No.2/56/2014-1HB-III

From

The Additional Chief Secretary to Government of Haryana, Health Department.

Tr

- 1. All the Heads of Departments
- 2. The Commissioners, Ambala, Hissar, Rohtak and Gurgaon Division.
- 3. The Registrar, Punjab and Haryana High Court, Chandigarh
- 4. All the Deputy Commissioners in Haryana
- 5 All Sub-Division Officer (Civil) in Haryana

Dated:- 21-05-2015

- Sub:- 1. Regarding fixing of Package & implants Rates applicable on the State Government Empanelled Private Hospitals.
 - 2. Regarding Fixing of ICU and ICU+Ventilator Charges for non package procedures.

Sir/Madam

I, have been directed to invite your attention to the subject mentioned above and to state that the Government has decided to implement of package/implant rates for providing treatment to the Haryana Government employees/pensioners and their dependents in the approved private hospitals. The package rates have been worked out for common procedures in consultation with various Empanelled Private Hospitals. This has been done for convenience of the employees as well as private Health Institutions. This measure also seeks to rationalize the charges across the various institutions. Under these new guidelines, 152 (Which includes already notified 21 packages/implants) packages major procedures including implants have been fixed. The details are given as under:-

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- The State Government has categorized the approved private hospitals for the purpose of implementing package rates, which are explained as under:
 - a. There are three types of rates_applicable to different types of hospitals which are categorized on the basis of accreditation of hospitals namely Non-NABH/Non-JCI, NABH & JCI.
 - b All the State Government empanelied private hospitals will charge from the employees as per the fixed package/implant rates mentioned in Annexure-I&II and these will be fully reimbursable to the employees/pensioners and their dependents except on few JCI package rates (Annexure-I) wherein the reimbursement on some of the amount will be borne by the beneficiary as mentioned against the package rates.

2. Definitions.

- i) "Hospital": A Private Hospital approved by the State Govt.
- ii) "Package Rate": A lump sum amount charged by the approved hospitals for packages/procedures
- iii) "Day Care": Day Care means indoor stay in the Hospital duly certified by the concerned hospital,
- iv) "NABH": means hospitals possessing certificate of National Accreditation Board for Hospitals & Healthcare Providers.
- v) "JCI": means hospitals possessing certificate of Joint Commission International.
- vi) 1, 2, 3,4, 5, 7,10 and 14 days package rate means the number of days a patient remain in hospital for a particular surgery normally without any complication
- vii) "ICU/CCU charges": This is meant for Packages only that includes all charges like ventilator, monitoring, nursing, gas, drugs, etc. during the post operative period in normal situations.
- 3 The guidelines for the implementations of the package rates are as under:

- 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
- "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
- 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/ICCU 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.
- The entitlement for Room Rent for indoor treatment would be as under:-

Sr.	Category	Pay (Basic Pay +	Non -NABH/Non NABH		JCI Rates
No.		Grade Pay)	JCI Rate (per day)	Rates	
	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.
- Semi private ward will be treated as General Ward for the purpose of room rent.

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

r. 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.	I was a second			A decreased the same of the same	,	
4	Name of implant/pace maker/Mesh etc. as mentioned in column no 6 of Annexure-I	was not a second of the second					
5	Name of medicine for which Extra cost is allowed, if any as mentioned in column no 6 of Annexure-I	Management of the second					
	Total		The section of the se	1		The same of the sa	trian.

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 is 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.
- 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/NILdated 04-12-2012.

> Deputy Secretary Health For Additional Chief Secretary to Government Haryana, Health Departments

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

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

To

Additional Chief Secretaries/Principal Secretaries/Commissioner

To Government of Haryana

dated 21-05-2015

U.No 2/56/2014-1HB-III 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 Ecalitic or Additional Cirici Secretary to Government Harvana, Health Department

Additional Chief Secretary to Govt. of Haryana Department of Finance. U.No 2/56/2014-1HB-III Endst No 2/56/2014-1HB-III

Dated 21-05-2015 Dated 21-05-2015

OFFICE OFCOMPTROLLER, LUVAS, HISAR

Endst. No. CVU/LUVAS/IF/2015/ 1266-13 0

Dated: | &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.

