of 2 -5 fractions.

Hospitals should have following infrastructure

- A. Treatment machines which are capable of delivering SRS/SRT
 1. Gamma knife
 2. X knife (Linear accelerator based with less than 5mm leaf thickness)
 3. Cyberknife
 4. Tomotherapy
 5. Proton Therapy
- B. Associated Treatment planning system
- C. Associated Dosimetry systems

Indications and maximum dosages for SRS:

1. Arteriovenous malformation (AVM): 24 Gy
2. Trigeminal neuralgia (TGM): 80 Gy
3. Meningioma: 20 Gy
4. Acoustic neuroma/ Vestibular Schwannoma
5. Pituitary adenoma
6. Craniopharyngeoma
7. Ependymoma
8. Glomus tumor
9. Pineal gland tumor
10. Uveal melanoma
11. Spinal tumors, primary: 8 to 10Gy

In other conditions, a dose of 14 to 18Gy can be used

In general, SRS is not suitable for tumors or lesions 4 cm or larger in diameter or immediately adjacent to eloquent structures such as the optic apparatus and brainstem if a dose of higher than 12 Gy is needed to control the tumor.

Indications for SBRT/SRT

1. Non-small cell lung cancer with following conditions: 60-66 Gy in 3 fractions
 - Single lesion less than or equal to 5 cm; and
 - Lesion is inoperable based on a) tumor location or b) individual is not a surgical candidate because of medical contraindication (for example, limited pulmonary reserve); and
 - Procedure is done for a curative intent (staging- no known distant metastasis (M0); no metastasis to regional lymph nodes (N0)).
2. Spine tumors , primary : 30 Gy in 5 fractions
3. Liver, primary: 30 Gy-45 Gy in 3 fractions
4. Pancreas: 24 -30 Gy in 3 fractions
5. Prostate: 30 Gy-45 Gy in 3 fractions
6. When SRS is not feasible because of the size and location

The doses mentioned for both SRS and SRT should be used as guidelines but they could vary based on the individual volume and doses to adjacent normal structures.

The following details should be provided at the time of claim submission

1. Screenshots of plans - Axial, sagittal and coronal planes
2. Screen shot DVH (Dose volume Histogram)
3. Screen shot of BEW (Beam's Eye View)
4. To provide treatment history through RT chart via record and verification system (R&V). No paper based RT chart with manual entry should be accepted.

Appendix 4 – Guidelines for Smart Card and other IT Infrastructure under RSBY

1. Introduction

These guidelines provide in brief the technical specifications of the smart card, devices & infrastructure to be used under RSBY. The standardization is intended to serve as a reference, providing state government agencies with guidance for implementing an interoperable smart card based cashless health insurance program.

While the services are envisaged by various agencies, the ownership of the project and thereby that of complete data – whether captured or generated as well as that of smart cards lies with the Government of India, Ministry of Labour and Employment.

In creating a common health insurance card across India, the goals of the smart health insurance card program are to:

- Allow verifiable & non-repudiable identification of the health insurance beneficiary at the point of transaction.
- Validation of available insurance cover at the point of transaction without any documents.
- Support multi-vendor scenario for the scheme.
- Allow usage of the health insurance card across states and insurance providers.

This document pertains to the stakeholders, tasks and specifications related to the Smart Card system only. It does not cover any aspect of other parts of the scheme. The stakeholders need to determine any other requirements for completion of the specified tasks on their own even if they may not be defined in this document.

2. Enrollment station

2.1. Components

Though three separate kinds of stations have been mentioned below, it is possible to club all the functionality into a single workstation or have a combination of workstations perform these functions (2 or more enrollment stations, 1 printing station and 1 issuance station). The number of stations will be purely dependent on the load expected at the location.

The minimum requirements from each station are mentioned below:

The team should carry additional power back up in the event that electricity is not available for some time at the enrolment site.

2.2. Components of enrolment kit - An enrolment kit includes the following:

1. One smart card printer
2. Laptop
3. Two smart card readers
4. One fingerprint scanner
5. Web camera
6. Certified enrolment software and other related software

2.3. Specifications for hardware and software requirement at enrolment station

Hardware components	Remarks
Laptop	<ul style="list-style-type: none"> ▶ This should be capable of supporting all other devices required ▶ It should be loaded with standard software as per specifications provided by the MoHFW <p><u>Configuration</u> Desktop with dual core processor with 2 GHz, 80 GB hard drive, DVD r/w drive, 2 GB RAM, graphics card, minimum of 4 USB ports etc.</p>
Fingerprint Scanner / Reader Module (1 in number)	<ul style="list-style-type: none"> ▶ Thin optical sensor ▶ 500 ppi optical fingerprint scanner (22 x 24mm) ▶ High quality computer based fingerprint capture (enrolment) ▶ Preferably have a proven capability to capture good quality fingerprints in the Indian rural environment ▶ Capable of converting fingerprint image to RBI approved ISO 19794-2 template. ▶ Preferably Bio API version 1.1 compliant
Camera (1 in number)	<ul style="list-style-type: none"> ▶ Sensor: High quality VGA ▶ Still Image Capture: up to 1.3 megapixels (software enhanced) ▶ Native resolution is 640 x 480 ▶ Automatic adjustment for low light conditions
Smartcard Readers (2 in number)	<ul style="list-style-type: none"> ▶ PC/SC and ISO 7816 compliant ▶ Read and write all microprocessor cards with T=0 and T=1 protocols

Hardware components	Remarks
	<ul style="list-style-type: none"> ▶ USB 2.0 full speed interface to PC with simple command structure ▶ PC/SC compatible Drivers
Smart card printer	<ul style="list-style-type: none"> ▶ Support Color dye sublimation and monochrome thermal transfer ▶ Edge to edge printing standard ▶ Integrated ribbon saver for monochrome printing ▶ Minimum printing resolution of 300 dpi ▶ Print at least 150 cards/ hour in full color and up to 1000 cards an hour in monochrome ▶ Minimum Printing resolution of 300 dpi ▶ Compatible with Windows / Linux ▶ Automatic or manual feeder for card loading ▶ Compatible to microprocessor chip personalization ▶ USB connectivity ▶ Printer with hardware/software protection to disallow unauthorized usage of printer ▶ Inbuilt encoding unit (ISO7816 and PCSC compliant) to personalize microcontroller chip based contact cards in a single pass ▶ Smart card printing ribbon as required
Fingerprint scanner	<ul style="list-style-type: none"> ▶ The fingerprint capture device at enrolment as well as verification will be single finger type ▶ Compliance with “fingerprint_image_data_standard_ver.1.0” mentioned on www.egovstandards.gov.in. All specifications confirming to ”Setting level 31” will be applicable for RSBY related enrolment and verification ▶ The images should be stored in .png format
Power backup	<ul style="list-style-type: none"> ▶ UPS of capacity 860VA or higher ▶ Minimum 8 hours of power backup for specified hardware set

Note: The enrollment stations need to be mobile due to the nature of work and work under rural & rugged terrain. This should be of prime consideration while selecting the hardware matching the specifications given above.

