

ii. The empanelled hospitals shall provide treatment on 152 procedures listed in the table below at the prescribed package rates and implants and charge accordingly from the employees/pensioners and their dependents. These package rates are applicable only for given procedures

b. A list of fixed 152 package rates/Implants (which includes already notified 21 package/implant) applicable to non NABH/Non JCI Hospitals, NABH accredited and JCI accredited hospitals is attached at Annexure-I.

A list of fixed cost of implant applicable to all Government/ empanelled private hospitals is attached at Annexure-II. Wherever the cost is not fixed, the actual cost of the implant is fully reimbursable

d. "The Package rate" shall mean and include lump sum cost of inpatient treatment/day care/ diagnosis procedures for which a patient goes to hospital. This includes all charges pertaining to a particular treatment/ procedure including admission charges, visit fee/consultation fee, patient's diet, monitoring charges, preoperative investigation charges, investigation charges, operation charges, anesthesia charges, operation theater charges, procedural charges/ surgeon's fee, cost of surgical disposals and all sundries used during hospitalization, consumables, gas charges, surgical charges, cost of medicine used during hospitalization/ physiotherapy charges, nursing care charges for its services etc.

e. The cost of coronary stents shall be allowed up to a maximum of three stents at a time.

f. The Package rates mentioned in column no. 3, 4, 5 in table (Annexure-I) are same both for General ward and Private wards entitlement

g. In addition to the chargeable amount mentioned against the package rate, the cost of Room Rent/ ICU/CCU including ventilator Charges shall be charged separately as mentioned in column no. 7 of Annexure-I. No extra cost of consumables/ drugs etc. will be allowed during the stay in ICU/CCU or in the room because these are part of the package rates as mentioned para-d above. The room rent/ICU/CCU charges are according to the number of days a patient stays in the hospital e.g. 1, 2, 3, 4, 5, 7, 10 and 14 days etc as per the prescribed package. If the number of days exceed the numbers of days stays in package rates then the instruction at Para-m shall be applicable.

h. The cost of implant shall be charged by the approved Hospital separately as per the rates fixed by the Govt. time to time or whichever is less. The cost of implants/ valves etc has been shown separately in column number 6 in Annexure-I and also in Annexure-II. Stickers/batch No. etc related to items like implants, stents, and valves should be pasted/indicated on the bills of the hospital.

i. The entitlement for Room Rent for indoor treatment would be as under:-

Sr. No.	Category	Pay (Basic Pay + Grade Pay)	Non -NABH/Non JCI Rate (per day)	NABH Rates	JCI Rates
1.	General Ward	Up to Rs. 19530/-	Rs 1000/-	Rs 1150/-	Rs. 1300/-
2.	Private Ward	Rs. 19540/- to Rs.25110 /-	Rs. 2000/-	Rs. 2300/-	Rs. 2600/-
		Rs. 25120/- and above	Rs 3000/-	Rs. 3450/-	Rs. 3900/-

Room rent will include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges, heater charges, A.C. charges and routine up housekeeping etc.

j. Day Care Room rent charges are admissible up to Rs. 500/-

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

l. Semi private ward will be treated as General Ward for the purpose of room rent.

- m. In case of complication resulting in over stay in the hospital that means more than the required number of days for a particular surgery then additional expenditure incurred on room rent shall be reimbursed as mentioned above, drugs and consumables are fully reimbursable, the hospital charges of investigation, procedures etc performed during the over stay shall be reimbursed as per the rates under the instructions applicable to the hospital from where the patient has taken treatment i.e. PGI Chandigarh rate or PGI Chandigarh + 75% of the balance as the case may be. The hospital shall issue separate bill for the period of over stay
- n. The following table shall be the part of the bill of the hospitals in case of package rates:-

SR No.	Components	Stay period	Rate per day	Total charges of Room Rent and or ICU	Charges as per policy	Grand total
1	Room Rent charges as per para-i. of the policy					
2	ICU/CCU including ventilator Charges etc. as mentioned at Sr. No. 152 of Annexure-I under Miscellaneous Head.					
3	Name of the Package column nos. 3-5 of Annexure-I as the case may be.					
4	Name of implant/pacer maker/Mesh etc. as mentioned in column no 6 of Annexure-I					
5	Name of medicine for which Extra cost is allowed, if any as mentioned in column no 6 of Annexure-I					
	Total					

