



Office of the Additional Director
CENTRAL GOVERNMENT HEALTH SCHEME

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<http://cghspune.gov.in>

F No: CGHS/PNE/Estt. 4-13/2014-15/

Date: November 13, 2014

OFFICE MEMORANDUM

Sub: Fresh Empanelment of private healthcare organizations (HCOs) and revision of package rates applicable under CGHS Pune.

* * *

The undersigned is directed to state that CGHS had initiated action for fresh empanelment of private HCOs under CGHS Pune and also for the revision of package rates to be paid to HCOs, by floating tender for the same. On the basis of responses received rates for various procedures / treatments / investigations have been arrived at and have been placed on <http://cghspune.gov.in> which can be downloaded. Similarly, a copy of the agreement containing terms and conditions of empanelment has also been placed on the above website.

The approved list of hospitals for empanelment under CGHS Pune as per the terms and conditions of empanelment is enclosed herewith.

The revised rates and terms & conditions as mentioned above shall come into force with effect from November 17, 2014. The empanelment will be for a period of two years from the said effective date. The HCOs already on the panel of CGHS which do not appear in the annexed list of empanelled HCOs are allowed to continue on CGHS panel until November 16, 2014 as per existing CGHS rates.

This issues with concurrence of the Integrated Finance Division in the Ministry of Health & Family Welfare vide FTS No. 62678 dated 19/09/2014.

A copy of this Office Memorandum, list of empanelled HCOs under CGHS Pune, rate list, and copy of MOA is placed at <http://cghspune.gov.in> as well as <http://msotransparent.nic.in/cghsnew/index.asp>.

Dr. K. M. Biswas
Additional Director
CGHS, Pune

Encl: Annexure – I List of Hospitals Empanelled under CGHS Pune

Copy to:

1. All concerned HCOs
2. Central Government Employees Welfare Co-ordination Committee
3. Director, CGHS, Nirman Bhavan, New Delhi
4. Addl. DDG (HQ), Nirman Bhavan, New Delhi
5. The Hospital Empanelment Cell, Nirman Bhavan, New Delhi
6. CGHS II section, Nirman Bhavan, New Delhi
7. Pay & Accounts Office, Mumbai Central, Mumbai
8. CGHS Wellness Centres 1/2/3/4/5/6/7/8/9/Polyclinic
9. Swamy Publishers (P) Ltd., P. B. No. 2468, R. A. Puram, 600028
10. UTI-ITSL, Plot No.3, Sector -11, CBD, Belapur, Navi Mumbai – 400614
11. UTI-ITSL, 153/1, First Floor, Old Madras Road, Ulsoor, Bengalooru 560008
12. All India CGHS Employees Association, Pune Branch
13. Nodal Officer, Computerization, CGHS Pune – to upload on the website of CGHS Pune.
14. Office Order File
15. Guard file

Dr. K. M. Biswas
Additional Director
CGHS, Pune

ANNEXURE - I**HOSPITALS EMPANELLED UNDER CGHS PUNE**

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
1	AADHAR MULTISPECIALITY HOSPITAL – ICU	Opp Bank of India Mumbai Pune Old Highway, Dehu Road, Pune 412101	Non-NABH	020-65107896 9225653800	General Medicine, General Surgery, Multispecialty & ICU, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Orthopaedic Surgery, Neurology & Neurosurgery, Urology & Nephrology, Gastroenterology and GI Surgery, Paediatrics, Eye & ENT, Cancer treatment (Surgery, Chemotherapy), Diagnostics. and other available facilities
2	ACE HOSPITAL PUNE	Behind Mehandale Garage Near Hotel Abhishek, 32/2 A, Gulawani Maharaj Rd,Pune - 411004	Non-NABH	020-25434063 020-25434072	Nephrology (Including Dialysis), Urology & Urosurgery including Kidney Transplant, General Medicine, General Surgery, and Endoscopic/ Laparoscopic procedures; Gastroenterology and GI Surgery, Cancer treatment (Surgery, Chemotherapy), Diagnostics. and other available facilities.
3	BHARATI HOSPITAL	Katraj-Dhankawadi Pune-Satara Road, Pune - 411043	Non-NABH	020-24372789 020-24375182 020-24371116	Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Orthopaedic Surgery including Joint Replacement, General Medicine, General Surgery, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Paediatrics, Eye, ENT, and Dental, Cancer treatment (Surgery, Chemotherapy), Dermatology, Diagnostics, and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
4	CHAITANYA HOSPITAL	Near Chinchawadgaon Police Chowky, Chaphekar Chowk, Chinchwad, Pune 411033	Non-NABH	020-27355833 020-27350333	Multispecialty Hospital including ICU, General Medicine, General Surgery, ENT, Urosurgery, Orthopaedic Surgery including arthroscopy and joint replacement, Gynaecology and all other available facilities
5	DEOYANI MULTI SPECIALITY HOSPITAL	Plot No. 121, Lane Number 4, Dahanukar Colony, Kothrud, Pune, Maharashtra 411038	Non-NABH	020-39623962	General Medicine and General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Orthopaedic Surgery including Joint Replacement, General Medicine, General Surgery, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities
6	DR BANSAL HOSPITAL	Mumbai-Pune Road Dehu Road Dehu Road, Opposite Bank Of India, Dehu Road, Pune,	Non-NABH	020-27671479 020-27674575	General Medicine, General Surgery, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Trauma care, Orthopaedics , Neurology & Neurosurgery, Urology & Nephrology , Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
7	GRANT MEDICAL FOUNDATION,RUBY HALL CLINIC	40, Sassoon Road, Pune, Maharashtra 411001	NABH/ NABL	020-26163391 020-26455100	Cardiology & Cardiothoracic Surgery, Endoscopic Laparoscopic procedures, Bariatric surgery, Gynecology & Obstetrics including IVF, Orthopaedic Surgery including Joint Replacement, General Medicine, General Surgery, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Vascular & Plastic Surgery, Paediatrics, Eye & ENT, Cancer treatment (Surgery, Chemotherapy & Radiotherapy) and Diagnostics. Liver, Kidney, Bone marrow transplant services and other available facilities
8	KOTBAGI HOSPITAL PVT. LTD.	163, DP Road, Aundh, Pune, Maharashtra 411007	Non-NABH	020-43100100 020-25882770	General Medicine, General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
9	KRISHNA HOSPITAL MANAGED BY SHASHWAT HOSPITALS PVT.LTD.	Anjanwel, Plot 2, Prashant Society, Paud Road, Pune-411038	Non-NABH	020-41403700 020-41403701 020-41403702	General Medicine, General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology, Gastroenterology and GI Surgery, Dermatology, ENT, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities
10	LOKMANYA HOSPITAL CHINCHWAD	314 / B, Telco Road Chinchwad Station Pune - 411033	Non-NABH	020-27456496 020-46606801 020-46606802 020-46606803	General Medicine, General Surgery, Cardiology & Cardiothoracic surgery, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Trauma care, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
11	LOKMANYA HOSPITALS PVT. LTD.	Sector 24, PCNTDA, Tilak Road, Pradhikaran, Nigdi, Pune - 411044	Non-NABH	020-27657001 020-30612001 020-30612002 020-30612003	General Medicine, General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Trauma care, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities
12	NM WADIA INSTITUTE OF CARDIOLOGY	32, Sassoon Road, Pune - 411001	NABH	020-26058136 020-26058138 020-26058141 020-26058142 020-26058546	Cardiology & Cardiothoracic surgery. Diagnostics and other available facilities.
13	NOBLE HOSPITAL PVT. LTD	153, Magarpatta City Road, Hadapsar, Pune, Maharashtra 411013	NABH	020-66285000 020-66295000	General Medicine, General Surgery, Cardiology & Cardiothoracic Surgery, Endoscopic Laparoscopic procedures, Bariatric surgery, Gynecology & Obstetrics including IVF, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Vascular & Plastic Surgery, Paediatrics, Eye & ENT, Dental, Cancer treatment (Surgery & Chemotherapy). Diagnostics, and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
14	OM HOSPITAL	Sy No. 201/5 Alandi Road, Hutatma Chowk, Bhosari, Pune - 411039	Non-NABH	020-27128043 8888825601	General Medicine, General Surgery, Cardiology & Cardiothoracic surgery Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Trauma care, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology , Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities
15	PAWANA HOSPITAL	Somatane Phata, Tal - Maval, Dist. Pune- 410506	Non-NABH	02114-221076 02114-221077 8308817880	Accident & Trauma care, General Medicine, General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Orthopaedic surgery, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics. and other available facilities
16	RAKSHAK HOSPITAL	No. 52/1/1, Mandakini Apartment, Shreeram Nagar Society, Chandan Nagar. Kharadi, Pune-Nagar Rd, Pune 411014	Non-NABH	020-40770777 9096052781	Accident & Trauma care, Orthopaedic surgery, General Medicine, General Surgery, Endoscopic/ Laparoscopic procedures; Neurology & Neurosurgery, Urology & Nephrology , Gastroenterology and GI Surgery. Diagnostics. and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
17	RANKA HOSPITAL	Plot No 157/ 5, Opp: CPWD Office Mukund Nagar, Pune - 411037	Non-NABH	020-24261600 020-24261530	Orthopaedic surgery including joint replacement, General Medicine and General Surgery, Endoscopic/Laparoscopic procedures, Neurology, Neurosurgery. Cancer Treatment (Surgery , chemotherapy) Diagnostics and other available facilities.
18	RAO NURSING HOME	Survey. No. : 691A/1A-1, CTS No. 1897-B, Pune-Satara Road, Bibwewadi, Pune - 411037	Non-NABH	020-24212915 020-24213381	General Medicine, General Surgery, Gynecology & Obstetrics, Orthopaedic Surgery including Joint Replacement, Cardiology & Cardiothoracic Surgery, Endoscopic Laparoscopic procedures, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Vascular & Plastic Surgery, Paediatrics, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy) . Diagnostics, and other available facilities
19	SADHU VASWANI MISSION'S MEDICAL COMPLEX - INLAKS BUDHRANI HOSPITAL & MN BUDHRANI CANCER INSTITUTE, KIRPALANI & KUNDANI EYE INSTITUTE, FABIANI BUDHRANI HEART INSTITUTE	7 – 9, Koregaon Park, Pune – 411 001	Non-NABH	020-66099999 020-26129010	Cancer Treatment, Cancer surgery, Chemotherapy & Radiotherapy. General Medicine, General Surgery, Eye & ENT, Dental, Gynecology & Obstetrics, Orthopaedic Surgery including Joint Replacement, Cardiology & Cardiothoracic Surgery, Endoscopic Laparoscopic procedures, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Vascular & Plastic Surgery, Paediatrics. Diagnostics and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
20	SAHYADRI HOSPITALS LIMITED'S SAHYADRI SPECIALITY HOSPITAL	Sy No. 185A,199,200A-B, 201, Near Hermes Heritage, Phase II Shastri Nagar, Yerawada, Pune 411006	Non-NABH	020-67271111	General Medicine, General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology, Trauma care, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Diagnostics and other available facilities
21	SAHYADRI HOSPITAL LIMITED'S SAHYADRI SPECIALITY HOSPITAL	Plot No. 30 C, Erandwane, Karve Road, Pune – 411 004,	NABH/NABL	020-67213000 020-25403040	General Medicine, General Surgery, Cardiology, Endoscopic Laparoscopic procedures, Gynecology, Trauma Care, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric surgery, Eye & ENT. Diagnostics other available facilities
22	SAI SHREE HOSPITAL AND JOINT REPLACEMENT CENTER	251/252, Opp BSNL Telephone Exchange, Near DAV School, Aundh, Pune 411007	Non-NABH	020-41088600	Orthopaedic surgery including joint replacement, Accident/Trauma Care, General Medicine, Endoscopic procedures, Neurology, Neurosurgery. Diagnostics and other available facilities.

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
23	SAI SNEH HOSPITAL	Pune-Satara highway, Opp.PMT Bus depot,Katraj, Pune, 411046	Non-NABH	020-26959208 020-26959209	Accident & Trauma care, General Medicine, General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics, Orthopaedic surgery, Neurology & Neurosurgery, Urology & Nephrology , Gastroenterology and GI Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics. and other available facilities
24	SAINATH HOSPITAL	Sant Nagar, Sector 4 Pune- Nasik Highway, Moshi Pradhikaran, Moshi Pune - 412105	Non-NABH	020-67313000	Orthopaedic surgery including joint replacement, General Medicine and General Surgery, Endoscopic/Laparoscopic procedures, Neurology, Neurosurgery. Cancer treatment (Surgery & Chemotherapy). Diagnostics and other available facilities.
25	SANJEEVAN HOSPITAL, MANAGED BY SHASHWAT MULTISPECIALITY HOSPITALS, INDIA PVT. LTD	23, Off Karve Road, Erandwane, Pune, Maharashtra 411004	Non-NABH	020-66093259 020-67250000	General Medicine, General Surgery, Cardiology , Endoscopic Laparoscopic procedures, Bariatric surgery, Gynecology & Obstetrics including IVF, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Vascular & Plastic Surgery, Paediatrics, Eye & ENT, Dental, Cancer treatment (Surgery & Chemotherapy). Diagnostics, and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
26	SANJEEVANI HOSPITAL	N D A Road, Uttam Nagar, Pune-411023	Non-NABH	020-25290057	General Medicine, General Surgery, Endoscopic/ Laparoscopic procedures; Accident & Trauma care, Orthopaedic surgery, Neurology & Neurosurgery, Urology & Nephrology, Gastroenterology and GI Surgery. Diagnostics. and other available facilities
27	SANT DNYANESHWAR HOSPITAL	Hira Plaza, Pune-Nasik Highway, BhosariPune - 411039	Non-NABH	020-27119494 020-27129494	General Medicine, General Surgery, Lithotripsy, Endoscopic/ Laparoscopic procedures; Accident & Trauma care, Orthopaedic surgery, Neurology & Neurosurgery, Urology & Nephrology, Gastroenterology and GI Surgery. Diagnostics and other available facilities
28	SHASHWAT HEALTH SERVICES PVT. LTD	22, Happy Clony, Kothrud Kothrud Pune- 411038	Non-NABH	020-67296666 020-67296600	General Medicine, General Surgery, Cardiology, Endoscopic Laparoscopic procedures, Bariatric surgery, Gynecology & Obstetrics including IVF, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Vascular & Plastic Surgery, Paediatrics, Eye & ENT, Dental, Cancer treatment (Surgery & Chemotherapy). Diagnostics, and other available facilities
29	SHASHWAT HOSPITAL (AUNDH)	Sy. No. 251/1 Opp: Dav School New Building, Near Aundh Telephone Exchange, Baner, Pune - 411007	Non-NABH	020-67296464 020-67296429	Orthopaedic surgery including joint replacement, General Medicine and General Surgery, Endoscopic/Laparoscopic procedures, Neurology, Neurosurgery. Diagnostics and other available facilities.