3. Smart Cards

3.1. Specifications for Smart Cards

Card Operating System shall comply with SCOSTA-CL standards with latest addendum and errata (refer web site <http://scosta.gov.in>). The Smart Cards to be used must have the valid SCOSTA CL Compliance Certificate from National Informatics Center, New Delhi (refer <http://scosta.gov.in>). The exact smart card specifications are listed as below.

SCOSTA Card

- a. Microprocessor based Integrated Circuit(s) card with Contacts, with minimum 64 KB available EEPROM for application data or enhanced available EEPROM as per guidelines issued by MoHFW.
- b. Compliant with ISO/IEC 7816-1,2,3
- c. Compliant to SCOSTA CL
- d. Supply Voltage 3V nominal
- e. Communication Protocol T=0 or T=1
- f. Data Retention minimum 10 years
- g. Write cycles minimum 300,000 numbers
- h. Operating Temperature Range -25 to +70 Degree Celsius
- i. Quality Assurance: The compliance certificate shall be provided for the quality test undertaken with each lot of supply for the processes involved such as gold plating, chip bonding etc.
- j. Chip module shall be sourced from OEM or their authorized distributors/partners
- k. Chips will be security certified to common criteria EAL+4 or more
- l. Plastic Construction PVC or Composite with ABS with PVC overlay
- m. Surface – Glossy

3.2. Card layout

The detailed visual & machine readable card layout including the background image to be used is available on the website www.rsby.gov.in. It is mandatory to follow these guidelines for personalization of the RSBY beneficiary card.

For the chip personalization, detailed specification has been provided in the RSBY KMS document available on the website www.rsby.gov.in. Along with these, NIC has also issued specific component for personalization. It is mandatory to follow these specifications and use the prescribed component provided by NIC.

3.3. Cardholder authentication

- The cardholder would be authenticated based on their finger impression at the time of verification, at the time of transaction as well as at card reissuance or renewal.
- The authentication is 1:1 i.e. the fingerprint of the member captured live is compared with the one stored in the smart card.
- In case of new born child, when maternity benefit is availed under RSBY, the child shall be authenticated through fingerprint of any of the enrolled members on the card.
- In case of fingerprint verification failure, verification by any other authentic document or the photograph in the card may be done at the time of admission. By the time of discharge, the hospital/ smart card service provider should ensure verification using the smart card.

4. Software

The software for Enrollment and Card Issuance will be provided by MoHFW. Software for conducting transactions at hospitals and managing any changes to the cards at the District kiosk will also be provide by MoHFW. Insurer would have to provide all the hardware and licensed software (database, operating system, etc.) required to carry out the operations, as per requirement, at the agreed points for enrollment and card issuance. For the transaction points at healthcare providers and district kiosks, the cost would be borne as per terms of the tender.

Any software required by the Insurer apart from the ones being provided by MoHFW would have to be developed or procured by the Insurer at their own cost.

5. Mobile Handheld Smart Card Device

These devices are standalone devices capable of reading & updating smart cards based on the programmed business logic and verifying live fingerprints against those stored on a smart card. These devices do not require a computer or a permanent power source for transacting.

These devices could be used for

- Renewal of policy when no modification is required to the card
- Offline verification and transacting at healthcare providers or mobile camps in case computer is not available.

The main features of these devices are:

- Reading and updating microprocessor smart cards
- Fingerprint verification
- They should be programmable with inbuilt security features to secure against tampering.
- Memory for data storage
- Capable of printing receipts without any external interface
- Capable of data transfer to personal computers and over GPRS, phone line
- Secure Application loading – Application loading to be secure using KEYs
- Rechargeable batteries

Specifications

- At least 2 Full size smart card reader and one SAM slot
- Display
- Keypad for functioning the application
- Integrated Printer
- Optical biometric verification capability with similar specifications as mentioned for Fingerprint scanners above in the hardware section
- Allowing 1:1 search in the biometric module
- Capability to connect to PC, telephone, modem, GPRS or any other mode of data transfer
- PCI Compliance

6. PC-based Smart Card Device

Wherever computers are being used for transactions, additional devices would be attached to these computers. The computer would be loaded with the certified transaction software. The devices required for the system would be

6.1. Optical biometric scanner for fingerprint verification (specifications as mentioned for fingerprint devices in hardware section)

6.2. Smart card readers

2 Smart card readers would be required for each device, one each for healthcare provider authority and beneficiary card

- PCSC compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols

Other devices like printer, modem, etc. may be required as per software. The same would be specified by the insurance company at the time of empanelling the hospital.

Appendix 5- Draft MoU between Insurance Company and the Hospital

Service Agreement

Between

(Insert Name of the Hospital)

and

_____ **Insurance Company Limited**

This Agreement (Hereinafter referred to as "Agreement") made at _____ on this _____ day of _____ 2014__.

BETWEEN

_____ (Hospital) an Hospital located in _____, having their registered office at _____ (here in after referred to as "Hospital", which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) as party of the FIRST PART

AND

_____ Insurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office _____ (hereinafter referred to as "Insurer" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assigns) as party of the SECOND PART.