Note:- In case of over stay due to complication as mentioned in para-m above, the charges shall be indicated separately in the main bill

- o. It will be the responsibility of the beneficiary to produce identity card of the Department to the concerned hospital in order to establish the fact that he/she is employee/pensioner of State Government of Haryana
- p. It will be the responsibility of the concerned hospital to ask for ID card from the employee/pensioner and to explain to them its procedure covered under the package rates or non-package. In case the hospital charges over and above the package rate, when there is no complication and patient discharged within the stipulated numbers of days mentioned against each package rate, the balance amount over and above the package rate shall be refunded to the beneficiary and amended bill be issued immediately. In case this is not done within month the hospital will be liable for de-empanelment.
- q. It will be the responsibility of the hospital to provide accreditation certificate and further renewal certificate well before the expiry date otherwise it will be considered as non-NABH /non-JCI as the case may be for the purpose of charging lump-sum rate charging from patient for the package rate.
- r. **Fixed ICU & ICU+ Ventilator Charges applicable to Non-Package treatment:-** The per day charges related to the ICU and ICU + Ventilator have been fixed as mentioned at Sr. No. 153 & 154 of the Annexure-I, which are applicable for non package treatment i.e. Medical and Surgical Emergencies. 75% of the balance amount will not be allowed for ICU & ICU+ Ventilator charges even the hospital is approved

- s. All earlier instructions related to fixed package/implant rates stand superseded; however, the notification for 21 packages/implants rates shall remain applicable till this policy will come into force from June 1st, 2015. These Rates may be Downloaded from the Health Department Web Site (<http://haryanahealth.nic.in>).

This issue with the concurrence of the Finance Department conveyed vides their U.O. No. Principal Secretary/FCF/2012/NIL dated 04-12-2012.

Deputy Secretary Health
For Additional Chief Secretary to Government
Haryana, Health Department

A copy is forwarded to all Additional Chief Secretaries/Principal Secretaries/Commissioner and Secretaries for information and necessary.

Deputy Secretary Health
For Additional Chief Secretary to Government
Haryana, Health Department

To
Additional Chief Secretaries/Principal Secretaries/Commissioner
To Government of Haryana

U.No 2/56/2014-IHB-III

dated 21-05-2015

A copy is forwarded to the Additional Chief Secretary to Government of Haryana, Finance Department for information with reference to their D.O. No. Principal Secretary/FCF/2012/... Dated 04-12-2012

Deputy Secretary Health
For Additional Chief Secretary to Government
Haryana, Health Department

To
Additional Chief Secretary to Govt. of Haryana
Department of Finance.

U.No 2/56/2014-IHB-III

Dated 21-05-2015

Endst No 2/56/2014-IHB-III

Dated 21-05-2015

OFFICE OF COMPTROLLER, LUVAS, HISAR

Endst. No. CVU/LUVAS/IF/2015/ 1266-1310

Dated: 18 June, 2015.

Copy of the above instructions along with enclosures is forwarded to all Deans/Directors/Heads of Departments/Offices including outstations, LUVAS, Hisar. The Vice-Chancellor has approved the adoption of above instructions for reimbursement of medical expenses incurred by the University employees/pensioners and their dependents mutatis mutandis. Further action in the matter may please be taken accordingly.

Shake
COMPTROLLER
20/6/15

- Copy to: 1. Joint Director (Audit), LUVAS, Hisar;
2. Senior Medical Officer, CCSHAU, Hisar;
3. S.P.S. to Vice-Chancellor, LUVAS, Hisar;
4. All Branch Incharges, o/o Comptroller, LUVAS, Hisar;
5. Incharge, Computer Centre, LUVAS, Hisar for downloading on the University Website;
6. P.A. to Comptroller, LUVAS, Hisar.