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
30	SHENDKAR HEALTHCARE AND HOPITALITY SERVICES PVT LTD. GLOBAL HOSPITAL AND RESEARCH INSTITUTE	577 / 2, Off Sinhgad Road, Near Dattawadi Police Chowky, Dattawadi, Pune 411030	Non-NABH	020-66846600	General Medicine, General Surgery, Cardiology & Cardiothoracic Surgery, Endoscopic Laparoscopic procedures, Bariatric surgery, Gynecology & Obstetrics including IVF, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Vascular & Plastic Surgery, Paediatrics, Eye & ENT, Dental, Cancer treatment (Surgery & Chemotherapy). Diagnostics, and other available facilities
31	SUSHRUT MEDICAL CARE AND RESEARCH SOCIETY'S HARDIKAR HOSPITAL	1160/61, University Road, Shivajinagar, Pune-411 005	Non-NABH	020-25535326 020-25535327	Orthopaedic surgery including joint replacement, General Medicine and General Surgery, Endoscopic/Laparoscopic procedures, Neurology, Neurosurgery. Cancer treatment (Surgery & Chemotherapy). Diagnostics and other available facilities.
32	VINOD MEMORIAL MULTISPECIALITY HOSPITAL	CTS No. 285, Survey No. 113, Alandi Rd, Vishrantwadi, Pune - 411015	Non-NABH	020-65107306	General Medicine, General Surgery, Endoscopic/ Laparoscopic procedures; Accident & Trauma care, Eye, ENT. Orthopaedic surgery, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery. Diagnostics. and other available facilities

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/ NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
33	SHARADA CLINIC	408/1, Near Ekbote Colony, Ghorpadi Peth, Shankarseth Road, Swargate Pune- 411042	Non-NABH	020-26452290	Orthopaedic surgery including joint replacement, General Medicine and General Surgery, Endoscopic/Laparoscopic procedures, Neurology, Neurosurgery. Cancer treatment (Surgery & Chemotherapy). Diagnostics and other available facilities.
34	MEDIPOINT HOSPITAL PRIVATE LIMITED	S.No. 241/1 ,New D.P.Road, Aundh-Baner Road Pune - 411007	Non-NABH	020-39841200	General Medicine, General Surgery, Cardiology, Endoscopic/ Laparoscopic procedures; Gynecology & Obstetrics including IVF, Orthopaedic Surgery including Joint Replacement, Neurology & Neurosurgery, Urology & Nephrology (Including Dialysis), Gastroenterology and GI Surgery, Bariatric Surgery, Dermatology, Paediatrics & Paediatric Surgery, Eye & ENT, Dental, Cancer treatment (Surgery, Chemotherapy). Diagnostics and other available facilities

DIAGNOSTIC LABS/IMAGING CENTERS EMPANELLED UNDER CGHS PUNE

S. NO.	NAME OF DIAGNOSTIC LABORATORY/IMAGING CENTER	ADDRESS	NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
35	GRANT MEDICAL FOUNDATION, WANAWADI	59/6, Azad Nagar Near Jhulelal Mandir, Kroot Memorial High School, Wanowarie Pune 411040	Non-NABL	02066494949	DIAGNOSTIC LABORATORY & IMAGING CENTER
36	OM PATHOLOGY LABORATORY	Trigun, 1st floor, S.No177, Plot No 2A, Lokmanya Nagar, Sadashiv Peth, Pune, Maharashtra 411030	Non-NABL	020-24331058 020-24339674 020-24327133	DIAGNOSTIC LABORATORY

S. NO.	NAME OF DIAGNOSTIC LABORATORY/IMAGING CENTER	ADDRESS	NABL STATUS	CONTACT NO	FACILITIES EMPANELLED FOR
37	SRL LIMITED	Show Room No.1 & Shop No.7, First Floor, Matrix IT Park, Near Shopper's Stop, Old Pune-Mumbai Highway, Wakdewadi, Shivaji Nagar, Pune, Maharashtra 411005	Non-NABL	020-30251200 020-30251202 020-30251203	DIAGNOSTIC LABORATORY & IMAGING CENTER
38	MEDIVISION DIAGNOSTIC CENTRE	Patil Plaza, Ground Floor Shop No. 63-68, Opp: Mitra Mandal, Near Saras Baug, Pune, Maharashtra 411009	Non-NABL	020-24468031 020-24468032 020-24468033	IMAGING CENTER

EXCLUSIVE DENTAL CLINICS EMPANELLED UNDER CGHS PUNE

S. NO.	NAME OF HOSPITAL	ADDRESS	NABH STATUS	CONTACT NO.	FACILITIES EMPANELLED FOR
39	DR.POTDAR DENTAL CARE CENTRE	Sant Bhoomi Society, Bldg No. 2/4, Behind Nigdi bus Stop, Mumai Pune Rd, Nigdi. Pune - 411044	Non-NABH	020 27662267	EXCLUSIVE DENTAL CLINIC
40	TEETHZZ DENTAL CLINIC	208, Sterling Center, Above Barista Cafe, Opp. Hotel Aurora Towers, M.G. Road, Camp, Pune - 411001	Non-NABH	020 26054010	EXCLUSIVE DENTAL CLINIC

EXCLUSIVE EYE CLINICS EMPANELLED UNDER CGHS PUNE

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/NABL Status	CONTACT NO.	FACILITIES EMPANELLED FOR
41	AMEYA NETRALAYA	2nd Floor, Sant Bhoomi Co- operative Society, Behind Nigdi Bus Stop, Nigdi, Pune, Maharashtra 411044	Non-NABH	020-27662069	EXCLUSIVE EYE CLINIC

S. NO	NAME OF HOSPITAL	ADDRESS	NABH/NABL Status	CONTACT NO.	FACILITIES EMPANELLED FOR
42	DIVYA EYE CLINIC	2, Shakun Apartments, Above Bank of Maharashtra, Sangavi Nagar, Aundh, Pune, Maharashtra 411007	Non-NABH	020-25881689	EXCLUSIVE EYE CLINIC
43	DR. JADHAV EYE FOUNDATION RESEARCH AND DEVELOPMENT CENTRE	Jadhav House, Bombay Sappers Colony, Near Kharadi Water Tank,, Behind D'Mellow Petrol Pump, Nagar Road, Pune, Maharashtra 411014	Non-NABH	020-27036000 020-27033000	EXCLUSIVE EYE CLINIC
44	GADKARI EYE CENTRE	7, Surdarshan, Nal Stop, Opp Karve Road Tele Exchange, Erandawane, Pune, Maharashtra 411004	Non-NABH	020-25466808 020-25431395	EXCLUSIVE EYE CLINIC
45	NATIONAL INSTITUTE OF OPHTHALMOLOGY	1187/30, Off Ghole Road, Near Mahatama Phule Museum, Shivaji Nagar Pune, Maharashtra 411005	NABH	020-25536369 020-41460100	EXCLUSIVE EYE CLINIC
46	VASAN EYE CARE HOSPITAL (ENTERPRISE OF VASAN HEALTHCARE PVT LTD)	GA Kulkarni Path, Near Karishma Society, Opp Siddharth Towers, Kothrud Pune, 411038	Non-NABH	020-39890000	EXCLUSIVE EYE CLINIC
47	WAGH EYE CLINIC	1192/246, Mugut Apt. Ghole Road, Shivaji Nagar, Pune 411005	Non-NABH	020-25538090	EXCLUSIVE EYE CLINIC

AGREEMENT

BETWEEN
ADDITIONAL DIRECTOR, CGHS PUNE
AND
..... (NAME OF HOSPITAL), PUNE

This Agreement is made on the _____ day of _____, 2014 between the President of India acting through ADDITIONAL DIRECTOR, Central Government Health Scheme, Pune, Ministry of Health & F.W., Government of India having its office at Swasthya Sadan, Mukund Nagar, Pune (hereinafter called CGHS, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the **First Part**

AND

..... (Name of the Hospital with Address) of the **Second Part**

WHEREAS, the Central Government Health Scheme is providing comprehensive medical care facilities to the Central Government Employees / Pensioners and such other categories of beneficiaries as are decided from time to time.

AND WHEREAS, CGHS proposes to provide treatment facilities and diagnostic facilities to the Beneficiaries in the Private empanelled Hospitals, exclusive eye hospitals/centres, exclusive dental clinics, Diagnostic Laboratories/ Imaging centres in Pune.

AND WHEREAS, (Name of the Hospitals, Exclusive Eye Hospitals/ Centres, Exclusive Dental Clinics and Diagnostic Laboratories/ Imaging Centers) has agreed to give the following treatment / diagnostic facilities to the CGHS Beneficiaries in the Health Care Organization at the rates offered by CGHS:

.....
{fill the facilities offered by the hospital as mentioned in the hospital/diagnostic center list uploaded }
.....
.....

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

1. DEFINITIONS & INTERPRETATIONS

- 1.1 The following terms and expressions shall have the following meanings for purposes of this Agreement:
 - 1.1.1 “Agreement” shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.
 - 1.1.2 “Benefit” shall mean the extent or degree of service the beneficiaries are entitled to receive as per the rules on the subject.
 - 1.1.3 “Bill Clearing Agency”(BCA) means the agency appointed by CGHS for processing of Data/ Bills of all CGHS beneficiaries (both serving and

pensioner) attending the empanelled Private Hospitals and for making payment.

- 1.1.4 “Card” shall mean the CGHS Card, issued by any competent authority, of any CGHS city.
- 1.1.5. “Card Holder” shall mean a person having a CGHS Card.
- 1.1.6 “CGHS Beneficiary” shall mean a person who is eligible for coverage of CGHS and hold a valid CGHS card for the benefit.
- 1.1.7 “Coverage” shall mean the types of persons to be eligible as the beneficiaries of the Scheme to health services provided under the Scheme, subject to the terms, conditions and limitations.
- 1.1.8 “Diagnostic Center” shall mean the (*Name of the Diagnostic Center*) performing tests / investigations
- 1.1.9 “Imaging Centre” shall mean the (*Name of the Imaging Centre*) performing X-ray , CT Scan, MRI, USG, etc.,
- 1.1.10 “Emergency” shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.
- 1.1.11 “Empanelment” shall mean the hospitals, exclusive eye hospitals/centres, exclusive dental clinics, Diagnostic Laboratories/Imaging centres authorized by the CGHS for treatment/ investigation purposes for a particular period.
- 1.1.12 “Hospital” shall mean the (*Name of the Hospital*) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.
- 1.1.13 “De-recognition of Hospital” shall mean debarring the hospital on account of adopting unethical practices or fraudulent means in providing medical treatment to or not following the good industry practices of the health care for the CGHS beneficiaries after following certain procedure of inquiry
- 1.1.14 “Party” shall mean either the CGHS or the Hospital and “Parties” shall mean both the CGHS and the Hospital .
- 1.1.15 “ CGHS “ Package Rate ” shall mean all inclusive – including lump sum cost of inpatient treatment / day care / diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges (xi) Pre Anesthetic checkup and Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon’s fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges, etc. (xviii) Nursing care charges etc.

Package rates also include two pre-operative consultations and two post-operative consultations.

Cost of Implants / stents / grafts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower.

In case a beneficiary demands a specific Brand of Stent / Implant and give his consent in writing, the difference in cost over and above the ceiling rate may be charged from the beneficiary, which is non- reimbursable.

During In-patient treatment of the CGHS beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

However, the following items are not admissible for reimbursement:

- Toiletries
- Sanitary napkins
- Talcum powder
- Mouth fresheners

In cases of conservative treatment / where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS rates or as per AIIMS rates , if there is no CGHS rate for a particular item.

Package rates envisage up to a maximum duration of indoor treatment as follows:

Upto 12 days for Specialized (Super Specialties) treatment

Upto 7 days for other Major Surgeries

Upto 3 days for / Laparoscopic surgeries / elective Angioplasty /
Normal deliveries and

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

However, if the beneficiary has to stay in the hospital for his /her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement , investigations charges at approved rates, doctors visit charges (not more than 2 visits per day per visit by specialists / consultants) and cost of medicines for additional stay).

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection or the consequences of surgical procedure/ faulty investigation procedure etc.

The empanelled Health Care Organization cannot charge more than CGHS approved rates when a patient is admitted with valid CGHS Card with prior permission or under emergency. In case of any instance of overcharging the overcharged amount over and above CGHS rate (except inadmissible items and difference paid due to implant/stent of a specific brand chosen by CGHS beneficiary) shall be paid to the beneficiary and shall be recovered from the

pending bills of the hospital. If any empanelled health care Organization charges from CGHS beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor / staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.

1.1.16. "BCA" shall mean a Third Party Administrator authorized by CGHS to process the medical reimbursement claims or to carry out medical audit.

Annexures-I shall be deemed to be an integral part of this Agreement. The terms and conditions stipulated in the tender document shall be read as part of this agreement.

2. DURATION OF AGREEMENT

The Agreement shall remain in force for a period of 2 years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for another year subject to fulfilment of all the terms and conditions of this Agreement and with mutual consent of both parties.

3. CONDITIONS FOR PROVIDING TREATMENT/SERVICES

A. GENERAL CONDITIONS

The hospitals, Exclusive Eye hospitals/centres, Exclusive Dental Clinics and Diagnostic centres shall be **empanelled for all facilities/services available** in the health care organization **as approved by NABH/NABL/QCI** and shall not be empanelled for selected specialties/ facilities.

The Hospitals, Exclusive Eye Hospitals/centres, Exclusive Dental clinics, Diagnostic Laboratories/ Imaging Centres shall investigate / treat the CGHS beneficiaries only for the condition for which they are referred with due authorization letter.

In case of unforeseen emergencies of these patients during admission for approved procedure, "provisions of emergency treatment" shall be applicable.

It is agreed that CGHS beneficiaries shall be attended to on priority.

CGHS has the right to monitor the treatment provided in the Private Hospitals, exclusive eye hospitals/centres, exclusive dental clinics, Diagnostic Laboratories/ Imaging centres.

A. AUTHORISATION LETTER FOR TREATMENT

The treatment/procedure shall be performed on the basis of the authorization letter issued by the Chief Medical Officer of the concerned CGHS dispensary in case of

pensioners and by the administrative department / Ministry in case of serving employees and on the production of a valid CGHS card by the beneficiary.

B. INVESTIGATIONS PRIOR TO ADMISSION

All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure and are part of package.

C. ADDITIONAL PROCEDURES/INVESTIGATIONS

For any material / additional procedure / investigation other than the condition for which the patient was initially permitted, would require the permission of the competent authority except under emergency.

D. PROCEDURE WHERE REFERRED CASE NEEDS TREATMENT IN A SPECIALITY(S) WHICH ARE NOT AVAILABLE IN THE HOSPITAL

The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging shall not undertake treatment of referred cases in specialties which are not available in the hospital. But it will provide necessary treatment to stabilize the patient and transport the patient safely to nearest recognized hospital under intimation to CGHS authorities. However in such cases the Hospital will charge as per the CGHS rates only for the treatment provided.

E. CHANGES IN INFRASTRUCTURE/STAFF TO BE NOTIFIED TO CGHS

The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall immediately communicate to Additional Director / Joint Director of CGHS of concerned city about any change in the infrastructure /Shifting of premises. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior permission of CGHS. The new establishment of the same Hospital shall attract a fresh inspection, at the prescribed fee, for consideration of continuation of empanelment.

F. ANNUAL REPORT

The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging will submit an annual report regarding number of referrals received, admitted CGHS beneficiaries, bills submitted to the CGHS and payment received, details of monthly report submitted to the Additional Directors / Joint Additional Directors of CGHS of concerned City. Annual audit report of the hospitals will also be submitted along with the statement.

The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging shall submit all the medical records in digital format.

G. EMR / EHR

The empanelled health Care Organizations (except eye hospital/centre, dental clinics, Diagnostic Labs/Imaging Centres) shall have to implement Electronic Medical Records and EHR as per the standards and guidelines approved by Ministry of Health & Family

Welfare within one year of its empanelment.

H. EMPANELMENT WITH AUTONOMOUS BODIES

All empanelled hospitals/ diagnostic centres/ exclusive eye centres/ exclusive dental clinics shall also agree for empanelment with any autonomous body/ public sector undertaking on same terms & conditions as with CGHS, on recommendation of Ministry of Health & Family Welfare.