The (hospital) and Insurer are individually referred to as a "Party" or "party" and collectively as "Parties" or "parties")

WHEREAS

1. Hospital is a health care provider duly recognized and authorized by appropriate authorities to impart health care services to the public at large.
2. Insurer is registered with Insurance Regulatory and Development Authority to conduct general insurance business including health insurance services. Insurer has entered into an agreement with the Government of the State of Nagaland wherein it has agreed to provide the health insurance services to identified Beneficiary families covered under Rashtriya Swasthya Bima Yojana and Senior Citizens Health Insurance Scheme.
3. Hospital has expressed its desire to join Insurer's network of hospitals and has represented that it has requisite facilities to extend medical facilities and treatment to beneficiaries as covered under RSBY Policy on terms and conditions herein agreed.
4. Insurer has on the basis of desire expressed by the hospital and on its representation agreed to empanel the hospital as empanelled healthcare provider for rendering complete health services.

In this AGREEMENT, unless the context otherwise requires:

1. the masculine gender includes the other two genders and vice versa;
2. the singular includes the plural and vice versa;
3. natural persons include created entities (corporate or incorporate) and vice versa;
4. marginal notes or headings to clauses are for reference purposes only and do not bear upon the interpretation of this AGREEMENT.
5. should any condition contained herein, contain a substantive condition, then such substantive condition shall be valid and binding on the PARTIES notwithstanding the fact that it is embodied in the definition clause.

In this AGREEMENT unless inconsistent with, or otherwise indicated by the context, the following terms shall have the meanings assigned to them hereunder, namely:

Definition

- a. Hospital shall for all purpose mean a Hospital or other healthcare provider.
- b. Health Services shall mean all services necessary or required to be rendered by the Hospital under an agreement with an insurer in connection with “health insurance business” or “health cover” as defined in regulation 2(f) of the IRDA (Registration of Indian Insurance Companies) Regulations, 2000 but does not include the business of an insurer and or an insurance intermediary or an insurance agent.
- c. Beneficiaries shall mean the person/s that are covered under the RSBY health insurance scheme of Government of India and holds a valid smart card issued for RSBY.
- d. Confidential Information includes all information (whether proprietary or not and whether or not marked as ‘Confidential’) pertaining to the business of the Company or any of its subsidiaries, affiliates, employees, Companies, consultants or business associates to which the Hospital or its employees have access to, in any manner whatsoever.
- e. Smart Card shall mean Identification Card for BPL beneficiaries issued under Rashtriya Swasthya Bima Yojana by the Insurer as per specifications given by MoHFW, Government of India. See Appendix 4 for details.

NOW IT IS HEREBY AGREED AS FOLLOWS:

Article 1:

Term

This Agreement shall be for a period of ____ years. However, it is understood and agreed between the Parties that the term of this agreement may be renewed yearly upon mutual consent of the Parties in writing, either by execution of a Supplementary Agreement or by exchange of letters.

Article 2:

Scope of services

1. The hospital undertakes to provide the service in a precise, reliable and professional manner to the satisfaction of Insurer and in accordance with additional instructions issued by Insurer in writing from time to time.
2. The hospital shall treat the beneficiaries of RSBY and SCHIS according to good business practice.
3. The hospital will extend priority admission facilities to the beneficiaries, whenever possible.
4. The hospital shall provide packages for specified interventions/ treatment to the beneficiaries as per the rates mentioned in **Appendix 3 & 3A**. It is agreed between the parties that the package will include:

The charges for medical/ surgical procedures/ interventions under the Benefit package will be no more than the package charge agreed by the Parties, for that particular year. In the case of medical conditions, a flat per day rate will be paid depending on whether the patient is admitted in general or ICU. In such cases where a pre-defined flat rate is not available, the rate shall be pre-approved by the Insurance company for the treatment provided.

These package rates (in case of surgical) or flat per day rate (in case of medical) will include:

- a. Registration Charges
 - b. Bed charges (General Ward in case of surgical)
 - c. Nursing and Boarding charges
 - d. Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.
 - e. Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
 - f. Medicines and Drugs
 - g. Cost of Prosthetic Devices, implants
 - h. X-Ray and other Diagnostic Tests etc.
 - i. Food to patient
 - j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days after discharge from the hospital for the same ailment / surgery.
 - k. Transportation Charge of INR 100/- (payable to the beneficiary in cash by the Hospital at the time of discharge).
 - l. Any other expenses related to the treatment of the patient in the hospital.
5. The Hospital shall ensure that under this agreement, medical treatment/facility is provided with all due care and accepted standards is extended to the beneficiary.

6. The Hospital shall allow Insurance Company official to visit the beneficiary. Insurer shall not interfere with the medical team of the Hospital ; however Insurer reserves the right to discuss the treatment plan with treating doctor. Further access to medical treatment records and bills prepared in the Hospital will be allowed to Insurer on a case to case basis with prior appointment from the Hospital .
7. In case of SCHIS beneficiaries, the hospitals shall be required to provide the treatment to the senior citizens by adhering the pre-authorisation procedures.
8. The Hospital shall also endeavor to comply with future requirements of the Insurer to facilitate better services to beneficiaries e.g. providing for standardized billing, ICD coding, etc. and if mandatory by statutory requirement both parties agree to review the same.
9. The Hospital agrees to have its bills audited on a case to case basis as and when necessary through the Insurer audit team. This will be done on a pre-agreed date and time and on a regular basis.
10. The Hospital will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry out only the required investigation & treatment for the ailment, for which the beneficiary is admitted. Any other incidental investigation required by the patient on their request needs to be approved separately by the Insurer and if it is not covered under Insurer policy will not be paid by Insurer and the Hospital needs to recover it from the patient.

Article 3:

Identification of Beneficiaries

1. Smart Cards would be the proof of the eligibility of beneficiaries for the purpose of the scheme. The beneficiaries will be identified by the hospital on the basis of smart cards issued to them. The smart cards shall have the photograph and finger print details of the beneficiaries. The smart card would be read by the smart card reader. The patients/ relative's finger prints would also be captured by the bio metric scanner. The POS machine will identify a person if the finger prints match with those stored on the card. In case the patient is not in a position to give fingerprint, any other member of the family who is enrolled under the scheme can verify the patient's identity by giving his/ her fingerprint. Only under SCHIS, the eligibility of the SCHIS beneficiary in terms of coverage and balance available shall also be validated through mandatory pre-authorisation procedure.
2. The Hospital will set up a Help desk for RSBY beneficiaries. The desk shall be easily accessible and will have all the necessary hardware and software required to identify the patients.
3. For the ease of the beneficiary, the Hospital shall display the recognition and promotional material, network status, and procedures for admission supplied by Insurer at prominent location, including but not limited to outside the Hospital , at the reception and admission counter and Casualty/ Emergency departments. The format for sign outside the Hospital and at the reception counter will be provided by the Insurance Company.
4. It is agreed between the parties that having implemented smart cards, in case due to technological issues causing interruption in implementing, thereby causing interruption in continuous servicing, there shall be a migration to manual health cards, as provided by the vendor specified by Insurer, and corresponding alternative servicing process for which the hospital shall extend all cooperation.