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.

Annexure-1

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

Sr. Nn.	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-11 or original test is relimbursable wherever is applicable	Room Ren //CU/CCU including ventilator Charges as per entillemen ax mentioned ut para g & i
· v andrikarny prikingaru antirokani.	2	3	4	5	6	7 (*
	NT OF SURGERY					
UDAY PACK	AGE RATES				**	
	Suprapaise Cystostomy	7000	8050	9100		Extra
1	Cystoscopy under LA	3000	3430	3900		Extra
2 DAYS PAC	KAGE RATES		1.00	7.400.70.1000		
3	Cystoscopy with D.J. Stent (U/L)	400G	4600	6400 (Rs 1200/ will not reimbursed, which will borne by the Beneficiary)	Extra – original cost of DJ Stent is fully reimbursable	Extra
4	Herniotanty	13000	14950	16900	-	Extra
	Inguinal Hernierraphy	12000	13800	15600	-	Extra
I)	Mesh Herrizoplusty	15000	17250	19500	Extra-original Cost of Mosti /Tracker is fully reimbursable	Extra
7	Hacmorrhoidectomy with Stapling	10000	11500	13000	Extra-fixed cost of stapler mentioned at Sr. No. 22 Annexure-H is reimburgable	Extea
8	Hydrocele	3000	9200	10400	-	Extra
ų	Lampectomy under GA	12000	13800	15600	**	Extra
30	Lap ovarian Cyst Removal	20000	23000	26000		Estra
	Cystoscopy under GA/ Spinal	\$600	5750	s000 (Rs 1500/- will not reinthursed which will borne by the Beneficiary)		Extra
	Cystoscopy with D J Stent (B/L)	\$000	5750	6500	Extru- original cost of DJ Stents are fully reimbursable	Extra
- 3	Lep Total extra-peritimeal repair (U/L) for inguinal herala	20000	23000	26000	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
14	Lan Total extra-periloneal repair (BA.)	27000	310\$0	35100	Extra - original Cost of Mesh Tracker is fully reimbursable	Exten
15	URSI with DHs) placement	20000	23000	26000	Extra original cost of DJ Stent is fully reimborsable	Extra
3 DAYS PAC	KAGE RATES					
16	Hemi-Thyroidectomy	17000	19550	22100		E.stra
17	Open Cholocystectomy	17000	19550	22100		Extra
18	Mastectomy unilateral with axillary clearance	22000	25300	28600 .	-	Eitra
1.:	Modified Radical Mastectonty	22000	35300	28600		Extre
	with sxillary tlearance	17000	19550	22100	(41.0%	C
20	Subtezal Thyroidectomy Ureterolitholomy	17000	19550	22100	••	Extra
- 31	Vancose years undateral	25000	28750	32500	••	Extra
55	Funb(laser)					
23	Varicose Vein Surgery unilateral (atripping)	12000	13800	15600	-	Extra
24	Abscess Oralinage under GA/Spinal	8000	9200	10490		Estra
25.	Appendicectomy	13000	14950	16900	• _	Extra
26.	Cashesicaly	17000	19550	22100	* ************************************	Extra
27.	Hacmorheid	11000	12650	1433/1	-	Extra
28,	ap Appendicectomy	15000	17250	19500		Extra
241	Lap Urgreeltholomy	25000	28750	32500	_	EMICA
[2]	ар Усына тасяна Керан	17000	19550	22100	Extru - original Cost of Mesh ffracker is fully reimbursable	Extra
14	tap Pyelolidashany	25000	28750	40000 (Rs. 7500/- will not reimbursed which	••	Extru