I. MEETINGS

Authorized signatory / representative of the empanelled health care organizations shall attend the periodic meetings held by Additional Director / A.D. / J.D. / Department / Establishment of CGHS required in connection with improvement of working conditions and for redressal of grievances.

J. INSPECTIONS

During the visit by Additional Director / Joint Director/ CMO In-charge of the dispensary or any other authorized representative of the Ministry of Health / Additional Directorate General of Health Services / concerned Department, including BCA, the empanelled health care organization's authorities will cooperate in carrying out the inspection.

K. AID TO PUBLIC HEALTH AUTHORITIES

In case of any natural disaster / epidemic, the empanelled health care organizations shall fully cooperate with the Ministry of Health / Additional Directorate General of Health Services, Additional Director / Joint Director of CGHS of concerned city and will convey / reveal all the required information, apart from providing treatment.

L. NO COMMERCIAL PUBLICITY

The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre will not make any commercial publicity projecting the name of CGHS / Ministry of Health & F.W. or Government of India. However, the fact of empanelment under CGHS shall be displayed at the premises of the empanelled health Care Organization indicating that the charges will be as per CGHS approved rates.

M. AGREE FOR CONDUCTING ANNUAL HEALTH CHECK-UP FOR GROUP 'A' CENTRAL GOVERNMENT OFFICERS AGED '40' AND ABOVE AND FOR OTHER CATEGORIES OF CGHS BENEFICIARIES AS SPECIFIED BY GOVERNMENT.

The Hospital shall agree for conducting all investigations / diagnostic tests / consultations, etc. of the Central Civil Services Group "A" officers of above 40 years of age and other categories of CGHS beneficiaries as specified by government from time to time as per the prescribed protocol, subject to the condition that the hospital shall not charge more than Rs.2000/- for conducting the prescribed medical examination of the male officers and Rs.2200/- for female officers of Central Government who come to the hospital/ institution with the requisite permission letter from their Department/ Ministry / competent authority.

4. TREATMENT IN EMERGENCY

The following ailments may be treated as emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient:

- Acute Coronary Syndromes (Coronary Artery Bypass Graft / Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke/Myocardial attack, Acute Aortic Dissection.
- Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
- Cerebro-Vascular attack-Stroke, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- Acute Abdomen pain.
- Road Traffic Accidents / with injuries including fall. Severe
- Hemorrhage due to any cause.
- Acute poisoning.
- Acute Renal Failure.
- Acute abdomen pain in female including acute Obstetrical and Gynecological emergencies.
- Electric shock.
- Any other life threatening condition.

In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member and will provide credit facilities to the patient whether the patient is a serving employee or a pensioner availing CGHS facilities, on production of a valid CGHS card and the hospital shall submit the bill for reimbursement to the concerned Deptt. / Ministry / CGHS. The refusal to provide the treatment to bonafide CGHS Beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment.

The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its own discretion.

The Hospital will intimate all instances of patients admitted as emergencies without prior permission to the CGHS authorities / BCA appointed by CGHS within the prescribed time.

5. ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

CGHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their pay drawn in pay band/ pension. These entitlements are amended from time to time and the latest order in this regards needs to be followed. The entitlement is as follows:-

S. No.	Pay drawn in pay band/Basic Pension	Entitlement
1.	Upto Rs. 13,950/-	General Ward
2.	Rs. 13,960/- to 19,530/-	Semi-Private Ward

3.	Rs. 19,540/- and above	Private Ward
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- a. Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air- conditioned.
- b. Semi-Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.
- c. General ward is defined as a hall that accommodates four to ten patients.

Treatment in higher Category of accommodation than the entitled category is not permissible.

6. APPROVED RATES TO BE CHARGED

The empanelled health care organization shall charge from the CGHS beneficiary as per the rates for a particular procedure / package deal as prescribed by the CGHS and attached as Annexure (rate list), which shall be an integral part of this Agreement. The rates notified by CGHS shall also be available on web site of Ministry of Health & F.W. at <http://msotransparent.nic.in/cghsnew/index.asp>

The package rate will be calculated as per the duration specified in the tender document. No additional charge on account of extended period of stay shall be allowed if, that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

The rate being charged will not be more than what is being charged for same procedure from other (non-CGHS) patients or Organizations. An authenticated list of rates being charged from other non-CGHS Organizations will also be supplied to CGHS within 30 days of this Agreement.

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

The empanelled health care organization agrees that during the In-patient treatment of the CGHS beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package deal rate, fixed by the CGHS which includes the cost of all the items. Appropriate action, including removal from CGHS empanelment and / or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by CGHS teams / appointed BCA. The hospital/ diagnostic centre shall agree to charge CGHS rates to Central Government Employees / Pensioners on production of valid I-Card / Documentary proof, even though treatment is not sought as CGHS beneficiary.

7. MODE OF PAYMENT FOR TREATMENT OF BENEFICIARIES

For serving employees (other than CGHS/ DGHS /Ministry of H&FW), the payment will be made by the patient and he/she will claim reimbursement from his/her office subject to the approved ceiling rates.

In respect of the following categories of beneficiaries, treatment / procedures/services shall be undertaken/provided on credit: No payment shall be sought from them and the bills should be submitted to the BCA / Office of the Additional / Joint Additional Director, CGHS of the concerned city.

- Pensioners,
- Ex-Members of Parliament,
- Sitting Members of Parliament
- Freedom Fighters,
- Serving CGHS/DGHS / Ministry of H&FW employees,
- Such other categories of CGHS cardholders as notified by the Government.

8. BILL CLEARING AGENCY (BCA)

Bill clearing Agency (BCA) would charge a processing fee @ 2% of claimed amount and service tax thereon with a minimum of Rs.12.50/- and maximum of Rs. 750/- per bill. CGHS reserves the right to revise these charges from time to time"

9. NOTIFICATION OF NODAL OFFICERS

Empanelled health care Organizations shall notify two Nodal officers for CGHS beneficiaries, one of them being of the rank of Deputy MS/Addl. MS, who can be contacted by CGHS beneficiaries in case of any eventuality.

10. INFORMATION TO BE PROVIDED TO THE BCA BY HOSPITALS EMERGENCY ADMISSIONS

The Hospital will intimate to the BCA and to CGHS within two(2) hours of such admission and the BCA will respond with due authorization in four (4) hours. Treatment in no case would be delayed or denied because authorization by the BCA is only confirmation of the e-workflow in respect of such patient. Post discharge, the hospital would upload bills and other documents as per requirement of CGHS within seventy two (72) hours.

REFERRED ADMISSIONS

Where the CGHS beneficiary visits the hospital with a proper referral and authorization letter, the hospital will verify and submit information of admission to the BCA and to CGHS online. The BCA would respond with an authorization within four (4) hours. Post discharge, the hospital would upload bills and other documents as per requirement of CGHS within seventy two(72) hours.

11. SUBMISSION OF BILLS TO BILL CLEARING AGENCY

In case of Pensioners, etc., where credit bills are sent to CGHS, the Private Empanelled health care Organizations shall submit the physical bill as well as electronic bill to the Bill Clearing Agency for processing of bills.

In case of serving employees the electronic bill and details shall be submitted to Bill Clearing Agency where as physical Bill shall be submitted to concerned department/ serving employee for payment.

The Data and electronic bills in respect of Serving employees shall be utilized for medical audit and statistical purposes.

12. PROCESSING OF CLAIMS/BILLS BY THE BCA

Bill Clearing Agency (BCA) shall make **provisional payment of 70%** of the claimed amount on submission of physical bills within a maximum period of "5" working days and balance admissible amount after due scrutiny within a maximum period of 30 days. Recoveries, if any, will be affected from future bills of hospitals, exclusive Eye hospitals / Centres, exclusive Dental Clinics, Cancer Hospitals/units and diagnostic centres as the case may be.

The BCA during the course of the auditing will restrict the claims as per CGHS rules and regulations. BCA will also examine in terms of:

- (a) Appropriateness of treatment including screening of patients records to identify unnecessary admissions and unwarranted treatments
- (b) Whether the planned treatment is shown as emergency treatment
- (c) Whether the diagnostic medical or surgical procedures that were not required were conducted by hospital including unnecessary investigations
- (d) Maintaining database of such information of CGHS beneficiaries for future use.
- (e) Whether the treatment procedures have been provided as per the approved rates and the packages.
- (f) Whether procedures performed were only those for which permission has been granted

The BCA shall record their findings and intimate the same to the Private Hospital concerned with a copy endorsed to CGHS authority of the city. The payment of the bill/claim to the Private Hospital concerned will be made directly by the BCA after receipt of the physical bills in respect of CGHS pensioner beneficiaries, etc.

13. MEDICAL AUDIT OF BILLS

There shall be a continuous Medical Audit of the services provided by the empanelled Private Hospital.

14. DUTIES AND RESPONSIBILITIES OF EMPANELLED HEALTH CARE ORGANIZATIONS

It shall be the duty and responsibility of the empanelled Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Laboratory/ Imaging Centre at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory /

mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws”.

15. NON ASSIGNMENT

The empanelled Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall not assign, in whole or in part, its obligations to perform under the agreement, except with the CGHS's prior written consent at its sole discretions and on such terms and conditions as deemed fit by the CGHS. Any such assignment shall not relieve the Hospital/ Eye centre/Dental clinic/ Diagnostic Centre from any liability or obligation under this agreement

16. EMPANELLED HEALTH CARE ORGANIZATION'S INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The empanelled Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre is responsible for and obliged to conduct all contracted activities in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre is obliged to act within its own authority and abide by the directives issued by the CGHS. The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

17. PERFORMANCE BANK GUARANTEE (PBG)

Health Care Organizations that are recommended for empanelment after the initial assessment shall also have to furnish a performance Bank Guarantee valid for a period of 30 months i.e. six month beyond empanelment period to ensure efficient service and to safeguard against any default:

Hospitals/Cancer Units	Rs. 10.00
lac Eye Centres	Rs.2.00
lac Dental Clinics	Rs.2.00 lac
Diagnostic Centres	Rs. 2.00.lac

(PBG for charitable Organizations would be 50% of above amount)

In case of health Care Organizations already empanelled under CGHS they shall submit a new Performance Bank Guarantee after the validity of the existing performance guarantee is over.

18. FORFEITURE OF PERFORMANCE BANK GUARANTEE AND REMOVAL FROM LIST OF EMPANELLED ORGANIZATIONS

In case of any violation of the provisions of the MOA by the health care Organizations empanelled under CGHS such as:

1. Refusal of service,

2. Undertaking unnecessary procedures,
3. Prescribing unnecessary drugs/tests
4. Over billing,
5. Reduction in staff/ infrastructure/ equipment etc. after the hospital/ has been empanelled.
6. Non submission of the report, habitual late submission or submission incorrect data in the report
7. Refusal of credit to eligible beneficiaries and direct charging from them.
8. If not recommended by NABH/NABL/QCI at any stage
9. Discrimination against CGHS beneficiaries vis-à-vis general patients

The amount of Performance Bank Guarantee will be forfeited and the CGHS shall have the right to de-recognize the health Care Organization as the case maybe. Such action could be initiated on the basis of a complaint, medical audit or inspections carried out by CGHS teams at random. The decision of the CGHS will be final.

19. LIQUIDATED DAMAGES

- a. The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall provide the services as per the requirements specified by the CGHS in terms of the provisions of this Agreement. In case of initial violation of the provisions of the Agreement by the Hospital such as refusal of service or direct charging from the CGHS Beneficiaries or defective service and negligence, the amount equivalent to 15% of the amount of Performance Bank Guarantee will be charged as agreed Liquidated Damages by the CGHS, however, the total amount of the Performance Bank Guarantee will be maintained intact being a revolving Guarantee.
- b. In case of repeated defaults by the Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre, the total amount of Performance Bank Guarantee will be forfeited and action will be taken for removing the Health Care Organization from the empanelment of CGHS as well as termination of this Agreement
- c. For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills of the Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre and the CGHS shall have the right to issue a written warning to the health Care Organization not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that particular Health care Organization or De-recognition from CGHS.

20. TERMINATION FOR DEFAULT

The CGHS may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital terminate the Agreement in whole or part:

If the empanelled Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement, or within any extension thereof if granted by the CGHS pursuant to Condition of Agreement or If the Health Care Organization fails to perform any other obligation(s) under the Agreement.

If the Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre in the judgment of the CGHS has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement. In case of any wrong doings as specified in Memorandum of Agreement by one hospital / centre / clinic / lab of a particular group, CGHS reserves the right to remove all empanelled hospitals / centres/ clinics/labs of that particular groups from its empanelled list of hospitals.

21. INDEMNITY

The empanelled Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall at all times, indemnify and keep indemnified CGHS / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Health Care Organization in execution of or in connection with the services under this Agreement and against any loss or damage to CGHS / the Government in consequence to any action or suit being brought against the CGHS / the Government, along with (or otherwise), Health Care Organization as a Party for anything done or purported to be done in the course of the execution of this Agreement. The Health Care Organization will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the CGHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct.

The Health care Organization will pay all indemnities arising from such incidents without any extra cost to CGHS and will not hold the CGHS responsible or obligated. CGHS / the Government may at its discretion and shall always be entirely at the cost of the Health Care Organization defend such suit, either jointly with the Health Care Organization enter or singly in case the latter chooses not to defend the case

22. ARBITRATION

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the CGHS and the Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Additional Secretary & Director General, CGHS, Ministry of Health & FW, Government of India, who will give written award of his decision to the Parties. The decision of the Additional Secretary & Director General, CGHS will be final and binding. The provisions of the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at Delhi / New Delhi.

23. MISCELLANEOUS

- Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between the CGHS and the Health Care Organization. The Health care Organization shall work or perform their duties under this Agreement or otherwise.
- The Health care Organization agrees that any liability arising due to any default or negligence in not represent or hold itself out as agent of the CGHS.
- The CGHS will not be responsible in any way for any negligence or misconduct

- of the Health Care Organization and its employees for any accident, injury or damage sustained or suffered by any CGHS beneficiary or any third party resulting from or by any operation conducted by and on behalf of the Hospital or in the course of doing its performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services.
- The Hospital/ Exclusive Eye centre/Exclusive Dental clinic/ Diagnostic Laboratory/ Imaging Centre shall notify the Government of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement.
- This Agreement can be modified or altered only on written agreement signed by both the parties.
- Should the Hospital/ Exclusive Eye centre/Exclusive Dental clinic/ Diagnostic Laboratory/Imaging Centre get wound up or partnership is dissolved, the CGHS shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Health care Organization during the period when the Agreement was in force.
- The Hospital, Exclusive Eye centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall bear all expenses incidental to the preparation and stamping of this agreement.

24. OTHER SERVICES TO BE PROVIDED

The empanelled **Private Health Care Organization** will, on the request of CGHS, agree to provide training to CGHS medical, Para-medical and nursing staff.

25. EXIT FROM THE PANEL

The Rates fixed by the CGHS shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled health care Organizations, or for any other reason, the health care Organization no longer wishes to continue on the list under CGHS, it can apply for exclusion from the panel by giving one month notice. Patients already admitted shall continue to be treated.

26. NOTICES

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

CGHS: Additional Director CGHS, 2nd Floor, Swasthya Sadan, Mulkund Nagar, Pune - 411037.

Hospital with address:

(.....)

- 26.2 A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with remarks like refused, left, premises locked, etc.

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

Signed by

Additional Director, Central Government Health
Scheme, Pune. Ministry of Health & Family Welfare,
Government of India For and on behalf of
The President of India

In the Presence of
(Witnesses)

- 1.
- 2.

Signed by

For and on behalf of
(Hospital) Duly authorized vide Resolution No.
dated of (name of Hospital)

In the presence of
(Witnesses)

- 1.
- 2.