The fixed package rates/implants applicable to Non-NABH/Non-JCI, NABH and JCI Hospital

No. No.	Name of Surgery	Non NABH/ Non JCI Package Rate (both for General and Private ward)	Package rates for NABH Hospital (both for General and Private ward)	Package rates for JCI Accredited Hospital (both for General and Private ward)	Cost of Implant/pace maker/Mesh etc. shall be charged mentioned in Annexure-II or original cost is reimbursable wherever is applicable	Room Rent /ICU/CCU including ventilator Charges as per entitlement as mentioned at para g & i
	2	3	4	5	6	7
DEPARTMENT OF SURGERY						
1 DAY PACKAGE RATES						
1	Suprapubic Cystostomy	7000	8050	9100	--	Extra
2	Cystoscopy under LA	3500	3450	3500	--	Extra
2 DAYS PACKAGE RATES						
3	Cystoscopy with D J Stent (U/L)	4000	4600	6400 (Rs 1200/- will not reimbursed, which will borne by the Beneficiary)	Extra - original cost of DJ Stent is fully reimbursable	Extra
4	Hemiotomy	13000	14950	16900	--	Extra
5	Inguinal Herniorraphy	12000	13800	15600	--	Extra
6	Mesh Hernioplasty	15000	17250	19500	Extra- original Cost of Mesh /Tracker is fully reimbursable	Extra
7	Haemorrhoidectomy with Stapling	10000	11500	13000	Extra- fixed cost of stapler mentioned at Sr. No 22 Annexure-II is reimbursable	Extra
8	Hydrocele	8000	9200	10400	--	Extra
9	Lampectomy under GA	12000	13800	15600	--	Extra
10	Laparovarian Cyst Removal	20000	23000	26000	--	Extra
11	Cystoscopy under GA/ Spinal	5000	5750	6500 (Rs 1500/- will not reimbursed which will borne by the Beneficiary)	--	Extra
12	Cystoscopy with D J Stent (B/L)	5000	5750	6500	Extra- original cost of DJ Stents are fully reimbursable	Extra
13	Lap Total extra-peritoneal repair (LxL) for inguinal hernia	20000	23000	26000	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
14	Lap Total extra-peritoneal repair (BxL)	27000	31050	35100	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
15	URSI with DJ(s) placement	70000	23000	26000	Extra original cost of DJ Stent is fully reimbursable	Extra
3 DAYS PACKAGE RATES						
16	Hemi-Thyroidectomy	17000	19550	22100	--	Extra
17	Open Cholecystectomy	17000	19550	22100	--	Extra
18	Mastectomy unilateral with axillary clearance	22000	25300	28600	--	Extra
19	Modified Radical Mastectomy with axillary clearance	22000	25300	28600	--	Extra
20	Subtotal Thyroidectomy	17000	19550	22100	--	Extra
21	Ureterolithotomy	17000	19550	22100	--	Extra
22	Varicose veins unilateral (laser)	25000	28750	32500	--	Extra
23	Varicose Vein Surgery unilateral (stripping)	12000	13800	15600	--	Extra
24	Abscess Drainage under GA/Spinal	8000	9200	10400	--	Extra
25	Appendectomy	13000	14950	16900	--	Extra
26	Gastrectomy	17000	19550	22100	--	Extra
27	Galectomy	11000	12650	14300	--	Extra
28	Lap Appendectomy	15000	17250	19500	--	Extra
29	Lap Ureterolithotomy	25000	28750	32500	--	Extra
30	Lap Ventral Hernia Repair	17000	19550	22100	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
31	Lap Pyelolithotomy	25000	28750	40000 (Rs. 7500/- will not reimbursed which	--	Extra