				will borne by the		
		25000	28750	40000 (Rs. 7500)		Extra
		230.0	207,717	Will no:	••	EMIA
37	Lap CPD Exploration			reimbursed which		
				will borne by the	and the control of th	
A - FEET COMMENT Agencies, 15 (17 Comments of the second		25000	28750	Beneficiary) 40000 (Rs. 750IV-		Extra
		25000	4.007,03	will not		Ditti
13	Lup Pyeloplasty			reimbursed which		
	AND THE PROPERTY OF THE PROPER			will borne by the		
1.:	Laparencopie Cholocystestomy	17000	19550	Beneficiary) 22100	***************************************	Extra
35.	TURP	15000	17250	19500		Extra
36	TURP (Laser)	25000	28750	32500		Extra
DAYS PACK					•	L. XIII
17	Parmidecioniy	17000	19550	22100		Extra
	AGE RATES					
	Chalecystectomy with C8D	1.7000	1955D	22100		Extra
18	Exploration with T-Tube drainage				W 700	
19.	Colostomy/licustomy	170(4)	19530	22100	**	Extra
	2 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	17660	19550	27200 (Rs. 5100/	• 4	Extra
				will not		
40	Nephrobthotomy			reimbursed which will borne by the		
	and the second s			Beneficiary)		
and a set of the second second of the second		17000	19556	27200 (Rs 5100/-	**	Extra
	and the same of th			will not	4 To 144	
4.4	Prostatectomy Open			reimbursed which will borne by the	and the second s	
				Beneficiary)		
	***************************************	17000	19550	27200 (Rs. 5100/-	**	Extes
	Account and			will not		
42	Pyelolithotomy		and the same of th	reimbursed which		
	A VIGINA			will home by the Beneficiary)		
and the second s		17600	19550	27200 (Rs. 5100/-	***************************************	Extru
43	Distriction of the second of t	71000		will not		0417.0
	Pyeloplasty			reimbarsed which		
	save support			will borne by the		
and the second second second second		17000	19550	Beneficiary) 27200 (Rs. 5100/-		Extra
	The second of th	17500	17220	will not		C. 455 H
44	Colostopry Closure			reimbursed which		
			PPOPOLE SALE	will borne by the		
	Carandia	15000	17250	Beneficiary) 19500		Estra
45	Supraguble Cystalithotomy for unusary bladder stone	עטטיב ו	(1230	17300		Citta
DAYSPACK	AGE RATES			 		• •
** ******	Lapratomy for perforation or	25000	28750	32500	**	Extra
46	abscess of peritoralis of burst					
40	appendix or empyenie gall					
	bladder	36000	32750	12000	A CONTRACTOR OF THE CONTRACTOR	· · · ·
47	Laprotomy for Trauma with repair of viscera or spleenectomy	2,5000	28750	32500	••	Extra
9-28-2 00-10-10-10-10-10-10-10-10-10-10-10-10-1	Laprotemy for Trauma with	25600	28750	32500	-	Extru
48	repair of viscers and					
	spleenectomy	processing and a second sense, and a separate high selection of the second seco	Property of the commencer become		, NA	
		19000	21850	30400 (Rs. 5300/-	••	Fritn
49	Luminat Scottmatheorean			will not reimbursed which		
9.2	Lorobar Sympatheolomy			will beste by the	Access	
		and the second s		Beneficiary)		The residence of the commonweal
10.	Hemicolectomy	19000	21850	24700		Extra
ARTMENT (OF CARDIOLOGY					
DAY PACK	AGE RATES	The second secon				A CONTRACTOR OF THE PARTY OF TH
51	EP Study	9000	10350	>1700	~	Estra
</td <td>Coronary Angiography</td> <td>10000</td> <td>11500</td> <td>13000</td> <td></td> <td>Extra or</td>	Coronary Angiography	10000	11500	13000		Extra or
		J (ACAR)		The state of the s	**	day care
	(AGE RATES	A STATE OF THE WOODS AND A STATE OF				
53	RF Ablation With EPS	35000	40250	45500	**	Extra
		30000	34500	39000	Extra-Fixed Cost	Extra
54	Permanent Pace Maker (Single		n. Washington	growing.	At St. No. 2	
	Chamber)			Control of the Contro	Annexure-II is reimbursable	
authorized Array Contracts	The state of the s	35000	40250	35500	Extra-Fixed Cost	Extra
	Permanent Pace Maker (Dun-			3	ALS: No 3	1.411.4
5.5	Chamber)				Annexure-II is	
Marine System State State Communication					re imbursable	- The state of the
		45000	51750	58500	Extra-Fixed Cost	Extru
36	Permanent Pace Maker				At St. No. 4 Annexure-II is	
	Biventricular (CRT)				rembursable	
		35000	10250	15500 •	Extru-Fixed Cost	Extra
* **	AICD Implantation Single	diameter.		1	At Sr. No. 5	1,102,2
17	Chamber				Annexure-II is	
	\$ 14 page 100 and 100				reimbursable	
58	AKCO Implantation Dual	35000	40250	45500	Extra- Fixed Cost At Sr. No. 6	Extra
				1	1	