ANNUAL HEALTH CHECK FOR THE CENTRAL CIVIL SERVICES GROUP 'A' OFFICERS ABOVE 40 YEARS OF AGE

Name : MR/ Mrs/Miss

Age : Years

Sex : M ☐ F ☐

Marital Status: Married ☐ Unmarried ☐ Widow /widower ☐ Divorcee ☐

Residential Address :

Telecontact : (R)

(O)

(M)

E-mail ID :

CGHS BEN ID NO (if, any):

Office Address :

Blood Group: ☐

History of Known Conditions (Tick appropriate Box)

☐ ☐

Raised BP- Yes ☐ No ☐ If, yes Regular treatment- Yes ☐ No ☐

DM - Yes ☐ No ☐ If, yes- on Regular treatment-Yes ☐ No ☐

IHD Yes ☐ No ☐ If, yes- on Regular treatment- Yes ☐ No ☐

Stroke Yes ☐ No ☐ If, yes- on Regular treatment- Yes ☐ No ☐

CRF Yes ☐ No ☐ If, yes- on Regular Dialysis Yes ☐ No ☐

Family History of DM ☐ HT ☐ Obesity ☐

Life Style- Smoker -Yes ☐ No ☐ If yes Number per day

Ex-Smoker ☐ Years of Smoking

Alcohol Yes ☐ No ☐ Any Alh. Hepatitis in Past ☐

If regular how many pegs per day

Regular Exercise Yes ☐ No ☐

For more than 20 mts atleast 3times in a week

GENERAL PHYSICAL EXAMINATION :

Weight : (Kgs) Height : (mtrs) BMI

Pulse : / mt BP : / mm of Hg Temp.: F

SYSTEMIC EXAMINATION FINDINGS

RESP SYSTEM

CVS

ABDOMEN

CNS

LOCOMOTOR SYSTEM

DENTAL EXAMINATION

EYE EXAMINATION

DISTANT VISION

R

L

WITH GLASSES

R

L

NEAR VISION

COLOUR VISION

TONOMETRY

FUNDUS EXAMINATION

LOCAL FINDINGS

DIAGNOSIS & ADVICE

ENT

ORAL CAVITY

NOSE

THROAT

LARYNX

DIAGNOSIS & ADVICE

GYNECOLOGICAL HEALTH CHECK (FOR WOMEN)

HISTORY :

1. Periods : Regular / Irregular since days
 - Delayed / Polymenorrhea L.M.P. days ago
 - Menstrual Flow : Normal / Scanty / Excessive
2. Discharge P/V : None / Mucoid / Purulent / Hemorrhagic
3. Mass protruding P/V : None / Present
4. Urinary complaints : None / Present
5. No. of Pregnancies :
6. No. of Deliveries :
7. No. of Abortions :
8. No. of LSCS :

PELVIC EXAMINATION (if indicated)

1. Local Examination :
2. Per Vaginum (P/V) :
3. Per Speculum (P/S) :

SURGICAL EXAMINATION

BREAST EXAMINATION :

Right

Left

PRESENCE OF ANY LUMP

UROLOGICAL EXAMINATION(FOR MEN ONLY)

RECTAL EXAMINATION(FOR MEN ONLY)

INVESTIGATIONS REPORTS

Investigation	Report	Normal Range
<u>HAEMOGRAM :</u>		
• Haemoglobin	gms	(14-17 gms M),(11 - 16gmsF)
• T.L.C.		(4000-11000/cmm)
• D.L.C.		
Polymorphs		(50 - 70 %)
Lymphocytes		(20 - 40 %)
Eosinophils		(1 - 4 %)
Basophils		(0 - 1 %)
Monocytes		(1 - 4 %)
• Peripheral smear		
<u>URINE EXAMINATION :</u>		
• Colour		
• Albumin	Absent / Traces / + / ++ / +++	(Absent)
• Sugar	Absent / Traces / + / ++ / +++	(Absent)
• Microscopic Ezam.		
<u>BLOOD SUGAR :</u>		
• Fasting	mg %	(70 - 100 mg %)
• Post-prandial	mg %	(80 - 110 mg %)
<u>LIPID PROFILE :</u>		
• Total Cholesterol	mg %	(100 - 200 mg %)
• HDL Cholesterol	mg %	(35 - 155 mg %)
• LDL Cholesterol	mg %	(Upto 130 mg %)
• VLDL Cholesterol	mg %	(10 - 30 mg %)
• Triglycerides	mg %	(50 - 150 mg %)
<u>LIVER FUNCTION TESTS :</u>		
• S. Bilirubin (Total)	mg %	(Upto 1.0 mg %)
• S. Bilirubin (Direct)	mg %	(Upto 1.0 mg %)
• S.G.O.T.	units/L	(1 - 21 units / L)
• S.G.P.T.	units/L	(7- 27 units / L)
<u>KIDNEY FUNCTION TESTS :</u>		
• Blood Urea	mg %	(7 - 18 mg %)
• S. Creatinine	mg %	(0.6 - 1.2 mg %)
• S. Uric Acid	mg %	(2 - 7 mg %)
FOR MEN :		
• PSA	ng / ml	(0 - 4 ng / ml)

FOR WOMEN:

- PAP SMEAR

X-RAY – CHEST PA VIEW REPORT

ECG (ELECTRO CARDIOGRAPHY) REPORT

TMT REPORT

USG (ULTRASONOGRAPHY- ABDOMEN) REPORT

MAMMOGRAPPHY REPORT (WOMEN ONLY)

SUMMARY OF THE MEDICAL REPORT

1.	Overall Health of the Officer	
2.	Any other remarks based on the health medical check up of the Officer	
3.	Health Profile Grading	

Signature of Physician with Seal

Dated

Place:

CGHS PUNE - RATE LIST

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1	Consultation OPD	135	135
2	Consultation- for Inpatients	270	270
3	Dressings of wounds	50	58
4	Suturing of wounds with local anesthesia	108	124
5	Aspiration Plural Effusion - Diagnostic	120	138
6	Aspiration Plural Effusion - Therapeutic	193	222
7	Abdominal Aspiration - Diagnostic	345	397
8	Abdominal Aspiration - Therapeutic	460	529
9	Pericardial Aspiration	380	437
10	Joints Aspiration	317	365
11	Biopsy Skin	230	265
12	Removal of Stitches	36	41
13	Venesection	124	143
14	Phimosis Under LA	1311	1508
15	Sternal puncture	173	199
16	Injection for Haemorrhoids	414	476
17	Injection for Varicose Veins	350	403
18	Catheterisation	83	95
19	Dilatation of Urethra	500	575
20	Incision & Drainage	420	483
21	Intercostal Drainage	125	144
22	Peritoneal Dialysis	1319	1517
	TREATMENT PROCEDURE SKIN		#N/A
23	Excision of Moles	345	397
24	Excision of Warts	310	357
25	Excision of Molluscum contagiosum	130	150
26	Excision of Veneral Warts	160	184
27	Excision of Corns	140	161
28	I/D Injection Keloid	97	112
29	Chemical Cautery (s)	110	127
	TREATMENT PROCEDURE OPHTHALMOLOGY		#N/A
30	Subconjunctival/subtenon's injections in one eyes	69	79
31	Subconjunctival/subtenon's injections in both eyes	138	158
32	Pterygium Surgery	86	99
33	Conjunctival Peritomy	58	67

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
34	Conjunctival wound repair or exploration following blunt trauma	115	132
35	Removal of corneal foreign body	115	132
36	Cauterization of ulcer/subconjunctival injection in one eye	69	79
37	Cauterization of ulcer/subconjunctival injection in both eyes	138	159
38	Corneal grafting—Penetrating keratoplasty	5750	6613
39	Corneal grafting—Lamellar keratoplasty	5000	5750
40	Cyanoacrylate /fibrin glue application for corneal perforation	690	794
41	Bandage contact lenses for corneal perforation	414	476
42	Scleral grafting or conjunctival flap for corneal perforation	2300	2645
43	Keratoconus correction with therapeutic contact lenses	1200	1380
44	UV radiation for cross-linking for keratoconus	1800	2070
45	EDTA for band shaped keratopathy	863	992
46	Arcuate keratotomy for astigmatism	2800	3220
47	Re-suturing (Primary suturing) of corneal wound	1150	1323
48	Penetrating keratoplasty ---- with glaucoma surgery	12144	13966
49	Penetrating keratoplasty --- with vitrectomy	12144	13966
50	Penetrating keratoplasty ---- with IOL implantation	13656	15703
51	DALK- Deep anterior lamellar keratoplasty	15525	17854
52	Keratoprosthesis stage I and II	11500	13225
53	DSAEK- Descemet's stripping automated endothelial keratoplasty	15008	17258
54	ALTK- Automated lamellar therapeutic keratoplasty	14850	17078
55	Probing and Syringing of lacrimal sac- in one eye	69	79
56	Probing and Syringing of lacrimal sac- in both eye	138	159
57	Dacryocystorhinostomy—Plain	2875	3306
58	Dacryocystorhinostomy—Plain with intubation and/or with lacrimal implants	9750	11213
59	Dacryocystorhinostomy—conjunctival with implant	9200	10580
60	Caliculoplasty	2300	2645
61	Dacryocystectomy	1725	1984
62	Punctal plugs for dry eyes	130	150
63	Refraction	40	46
64	Indirect Ophthalmoscopy	67	77
65	Orthoptic check-up- with synoptophore	44	51
66	Lees' charting or Hess' charting	90	104
67	Orthoptic exercises	50	58
68	Pleoptic exercises	50	58

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
69	Perimetry/field test—Goldman	144	166
70	Perimetry/field test— automated	144	166
71	Fluorescein angiography for fundus or iris	920	1058
72	Ultrasound A- Scan	777	893
73	Ultrasound B- Scan	230	265
74	Fundus Photo Test	200	230
75	Indocyanin green angiography	920	1058
76	Corneal endothelial cell count with specular microscopy	230	265
77	Corneal topography	331	381
78	Corneal pachymetry	230	265
79	Auto-refraction	35	40
80	Macular function tests	44	51
81	Potential acuity metry	100	115
82	Laser interferometry	173	199
83	OCT-Optical coherence tomography	1913	2250
84	HRT- Heidelberg's retinal tomogram	150	173
85	GDX--- Nerve fibre layer analyzer	88	101
86	UBM- Ultrasound bio microscopy	150	173
87	Non Contact tonometry	50	58
88	IOP measurement with schiotz	27	32
89	IOP measurement with applanation tonometry	50	58
90	Three mirror examination for reti	52	60
91	90 D lens examination	50	58
92	Gonioscopy	52	60
93	Chalazion incision and curettage in one eye	400	460
94	Chalazion incision and curettage in both eyes	431	496
95	Ptosis surgery with fasanella servat procedure	2300	2645
96	Ptosis surgery with LPS resection one lid	5500	6325
97	Ptosis surgery with Sling surgery one lid	6670	7671
98	Ectropion surgery- one lid	1400	1610
99	Ectropion surgery- both lids	2500	2875
100	Epicanthus correction	1550	1783
101	Cantholysis and canthotomy	575	662
102	Entropion surgery- one lid	1380	1587
103	Entropion surgery- both lids	2000	2300
104	Tarsorrhaphy	650	748
105	Suturing of lid lacerations	1150	1323
106	Lid retraction repair	1700	1955
107	Concretions removal	115	132

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
108	Bucket handle procedure for lid tumors	345	397
109	Cheek rotation flap for lid tumors	6210	7142
110	Orbitotomy	7245	8332
111	Enucleation	3000	3450
112	Enucleation with orbital implants and artificial prosthesis	3000	3450
113	Evisceration	3450	3968
114	Evisceration with orbital implants and artificial prosthesis	5124	5892
115	Telecanthus correction	4658	5356
116	Orbital decompression	5175	5952
117	Exenteration	5175	5952
118	Exenteration with skin grafting	6210	7142
119	Fracture orbital repair	8280	9522
120	Retinal laser procedures	1350	1553
121	Retinal detachment surgery	11500	13225
122	Retinal detachment surgery with scleral buckling	13800	15870
123	Buckle removal	1150	1323
124	Silicone oil removal	2800	3220
125	Anterior retinal cryopexy	1162	1336
126	Squint correction for one eye	5000	5750
127	Squint correction for both eyes	6750	7763
128	Trabeculectomy	6750	7763
129	Trabeculotomy	6750	7763
130	Trabeculectomy with Trabeculotomy	9315	10713
131	Trephition	2300	2645
132	Goniotomy	345	397
133	Glaucoma surgery with Glaucoma valves	6750	7763
134	Cyclocryotherapy	1150	1323
135	YAG laser iridotomy	1350	1553
136	YAG laser capsulotomy	984	1131
137	ALT-Argon laser trabeculoplasty	1346	1547
138	PDT-Photodynamic therapy	3450	3968
139	TTT- Transpupillary thermal therapy	3000	3450
140	PTK- Phototherapeutic keratectomy	6750	7763
141	Argon/diode laser for retinal detachment	1150	1323
142	Intralase application for keratoconus	5175	5952
143	EOG- electro-oculogram	810	932
144	ERG- Electro-retinogram	794	913
145	VEP- visually evoked potential	720	828

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
146	Vitrectomy- pars plana	11500	13225
147	Intravitreal injections- of antibiotics	1150	1323
148	Intravitreal injections- of lucentis excluding cost of drug	3000	3450
149	X- Ray orbit	115	132
150	CT-orbit and brain	173	199
151	MRI- Orbit and brain	3450	3968
152	Dacryocystography	340	391
153	Orbital angio-graphical studies	1500	1725
154	ECCE with IOL	3450	3968
155	SICS with IOL	5000	5750
156	Phaco with foldable IOL (silicone and acrylic)/PMMA IOL	10781	12398
157	Pars plana lensectomy with/without IOL	9315	10713
158	Secondary IOL implantation- AC IOL PC IOL or scleral fixated IOL	6210	7142
159	Cataract extraction with IOL with capsular tension rings (Cionni's ring)	12150	13973
160	Optic nerve sheathotomy	7500	8625
161	Iridodialysis repair or papillary reconstruction	5000	5750
162	Iris cyst removal	850	978
163	Lid Abscess incision and Drainage	1700	1955
164	Orbital Abscess incision and Drainage	3000	3450
165	Biopsy	460	529
166	Paracentesis	230	265
167	Scleral graft for scleral melting or perforation	2800	3220
168	Amniotic membrane grafting	1100	1265
169	Cyclodiathermy	2300	2645
170	Intraocular foreign body removal	187	215
171	Electrolysis	230	265
172	Perforating injury repair	4500	5175
173	Botulinum injection for blepharospasm or squint	2500	2875
	TREATMENT PROCEDURE DENTAL PROCEDURES		#N/A
174	Flap Operation per quadrant	360	414
175	Gingivectomy per quadrant	234	269
176	Reduction & immobilization of fracture- Maxilla Under LA	900	1035
177	Reduction & immobilization of fracture-Mandible Under LA	3500	4025
178	splints/Cirucum mandibular wiring under LA	510	587
179	splints/Cirucum mandibular wiring under GA	990	1139
180	Internal wire fixation/plate fixation of Maxilla under LA	3000	3450