Article 4:

Hospital Services- Admission Procedure

1. Mandatory Pre-Authorization in case of SCHIS beneficiaries
Beneficiary under SCHIS will be able to get cashless treatment in any of the empanelled hospitals and the hospital shall mandatorily take pre-authorisation from the Insurance Company. The process to be followed by the hospitals is prescribed in **Annex I**.
2. Planned Admission
It is agreed between the parties that on receipt of request for hospitalization on behalf of the beneficiary the process to be followed by the Hospital will be as prescribed in **Annex I**.
3. Emergency admission
 - 3.1. The Parties agree that the Hospital shall admit the Beneficiary (ies) in the case of emergency but the smart card will need to be produced and authenticated within 24 hours of the admission.
 - 3.2. Hospital upon deciding to admit the Beneficiary should inform/ intimate over phone immediately to the 24 hours Insurer's helpdesk or the local/ nearest Insurer office.
 - 3.3. The data regarding admission shall be sent electronically to the server of the insurance company
 - 3.4. If the package selected for the beneficiary is already listed in the package list then no pre-authorization will be needed from the Insurance Company.
 - 3.5. If the treatment to be provided is not part of the package list then hospital will need to get the pre-authorisation for the treatment from the Insurance Company as given in part 2 of **Annex 1**.

3.6. On receipt of the preauthorization form from the hospital giving the details of the ailments for admission and the estimated treatment cost, which is to be forwarded within 12 hours of admission, Insurer undertakes to issue the confirmation letter for the admissible amount within 12 hours of the receipt of the preauthorization form subject to policy terms & conditions.

3.7. In case the ailment is not covered or given medical data is not sufficient for the medical team to confirm the eligibility, Insurer can deny the guarantee of payment, which shall be addressed, to the Insured under intimation to the Hospital. The hospital will have to follow their normal practice in such cases.

3.8. Denial of Authorization/ guarantee of payment in no way mean denial of treatment. The hospital shall deal with each case as per their normal rules and regulations.

3.9. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable. Hospital must take care to ensure compliance.

3.10. The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Any investigation carried out at the request of the patient but not forming the necessary part of the treatment also must be collected from the patient.

3.11. In case of RSBY beneficiaries, if the sum available is considerably less than the estimated treatment cost, Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity.

3.12. In case of SCHIS beneficiaries if the sum available is considerably less than the estimated treatment cost, Hospital should first check the balance available under RSBY basic cover. If there is balance available, then the treatment cost shall be adjusted from RSBY basic cover. However, it is found that the balance available under RSBY basic cover is insufficient for the treatment cost, then the Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity.

Article 5:

Checklist for Hospital at the time of Patient Discharge

1. Original discharge summary, counterfoil generated at the time of discharge, original investigation reports, all original prescription & pharmacy receipt etc. must not be given to the patient. These are to be forwarded to billing department of the hospital who will compile and keep the same with the hospital.
2. The Discharge card/Summary must mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries.
3. Signature or thumb impression of the patient/ beneficiary on final hospital bill must be obtained.
4. The Hospitals shall also maintain record of all the pre-authorisation taken for providing treatment to SCHIS and RSBY Beneficiaries.

Article 6:

Payment terms

1. Hospital will submit online claim report along with the discharge summary in accordance with the rates as prescribed.
2. The Insurer will have to take a decision and settle every claim within one month of the claim being raised by the Hospital . In case the insurer decides to reject the claim, the decision will need to be taken within one month of the claim being raised by the Hospital .
3. However if required, Insurer can visit the Hospital to gather further documents related to treatment to process the case.
4. Payment will be done by Electronic Fund Transfer as far as possible.

Article 7:

Declarations and Undertakings of Hospital

1. The Hospital undertakes that they have obtained all the registrations/ licenses/ approvals required by law in order to provide the services pursuant to this agreement and that they have the skills, knowledge and experience required to provide the services as required in this agreement.
2. The Hospital undertakes to uphold all requirement of law in so far as these apply to them and in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the Central or the State Government. The Hospital declares that it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established against it by a court of competent jurisdiction.

Article 8:

General responsibilities & obligations of the Hospital

1. Ensure that no confidential information is shared or made available by the Hospital or any person associated with it to any person or entity not related to the Hospital without prior written consent of Insurer.
2. The Hospital shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.
3. The Hospital will have their facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the MoU. The cost/ premium of such policy shall be borne solely by the Hospital .
4. The Hospital shall provide the best of the available medical facilities to the beneficiary.
5. The Hospital shall endeavor to have an officer in the administration department assigned for insurance/contractual duties and the officers will eventually learn the various types of medical benefits offered under the different insurance plans.
6. The Hospital shall display their status of preferred service provider of RSBY at their reception/ admission desks along with the display of other materials supplied by Insurer whenever possible for the ease of the beneficiaries.
7. The Hospital shall at all times during the course of this agreement maintain a helpdesk to manage all RSBY patients. This helpdesk would contain the following:
 - a. Facility of telephone
 - b. Facility of fax machine
 - c. PC/ Computer
 - d. Internet/ Any other connectivity to the Insurance Company Server
 - e. PC enabled POS machine with a biometric scanner to read and manage smart card transactions to be purchased at a pre negotiated price from the vendor specified by Insurer. The maintenance of the same shall be responsibility of the vendor specified by Insurer.
 - f. A person to man the helpdesk at all times.
 - g. Get Two (2) persons in the Hospital trained on the use of software and hardware devices for helping RSBY beneficiaries during registration and discharge.