					In). Sodium byolaronale	
70.	Trabeculectomy	7590	8625	9750	2. A	Day Care
80.	Trabeculections with Valve	7300	X635	9750	Extra-Fixed cost as mentioned at Sr. No. 13 Annexure-	Day Care
jķí,	Picryzigiun with Conjunctival Autografi	5000	5750	6560	T is retinout sauce	Day Carek
el e	Yagibaer Clapsillouing	71 03 II	1207.3	1680 (Rs. 3157- will not reimbursait which will home by the Beneficiary		Day Care
	Retinal Octobrished Surgerfes	15000	17250	24000 (Rs, 4500) will hose reunbursed which will borne by the Benefichry		Day Care
M	Retinal Detachment Surgeries with Scleral Buckling	17000	19550	27200 (Rs. 5100/will not reimbursed which will borne by the Beneficiary	149	Day Care
A DOMESTIC OF THE PARTY OF THE	OF ONCOLOGY) Type at	Belleticiary		
AY CARE		1500	1725	200220274	146	
/ x. -	Chemotherany.	esoluding Medicines which are fully reanthursable	excluding Medicine a which are fully reinbura able	2400 (Rs.450/- will saw reimburged which will burse by the Beneficiary) excluding Medicines which are fully reimbursable		Day Core
EPARTMENT	The state of the s	No.			16	
BAYS PACK	AGE RATES Tynipanoplassy	TOODA	11500	16000 (Re 3000/- will not reimbined which will bottoe by the		Exten
37	Torisillectomy:	10000	11500	Beneficiary 13000	-	Extra
38	Adenotonsillectoniv	12000	13800	15600		Extra
₩. 34.	FESS	20000 20000	23000 23000	26000		Extra Extra
THE RESERVE OF THE PARTY OF THE	Septoplasty AGE RATES	Sant William			And the second s	
91.	Modified Radical Maxindectomy Modified Radical Masterdectomy with Tympanoplasty	30000 35000	34500 40250	39000 -45500		Extra
DAY PACK	AGE RATES	AXXXIII A				
ij	Cochlem limplant	(ADMX)	69000	-3840D.	extru – fixed cost exchler implant mentioned at Sr. no. 16 Annexure-II is reimbursable	Extra
	T OF ORTHOPAEDIC	(**4*, i. **********************************				
DAVS PAC	Foreignment Amputation	25000	18750	32500;	7.00	Extra
95	Hindiparter Amputation	25000	38750	32500		Evira
DAY PACK	AGE RATES [Hip Transplait (single)	708000	805/40	105000 (Re. 1 4000/- will not reinbursed which will harne by the Beneficiary	Extra Fixed cost of implant + Bone Cement mentioned at St. No. 15 A nuexure- If any combursable	Extra
477	Knee Transplant (Single)	700(H)	\$650 0	105000 (Rs.1) 4000/- will not reimbursed which will bonse by the Beneficiary	Extra - Fixed coxt of implant + Bone Coment mentioned at Sr. No. 14 Annexure- Hare reimbursable	Extra
OX.	Bilateral hip joint a replacement/bilateral knee joint Transplantation (both)	195000	120750	178500 (Rs. 42000/- will.nut reimbirsed which will borie by the theneficiary	Extra Fixed cost of implant + Bone Cement mentioned at St. No. 14-15 Annexure-II are reimbursable as the case maybe	Extra
	The second secon	E. C. Stranger	The second secon	1	Commence of the Commence of th	- Contract