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
181	Internal wire fixation/plate fixation of Maxilla under GA	4000	4600
182	Internal wire fixation/plate fixation of Mandible under LA	3500	4025
183	Internal wire fixation/plate fixation of Mandible under GA	4250	4888
184	Extraction per tooth under LA	80	92
185	Complicated Ext. per Tooth under LA	100	115
186	Extraction of impacted tooth under LA	160	184
187	Extraction in mentally retarded/patients with systemic diseases/patient with special needs under short term GA	939	1080
188	Cyst & tumour of Maxilla /mandible by enucleation/ excision/ marsupialisation upto 4 cms under LA	244	281
189	Cyst & tumour of Maxilla/mandible by enucleation/ excision/ marsupialisation size more than 4 cms under LA	406	467
190	Cyst & tumour of Maxilla/mandible by enucleation/excision/marsupialisation size more than 4 cms under GA	1000	1150
191	TM joint ankylosis- under GA	7500	8625
192	Biopsy Intraoral-Soft tissue	374	430
193	Biopsy Intraoral-Bone	374	430
194	Hemi-mandibulectomy with graft	21000	24150
195	Hemi-mandibulectomy without graft	21000	24150
196	Segmental-mandibulectomy with graft	3400	3910
197	Segmental-mandibulectomy without graft	990	1139
198	Maxillectomy- Total with graft	2500	2875
199	Maxillectomy- Total without graft	1950	2243
200	Maxillectomy- partial with graft	3000	3450
201	Maxillectomy- partial without graft	2500	2875
202	Release of fibrous bands & grafting -in (OSMF) treatment under GA	1500	1725
203	Pre-prosthetic surgery- Alveoloplasty	500	575
204	Pre-prosthetic surgery - ridge augmentation	1200	1380
205	Root canal Treatment(RCT) Anterior teeth(per tooth)	500	575
206	Root canal Treatment(RCT) Posterior teeth (per tooth)	700	805
207	Apicoectomy- Single root	500	575
208	Apicoectomy-Multiple roots	650	748
209	Metal Crown-per unit	500	575
210	Metal Crown with Acrylic facing per unit	700	805
211	Complete single denture-metal based	1500	1725
212	Complete denture- acrylic based per arch	950	1093
213	Removable partial denture-Metal based-upto 3 teeth	700	805

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
214	Removable partial denture-Metal based-more than 3 teeth	900	1035
215	Removable partial denture-Acrylic based-upto 3 teeth	500	575
216	Removable partial denture-Acrylic based-more than 3 teeth	264	304
217	Amalgum restoration-per tooth	200	230
218	Composite Restoration-per tooth-anterior tooth	250	288
219	Glas Ionomer-per tooth	200	230
220	Scaling & polishing	300	345
221	Removable Orthodontics appliance- per Arch	700	805
222	Fixed Orthodontics-per Arch	1150	1323
223	Space maintainers-Fixed	500	575
224	Habit breaking appliances-removable	800	920
225	Habit breaking appliances-Fixed	1500	1725
226	Expansion plate	1000	1150
227	Feeding appliance for cleft palate	1500	1725
228	Maxillo-facial prosthesis (sal/auricular/orbital/facial lost part)	3500	4025
229	Functional orthodontic appliances	3000	3450
230	Obturator (Maxillo-facial)	1500	1725
231	Occlusal night guard(splint)	800	920
	TREATMENT PROCEDURE ENT		#N/A
232	Pure Tone Audiogram	172	198
233	Impedence with stepedeal reflex	230	265
234	SISI Tone Decay	132	152
235	Multiple hearing assessment test to Adults	115	132
236	Speech Discrimination Score	90	103
237	Speech Assessment	120	138
238	Speech therapy per session of 30-40 minutes	131	151
239	Cold Calorie Test for Vestibular function	172	198
240	Removal of foreign body From Nose	345	397
241	Removal of foreign body From Ear	230	265
242	Syringing (Ear)	166	191
243	Polyp removal under LA	518	595
244	Polyp removal under GA	850	978
245	Peritonsillar abscess Drainage under LA	1449	1666
246	Myringoplasty	6900	7935
247	Stapedectomy	9200	10580
248	Myringotomy with Grommet insertion	4600	5290
249	Tympanotomy	7763	8927

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
250	Tympanoplasty	13000	14950
251	Mastoidectomy	14950	17193
252	Otoplasty	16100	18515
253	Labyrinthectomy	13800	15870
254	Skull Base surgery	25000	28750
255	Facial Nerve Decompression	17250	19838
256	Septoplasty	5750	6613
257	Submucous Resection	7314	8411
258	Septo-rhinoplasty	16100	18515
259	Rhinoplasty- Non-cosmetic	11500	13225
260	Fracture Reduction	4250	5000
261	Intra nasal Diathermy	1150	1323
262	Turbinectomy	5750	6613
263	Endoscopic DCR	13000	14950
264	Endoscopic Surgery	13800	15870
265	Septal Perforation Repair	13800	15870
266	Antrum Puncture	950	1093
267	Lateral Rhinotomy	1000	1150
268	Cranio-facial resection	25500	29325
269	Caldwell Luc Surgery	10626	12220
270	Angiofibroma Excision	17000	19550
271	Endoscopic Hypophysectomy	21500	24725
272	Endoscopic Optic Nerve Decompression	32775	37691
273	Decompression of Orbit	25500	29325
274	Punch/Wedge biopsy	674	775
275	Tonsillectomy	5000	5750
276	Uvulo-palatoplasty	15000	17250
277	FESS for antrochoal polyp	5750	6613
278	FESS for ethmoidal polyp	5750	6613
279	Polyp removal ear	748	860
280	Polyp removal Nose(Septal polyp)	748	860
281	Mastoidectomy plus Ossiculoplasty including TORP or PORP	2415	2777
282	Endolymphatic sac decompression	2875	3306
283	Diagnostic endoscopy under GA	2300	2645
284	Yonges operation for Atrophic rhinitis	6900	7935
285	Vidian neurectomy for vasomotor Rhinitis	10350	11903
286	Nasal Packing-anterior	345	397
287	Nasal Packing-posterior	805	926
288	Ranula Excision	6843	7869

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
289	Tongue Tie excision	1500	1725
290	Sub Mandibular Duct Lithotomy	269	309
291	Adenoidectomy	5640	6486
292	Palatopharyngoplasty	8165	9390
293	Pharyngoplasty	17193	19772
294	Styloidectomy	9200	10580
295	Direct laryngoscopy including Biopsy under GA	5000	5750
296	Oesophagoscopy/foreign body removal from	1800	2070
297	Bronchoscopy with F.B.removal	2438	2804
298	Other Major Surgery	15000	17250
299	Other Minor Surgery	8500	10000
	TREATMENT PROCEDURE FOR HEAD AND NECK		#N/A
300	Ear Lobe Repair one side	500	575
301	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	4000	4600
302	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	3800	4370
303	Partial Amputation of Pinna	4500	5175
304	Total Amputation of Pinna	6200	7130
305	Total Amputation & Excision of External Auditory Meatus	1500	1725
306	Excision of Cystic Hygroma	5175	5951
307	Excision of Cystic Hygroma Extensive	7452	8570
308	Excision of Branchial Cyst	10350	11903
309	Excision of Branchial Sinus	10350	11903
310	Excision of Pharyngeal Diverticulum	10580	12167
311	Excision of Carotid Body-Tumours	11615	13357
312	Operation for Cervical Rib	12500	14375
313	Block Dissection of Cervical Lymph Nodes	15000	17250
314	Pharyngectomy & Reconstruction	15000	17250
315	Operation for Carcinoma Lip - Wedge-Excision	8050	9258
316	Operation for Carcinoma Lip - Vermilionectomy	5758	6622
317	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	9292	10686
318	Estlander Operation	7475	8596
319	Abbe Operation	9800	11270
320	Cheek Advancement	9775	11241
321	Excision of the Maxilla	19320	22218
322	Excision of mandible-segmental	15525	17854
323	Mandibulectomy	20035	23040
324	Partial Glossectomy	5520	6348

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
325	Hemiglossectomy	7000	8050
326	Total Glossectomy	22885	26318
327	Commondo Operation	22000	25300
328	Parotidectomy - Superficial	12075	13886
329	Parotidectomy - Total	15000	17250
330	Parotidectomy - Radical	19550	22483
331	Repair of Parotid Duct	11500	13225
332	Removal of Submandibular Salivary gland	8625	9919
333	Hemithyroidectomy	9500	10925
334	Partial Thyroidectomy (lobectomy)	11500	13225
335	Subtotal Thyroidectomy	13053	15011
336	Total Thyroidectomy	19000	21850
337	Resection Enucleation of thyroid Adenoma	10580	12167
338	Total Thyroidectomy and Block Dissection	26450	30418
339	Excision of Lingual Thyroid	16882	19414
340	Excision of Thyroglossal Cyst/Fistula	13225	15209
341	Excision of Parathyroid Adenoma/Carcinoma	21275	24466
342	Laryngectomy	17825	20499
343	Laryngo Pharyngectomy	30000	34500
344	Hyoid Suspension	10350	11903
345	Genioplasty	12000	13800
346	Direct Laryngoscopy including biopsy under GA	5175	5951
347	Phonosurgery	12950	14893
348	Fibroptic examination of Larynx under LA	1725	1984
349	Microsurgical Surgery	10350	11903
350	Laryngofissure	17250	19838
351	Tracheal Stenosis Excision	19780	22747
	Head and neck cancer		0
352	Excisional Biopsies	5500	6325
353	Benign Tumour Excisions	9500	10925
354	Temporal Bone subtotal resection	20700	23805
355	Modified Radical Neck Dissection	25300	29095
356	Carotid Body Excision	26000	29900
357	Total Laryngectomy	39192	45071
358	Flap Reconstructive Surgery	41400	47610
359	Parapharyngeal Tumour Excision	39330	45230
360	Other Major Surgery	21250	25000
361	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE BREAST		#N/A

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
362	Drainage of abscess	5400	6210
363	Excision of lumps	6272	7213
364	Local mastectomy-simple	12650	14548
365	Radical mastectomy-formal or modified.	28750	33063
366	Excision of mammary fistula	15525	17854
367	Segmental resection of breast	16100	18515
368	Other Major Surgery	25000	28750
369	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE GENERAL SURGERY		#N/A
370	Injury Of Superficial Soft Tissues	425	500
371	Suturing of small wounds	269	309
372	Secondary suture of wounds	290	334
373	Debridement of wounds	450	518
374	Removal Of Foreign Bodies	300	345
	Biopsies		0
375	Excision of Cervical Lymph Node	1725	1984
376	Excision of Axillary Lymph Node	2277	2619
377	Excision of Inguinal Lymph Node	2277	2619
378	Excision Biopsy of Ulcers	1470	1691
379	Excision Biopsy of Superficial Lumps	2898	3333
380	Incision Biopsy of Growths/Ulcers	1470	1691
381	Trucut Needle Biopsy	1550	1783
382	Percutaneous Kidney Biopsy	1470	1691
383	Marrow Biopsy (Open)	1060	1219
384	Muscle Biopsy	1470	1691
385	Scalene Node Biopsy	1350	1553
386	Excision of Sebaceous Cysts	1242	1428
387	Excision of Superficial Lipoma	1932	2222
388	Excision of Superficial Neurofibroma	2500	2875
389	Excision of Dermoid Cysts	2277	2619
390	Haemorrhoidectomy	2500	2875
391	Stappler haemorrhoidectomy	4025	4629
392	keloid excision	1150	1323
393	Vericose vein surgery;Tendelenburg operation with suturing or ligation.	8625	9919
	TREATMENT PROCEDURE OESOPHAGUS		#N/A
394	Atresia of Oesophagus and Tracheo Oesophageal Fistula	28750	33063
395	Operations for Replacement of Oesophagus by Colon	25000	28750
396	Oesophagectomy for Carcinoma Easophagus	22500	25875

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
397	Oesophageal Intubation (Mausseau Barbin Tube)	11500	13225
398	Achalasia Cardia Transthoracic	14950	17193
399	Achalasia Cardia Abdominal	12650	14548
400	Oesophago Gastrectomy for mid 1/3 lesion	24495	28169
401	Heller's Operation	19750	22713
402	Colon-Inter position or Replacement of Oesophagus	22540	25921
403	Oesophago Gastrectomy – Lower Corringers procedure	21390	24599
404	Other Major Surgery	25000	29250
405	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE ABDOMEN / GI SURGERY		#N/A
406	Gastrosocopy	1725	1984
407	Gastric & Duodenal Biopsy (Endoscopic)	1950	2243
408	Pyloromyotomy	2800	3220
409	Gastrostomy	8625	9919
410	Simple Closure of Perforated peptic Ulcer	9775	11241
411	Vagotomy Pyloroplasty / Gastro Jejunostomy	13800	15870
412	Duodenojejunostomy	18950	21793
413	Partial/Subtotal Gastrectomy for Carcinoma	23000	26450
414	Partial/Subtotal Gastrectomy for Ulcer	22425	25789
415	Operation for Bleeding Peptic Ulcer	20976	24122
416	Operation for Gastrojejunal Ulcer	19780	22747
417	Total Gastrectomy for Cancer	22368	25723
418	Highly Selective Vagotomy	18630	21425
419	Selective Vagotomy & Drainage	18630	21425
420	Congenital Diaphragmatic Hernia	18975	21821
421	Hiatus Hernia Repair- Abdominal	14490	16664
422	Hiatus Hernia Repair- Transthoracic	16100	18515
423	Exploratory Laparotomy	12650	14548
424	Epigastric Hernia Repair	11385	13093
425	Umbilical Hernia Repair	11385	13093
426	Ventral /incisional Hernia Repair	10293	11837
427	Inguinal Hernia Herniorraphy	14835	17060
428	Inguinal Hernia - Hernioplasty	16500	18975
429	Femoral Hernia Repair	18285	21028
430	Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	18975	21821
431	Splenectomy - For Trauma	18975	21821
432	Splenectomy - For Hypersplenism	14490	16664
433	Splenorenal Anastomosis	23000	26450
434	Portocaval Anastomosis	28750	33063

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
435	Direct Operation on Oesophagus for Portal Hypertension	22885	26318
436	Mesentericocaval Anastomosis	25450	29268
437	Warren Shunt	28750	33063
438	Pancreato Duodenectomy	21735	24995
439	By Pass Procedure for Inoperable Carcinoma of Pancreas	23000	26450
440	Cystojejunostomy or Cystogastrostomy	14490	16664
441	Cholecystectomy	10292	11836
442	Cholecystectomy & Exploration of CBD	14375	16531
443	Repair of CBD	13600	16000
444	Operation for Hydatid Cyst of Liver	11902	13687
445	Cholecystostomy	10292	11836
446	Hepatic Resections (Lobectomy /Hepatectomy)	14375	16531
447	Operation on Adrenal Glands - Bilateral	26105	30021
448	Operation on Adrenal Glands - Unilateral	13800	15870
449	Appendicectomy	8108	9324
450	Appendicular Abscess – Drainage	9775	11241
451	Mesenteric Cyst- Excision	11040	12696
452	Peritonioscopy/Laparoscopy	4600	5290
453	Jejunostomy	5750	6613
454	Ileostomy	15410	17722
455	Resection & Anastomosis of Small Intestine	20700	23805
456	Duodenal Diverticulum	18400	21160
457	Operation for Intestinal Obstruction	10350	11903
458	Operation for Intestinal perforation	38000	43700
459	Benign Tumours of Small Intestine	19550	22483
460	Excision of Small Intestine Fistula	19550	22483
461	Operations for GI Bleed	16000	18400
462	Operations for Haemorrhage of Small Intestines	19550	22483
463	Operations of the Duplication of the Intestines	17825	20499
464	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for Adhesions)	23000	26450
465	Ileosigmoidostomy and related resection	16790	19309
466	Ileotransverse Colostomy and related resection	16790	19309
467	Caecostomy	3903	4488
468	Loop Colostomy Transverse Sigmoid	13110	15077
469	Terminal Colostomy	17250	19838
470	Closure of Colostomy	17480	20102
471	Right Hemi-Colectomy	13800	15870