The above should be installed within 15 days of signing of this agreement. The Hospital also needs to inform and train personnel on the handling of POS machine and also on the process of obtaining Authorization for conditions not covered under the list of packages, and have a manned helpdesk at their reception and admission facilities for aiding in the admission procedures for beneficiaries of RSBY.

Article 9:

General responsibilities of Insurer

Insurer has a right to avail similar services as contemplated herein from other Hospital (s) for the Health services covered under this agreement.

Article 10:

Relationship of the Parties

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agrees not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

Article 11:

Reporting

1. In the first week of each month, beginning from the first month of the commencement of this Agreement, the Hospital and Insurer shall exchange information on their experiences during the month and review the functioning of the process and make suitable changes whenever required. However, all such changes have to be in writing and by way of suitable supplementary agreements or by way of exchange of letters.
2. All official correspondence, reporting, etc. pertaining to this Agreement shall be conducted with Insurer at its corporate office at the address _____.

Article 12:

Termination

1. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.
2. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

Article 13: *Confidentiality*

This clause shall survive the termination/expiry of this Agreement.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The Hospital shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, documents marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by Insurer. Insurer shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the Hospital including without limitation to the Hospital 's proprietary information, process flows, and other required details.
2. In Particular the Hospital agrees to:
 - a. Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the hospital or such other medical practitioner or such other person by virtue of this agreement or otherwise, including Insurer's proprietary information, confidential information relating to insured, medicals test reports whether created/ handled/ delivered by the hospital. Any personal information relating to a Insured received by the hospital shall be used only for the purpose of inclusion/preparation/finalization of medical reports/ test reports for transmission to Insurer only and shall not give or make available such information/ any documents to any third party whatsoever.
 - b. Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.
 - c. Keep confidential and endeavour to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorization from Insurer and through Insurer from the Insured.

Article 14: *Indemnities and other Provisions*

1. Insurer will not interfere in the treatment and medical care provided to its beneficiaries. Insurer will not be in any way held responsible for the outcome of treatment or quality of care provided by the Hospital .
2. Insurer shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the Hospital and the Hospital shall obtain professional indemnity policy on its own cost for this purpose. The Hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service.
3. Notwithstanding anything to the contrary in this agreement neither Party shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.
4. The Hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the Hospital or any of its employees or doctors or medical staff.

Article 15:

Notices

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

- a. By registered mail;
- b. By courier;
- c. By facsimile; followed with a registered mail

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

- If sent by registered mail, seven working days after posting it; and
- If sent by courier, seven working days after posting it; and
- If sent by facsimile, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the above addresses (or to the addresses which may be provided by way of notices made in the above said manner):

-if to the hospital:

Attn:
Tel :
Fax:

-if to _____

_____ Insurance Company Limited

Article 16
Miscellaneous

1. This Agreement together with the clauses specified in this document floated for selection of Insurance Company and any Annexure attached hereto constitutes the entire Agreement between the parties and supersedes, with respect to the matters regulated herein, and all other mutual understandings, accord and agreements, irrespective of their form between the parties. Any annexure shall constitute an integral part of the Agreement.
2. Except as otherwise provided herein, no modification, amendment or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.
3. Should specific provision of this Agreement be wholly or partially not legally effective or unenforceable or later lose their legal effectiveness or enforceability, the validity of the remaining provisions of this Agreement shall not be affected thereby.
4. The Hospital may not assign, transfer, encumber or otherwise dispose of this Agreement or any interest herein without the prior written consent of Insurer, provided whereas that the Insurer may assign this Agreement or any rights, title or interest herein to an Affiliate without requiring the consent of the Hospital.
5. The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this Agreement or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.
6. The Hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the latter may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the Hospital or any of its employees/doctors/other medical staff.
7. Law and Arbitration
The provisions of this Agreement shall be governed by, and construed in accordance with Indian law.
 - a. Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.

- b. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.
- c. The place of arbitration shall be _____ and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in _____.
- d. The arbitration procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.
- e. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the highest courts having jurisdiction.
- f. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.
- g. The cost of the arbitration proceeding would be borne by the loser of the arbitration procedure, as determined by the award of the arbitrator. In case there is no winner of the arbitration proceeding, as determined by the award of the arbitrator, the cost shall be borne by the parties on equal sharing basis.

NON-EXCLUSIVITY

A. Insurer reserves the right to appoint any other Hospital for implementing the packages envisaged herein and the Hospital shall have no objection for the same.

8. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not affect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

9. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

SIGNED AND DELIVERED BY the hospital. - the within named _____, by the Hand of _____ its Authorised Signatory

In the presence of:

SIGNED AND DELIVERED BY _____ INSURANCE COMPANY LIMITED, the within named _____, by the hand of _____ it's Authorised Signatory

In the presence of:

Annex I Hospital Services- Admission Procedure

A. Specifically for SCHIS Beneficiaries

Treatment at Hospitals and Claim Process: Beneficiary under SCHIS will be able to get cashless treatment in any of the empanelled hospitals. The process of taking treatment and raising of claims will be as follows:

- a. The identity of the beneficiary and/ or his/her family member will be established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be used for verification).
- b. If the member who needs treatment is a senior citizen, i.e. aged 60 years or above, the Hospital shall mandatorily take pre-authorisation from the Insurance Company.
 - (i). Whether that beneficiary is also covered under SCHIS.
 - (ii). Whether there is balance left in the SCHIS cover to provide the particular treatment
 - (iii). If the treatment to be provided is part of the "package list for senior citizens" then a pre-authorisation form will also need to be sent electronically by the hospital.
 - (iv). If the treatment to be provided is part of the basic "package list of RSBY" then no approval is required for providing that particular treatment
- c. Pre-authorisation will need to be provided within 12 hours by the Insurance Company. If no response is received by the hospital from the insurance company within 12 hours then the pre-authorisation will deemed to be given automatically.
- d. The pre-authorisation code as provided by the insurance company will need to be entered by the hospital in the software

- e. After discharge of the patient claims data will need to be sent to the Insurance Company by the hospital electronically.
- f. Insurance Company will need to settle the claims within 30 days of receipt of the claims from the hospitals.
- g. In case of Emergency, the pre-authorization process will be followed only after the patient is admitted and stabilized.