- 90	Fracture Trochemeric Femur	20000	23000	36000	Extra	Extra
100	Nations Planing of Fracture SOF / Subcondyler/Intercondyler/Single Candyle/Hoffes Fracture of	20000	33000	26000	Extra	Extra
.,,	Femur		20000	*	CN CASE	
101	Bicondyler Fracture of Tibia	20000	23000	20000	Extra	Extra
102	Disarticulation Hip	20000	23000	36(XXX)	*	Extra
103,	Districulation Shoulder	20000	23000	26000	2000年 。李明	Extra
104	Hemischroplassy Hip.	25000	28750	32500	Extra	Extra
iń.	Cervical Spine Discertains	3,5000	402501	633M (Rs.1800M- will not reinbursed which will borne by the Beneficiary		Extra
106,	Limber decompression/ Laminectomy for Canalstenosis	20000	23(00)	16000 (Rs.10000/- will not reimbursed which will borne by the Beneficiary	Krira	Failra
DAYS PACK	AGERATES		10 m	1 ** **		29. S. E.
1:07	Subcondyler/late Condyler	20000	13000	26000	Exten	Extra
i i	Fracture of Humerus					
108.	Percantaneous Screw fixation of	20006	2300D	26000	Extra	Extra
109	Fracture of Neck of Femur	15000	17250	19500	Extra	Extra
110	Fixation of Fracture Calcaneum	(5000	17250	19500	Extra	Extra
-	Fixation of Fracture Talus	20000	23(000	16000	, 44M),#	Exira
tu.	Aniputation above Knie	Committee Tall To State Committee	and the same of the same of the same of	AND THE RESIDENCE AND AND ASSESSMENT OF THE PERSON OF THE	•	State of the state
717	Ainputation above Elbow	20000	23000	260IXI	·	Extra
DAYS PACK	AGERATES		Mind Agency			
1/3	Pluting of Fracture Proximal	20000	230(X)	26000	Erten	Extra
17.7	Humerus	Major I - Lake	100-0	Mark San Control	We will be the state of the sta	-
143	Open Reduction of dislocation of Elbox	15000	17350	19500	4	Extra
115	Open Reduction of dislocation of Steader	35IXIO	17250	19300	7	Extra
	Open Reduction of distocation of	15000	17250	19500		Extra
118	HIP Open Restriction of dislocation of	15000	1,7250	19500		Extra
1.12	Knee				1912 - 1914 - 19	
118,	Single board Monteggia or Calcerzi/both bones forenen, ploting	18(XX)	20700	234(X)	Extra	Extra
110.	Fractile both hones forestin	20000	2300U	26000	Extra	Extra
20.	Unicondyler Fracture of Tibia	15000	17250	19500	Extra	Extra
	Fracture shart of humaras	20000	23000	26000	Extra	Extra
22	Sating planting of Fracture Tibia	13000	17250	19500	Extra	Extra
		15000	17250	19500	THE RESIDENCE OF COMMENTS OF THE PARTY OF	The second second
.5	Pott's Fracture Ankle	the manufacture Name of Street, and	PRODUCT PROGRAMME.	and the second s	Extra	Extra
129	Listropes Fracture dislocation	15000	17250	19500	Extra	Extra
133	Amountation below Elbow	15JXIQ	17250	19500		Exten
126	Ausputation below Knee	(5000)	17250	19500	= 1	Extra
127,	Lumber Discectomy	30IXIQ	23000	32000 (Re. 6000/- will not reimbursed which will borne by the Bynellciary		Extra
+ 138;	fumber Microdiscectomy	23000	28750	40XIO (Rs. 75002- will not reimbursed which will borne by the		Extra
DAVENACE	ACC DATEC		100 Tex 300 F	Beneficiary		The state of the s
	CAGE RATES	TEAN	WC370	1 2		ing to fall to
(29)	Fixation of Fracture Distal radius	15000	17230	19500	Extra	Extra
(20) (30)	Fixation of Fracture Distal radius Fixation of Fracture Scaplated	15000	17250	19500 19300 T	Extra	Extra
(29) (30) (31)	Fixation of Fracture Distal radius Fixation of Fracture Scaphold ACL Reconstruction	15000 20000	17250 23000	19500 19300 26000	Exten Exten	Extra Extra
(20) (30)	Fixation of Fracture Distal radius Fixation of Fracture Scaplated	15000	17250	19500 19300 T	Extra	Extra
(20): (30): (31): (32):	Fixation of Fracture Distal radius Fixation of Fracture Scappinid AEL Reconstruction PCL Reconstruction AGE RATES	15000 20000	17250 23000	19500 19500 26000 26000	Exten Exten	Extra Extra
(30) (30) (31) (32)	Fixation of Fracture Distal radius Fixation of Fracture Scaphaid ACL Reconstruction PCL Reconstruction	15000 20000	17250 23000	19500 19300 26000	Exten Exten	Extra Extra
1200 131 132 DAYS PACE	Fixation of Fracture Distal radius Fixation of Fracture Scapped ACL Reconstruction PCL Reconstruction AGE RATES Propring of Fracture Previoual	15000 20000 20000	17250 23000 23000	19500 19500 26000 26000	Extra Extra	Extra Extra Extra
120 121 132 DAYS PACE 135	Fixation of Fracture Distal radius Fixation of Fracture Scapheid ACL Reconstruction PCI. Reconstruction AGE RATES Pinning of Fracture Prevental Humerus Fracture of Greater Tuberssity Humerus Lateral Constylers Subcondyler Fracture of Humerus in case of	15000 20000 20000 15000	17250 23600 23000 17250	19500 19500 26009 26000 19500	Extra Extra Extra , Extra	Extra Extra Extra Extra
139) 131, 131, 132 DAYS PACE 133, 134,	Fixation of Fracture Distal radius Fixation of Fracture Scaphaid ACL Reconstruction FCI. Reconstruction GAGE RATES Planting of Fracture Preconal Humenis Fracture of Greater Tuberesity Humanis Lateral Condyser/Subcondyler Fracture of Humanis in case of Child. Closs Reduction Fracture	15000 20000 20000 15000	17250 23600 23008 17250 13800	19500 19500 26000 26000 19500	Extra Extra Extra Stra Extra	Extra Extra Extra Extra Extra Extra