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
472	Left Hemi-Colectomy	13800	15870
473	Total Colectomy	17250	19838
474	Operations for Volvulus of Large Bowel	24920	28658
475	Operations for Sigmoid Diverticulitis	18630	21425
476	Fissure in Ano with Internal sphinctrectomy with fissurectomy.	12420	14283
477	Fissure in Ano - Fissurectomy	5750	6613
478	Rectal Polyp-Excision	5658	6507
479	Fistula in Ano - High Fistulectomy	16780	19297
480	Fistula in Ano - Low Fistulectomy	9867	11347
481	Prolapse Rectum - Theirch Wiring	10350	11903
482	Prolapse Rectum - Rectopexy	5750	6613
483	Prolapse Rectum - Grahams Operation	18400	21160
484	Operations for Hirschsprungs Disease	14260	16399
485	Excision of Pilonidal Sinus (open)	11500	13225
486	Excision of Pilonidal Sinus with closure	10350	11903
487	Abdomino-Perineal Excision of Rectum	18300	21045
488	Anterior Resection of rectum	21850	25128
489	Pull Through Abdominal Resection	17170	19746
490	Retro Peritoneal Tumor Removal	18000	20700
491	Radio ablation of varicose veins	1800	2070
492	Laser ablation of varicose veins	17250	19838
493	Laparoscopic Fundoplication	19300	22195
494	Laparoscopic Splenectomy	25000	28750
495	Laparoscopic Removal of hydatid cyst	18000	20700
496	Laparoscopic treatment of Pseudo Pancreatic cyst	18000	20700
497	Laparoscopic whipples operation	20000	23000
498	Laparoscopic GI bypass operation	22000	25300
499	Laparoscopic Total Colectomy	25000	28750
500	Laparoscopic Hemi Colectomy	23000	26450
501	Laparoscopic Anterior Resection	23000	26450
502	Laparoscopic Cholecystectomy	18975	21821
503	Laparoscopic Appedicectomy	18000	20700
504	Laparoscopic Hernia inguinal repair	18000	20700
505	Laparoscopic ventral Hernia Repair	17500	20125
506	Laparoscopic Paraumbilical Hernia Repair	12580	14800
507	Laparoscopic Adrenelectomy	12000	13800
508	Laparoscopic Nephrectomy	22000	25300
509	Other Major Surgery	34200	39330
510	Other Minor Surgery	6000	6900

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
	TREATMENT PROCEDURE ICU/CCU PROCEDURES (SPECIAL CARE CASES)		#N/A
511	Coronary Care with Cardiac Monitoring (Room Rent extra)	750	863
512	Compressed air / piped oxygen /per hour	50	58
513	Ventilator charges (Per day)	531	611
514	Paediatric care for New born (Per day)	186	214
515	Incubator charges (Per day)	345	397
516	Neonatal ICU charges (Per day)	391	450
517	Resuscitation	184	212
518	Exchange Transfusion	265	305
519	Pneupack ventilator in Nursery (Per day)	575	661
	TREATMENT PROCEDURE CARDIOVASCULAR AND CARDIAC SURGERY & INVESTIGATIONS		#N/A
520	ASD Closure	51808	59579
521	VSD with graft	51808	59579
522	TOF/TAPVC/TCPC/REV/RSOV repair	127075	146136
523	B.D.Glenn/Left atrium myxoma	80750	95000
524	Senning/ASO with graft	109969	126464
525	DSO	93254	107241
526	AV Canal repair	161000	185150
527	Fonten	168000	193200
528	Conduit repair	168000	193200
529	CABG	127075	146136
530	CABG + IABP	169000	194350
531	CABG + Valve.	169000	194350
532	CABG without bypass.	140000	161000
533	Ascending aorta replacement	130000	149500
534	DVR	53000	60950
535	MVR/AVR	103615	119157
536	MV repair + AV repair	103615	119157
537	Aorta femoral bypass	52000	59800
538	B.T Shunt/Coaractation	51980	59777
539	P.A.Banding septostomy	51980	59777
540	Pericardectomy	42320	48668
541	CMV/PDA	51980	59777
542	Gunshot injury	51980	59777
543	Heart transplant	276000	317400
544	Balloon coronary angioplasty/PTCA with VCD	80600	92690
545	Balloon coronary angioplasty/PTCA without VCD	77000	88550

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
546	Rotablation	45000	51750
547	balloon valvotomy/PTMC	10264	11804
548	CATH	10000	11500
549	Arch Replacement	10350	11903
550	Aortic Dissection	12650	14548
551	Thoraco Abdominal Aneurism Repair	15000	17250
552	Embolectomy	21000	24150
553	Vascular Repair	36000	41400
554	Bentall Repair with Prosthetic Valve	30000	34500
555	Bentall Repair with Biologic Valve	127500	150000
556	Coarctation dilatation	14500	16675
557	Coarctation dilatation with Stenting	18500	21275
558	TPI Single Chamber	7500	8625
559	TPI Dual Chamber	8160	9600
560	Permanent pacemaker implantation- Single Chamber	13800	15870
561	Permanent pacemaker implantation- Dual Chamber	19320	22218
562	Permanent pacemaker implantation Biventricular	34500	39675
563	AICD implantation Single Chamber	28750	33063
564	AICD implantation Dual Chamber	40000	46000
565	Combo device implantation	40000	46000
566	Diagnostic Electrophysiological studies conventional	4550	5233
567	Ambulatory BP monitoring	587	690
568	External Loop/event recording	2563	3015
569	RF Ablation conventional	35000	40250
570	RF Ablation Atrial Tachycardia/Carto	45000	51750
571	Endomyocardial biopsy	10000	11500
572	IABP	7820	8993
573	Intra vascular coils	42000	48300
574	Septostomy- Balloon	16150	19000
575	Septostomy- Blade	19550	22483
576	AVBD/PVBD	43470	49991
577	Digital subtraction angiography-Peripheral artery	11500	13225
578	Digital subtraction angiography- venogram	11500	13225
579	C.T Guided biopsy	1265	1455
580	Sinogram	863	992
581	Peripheral Angioplasty with VCD	11500	13225
582	Peripheral Angioplasty without VCD	11500	13225
583	Renal Angioplasty	54315	63900
584	IVUS	22500	25875

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
585	FFR	12750	15000
586	Holter analysis	850	1000
587	Aortic stent grafting for aortic aneurysm	78500	90275
588	IVC Filter implantation	16129	18548
589	ASD/VSD/PDA device closure	36225	41659
590	ECG	50	58
591	HUTT	1980	2277
592	2 D echocardiography	1125	1294
593	3 D echocardiography	1275	1485
594	Fetal Echo	1400	1610
595	2 D TEE	1403	1650
596	3 D TEE(Transoesophageal echo)	1403	1650
597	Stress Echo- exercise	1500	1725
598	Stress Echo- pharmacological	2500	2875
599	Stress MPI- exercise	1955	2300
600	Stress MPI - pharmacological	2500	2875
601	Coronary angiography	11500	13225
602	CT coronary angiography	6030	6935
603	Cardiac CT scan	2272	2613
604	Cardiac MRI	2444	2811
605	Stress Cardiac MRI	3000	3450
606	MR angiography.	5500	6325
607	Cardiac PET	1500	1725
608	Pericardiocentesis	3500	4025
609	Other Major Surgery	20000	23000
610	Other Minor Surgery	4250	5000
	TREATMENT PROCEDURE OBSTETRICS AND GYNAECOLOGY		#N/A
611	Normal delivery with or without Episiotomy & P. repair	8000	9200
612	vacuum delivery	8625	9919
613	Forceps Delivery	9200	10580
614	Cesarean Section	14050	16158
615	Cesarean Hysterectomy	18975	21821
616	Rupture Uterus closure & repair with Tubal Ligation	17250	19838
617	Perforation of Uterus after D/E Laparotomy & Closure	13800	15870
618	Laparotomy for Ectopic pregnancy	13800	15870
619	Laparotomy-peritonitis Lavage and Drainage	11500	13225
620	Salphingo-Oophorectomy/ Oophorectomy Laproscopic	10000	11500
621	Ovarian Cystectomy-laparoscopic.	10350	11903
622	Ovarian Cystectomy -laparotomy.	13800	15870

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
623	Salpingo-Oophorectomy-laparotomy	11520	13248
624	Laprosopic Broad Ligament Hematoma Drainage with repair	6900	7935
625	Exploration of perineal Haematoma & Repair	8000	9200
626	Exploration of abdominal Haematoma (after laparotomy + LSCS)	8050	9258
627	Manual Removal of Placenta	3450	3968
628	Examination under anesthesia (EUA)	1000	1150
629	Burst-abdomen Repair	10000	11500
630	Gaping Perineal Wound Secondary Suturing	1656	1904
631	Gaping abdominal wound Secondary Suturing	3450	3968
632	Complete perineal tear-repair	2128	2447
633	Exploration of PPH-tear repair	3500	4025
634	Suction evacuation vesicular mole	5000	5750
635	Suction evacuation Missed abortion/ incomplete abortion	5175	5951
636	Colpotomy	3450	3968
637	Repair of post-coital tear/ perineal injury	3508	4034
638	Excision of urethral caruncle	3450	3968
639	Shirodhkar/ Mc. Donald's stitch	3220	3703
640	Abdominal Hysterectomy with or without salpingo-oophorectomy	17250	19838
641	Vaginal Hysterectomy (NDVH)	17250	19838
642	Vaginal Hysterectomy with repairs (UV Prolapse)	17250	19838
643	Myomectomy -laparotomy	14000	16100
644	Myomectomy -laparoscopic	6325	7274
645	Vaginoplasty	14950	17193
646	Vulvectomy -Simple	9200	10580
647	Vulvectomy-Radical	9200	10580
648	RVF Repair	14000	16100
649	Manchester Operation	15000	17250
650	Shirodkar's sling Operation or other sling operations for prolapse uterus	3450	3968
651	Laparoscopic sling operations for prolapse uterus	28000	32200
652	Diagnostic Curettage	2484	2857
653	Cervical Biopsy	1800	2070
654	Polypectomy	1518	1746
655	Other-Minor Operation Endometrial	2300	2645
656	Excision Vaginal Cyst/Bartholin Cyst	3450	3968
657	Excision Vaginal Septum	4600	5290

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
658	Laparoscopy -Diagnostic with chromopertubation and or adhesiolysis and drilling	4025	4629
659	Laparoscopy Sterilization	3450	3968
660	LAVH	22719	26126
661	Balloon Temponade for PPH	2800	3220
662	Total laparoscopic hysterectomy	25243	29029
663	Laparoscopic treatment of Ectopic pregnancy-salpingectomy/salpinostomy conservative	9775	11241
664	Conisation of cervix	4025	4629
665	Trachelectomy of cervix for early CA cervix	5500	6325
666	Hysteroscopic cannulation	2875	3306
667	Laparotomy recanalization of Fallopian tubes-(Tubuloplasty)	22425	25789
668	Laparoscopic recanalization of Fallopian tubes-(Tubuloplasty)	19500	22425
669	Colposcopy	958	1102
670	Inversion of Uterus – Vaginal Reposition	2500	2875
671	Inversion of Uterus – Abdominal Reposition	2500	2875
672	Laparoscopic VVF Repair	28000	32200
673	Abdominal VVF Repair	28000	32200
674	Vaginal VVF Repair	25200	28980
675	Interventional Ultrasonography (CVS)	880	1012
676	Amniocentesis	880	1012
677	Karyotyping	800	920
678	Thermal balloon ablation.	11500	13225
679	Ultrasonographic myolysis	10293	11837
680	Vaginal Myomectomy	10000	11500
681	Intra Uterine Insemination	920	1058
682	ICSI	11500	13225
683	Laparotomy abdominal sacro-colpopexy	15000	17250
684	Vaginal Colpopexy	22000	25300
685	Laparoscopic abdominal sacro-colpopexy	20000	23000
686	Laparotomy pelvic Lymphadenectomy	1200	1380
687	Laparoscopic pelvic Lymphadenectomy	3500	4025
688	Endometrial aspiration cytology/biopsy	570	656
689	Transvaginal sonography (TVS for Follicular monitoring /aspiration)	460	529
690	laparoscopic treatment for stress incontinence	15000	17250
691	Transvaginal tapes for Stress incontinence	15000	17250
692	trans-obturator tapes for Stress incontinence	12000	13800
693	Interventional radiographic arterial embolization	18000	20700

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
694	Diagnostic cystoscopy	2875	3306
695	Staging laparotomy surgery for CA Ovary	6325	7274
696	Internal Iliac ligation	3393	3902
697	stepwise devascularisation	9200	10580
698	Assisted breech delivery	10925	12564
699	Intra-uterine fetal blood transfusion	19148	22019
700	Hysteroscopy TCRE	8500	9775
701	Hysteroscopy Removal of IUCD	7500	8625
702	Hysteroscopy Removal of Septum	11000	12650
703	Hysteroscopy Diagnostic	7500	8625
704	Radical Hysterectomy for Cancer cervix with pelvic lymphadenectomy	8500	9775
705	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para aortic lymphadenectomy	8500	9775
706	Sterilization Post partum (minilap)	3750	4313
707	Sterilization interval (minilap)	3750	4313
708	Ultrasonography Level II scan/Anomaly Scan	500	575
709	Fetal nuchal Translucency	300	345
710	Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler	850	978
711	MTP- 1st Trimester	3000	3450
712	MTP - 2nd Trimester	4370	5026
713	Quadruple test	2000	2300
714	Biophysical score	600	690
715	Other Major Surgery	25200	28980
716	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE NEPHROLOGY AND UROLOGY		#N/A
717	Partial Nephrectomy -open	16215	18647
718	Partial Nephrectomy-laparoscopic/endoscopic	14490	16664
719	Nephrolithomy -open	12000	13800
720	Nephrolithomy -laproscopic/endoscopic	14000	16100
721	Pyelolithotomy-open	13000	14950
722	Pyelolithotomy -laproscopic/endoscopic	10580	12167
723	Operations for Hydronephrosis -pyeloplasty open	18400	21160
724	Operations for Hydronephrosis -pyeloplasty Lap/endoscopic	19000	21850
725	Operations for Hydronephrosis Endopyelotomy antegrade	20000	23000
726	Operations for Hydronephrosis Endopyelotomy retrograde	20000	23000
727	Operations for Hydronephrosis -ureterocalicostomy	18000	20700

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
728	Operations for Hydronephrosis-Ileal ureter	18000	20700
729	Open Drainage of Perinephric Abscess	8000	9200
730	Percutaneous Drainage of Perinephric Abscess - Ultrasound guided	5750	0
731	Cavernostomy	9775	11500
732	Operations for Cyst of the Kidney -open	11960	13754
733	Operations for Cyst of the Kidney -Lap/endoscopic	14030	16135
734	Ureterolithotomy -open	13248	15235
735	Ureterolithotomy-Lap/Endoscopic	10000	11500
736	Nephroureterectomy open	16100	18515
737	Nephroureterectomy -Lap/Endoscopic	16100	18515
738	Operations for Ureter for -Double Ureters	19000	21850
739	Operations for Ureter -for Ectopia of Single Ureter	18000	20700
740	Operations for Vesico- ureteric Reflux-Open	18000	20700
741	Operations for Vesico- ureteric Reflux-Lap/Endoscopic	18000	20700
742	Operations for Vesico- ureteric Reflux/ Urinary incontinence with bulking agents	20700	23805
743	Ureterostomy - Cutaneous	12000	13800
744	Uretero-Colic anastomosis	16000	18400
745	Formation of an Ileal Conduit	17250	19838
746	Ureteric Catheterisation	690	794
747	Biopsy of Bladder (Cystoscopic)	2300	2645
748	Cysto-Litholapaxy	10925	12564
749	Operations for Injuries of the Bladder	10000	11500
750	Suprapubic Drainage (Cystostomy/vesicostomy)	6000	6900
751	Simple Cystectomy	17250	19838
752	Diverticulectomy -open	16000	18400
753	Diverticulectomy- Lap/Endoscopic	18400	21160
754	Diverticulectomy -Endoscopic incision of neck	1725	1984
755	Augmentation Cystoplasty	6670	7671
756	Operations for Extrophy of the Bladder- Single stage repair	22300	25645
757	Operations for Extrophy of the Bladder- Multistage repair	20815	23937
758	Operations for Extrophy of the Bladder- simple cystectomy with urinary diversion	22500	25875
759	Repair of Ureterocoel -Open	13800	15870
760	Repair of Ureterocoel -Lap/Endoscopic	14375	16531
761	Repair of Ureterocoel -Endoscopic incision	13000	14950
762	Open Suprapubic Prostatectomy	20700	23805
763	Open Retropubic Prostatectomy	20125	23144