B. Specifically for RSBY Beneficiaries

1. Case 1: Package covered and sufficient funds available
 - 1.1. Beneficiary approaches the RSBY helpdesk at the empanelled healthcare provider.
 - 1.2. Helpdesk verifies that beneficiary has genuine card issued under RSBY (Key authentication) and that the person carrying the card is enrolled (fingerprint matching).
 - 1.3. After verification, a slip shall be printed giving the person's name, age and amount of Insurance cover available.
 - 1.4. The beneficiary is then directed to a doctor for diagnosis.
 - 1.5. Doctor shall issue a diagnosis sheet after examination, specifying the problem, examination carried out and line of treatment prescribed.
 - 1.6. The beneficiary approaches the RSBY helpdesk along with the diagnostic sheet.
 - 1.7. The help desk shall re-verify the card & the beneficiary and select the package under which treatment is to be carried out. Verification is to be done preferably using patient fingerprint, only in situations where it is not possible for the patient to be verified, it can be done by any family member enrolled in the card.
 - 1.8. The terminal shall automatically block the corresponding amount on the card.
 - 1.9. In case during treatment, requirement is felt for extension of package or addition of package due to complications, the patient or any other family member would be verified and required package selected. This would ensure that the Insurance Company is apprised of change in claim. The availability of sufficient funds is also confirmed thereby avoiding any such confusion at time of discharge.
 - 1.10. Thereafter, once the beneficiary is discharged, the beneficiary shall again approach the helpdesk with the discharge summary.
 - 1.11. After card & beneficiary verification, the discharge details shall be entered into the terminal.
 - 1.12. In case the treatment is covered, beneficiary may claim the transport cost from the help desk.
 - 1.13. In case treatment of one family member is under way when the card is required for treatment of another member, the software shall consider the insurance cover available after deducting the amount blocked against the package.
 - 1.14. Due to any reason if the beneficiary does not avail treatment at the healthcare provider after the amount is blocked, the RSBY helpdesk would need to unblock the amount.
2. Case 2: Package(s) not covered under the scheme
 - 2.1. Hospital shall take Authorization from Insurance Company in case the package is not covered under the RSBY scheme.
 - 2.2. Steps from 1.1 to 1.7
 - 2.3. In case the line of treatment prescribed is not covered under RSBY, the helpdesk shall advice the beneficiary accordingly and initiate approval from Insurer manually (authorization request).
 - 2.4. The hospital will fax to Insurer a pre-authorization request. Request for hospitalization on behalf of the beneficiary may be made by the healthcare provider/consultant attached to the healthcare provider as per the prescribed format. The preauthorization form would need to give the beneficiary's proposed admission along with the necessary medical details and the treatment planned to be administered and the break-up of the estimated cost.
 - 2.5. Insurer shall either approve or reject the request. In case Insurer approves, they will also provide the AL (authorization letter) number and amount authorized to the healthcare provider via return fax. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub-limits for rooms and board, surgical fees etc. wherever applicable. Healthcare Provider must take care to ensure admission accordingly.
 - 2.6. On receipt of approval, the RSBY helpdesk would manually enter the amount and package details (authorization ID) into the transaction software which will verify the authenticity of the authorization ID.
 - 2.7. Steps 1.9 to 1.14
3. Case 3: Insufficient funds:

In case the amount available is less than the package cost, the hospital shall follow the norms of deposit / running bills.

 - 3.1. Steps from 1.1 to 1.7

- 3.2. In case of RSBY beneficiaries, if the sum available is considerably less than the estimated treatment cost, Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity.
- 3.3. In case of SCHIS beneficiaries if the sum available is considerably less than the estimated treatment cost, Hospital should first check the balance available under RSBY basic cover. If there is balance available, then the treatment cost shall be adjusted from RSBY basic cover. However, it is found that the balance available under RSBY basic cover is insufficient for the treatment cost, then the Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity.
- 3.4. The terminal would have a provision to capture the amount collected from the beneficiary.
- 3.5. Steps from 1.9 to 1.14.

Annex 2

PROCESS NOTE FOR DE-EMPANELMENT OF HOSPITALS

Background

This process note provides broad operational guidelines regarding De-empanelment of hospitals which are empaneled in RSBY. The process to be followed and roles of different stakeholders have been outlined.

Process to Be Followed For De-Empanelment of Hospitals:

Step 1 – Putting the Hospital on “Watch-list”

1. Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the Insurance Company or its representative can put that hospital in the watch list.
2. The data of such hospital shall be analysed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.
3. The Insurance Company will immediately inform the State Nodal Agency also about the hospital which have been put in the watch list within 24 hours of this action.

Step 2 – Suspension of the Hospital

4. A hospital can be temporarily suspended in the following cases:
 - a. For the hospitals which are in the “Watch-list” if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
 - b. If a hospital is not in the “Watch-list”, but the insurance company observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the hospital from providing services to RSBY patients and a formal investigation shall be instituted.
 - c. A directive is given by State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.
5. hospital within 6 hours of this action. At least 24 hours intimation must be given to the hospital prior to the suspension so that admitted patients may be discharged and no fresh admission can be done by the hospital. The Hospital, District Authority and SNA should be informed without fail of the decision of suspension of
6. For informing the beneficiaries, within 24 hrs suspension, an advertisement in the local newspaper ‘mentioning about temporally stoppage of RSBY services’ must be given by the Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.
7. To ensure that suspension of the hospital results in their not being able to treat RSBY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.
8. A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

9. The Insurance Company can launch a detailed investigation into the activities of a hospital in the following conditions:
 - a. For the hospitals which have been suspended.
 - b. Receipt of complaint of a serious nature from any of the stakeholders
10. The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.

11. If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the hospital, district and the SNA
 - a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.
 - b. Process to receive claim from the hospital shall be restarted within 24 hours.
12. For informing the beneficiaries, within 24 hrs of revoking the suspension, an advertisement in the local newspaper 'mentioning about activation of RSBY services' must be given by the Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.

Step 4 – Action by the Insurance Company

13. If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:
 - a. The hospital must be issued a “show-cause” notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
 - b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
 - c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
 - i. A warning to the concerned hospital,
 - ii. De-empanelment of the hospital.
14. The entire process should be completed within 30 days from the date of suspension.