1300 1310 1311 1322 DAYS PACE 1335 1340 1350	Fixation of Fracture Distal radius Fixation of Fracture Scappinid ACL Reconstruction FCL Reconstruction Fracture of Fracture Proceeding Fracture of Creater Tuberosity Fracture of Fracture Tuberosity Fracture of Humarus in case of Child. Closs Reduction Fracture Checranion	15000 26000 20000 20000 15000 12000 12000	17250 23600 23006 23006 17250 13800 13800	19500 19500 26000 26000 19500 15600 15600	Extra Extra Extra Extra Extra Extra	Extra Extra Extra Extra Extra Extra Extra
(39) 130, 131, 132, DAYS PACE 135, 134,	Fixation of Fracture Distal radius Fixation of Fracture Scapping ACL Reconstruction FCL Reconstruction Fracture of Fracture Precontal Huments Fracture of Grencer Tuberosity Huments Lateral Condyler/ Subcondyler Fracture of Humerus in case of Child. Close Reduction Fracture GReconson Excision of Fracture Radial Head	15000 26000 20000 20000 15000 12000 12000	17250 23600 23006 17250 13800 13800 13800	19500 19500 26009 26000 19500 15600 15600	Extra Extra Extra Extra Extra Extra	Extra Extra Extra Extra Extra Extra Extra
1391 130, 131, 132 DAYS PACE 133, 134, 135,	Fixation of Fracture Distal radius Fixation of Fracture Scaphaid ACL Reconstruction FCL Reconstruction Fracture of Fracture Procedural Humania Fracture of Fracture Tuberosity Humania Lateral Condyser/Subcondyler Fracture of Humania in case of Child. Closs Reduction Fracture Checranon Excision of Fracture Radial Head Open reduction/Pirming of fracture //dislocation/Pirming of fracture //dislocation Metacurpais +	15000 26000 20000 20000 15000 12000 12000	17250 23600 23006 23006 17250 13800 13800	19500 19500 26000 26000 19500 15600 15600	Extra Extra Extra Extra Extra Extra	Extra Extra Extra Extra Extra Extra Extra
139: 130: 131: 132: DAYS PACE 133: 134: 135: 136: 137:	Fixation of Fracture Distal radius Fixation of Fracture Scaphaid ACL Reconstruction FCL Reconstruction FCL Reconstruction FCL Reconstruction AGE RATES Pinning of Fracture Preconal Humerus Fracture of Fracture Tuberssity Humerus Lateral Condyler/Subcondyler Fracture of Humerus in case of Child Closs Reduction Fracture Checration Excision of Fracture Radial Head Open reduction/Pinning of fracture dislocation Metacarpais + Pinninges Fixation of Fracture	15000 26000 20000 20000 15000 12000 12000	17250 23600 23006 17250 13800 13800 13800	19500 19500 26009 26000 19500 15600 15600	Extra Extra Extra Extra Extra Extra	Extra Extra Extra Extra Extra Extra Extra
139: 130: 131: 132: DAYS PACE: 133: 134: 135: 136: 137: 138:	Fixation of Fracture Distal radius Fixation of Fracture Scaphaid ACL Reconstruction PCL Reconstruction FCL Reconstruction FCC	15000 26000 20000 15000 12000 12000 12000 12000 10000	17250 23000 23000 17250 13800 13800 13800 13800 13800	19500: 19500: 26000: 26000: 19500: 15600: 15600: 15600: 15600: 15600: 15600:	Extra	Extra
139: 130. 131. 132. DAYS PACE 133. 134. 135. 136. 137.	Fixation of Fracture Distal radius Fixation of Fracture Scaphaid ACL Reconstruction FCL Reconstruction FCL Reconstruction FCL Reconstruction AGE RATES Pinning of Fracture Preconal Humerus Fracture of Fracture Tuberssity Humerus Lateral Condyler/Subcondyler Fracture of Humerus in case of Child Closs Reduction Fracture Checration Excision of Fracture Radial Head Open reduction/Pinning of fracture dislocation Metacarpais + Pinninges Fixation of Fracture	15000 26000 20000 20000 15000 12000 12000 12000 12000 8000	17250 23600 23006 17250 13800 13800 13800 13800 9200	19500 19500 26009 26009 19500 15600 15600 15600 15600	Extra Extra Extra Extra Extra Extra Extra Extra Extra	Extra Extra Extra Extra Extra Extra Extra Extra 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
DEPARTMEN	NT OF NEPHROLOGY	enterconnection of the second	The state of the s	A STATE OF THE STA	Lon many construction and a second	
10 DAYS PAG	CKAGE	The second secon	I		Control of the Contro	And the second second
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 PAC	CKAGE					
116	Lap Nephractomy of donor or otherwise	45000	\$1750	58500		Extra
147	Open nephractomy of donor or otherwise	28000	32200	41800	•	Marine State of State St
DAY CARE		Activity the second sec		A THE RESIDENCE OF THE PROPERTY OF THE PROPERT		
148	Dialysis per sitting	1000	1150	1300	+Cost of dialyzer is fully reimbursable	Extra
OPD:- PER	DAY OPD CHARGES			The state of the s		
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					
153	ICU /CCU including ventilator Charges/drugs/consumables etc applied for package rates only	3000	3450	3900	**	Extra