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
764	Transurethral Resection of Prostate (TURP)	18630	21425
765	Urethroscopy/ Cystopanendoscopy	4600	5290
766	Internal urethrotomy -optical	5750	6613
767	Internal urethrotomy -Core through urethroplasty	11040	12696
768	Urethral Reconstruction -End to end ansatamosis	3450	3968
769	Urethral Reconstruction - substitution urethroplasty (Transpubic urethroplasty	19550	22483
770	Abdomino Perineal urethroplasty	14000	16100
771	Posterior Urethral Valve fulguration.	11270	12961
772	Operations for Incontinence of Urine - Male -Open	17250	19838
773	Operations for Incontinence of Urine - Male -Sling	18400	21160
774	Operations for Incontinence of Urine - Male-Bulking agent	19435	22350
775	Operations for Incontinence of Urine - Female -Open	17250	19838
776	Operations for Incontinence of Urine - Female-Sling	18400	21160
777	Operations for Incontinence of Urine - Female-Bulking agent	19435	22350
778	Reduction of Paraphimosis	1725	1984
779	Circumcision	3000	3450
780	Meatotomy	2346	2698
781	Meatoplasty	3220	3703
782	Operations for Hypospadias + Chordee Correction	9200	10580
783	Operations for Hypospadias - Second Stage	15000	17250
784	Operations for Hypospadias - One Stage Repair	9200	10580
785	Operations for Crippled Hypospadias	11500	13225
786	Operations for Epispadias _primary repair	12593	14482
787	Operations for Epispadias-crippled epispadias	11385	13093
788	Partial Amputation of the Penis	10764	12379
789	Total amputation of the Penis	12000	13800
790	Orchidectomy-Simple	9775	11241
791	Orchidectomy -Radical	12075	13886
792	Post Radical Orchidectomy retroperitoneal lymph node dissection.	14000	16100
793	Epididymectomy	8000	9200
794	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma- Open	25300	29095
795	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma -Lap/Endoscopic	14375	16531
796	Operations for Hydrocele - Unilateral	5865	6745
797	Operations for Hydrocele - Bilateral	8556	9839
798	Operation for Torsion of Testis	11500	13225

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
799	Micro-surgical Vasovasostomy /Vaso epididymal anastomosis.	11040	12696
800	Operations for Varicocele Unilateral-Microsurgical	7705	8861
801	Operations for Varicocele Palomo's Unilateral - Lap	9200	10580
802	Operations for Varicocele Bilateral --Microsurgical	12650	14548
803	Operations for Varicocele Bilateral – Lap/ Palomo	14950	17193
804	Block Dissection of ilio-inguinal Nodes - One Side (For Ca-Penis)	6325	7274
805	Block Dissection of ilio-inguinal Nodes - Both Sides (For Ca-Penis)	23000	26450
806	Excision of Filarial Scrotum	11500	13225
807	Kidney Transplantation (related)	3500	4025
808	Kidney Transplantation (Spousal/ unrelated)	143000	164450
809	ABO incompatible Transplantation	441000	507150
810	Swap Transplantation	349200	401580
811	Kidney Transplant Graft Nephrectomy	53550	63000
812	Donor Nephrectomy (open)	28750	33063
813	Donor Nephrectomy (Laparoscopic)	46000	52900
814	Cadaver Transplantation	83300	95795
815	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Unilateral	28000	32200
816	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Bilateral	85000	97750
817	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Unilateral	85000	97750
818	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Bilateral	85000	97750
819	Post-Transplant Collection drainage for Lymphocele (open)	6800	8000
820	Post-Transplant Collection drainage for Lymphocele (percutaneous)	6800	8000
821	Post-Transplant Collection drainage for Lymphocele (Laparoscopic)	7650	9000
822	Arteriovenous Fistula for Haemodialysis	2070	2381
823	Arteriovenous Shunt for Haemodialysis	3150	3623
824	Jugular Catheterization for Haemodialysis	1500	1725
825	Subclavian Catheterization for Haemodialysis	2250	2588
826	One sided (single Lumen) Femoral Catheterization for Haemodialysis	1000	1150
827	Bilateral (single Lumen) Femoral Catheterization for Haemodialysis	1500	1725
828	Double Lumen Femoral Catheterization for Haemodialysis	1850	2128
829	Permcath Insertion	2800	3220

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
830	Arterio venous Prosthetic Graft	1850	2128
831	Single lumen Jugular Catheterization	1500	1725
832	Single lumen Subclavian Catheterization	1700	2000
833	Plasma Exchange/ Plasma phresis	1725	1984
834	Open method CAPD catheter insertion	3500	4025
835	Schlendinger method CAPD catheter insertion	3500	4025
836	Sustained low efficiency hemodialysis	1250	1438
837	Continuous Veno venous/Arteriovenous Hemofiltration	2025	2329
838	Hemodialysis for Sero negative cases	1400	1610
839	Hemodialysis for Sero Positive cases	1650	1898
840	Acute Peritoneal Dialysis	1450	1668
841	Fistulogram for Arteriovenous Fistula	2500	2875
842	Ultrasound guided kidney Biopsy	850	978
843	Fistula stenosis dilation	2700	3105
844	Slow continuous Ultrafiltration	2250	2588
845	PCNL - Unilateral	20000	23000
846	PCNL - Bilateral	25000	28750
847	Endoscopic Bulking agent Inject	4500	5175
848	Testicular Biopsy	1955	2248
849	Radical Nephrectomy -Open	17250	19838
850	Radical Nephrectomy -Lap/Endoscopic	20700	23805
851	Radical Nephrectomy plus IV thrombus	23000	26450
852	Radical Nephrectomy plus IV thrombus plus cardiac bypass.	23000	26450
853	Vesico Vaginal Fistula Repair (Open)	16000	18400
854	Vesico Vaginal Fistula Repair (Laposcopic)	22000	25300
855	Radical Cystectomy -Ileal conduit	17000	20000
856	Radical Cystectomy - continent diversion.	15000	17250
857	Radical Cystectomy – Neo bladder	18500	21275
858	Nephrectomy Simple -Open	10074	11585
859	Nephrectomy Simple-lap/Endoscopic	12593	14482
860	Nephrostomy -Open	10000	11500
861	Nephrostomy -Lap/Endoscopic	10704	12593
862	Ureteric Re- implant for Megaureter/Vesicoureteric reflex/ uterocele (open)	10494	12068
863	Ureteric Re -implant for Megaureter/Vesicoureteric reflex/ uterocele (Laposcopic)	10494	12068
864	Partial Cystectomy	13800	15870
865	TURP & TUR Bladder Tumour	17250	19838
866	TURP with Cystolithotripsy	17000	19550

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
867	Closure of Urethral Fistula	11000	12650
868	Orchidopexy - Unilateral -Open	9867	11347
869	Orchidopexy - Unilateral- Lap/Endoscopic	12334	14184
870	Orchidopexy - Bilateral -Open	12282	14124
871	Orchidopexy - Bilateral -Lap/Endoscopic	14500	16675
872	Cystolithotomy -Suprapubic	9775	11241
873	Endoscopic Removal of Stone in Bladder	3450	3968
874	Resection Bladder Neck Endoscopic /Bladder neck incision/transurethral incision on prostate	10925	12564
875	Ureteroscopic Surgery	10350	11903
876	Urethroplasty 1st Stage	10925	12564
877	Scrotal Exploration	8556	9839
878	Perineal Urethrostomy	4715	5422
879	Dilatation of Stricture Urethra under G.A.	2000	2300
880	Dilatation of Stricture Urethra under LA	1725	1984
881	Laparoscopic Nephrectomy	33350	38353
882	Laparoscopic partial Nephrectomy	10000	11500
883	Laparoscopic pyelolithotomy	12650	14548
884	Laparoscopic Pyeloplasty	9775	11241
885	Laparoscopic surgery for Renal cyst	9775	11241
886	Laparoscopic ureterolithotomy	11500	13225
887	Laparoscopic Nephro ureterectomy	11903	13688
888	Lithotripsy Extra corporeal shock wave.	17100	19665
889	Uroflow Study (Uroflowmetry)	420	483
890	Urodynamic Study (Cystometry)	450	518
891	Cystoscopy with Retrograde Catheter -Unilateral /RGP	2803	3223
892	Cystoscopy with Retrograde Catheter - Bilateral /RGP	4208	4950
893	Cystoscopy with Bladder Biopsy (Cold Cup Biopsy)	3381	3888
894	Voiding-cysto-urethrogram and retrograde urethrogram (Nephrostogram)	414	476
895	Radical prostatectomy-Open	17825	20499
896	Radical prostatectomy-Laparoscopic	20125	23144
897	Radical prostatectomy- Robotic (Robotic Partial Nephrectomy)	20125	23144
898	Holmium YAG Prostate Surgery	15000	17250
899	Holmium YAG OIU	4600	5290
900	Holmium YAG Core Through	15525	17854
901	Holmium YAG Stone Lithotripsy	10200	12000
902	Green Light laser for prostate	17250	19838
903	RIRS/ Flexible Ureteroscopy	6800	7820

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
904	Microscopic VEA/ Vaso-Vasostomy (for Infertility)	13500	15525
905	Cystoscopic Botulinum Toxin Injection (Over active bladder/ Neurogenic bladder)	6800	7820
906	Peyronie's disease – Plaque excision with grafting	3400	4000
907	High Intensity Focus Ultrasound (HIFU) (Robotic) for Carcinoma prostate and renal cell carcinoma	4600	5290
908	Prosthetic surgery for urinary incontinence	2300	2645
909	TRUS guided prostate biopsy	575	661
910	Ultra sound guided PCN	720	828
911	Other Major Surgery	15000	17250
912	Other Minor Surgery	6800	7820
	TREATMENT PROCEDURE NEURO-SURGERY		#N/A
913	Craniotomy and Evacuation of Haematoma -Subdural	50715	58322
914	Craniotomy and Evacuation of Haematoma -Extradural	50000	57500
915	Evacuation /Excision of Brain Abscess by craniotomy	40000	46000
916	Excision of Lobe (Frontal Temporal Cerebellum etc.)	41000	47150
917	Excision of Brain Tumours -Supratentorial	39123	44991
918	Excision of Brain Tumours -Infratentorial	45000	51750
919	Surgery of spinal Cord Tumours	45000	51750
920	Ventriculoatrial /Ventriculoperitoneal Shunt	25000	28750
921	Twist Drill Craniostomy	4250	5000
922	Subdural Tapping	2456	2824
923	Ventricular Tapping	2967	3412
924	Abscess Tapping	2875	3306
925	Placement of ICP Monitor -	2875	3306
926	Skull Traction Application	2300	2645
927	Lumber Pressure Monitoring	4250	5000
928	Vascular Malformations	22000	25300
929	Meningo Encephalocoele excision and repair	15000	17250
930	Meningomyelocele Repair	24995	28744
931	C.S.F. Rhinorrhoea Repair	28750	33063
932	Cranioplasty	24150	27773
933	Anterior Cervical Dissectomy	16600	19090
934	Brachial Plexus Exploration and neurotization	15525	17854
935	Median Nerve Decompression	14000	16100
936	Peripheral Nerve Surgery – Major	17250	19838
937	Peripheral Nerve Surgery Minor	8280	9522
938	Ventriculo-Atrial Shunt	11615	13357
939	Nerve Biopsy	6900	7935
940	Brain Biopsy	5808	6679

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
941	Anterior Cervical Spine Surgery with fusion	32200	37030
942	Anterio Lateral Decompression of spine	28750	33063
943	Brain Mapping	837	963
944	Cervical or Dorsal or Lumbar Laminectomy	23000	26450
945	Combined Trans-oral Surgery & CV Junction Fusion	34500	39675
946	C.V. Junction Fusion procedures	30000	34500
947	Depressed Fracture Elevation	25000	28750
948	Lumbar Discectomy	27500	31625
949	Endarterectomy (Carotid)	20000	23000
950	R.F. Lesion for Trigeminal Neuralgia	11500	13225
951	Spasticity Surgery -	39675	45626
952	Spinal Fusion Procedure	27000	31050
953	Spinal Intra Medullary Tumours	34500	39675
954	Spinal Bifida Surgery Major	18975	21821
955	Spinal Bifida Surgery Minor	15000	17250
956	Stereotaxic Procedures- biopsy/aspiration of cyst	23000	26450
957	Trans Sphenoidal Surgery	30000	34500
958	Trans Oral Surgery	30000	34500
959	Implantation of DBS -One electrode	34500	39675
960	Implantation of DBS -two electrodes	40250	46288
961	Endoscopic aqueductoplasty	15000	17250
962	Facial nerve reconstruction	30000	34500
963	Carotid stenting	42263	48602
964	Cervical disc arthroplasty	27600	31740
965	Lumbar disc arthroplasty	13800	15870
966	Corpus callostomy for Epilepsy	35000	40250
967	Hemishpherotomy for Epilepsy	32200	37030
968	Endoscopic CSF rhinorrhea repair	30000	34500
969	Burr hole evacuation of chronic subdural haematoma	24150	27773
970	Epilepsy surgery	36225	41659
971	RF lesion for facet joint pain syndrome	17250	19838
972	Cervical laminoplasty	32000	36800
973	Lateral mass C1-C2 screw fixation	23000	26450
974	Microsurgical decompression for Trigeminal nerve	38000	43700
975	Microsurgical decompression for hemifacial spasm	4646	5343
976	IC EC bypass procedures	32000	36800
977	Image guided craniotomy	28980	33327
978	Baclofen pump implantation	39000	44850
979	Programmable VP shunt	25000	28750