Step 5 – Actions to be taken after De-empanelment

15. Once a hospital has been de-empaneled from RSBY, following steps shall be taken:
 - a. A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Agency
 - b. MHC card of the hospital shall be taken by the Insurance Company and given to the District Key Manager
 - c. Details of de-empaneled hospital shall be sent by State Nodal Agency to MoHFW so that it can be put on RSBY national website.
 - d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.
 - e. An FIR shall be lodged against the hospital by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
 - f. The Insurance Company which had de-empaneled the hospital, may be advised to notify the same in the local media, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular hospital.
 - g. If the hospital appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

Grievance by the Hospital

16. The hospital can approach the Grievance Redressal Committee for the redressal. The Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the hospital will continue to be de-empaneled till the time a final view is taken by the Grievance Redressal Committee. The Grievance Redressal Mechanism has been developed separately and is available on RSBY website.

Special Cases for De-empanelment

- In the case where at the end of the Insurance Policy if an Insurance Company does not want to continue with a particular hospital in a district it can de-empanel that particular hospital after getting prior approval the State Nodal agency and the District Key Manager. However, it should be ensured that adequate number of hospitals are available in the district for the beneficiaries.

Appendix 6 - Process for de-empanelment of Healthcare Providers

Background

This process note provides broad operational guidelines regarding de-empanelment of hospitals. The process to be followed and roles of different stakeholders have been outlined.

Step 1 – Putting the Healthcare Provider on “Watch-list”

1. Based on the claims data analysis and/ or visits, if there is any doubt on the performance of the healthcare provider, the Insurance Company or its representative can put that healthcare provider on watch list.
2. The data of such healthcare provider shall be analyzed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.
3. The Insurance Company will inform the State Nodal Agency within 24 hours of putting the healthcare provider on watch-list.

Step 2 – Suspension of the Healthcare Provider

4. A healthcare provider can be temporarily suspended in the following cases:
 - a. For healthcare providers which are on “Watch-list”, if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visits, the healthcare provider shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
 - b. If a healthcare provider is not on “Watch-list”, but the insurance company observes at any stage that it has data/ evidence that suggests that they are involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the healthcare provider from providing services to RSBY patients and a formal investigation shall be instituted.
 - c. A directive is given by the State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.
5. The Healthcare Provider, District Authority and SNA should be informed without fail of the decision to suspend the healthcare provider within 6 hours of this action. At least 24 hours intimation must be given to the healthcare provider prior to the suspension so that admitted patients may be discharged and no fresh admission can be done.
6. For informing the beneficiaries, within 24 hours of suspension, an advertisement in the local newspaper ‘mentioning about temporary stoppage of RSBY services’ must be given by the Insurer. The newspaper and the content of the message will be jointly decided by the Insurer and the District Authority.
7. To ensure that suspension of the healthcare provider results in their not being able to treat RSBY patients, a provision shall be made in the software so that the healthcare provider cannot send electronic claims data to the Insurance Company or their representatives.
8. A formal letter shall be send to the healthcare provider regarding its suspension and mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

9. The Insurance Company can launch a detailed investigation into the activities of a healthcare provider in the following conditions:
 - a. For the healthcare providers which have been suspended.
 - b. Receipt of complaint of a serious nature from any of the stakeholders
10. The detailed investigation may include field visits to the healthcare providers, examination of case papers, talking with the beneficiaries (if needed), examination of healthcare provider records, etc.
11. If the investigation reveals that the report/ complaint/ allegation against the healthcare provider is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the healthcare provider, district and the SNA.
 - a. A letter regarding revocation of suspension shall be sent to the healthcare provider within 24 hours of that decision.
 - b. Process to receive claims from the healthcare provider shall be restarted within 24 hours.
12. For informing the beneficiaries, within 24 hours of revoking the suspension, an advertisement in the local newspaper ‘mentioning about activation of RSBY services’ must be given by the Insurer. The newspaper and the content of message will be jointly decided by the Insurer and the District Authority.

Step 4 – Action by the Insurance Company

13. If the investigation reveals that the complaint/allegation against the healthcare provider is correct, the following procedure shall be followed:

- a. The healthcare provider must be issued a “show-cause” notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
 - b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
 - c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
 - i. A warning to the concerned healthcare provider
 - ii. De-empanelment of the healthcare provider.
14. The entire process should be completed within 30 days from the date of suspension.

Step 5 – Actions to be taken after De-empanelment

15. Once a healthcare provider has been de-empanelled from RSBY, following steps shall be taken:
- a. A letter shall be sent to the healthcare provider regarding this decision with a copy to the State Nodal Agency
 - b. MHC card of the healthcare provider shall be taken by the Insurance Company and given to the District Key Manager
 - c. Details of de-empanelled healthcare provider shall be sent by State Nodal Agency to MoHFW so that it can be put on RSBY national website.
 - d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.
 - e. An FIR shall be lodged against the healthcare provider by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
 - f. The Insurance Company which had de-empanelled the healthcare provider, may be advised to notify the same in the local media, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular healthcare provider.
 - g. If the healthcare provider appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

Grievance by the Healthcare Provider

16. The healthcare provider can approach the Grievance Redressal Committee for the redressal. The Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the healthcare provider will continue to be de-empanelled till the time a final view is taken by the Grievance Redressal Committee.

The Grievance Redressal Mechanism has been developed separately and is available on RSBY website.

Special Cases for De-empanelment

In the case where at the end of the Insurance Policy if Insurance Company does not want to continue with a particular healthcare provider in a district, it can de-empanel that particular healthcare provider after getting prior approval from the State Nodal Agency and the District Committee. However, it should be allowed only in case adequate numbers of healthcare providers are available in the blocks/district for the beneficiaries.

Appendix 11 – Process for Cashless Treatment

The beneficiaries shall be provided treatment free of cost for all such ailments covered under the scheme within the limits / sub-limits and sum insured, i.e., not specifically excluded under the scheme. The healthcare provider shall be reimbursed as per the package cost specified in this document agreed for specified packages or as mutually agreed upon in case of unspecified packages. The healthcare provider, at the time of discharge, shall debit the amount indicated in the package list. The machines and the equipment to be installed for usage of smart card shall conform to the guidelines issued by the Central Government. The software to be used thereon shall be the one approved by the Central Government.