				will borne by the Beneficiary?		
32	Lap CPD Exploration	25000	28750	40000 (Rs. 75000- will not reimbursed which will borne by the Beneficiary)	--	Extra
33	Lap Pyeloplasty	25000	28750	40000 (Rs. 75000- will not reimbursed which will borne by the Beneficiary)	--	Extra
34	Laparoscopic Cholecystectomy	17000	19550	22100	--	Extra
35	TURP	15000	17250	19500	--	Extra
36	TURP (Laser)	25000	28750	32500	--	Extra
4 DAYS PACKAGE RATES						
37	Parotidectomy	17000	19550	22100	--	Extra
5 DAYS PACKAGE RATES						
38	Cholecystectomy with CBD Exploration with T-Tube drainage	17000	19550	22100	--	Extra
39	Colectomy/Ileostomy	17000	19550	22100	--	Extra
40	Nephrolithotomy	17000	19550	27200 (Rs. 51000- will not reimbursed which will borne by the Beneficiary)	--	Extra
41	Prostatectomy Open	17000	19550	27200 (Rs. 51000- will not reimbursed which will borne by the Beneficiary)	--	Extra
42	Pyelolithotomy	17000	19550	27200 (Rs. 51000- will not reimbursed which will borne by the Beneficiary)	--	Extra
43	Pyeloplasty	17000	19550	27200 (Rs. 51000- will not reimbursed which will borne by the Beneficiary)	--	Extra
44	Colectomy Closure	17000	19550	27200 (Rs. 51000- will not reimbursed which will borne by the Beneficiary)	--	Extra
45	Suprapubic Cystolithotomy for urinary bladder stone	15000	17250	19500	--	Extra
7 DAYS PACKAGE RATES						
46	Laparotomy for perforation or abscess or peritonitis or burst appendix or empyeme gall bladder	25000	28750	32500	--	Extra
47	Laparotomy for Trauma with repair of viscera or splenectomy	25000	28750	32500	--	Extra
48	Laparotomy for Trauma with repair of viscera and splenectomy	25000	28750	32500	--	Extra
49	Lumbar Sympathectomy	19000	21850	30400 (Rs. 53000- will not reimbursed which will borne by the Beneficiary)	--	Extra
50	Hemicolectomy	19000	21850	24700	--	Extra
PARTMENT OF CARDIOLOGY						
I DAY PACKAGE RATES						
51	EP Study	9000	10350	11700	--	Extra
52	Coronary Angiography	10000	11500	13000	--	Extra or day care
J DAYS PACKAGE RATES						
53	RF Ablation With EPS	35000	40250	45500	--	Extra
54	Permanent Pace Maker (Single Chamber)	30000	34500	39000	Extra- Fixed Cost At Sr. No. 2 Annexure-II is reimbursable	Extra
55	Permanent Pace Maker (Dual Chamber)	35000	40250	45500	Extra- Fixed Cost At Sr. No. 3 Annexure-II is reimbursable	Extra
56	Permanent Pace Maker Biventricular (CRT)	45000	51750	58500	Extra- Fixed Cost At Sr. No. 4 Annexure-II is reimbursable	Extra
57	AICD Implantation Single Chamber	35000	40250	45500	Extra- Fixed Cost At Sr. No. 5 Annexure-II is reimbursable	Extra
58	AICD Implantation Dual Chamber	35000	40250	45500	Extra- Fixed Cost At Sr. No. 6	Extra

					solution, chondroitin Sulphate and/or Inj. Sodium Hyaluronate	
79.	Trabeculectomy	7500	8625	9750	--	Day Care
80.	Trabeculectomy with Valve	7500	8625	9750	Extra-Fixed cost as mentioned at Sr. No. 13 Annexure-II is reimbursable	Day Care
81.	Pterygium with Conjunctival Autograft	5000	5750	6500	--	Day Care
82.	Yag laser Capsulotomy	1050	1307.5	1680 (Rs. 315/- will not be reimbursed which will borne by the Beneficiary)	--	Day Care
83.	Retinal Detachment Surgeries	15000	17250	24000 (Rs. 4500/- will not be reimbursed which will borne by the Beneficiary)	--	Day Care
84.	Retinal Detachment Surgeries with Scleral Buckling	17000	19550	27200 (Rs. 5100/- will not be reimbursed which will borne by the Beneficiary)	--	Day Care
DEPARTMENT OF ONCOLOGY						
DAY CARE						
85.	Chemotherapy	1500 excluding Medicines which are fully reimbursable	1725 excluding Medicines which are fully reimbursable	2400 (Rs. 450/- will not be reimbursed which will borne by the Beneficiary) excluding Medicines which are fully reimbursable	--	Day Care
DEPARTMENT OF ENT						
3 DAYS PACKAGE RATES						
86.	Tympanoplasty	10000	11500	16000 (Rs. 3000/- will not be reimbursed which will borne by the Beneficiary)	--	Extra
87.	Tonsillectomy	10000	11500	13000	--	Extra
88.	Adenotonsillectomy	12000	13800	15600	--	Extra
89.	FESS	20000	23000	26000	--	Extra
90.	Septoplasty	20000	23000	26000	--	Extra
5 DAYS PACKAGE RATES						
91.	Modified Radical Mastoidectomy	30000	34500	39000	--	Extra
92.	Modified Radical Mastoidectomy with Tympanoplasty	35000	40250	45500	--	Extra
10 DAY PACKAGE RATES						
93.	Cochlear Implant	60000	89000	78000	Extra - Fixed cost cochlear implant mentioned at Sr. no. 16 Annexure-II is reimbursable	Extra
DEPARTMENT OF ORTHOPAEDIC						
14 DAYS PACKAGE RATES						
94.	Forequarter Amputation	25000	28750	32500	--	Extra
95.	Hindquarter Amputation	25000	28750	32500	--	Extra
10 DAY PACKAGE RATES						
96.	Hip Transplant (single)	76000	80500	105000 (Rs. 14000/- will not be reimbursed which will borne by the Beneficiary)	Extra - Fixed cost of implant + Bone Cement mentioned at Sr. No. 15 Annexure-II are reimbursable	Extra
97.	Knee Transplant (Single)	70000	80500	105000 (Rs. 14000/- will not be reimbursed which will borne by the Beneficiary)	Extra - Fixed cost of implant + Bone Cement mentioned at Sr. No. 14 Annexure-II are reimbursable	Extra
98.	Bilateral hip joint replacement/bilateral knee joint Transplantation (both)	145000	120750	178500 (Rs. 42000/- will not be reimbursed which will borne by the Beneficiary)	Extra - Fixed cost of implant + Bone Cement mentioned at Sr. No. 14-15 Annexure-II are reimbursable as the case may be	Extra
7 DAYS PACKAGE RATES						