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N No.	Name of Surgery	Lump sum Package Rate (both for General and Private ward)	Package rates for NABII Hospital	Package rates for JCI Accremited Hospital
1	:]	4	
1.57	i i	Rs. 3000/- per day excluding Medicines Only For non package treatment i.e. Medical/Surgical	34507-	WAY:
I Sa	ICU+ Ventilator	Rs. 8000/- Per day excluding Medicines Only For non package treatment i.e Medical/Surgical Emergencies	Rs 80002- Pet day excluding Medicious. Only For non-package freatment (c Medical/Surgeal Emergencies	excluding Medicines Only For non package treatmen i e Medical/Surgical Emergencies

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or Na.	Item	Maximum Ceiling Rate
REIN	MBURSEMENT OF CARDIOLOGICA	I IMPLANTATION DEVICES AND CORONARY STENTS
	Rotablator	Rs. 50,000/- or the actual cost whichever is less.
.j	Pacemaker (Single Chamber)-	Management of the Control of the Con
	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.
ď	Permanent Pace Maker Biventricular (CRT)	Res. 2,00,000/- 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) Coronary Stents	a Bio-Absorable 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 DGC1 approved = Rs. 15000
		(iii) Coated/ Other Stents = Rs 25000/-
		d. Bare Metal Vascular (Non Coronary) Stents
	i e	(i) Stainless Steel Stents = Rs 20000/-
	ř.	(ii) Cobalt Stents = 22000/-
		(iii) Nitinol/ Other Stents = 25000/-
REI	MRIIDSEMENT OF COST OF INTRA	OCULAR LENS (IOL)/VALVE FOR GLAUCOMA
9	Hydrophobic Foldable IOL	Rs. 5,000/-
10	Silicon Foldable IOL	
	The second secon	Rs 3,600/-
11.	Hydrophilic Acrylic Lens	Rs. 5.800/-
12	PMMA IOL	Rs 490/-
13	Valve For Glaucoma Surgery	Rs 10,000/-
C. REI	MBURSEMENT OF COST OF TOTAL	L KNEE AND TOTAL HIP IMPLANTS
14	Total Knee implant	Knee implant committed (initiateral) Rs. 60,000. The cost
15.	Total Hip implant	2. Hip implant comented (unitateral) = Rs 35,000/-+the cost of Bone coment Rs. 5,000/-
		 Hybrid Hip Implant One component cemented and other uncemented (Unilateral) = Rs. 45000/- / +Cost bone cement to Rs. 5000/-
		4. Hip Implant Uncemented (Unilateral) = Rs. 60000/-
		5. Surface replacement Hip Implant (Unilateral) = Rs. 120000/-
		 Bipolar Modular Cemented Implant =Rs. 30000/-+ the cost of Bone cement Rs. 5,000/-
		7. Bipolar Modular Uncemented Implant =Rs 45000/-
D. REI	MBURSEMENT OF COST OF COCH	LEAR IMPLANTS
16	Cochlear Implant	consider the consequent of the consequence of the c