A. Cashless Access in case package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be taken) and the smart card procedure given below shall be followed for providing the health care facility under package rates:

- a) It has to be seen that patient is admitted for covered procedure and package for such intervention is available.
- b) Beneficiary has balance in his/ her RSBY account.
- c) Provisional entry shall be made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed on the smart card through blocking of claim amount.
- d) At the time of discharge final entry shall be made on the smart card after verification of patient's fingerprint (any other enrolled family member in case of death) to complete the transaction.
- e) All the payment shall be made electronically within One Month of the receipt of electronic claim in the prescribed format.

B. Pre-Authorization for Cashless Access in case no package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member can be taken in case of emergency/ critical condition of the patient) and the smart card, following procedure shall be followed for providing the health care facility not listed in packages:

- a) Request for hospitalization shall be forwarded by the provider after obtaining due details from the treating doctor in the prescribed format i.e. "request for authorization letter" (RAL). The RAL needs to be faxed/ emailed to the 24-hour authorization /cashless department at fax number/ email address of the insurer along with contact details of treating physician, as it would ease the process. The medical team of insurer would get in touch with treating physician, if necessary.
- b) The RAL should reach the authorization department of insurer within 6 hours of admission in case of emergency or 7 days prior to the expected date of admission, in case of planned admission.
- c) In failure of the above "clause b", the clarification for the delay needs to be forwarded with the request for authorization.
- d) The RAL form should be duly filled in, with entries clearly marked Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.
- e) Insurer guarantees payment only after receipt of RAL and the necessary medical details. Only after Insurer has ascertained and negotiated the package with provider, it shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL.
- f) In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization department to confirm the eligibility, insurer can deny the authorization or seek further clarification/ information.
- g) The Insurer needs to file a report to nodal agency explaining reasons for denial of every such claim.
- h) Denial of authorization (DAL)/guarantee of payment are by no means denial of treatment by the health facility. The health care provider shall deal with such cases as per their normal rules and regulations.
- i) Authorization letter [AL] will mention the authorization number and the amount guaranteed as a package rate for such procedure for which package has not been fixed earlier. Healthcare Provider must see that these rules are strictly followed.
- j) The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for Authorization letter (RAL) for hospitalization.
- k) The entry on the smart card for blocking as well at discharge would record the authorization number as well as package amount agreed upon by the healthcare provider and insurer. Since this would not be available in the package list on the computer, it would be entered manually.
- l) In case the balance sum available is considerably less than the package cost, the healthcare provider should follow their norms of deposit/running bills etc. However, the healthcare provider shall only charge the balance amount against the package from the beneficiary. Insurer upon receipt of the bills and documents would release the guaranteed amount.
- m) Insurer will not be liable for payments in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.

Note: In cases where the beneficiary is admitted in a healthcare provider during the current policy period but is discharged after the end of the policy period, the claim has to be paid by the insurance company which is operating during the period in which beneficiary was admitted.

Appendix 13 – Specifications for the Hardware and Software for Empanelled Healthcare Providers

13.1. IT Infrastructure needed for empanelment in RSBY

- a. Both public and private health care providers which fulfil the criteria for empanelment and are selected for empanelment in RSBY by the Insurance Company or their representatives will need to put in place infrastructure (hardware and software) as per requirement.
- b. The Insurer shall be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) for each public Empanelled Health Care Provider in a district before commencement of enrolment in that district.
- c. Each private Empanelled Health Care Provider will be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) before commencement of enrolment in the district where such Empanelled Health Care Provider is located.

It is the responsibility of the hospitals to ensure that the system is running at all times and to inform the concerned IC which has installed the system, in case there are any problems related to its proper use as required.

13.2. IT infrastructure needed at Public Health Care Facility for wellness checks

In order for the Public Health Facilities (PHF) to provide wellness checks, the following hardware and software requirements must be fulfilled prior to enrolment process:

- a. Personal Computer/Thin Client with Broadband internet connectivity
- b. Smart Card Readers (2 Nos.)
- c. Biometric scanner
- d. Centralised web based wellness check software/offline utility(this can be synced with the central server on connectivity)
- e. Printer (1 Nos.)

It is the responsibility of the PHF to ensure that the system is running at all times and to inform the concerned Insurance Company which has installed the system, in case there are any problems related to its proper use as required.

13.3. Hardware specifications for hospital and public health care providers

The following are the hardware and software specifications for hospitals and PHC's:

- ▶ Depending on RSBY turnaround sufficient number of desktops or laptop systems with dual core processor with 2 GHz, 80 GB hard disk drive, DVD R/W drive, 2 GB RAM, graphics card, minimum 4 USB ports etc.
- ▶ Other software environment shall be as below:
 - a. TMS software provided by MoHFW
 - b. Licensed MS windows 7 Operating System 32/ 64 bit or above
 - c. Microsoft.NET Framework 3.5 or above
 - d. MySQL database, ODBC connectivity
 - e. Microsoft crystal reports
 - f. Drivers for all the peripherals (printer, fingerprint scanner, smart card reader etc.)
- ▶ Printer (laser/dot matrix/inkjet etc.)
- ▶ Finger print scanner (one with each computer system) – One biometric fingerprint recognition device to be connected to desktop through USB port with the following configuration:
 - a. 5v DC 500mA (supplied via USB port)
 - b. Operating temperature range: 0c to 50c
 - c. Operating humidity range: 10% to 90%
 - d. Compliance: FCC home or office use, CE and C-Tick
 - e. 500 dpi optical fingerprint scanner (22 x 24 mm)
 - f. USB 1.1 or above interface
 - g. Drivers for the device should be available on windows or Linux platform
 - h. Should provide PNG image as well as templates as per ISO 19794 and Minex format
 - i. Capable of converting fingerprint image to RBI approved ISO 19794 and Minex template
- ▶ Smart Card reader (two for each computer system) – two smart card readers with the following configuration:
 - a. PCSC and ISO 7816 compliant
 - b. Read and write all microprocessor cards with T=0 and T=1 protocols
 - c. USB 2.0 full speed interface to PC with simple command structure
- ▶ Internet connectivity for data transfer to SNA, central server etc.
- ▶ Externally powered USB hub with minimum 4 ports.