99	Fracture Trochanteric Femur	20000	23000	26000	Extra	Extra
100	Nailing/Pinning of Fracture SOF / Subcondylar/Incondylar/Single Condyle/Hoffas Fracture of Femur	20000	23000	26000	Extra	Extra
101	Bicondylar Fracture of Tibia	20000	23000	26000	Extra	Extra
102	Disarticulation Hip	20000	23000	26000	--	Extra
103	Disarticulation Shoulder	20000	23000	26000	--	Extra
104	Hemiarthroplasty Hip	25000	28750	32500	Extra	Extra
105	Cervical Spine Discectomy	35000	40250	63500 (Rs. 18000/- will not reimbursed which will borne by the Beneficiary)	--	Extra
106	Lumber decompression/ Laminectomy for Canalstenosis	20000	23000	16400 (Rs. 10000/- will not reimbursed which will borne by the Beneficiary)	Extra	Extra
5 DAYS PACKAGE RATES						
107	Subcondylar/Intra Condylar Fracture of Humerus	20000	23000	26000	Extra	Extra
108	Percutaneous Screw fixation of Fracture of Neck of Femur	20000	23000	26000	Extra	Extra
109	Fixation of Fracture Calcaneum	15000	17250	19500	Extra	Extra
110	Fixation of Fracture Talus	15000	17250	19500	Extra	Extra
111	Amputation above Knee	20000	23000	26000	--	Extra
112	Amputation above Elbow	20000	23000	26000	--	Extra
4 DAYS PACKAGE RATES						
113	Plating of Fracture Proximal Humerus	20000	23000	26000	Extra	Extra
114	Open Reduction of dislocation of Elbow	15000	17250	19500	--	Extra
115	Open Reduction of dislocation of Shoulder	15000	17250	19500	--	Extra
116	Open Reduction of dislocation of Hip	15000	17250	19500	--	Extra
117	Open Reduction of dislocation of Knee	15000	17250	19500	--	Extra
118	Single bone/Moetegua or Calceoz/both bones fixation plating	18000	20700	23400	Extra	Extra
119	Fracture both bones forearm plating	20000	23000	26000	Extra	Extra
120	Unicondylar Fracture of Tibia	15000	17250	19500	Extra	Extra
121	Fracture shaft of humerus	20000	23000	26000	Extra	Extra
122	Nailing/Pinning of Fracture Tibia	15000	17250	19500	Extra	Extra
123	Pott's Fracture Ankle	15000	17250	19500	Extra	Extra
124	Listriques Fracture dislocation	15000	17250	19500	Extra	Extra
125	Amputation below Elbow	15000	17250	19500	--	Extra
126	Amputation below Knee	20000	23000	19500	--	Extra
127	Lumber Discectomy	25000	28750	32000 (Rs. 6000/- will not reimbursed which will borne by the Beneficiary)	--	Extra
128	Lumber Microdiscectomy	25000	28750	40000 (Rs. 7500/- will not reimbursed which will borne by the Beneficiary)	--	Extra
3 DAYS PACKAGE RATES						
129	Fixation of Fracture Distal radius	15000	17250	19500	Extra	Extra
130	Fixation of Fracture Scapula	15000	17250	19500	Extra	Extra
131	ACL Reconstruction	20000	23000	26000	Extra	Extra
132	PCL Reconstruction	20000	23000	26000	Extra	Extra
2 DAYS PACKAGE RATES						
133	Pinning of Fracture Proximal Humerus	15000	17250	19500	Extra	Extra
134	Fracture of Greater Tuberosity Humerus	12000	13800	15600	Extra	Extra
135	Lateral Condylar/ Subcondylar Fracture of Humerus in case of Child	12000	13800	15600	Extra	Extra
136	Close Reduction Fracture Olecranon	12000	13800	15600	--	Extra
137	Excision of Fracture Radial Head	12000	13800	15600	--	Extra
138	Open reduction/close reduction/Pinning of fracture/dislocation Metacarpals + Phalanges	8000	9200	10400	Extra if any	Extra
139	Fixation of Fracture Metatarsals/Phalanges	10000	11500	13000	Extra	Extra
140	Diagnostic Arthroscopy	10000	11500	13000	--	Extra
141	Meniscectomy	15000	17250	19500	--	Extra