		for the purpose of upg	, Microphone etc. (exclud gradation and/or replacement T surgeons of Government	ent every 3 years, on				
E. REI	MBURSEMENT OF COST OF C	CPAP/BIPAP MACHINES						
17.	CPAP Machine		Rs. 50,000/- on the advice of concerned specialist of Government /Approved Private Hospitals					
	BIPAP Machine	Rs. 1,00,000/- on the advice of concerned specialists of Concernment /Approved Private Hospitals						
F. REI	MBURSEMENT OF COST OF N	IEURO-IMPLANT		April 100000 FT				
	Hen	Ceiling Rate	Life of hattery	Cost of batter;				
14	DBS Implants	Rs 3,60,000/-	3-5 years	Rs. 2,50,000/-				
2.1	latra-tuecai Pumps	Rs. 2,62,000°	7 years	Rs. 2,25,000%				
2	Spinal Cord stimulators	Rs 2.62 0000 -	3-5 years	Rs. 2.00,000/-				
F. REI	CPAP Machine BIPAP Machine MBURSEMENT OF COST OF N Item DRS Implants Intra-theen/ Pumps	Rs. 50,000/- on the ad /Approved Private Ho Rs. 1,00,000/- on the a GOVERNMENT / Approve IEURO-IMPLANT Ceiling Rate Rs. 3,60,000/- Rs. 2,62,000	spitals advice of concerned special Private Hospitals Life of battery 3-5 years 7 years	Cost of batt Rs. 2,50,000				

5. 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 Stapth Rs (2(a)t) -

On prescribing by the Neurologist of the Govt./Approval Hospitals.