142	Close reduction of fracture/dislocation under General Anaesthesia	4000	4600	5200	--	Extra
143	Fracture Patella	12000	13800	15600	Extra	Extra
144	Fracture Olecranon	12000	13800	15600	Extra	Extra
DEPARTMENT OF NEPHROLOGY						
10 DAYS PACKAGE						
145	Renal Transplant without donor charges	172000	197800	275200 (Rs 51000/- will not reimbursed which will borne by the Beneficiary)	+Cost of Inj. simulect, is fully reimbursable if required	Extra
6 DAYS PACKAGE						
146	Lap Nephrectomy of donor or otherwise	45000	51750	58500		Extra
147	Open nephrectomy of donor or otherwise	28000	32200	41800	--	
DAY CARE						
148	Dialysis per sitting	1000	1150	1300	+Cost of dialyzer is fully reimbursable	Extra
OPD:- PER DAY OPD CHARGES						
149	Dialysis per sitting as OPD Procedure	1000	1150	1300	+Cost of dialyzer is fully reimbursable	NA
150	MRI Angiography (Include cost of dye)	5500	6325	7150	--	NA
151	CT Coronary Angiography (Include cost of dye)	7200	8280	9360	--	NA
MISC. PER DAY						
152	ICU/CCU including ventilator Charges/drugs/consumables etc applied for package rates only	3000	3450	3900	--	Extra

PER DAY RATES FOR ICU/CCU/VENTILATOR FOR NON PACKAGE TREATMENT

PER DAY RATES				
Sr. No.	Name of Surgery	Lump sum Package Rate (both for General and Private ward)	Package rates for NABH Hospital	Package rates for JCI Accredited Hospital
153	ICU	Rs. 3000/- per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies	3450/-	3900/-
154	ICU+ Ventilator	Rs. 8000/- Per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies	Rs. 8000/- Per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies	Rs. 8000/- Per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies

Sr. No.	Item	Maximum Ceiling Rate
A. REIMBURSEMENT OF CARDIOLOGICAL IMPLANTATION DEVICES AND CORONARY STENTS		
1	Rotablator	Rs. 50,000/- or the actual cost whichever is less.
2	Pacemaker (Single Chamber)-	
	i. Without rate response.	Rs. 37,000/- or the actual cost, whichever is less.
	ii. With rate response.	Rs. 65,000/- or the actual cost, whichever is less.
3	Pacemaker (Dual chamber)	Rs. 1, 15,000/- or the actual cost whichever is less.
4	Permanent Pace Maker Biventricular (CRT)	Rs. 3,00,000/- or the actual cost whichever is less.
5	AICD Implant Single Chamber	Rs. 3,00,000/- or the actual cost whichever is less.
6.	AICD Implant Dual Chamber	Rs. 4,50,000/- or the actual cost whichever is less.
7	Combo device (CRTD)	Rs. 5,50,000/- or the actual cost whichever is less
8	Coronary Stents	a. Bio-Absorbable Stents :- Rs. 1,30,000/- b. Drug Eluting Coronary Stents namely:- cipher Stent, Taxus Stent, Endeavor, Sience V.EECSS, Yukon choice, Bare Metal Stents etc (i) All DGCI and FDA approved drug Eluting Stents = Rs 65000/- (ii) All DGCI and CE approved drug Eluting Stents = Rs 50000/- (iii) All DGCI approved drug Eluting Stents = Rs 40000/- c. Bare Metal Coronary Stents (i) Stainless Steel Stents = Rs 12000/- (ii) Cobalt Stents (a) All DGCI and FDA approved = 20000/- (b) All DGCI and CE approved = 18000/- (c) All DGCI approved = Rs. 15000 (iii) Coated/ Other Stents = Rs 25000/- d. Bare Metal Vascular (Non Coronary) Stents (i) Stainless Steel Stents = Rs 20000/- (ii) Cobalt Stents = 22000/- (iii) Nitinol/ Other Stents = 25000/-
B. REIMBURSEMENT OF COST OF INTRA OCULAR LENS (IOL)/VALVE FOR GLAUCOMA		
9	Hydrophobic Foldable IOL	Rs. 5,000/-
10	Silicon Foldable IOL	Rs. 3,600/-
11.	Hydrophilic Acrylic Lens	Rs. 5,800/-
12	PMMA IOL	Rs. 490/-
13	Valve For Glaucoma Surgery	Rs. 10,000/-
C. REIMBURSEMENT OF COST OF TOTAL KNEE AND TOTAL HIP IMPLANTS		
14	Total Knee implant	Knee implant cemented (unilateral) = Rs. 60,000/- + the cost of Bone cement Rs. 5,000/-
15.	Total Hip implant	2. Hip implant cemented (unilateral) = Rs. 35,000/- + the cost of Bone cement Rs. 5,000/- 3. Hybrid Hip Implant One component cemented and other uncemented (Unilateral) = Rs. 45000/- / + Cost bone cement is Rs. 5000/- 4. Hip Implant Uncemented (Unilateral) = Rs. 60000/- 5. Surface replacement Hip Implant (Unilateral) = Rs. 120000/- 6. Bipolar Modular Cemented Implant =Rs. 30000/- + the cost of Bone cement Rs. 5,000/- 7. Bipolar Modular Uncemented Implant =Rs. 45000/-
D. REIMBURSEMENT OF COST OF COCHLEAR IMPLANTS		
16	Cochlear Implant	Rs. 5,00,000/- (one channel) or 12 channels (2 - external coil) should be for speech perception. Reimbursement shall be @ 100% in case of children/adolescent 1 to 5 years, @ 80% in case of children between 5 to 10 years and @ 50% in case of children between 10 to 16 years. 50% of the cost of wearable components.

		e.g. Speech Processor, Microphone etc. (excluding cords, batteries) for the purpose of upgradation and/or replacement every 3 years, on the advice of two ENT surgeons of Government /Approved Private Hospitals		
E. REIMBURSEMENT OF COST OF CPAP/BIPAP MACHINES				
17	CPAP Machine	Rs. 50,000/- on the advice of concerned specialist of Government /Approved Private Hospitals		
18	BIPAP Machine	Rs. 1,00,000/- on the advice of concerned specialists of Government /Approved Private Hospitals		
F. REIMBURSEMENT OF COST OF NEURO-IMPLANT				
	Item	Ceiling Rate	Life of battery	Cost of battery
19	DBS Implants	Rs. 3,60,000/-	3-5 years	Rs. 2,50,000/-
20	Intra-thecal Pumps	Rs. 2,62,000	7 years	Rs. 2,25,000/-
21	Spinal Cord stimulators	Rs. 2,62,000/-	3-5 years	Rs. 2,00,000/-
a. On prescribing by the Neurologist of the Govt./Approval Hospitals.				
b. Replacement of battery before 4 years may be permitted in exceptional cases on the basis of justification by the treating specialist and shall be considered on a case-to case basis by Department of Health & Family Welfare				
G. OTHER ITEMS				
22	Stapler	Rs. 12,000/-		