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
980	Endoscopic sympathectomy	17107	19673
981	Lumber puncture	207	238
982	External ventricular drainage (EVD)	4400	5060
983	Endoscopic 3rd ventriculostomy	36000	41400
984	Endoscopic cranial surgery/Biopsy/aspiration	31536	36266
985	Endoscopic discectomy (Lumbar, Cervical)	35621	40964
986	Aneurysm coiling (Endovascular)	34400	39560
987	Surgery for skull fractures	40000	46000
988	Carpel Tunnel decompression	15000	17250
989	Clipping of intracranial aneurysm	24150	27773
990	Surgery for intracranial Arteriovenous malformations(AVM)	40000	46000
991	Foramen magnum decompression for Chari Malformation	1100	1265
992	Dorsal column stimulation for backache in failed back syndrome	28750	33063
993	Surgery for recurrent disc prolapse/epidural fibrosis	32200	37030
994	Surgery for brain stem tumours	43988	50586
995	Decompressive craniotomy for hemispherical acute subdural haematoma/brain swelling/large infarct	40000	46000
996	Intra-arterial thrombolysis with TPA (for ischemic stroke)	4600	5290
997	Steriotactic aspiration of intracerebral haematoma	32545	37427
998	Endoscopic aspiration of intracerebellar haematoma	40000	46000
999	Steriotactic Radiosurgery for brain pathology(X knife/Gamma) - ONE session	27560	31694
1000	Steriotactic Radiosurgery for brain pathology(X knife / Gamma knife -Two or more sessions	57500	66125
1001	Chemotherapy wafers for malignant brain tumors	14450	16618
1002	Battery Placement for DBS	22000	25300
1003	Baclofen pump implantation for spasticity	17330	19930
1004	Peripheral Nerve tumor surgery	24000	27600
1005	Surgery Intra Cranial Meningioma	20000	23000
1006	Surgery for Intracranial Schwannoma	35000	40250
1007	Surgery for Gliomas	45000	51750
1008	Surgery for Orbital tumors	36000	41400
1009	Surgery for Cranial (Skull) tumors	38500	44275
1010	Surgery for Scalp AVM's	25000	28750
1011	Kyphoplasty	40000	46000
1012	Balloon Kyphoplasty	40000	46000
1013	Lesioning procedures for Parkinson's disease, Dystonia etc.	35000	40250

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1014	Other Major Surgery	38250	45000
1015	Other Minor Surgery	15300	18000
	TREATMENT PROCEDURE PAEDIATRIC SURGERY		#N/A
1016	Excision of thyroglossal Duct/Cyst	16000	18400
1017	Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach)	17250	19838
1018	Tracheo Oesophageal Fistula (Correction Surgery)	23000	26450
1019	Colon Replacement of Oesophagus	23000	26450
1020	Omphalo Mesenteric Cyst Excision	17250	19838
1021	Omphalo Mesenteric Duct- Excision	15525	17854
1022	Meckels Diverticulectomy	3347	3849
1023	Omphalocele 1st Stage (Hernia Repair)	15525	17854
1024	Omphalocele 2nd Stge (Hernia Repair)	17250	19838
1025	Gastrochisis Repair	14490	16664
1026	Inguinal Herniotomy	12558	14442
1027	Congenital Hydrocele	10800	12420
1028	Hydrocele of Cord	12000	13800
1029	Torsion Testis Operation	15000	17250
1030	Congenital Pyloric Stenosis- operation	13938	16029
1031	Duodenal- Atresia Operation	14000	16100
1032	Pancreatic Ring Operation	22425	25789
1033	Meconium Ileus Operation	14500	16675
1034	Malrotation of Intestines Operation	13000	14950
1035	Rectal Biopsy (Megacolon)	9736	11196
1036	Colostomy Transverse	15000	17250
1037	Colostomy Left Iliac	15000	17250
1038	Abdominal Perineal Pull Through (Hirschsprung's Disease)	19000	21850
1039	Imperforate Anus Low Anomaly -Cut Back Operation	10235	11770
1040	Imperforate Anus Low Anomaly - Perineal Anoplasty	12000	13800
1041	Imperforate Anus High Anomaly -Sacroabdomino Perineal Pull Through	12500	14375
1042	Imperforate Anus High Anomaly - Closure of Colostomy	8625	9919
1043	Intussusception Operation	20700	23805
1044	Choledochoduodenostomy for Atresia of Extra Hepatic Biliary Duct	15000	17250
1045	Operation of Choledochal Cyst	16000	18400
1046	Nephrectomy for -Pyonephrosis	17000	19550
1047	Nephrectomy for - Hydronephrosis	15000	17250
1048	Nephrectomy for -Wilms Tumour	13500	15525

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1049	Paraortic Lymphadenectomy with Nephrectomy for Wilms Tumour	20000	23000
1050	Sacro-Coccygeal Teratoma Excision	14000	16100
1051	Neuroblastoma Debulking	16000	18400
1052	Neuroblastoma Total Excision	20700	23805
1053	Rhabdomyosarcoma wide Excision	15000	17250
1054	Congenital Atresia & Stenosis of Small Intestine	19000	21850
1055	Muconium ileus	16000	18400
1056	Mal-rotation & Volvulus of the Midgut	15000	17250
1057	Excision of Meckle's Devericulum	12000	13800
1058	Other Major Surgery	25000	28750
1059	Other Minor Surgery	11050	13000
	TREATMENT PROCEDURE BURNS AND PLASTIC SURGERY		#N/A
1060	Primary Suturing of Wound	300	345
1061	Injection of Keloids - Ganglion	1099	1264
1062	Injection of Keloids - Haemangioma	1150	1323
1063	Free Grafts - Wolfe Grafts	1725	1984
1064	Free Grafts - Theirech- Small Area 5%	7475	8596
1065	Free Grafts - Large Area 10%	8000	9200
1066	Free Grafts - Very Large Area 20% and above.	10350	11903
1067	Skin Flaps - Rotation Flaps	8970	10316
1068	Skin Flaps - Advancement Flaps	12500	14375
1069	Skin Flaps - Direct- cross Leg Flaps- Cross Arm Flap	12500	14375
1070	Skin Flaps - Cross Finger	11250	12938
1071	Skin Flaps- Abdominal	8625	9919
1072	Skin Flaps - Thoracic	8625	9919
1073	Skin Flaps - Arm Etc.	9900	11385
1074	Subcutaneous Pedicle Flaps Raising	6900	7935
1075	Subcutaneous Pedicle Flaps Delay	5950	7000
1076	Subcutaneous Pedicle Flaps Transfer	5950	7000
1077	Cartilage Grafting	8625	9919
1078	Reduction of Facial Fractures of Nose	1380	1587
1079	Reduction of Facial Fractures of Maxilla	8000	9200
1080	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	7475	8596
1081	Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	6900	7935
1082	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	7500	8625
1083	Internal Wire Fixation of Mandible & Maxilla	11500	13225
1084	Cleft Lip - repair.	11500	13225

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1085	Cleft Palate Repair	12650	14548
1086	Primary Bone Grafting for alveolar cleft in Cleft Lip	11500	13225
1087	Secondary Surgery for Cleft Lip Deformity	10000	11500
1088	Secondary Surgery for Cleft Palate	11385	13093
1089	Reconstruction of Eyelid Defects - Minor	6000	6900
1090	Reconstruction of Eyelid Defects - Major	8500	9775
1091	Plastic Surgery of Different Regions of the Ear - Minor	8050	9258
1092	Plastic Surgery of Different Regions of the Ear - Major	10350	11903
1093	Plastic Surgery of the Nose - Minor	7800	8970
1094	Plastic Surgery of the Nose - Major	9500	10925
1095	Plastic Surgery for Facial Paralysis (Support with Reanimation)	16100	18515
1096	Pendulous Breast - Mammoplasty	13000	14950
1097	Underdeveloped Breast Mammoplasty	12000	13800
1098	After Mastectomy (Reconstruction)Mammoplasty	12000	13800
1099	Syndactyly Repair	12750	15000
1100	Dermabrasion Face	13225	15209
1101	upto 30% Burns 1st Dressing	152	175
1102	upto 30% Burns Subsequent Dressing	124	143
1103	30% to 50% Burns 1st Dressing	193	222
1104	30% to 50% Burns Subsequent Dressing	152	175
1105	Extensive Burn -above 50% Frist Dressing	276	317
1106	Extensive Burn -above 50% Subsequent dressing	174	200
	TREATMENT PROCEDURE ORTHOPAEDICS		#N/A
1107	Plaster Work	255	300
1108	Fingers (post slab)	259	298
1109	Fingers full plaster	259	298
1110	Colles Fracture - Below elbow	978	1125
1111	Colles Fracture - Full plaster	994	1143
1112	Colles fracture Ant. Or post. slab	400	460
1113	Above elbow full plaster	173	199
1114	Above Knee post-slab	575	288
1115	Below Knee full plaster	173	199
1116	Below Knee post-slab	718	826
1117	Tube Plaster (or plaster cylinder)	800	920
1118	Above knee full plaster	1265	1455
1119	Above knee full slab	1158	1332
1120	Minerva Jacket	2415	2777
1121	Plaster Jacket	2185	2513
1122	Shoulder spica	1955	2248

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1123	Single Hip spica	2243	2579
1124	Double Hip spica	2760	3174
1125	Strapping of Finger	179	206
1126	Strapping of Toes	180	207
1127	Strapping of Wrist	230	265
1128	Strapping of Elbow	262	301
1129	Strapping of Knee	345	397
1130	Strapping of Ankle	345	397
1131	Strapping of Chest	460	529
1132	Strapping of Shoulder	518	596
1133	Figure of 8 bandage	518	596
1134	Collar and cuff sling	250	288
1135	Ball bandage	400	460
1136	Application of P.O.P Casts for Upper & Lower Limbs	633	728
1137	Application of Functiol Cast Brace	1350	1553
1138	Application of Skin Traction	690	794
1139	Application of Skeletal Traction	949	1091
1140	Bandage & Strappings for Fractures	552	635
1141	Aspiration & Intra Articular Injections	575	661
1142	Application of P.O.P Spices & Jackets	2473	2844
1143	Close Reduction of Fractures of Limb & P.O.P	2600	2990
1144	Reduction of Compound Fractures	2760	3174
1145	Open Reduction & Internal Fixation of Fingurs & Toes	5175	5951
1146	Open Reduction of fracture of Long Bones of Upper / Lower Limb - iling & Exterl Fixation	8050	9258
1147	Open Reduction of fracture of Long Bones of Upper / Lower Limb -AO Procedures	9660	11109
1148	Tension Band Wirings	5658	6507
1149	Bone Grafting	6601	7591
1150	Excision of Bone Tumours	6900	7935
1151	Excision or other Operations for Scaphoid Fractures	7188	8266
1152	Sequestrectomy & Saucerisation	6900	7935
1153	Sequestrectomy & Saucerizations -Arthrotomy	9971	11467
1154	Multiple Pinning Fracture Neck Femur	11500	13225
1155	Plate Fixations for Fracture Neck Femur	13500	15525
1156	A.O.Compression Procedures for Fracture Neck Femur	16560	19044
1157	Open Reduction of Fracture Neck Femur Muscle Pedicle Graft and Internal Fixations	19500	22425
1158	Close Reduction of Dislocations	3174	3650
1159	Open Reduction of Dislocations	3439	3955

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1160	Open Reduction of Fracture Dislocation & Internal Fixation	13500	15525
1161	Neurolysis/Nerve repair	13800	15870
1162	Nerve Repair with Grafting	16675	19176
1163	Tendon with Transplant or Graft	10350	11903
1164	Tendon Lengthening/Tendon repair	8050	9258
1165	Tendon Transfer	3105	3571
1166	Laminectomy Excision Disc and Tumours	4830	5555
1167	Spil Ostectomy and Internal Fixations	24150	27773
1168	Anterolateral decompression for tuberculosis/ Costo-Transversectomy	3450	3968
1169	Anterolateral Decompression and Spil Fusion	19350	22253
1170	Corrective Ostectomy & Internal Fixation - short bones	13800	15870
1171	Corrective Ostectomy & Internal Fixation - long bones	11040	12696
1172	Arthrodesis of - Minor Joints	10350	11903
1173	Arthrodesis of - Major Joints	10000	11500
1174	Soft Tissue Operations for C.T.E.V.	8050	9258
1175	Soft Tissue Operations for Polio	6900	7935
1176	Hemiarthroplasty- Hip	20000	23000
1177	Hemiarthroplasty- Shoulder	20000	23000
1178	Operations for Brachial Plexus & Cervical Rib	24150	27773
1179	Amputations - Below Knee	6900	7935
1180	Amputations - Below Elbow	6843	7869
1181	Amputations - Above Knee	8050	9258
1182	Amputations - Above Elbow	6843	7869
1183	Amputations - Forequarter	13225	15209
1184	Amputations -Hind Quarter and Hemipelvectomy	18400	21160
1185	Disarticulations - Major joint	20700	23805
1186	Disarticulations - Minor joint	12650	14548
1187	Arthrography	9200	10580
1188	Arthroscopy - Diagnostic	8568	9853
1189	Arthroscopy-therapeutic: without implant	10000	11500
1190	Arthroscopy-therapeutic: with implant	17250	19838
1191	Soft Tissue Operation on JOINTS -SMALL	6900	7935
1192	Soft Tissue Operation on JOINTS -LARGE	13500	15525
1193	Myocutaneous and Fasciocutaneous Flap Procedures for Limbs	18630	21425
1194	Removal of Wires & Screw	1760	2024
1195	Removal of Plates	4140	4761
1196	Total Hip Replacement	73500	84525

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1197	Total Ankle Joint Replacement	85860	98739
1198	Total Knee Joint Replacement	99000	113850
1199	Total Shoulder Joint Replacement	71100	81765
1200	Total Elbow Joint Replacement	71100	81765
1201	Total Wrist Joint Replacement	90000	103500
1202	Total finger joint replacement	20000	23000
1203	Tubular external fixator	4600	5290
1204	Ilizarov's external fixator	7763	8927
1205	Pelvi-acetebular fracture -Internal fixation	8625	9919
1206	Meniscectomy	12000	13800
1207	Meniscus Repair	10000	11500
1208	ACL Reconstruction	8500	9775
1209	PCL Reconstruction	13500	15525
1210	Knee Collateral Ligament Reconstruction	12500	14375
1211	Bencarf Repair Shoulder	11880	13662
1212	RC Repair	1500	1725
1213	Biceps tenodesis	14000	16100
1214	Distal biceps tendon repair	10380	11937
1215	Arthrolysis of knee	12500	14375
1216	Capsulotomy of Shoulder	15800	18170
1217	Conservative Pop	1200	1380
1218	Application for CTEV per sitting	1200	1380
1219	Total Hip Replacement Revision Stage-I	17000	19550
1220	Total Hip Replacement Revision Stage-II	50000	57500
1221	Total Knee Replacement Revision Stage-I	35000	40250
1222	Total Knee Replacement Revision Stage-II	35000	40250
1223	Illizarov/ external fixation for limb lengthening/ deformity correction	12500	14375
1224	Discectomy/ Micro Discectomy	11250	12938
1225	Laminectomy	4646	5343
1226	Spinal Fixation Cervical/dorsolumbar/ lumbosacral	16000	18400
1227	Fusion Surgery Cervical/ Lumbar Spine upto 2 Level	22000	25300
1228	More than 2 Level	12000	13800
1229	Scoliosis Surgery/ Deformity Correction of Spine	25000	28750
1230	Vertebroplasty	12000	13800
1231	Spinal Injections	450	518
1232	DHS for Fracture Neck Femur	15000	17250
1233	Proximal Femoral Nail (PFN for IT Fracture)	14000	16100
1234	Spinal Osteotomy	1434	1649
1235	Illizarov's / External Fixation for Trauma	11700	13455

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1236	Soft Tissue Operations for Polio/ Cerebral Palsy	9501	11178
1237	Mini Fixator for Hand/Foot	9000	10350
1238	Other Major Surgery	34425	40500
1239	Other Minor Surgery	11883	13980
	TREATMENT PROCEDURE PHYSIOTHERAPY		#N/A
1240	Ultrasonic therapy	78	90
1241	S.W. Diathermy	78	90
1242	Electrical stimulation (therapeutic)	78	90
1243	Muscle testing and diagnostic	71	82
1244	Infra red	78	90
1245	U.V. Therapeutic dose	58	67
1246	Intermittent Lumbar Traction	78	90
1247	Intermittent Cervical traction	75	86
1248	Wax bath	75	86
1249	Hot pack	78	90
1250	Breathing Exercises & Postural Drainage	50	58
1251	Cerebral Palsy – exercise	50	58
1252	Post – polio exercise	50	58
	NUCLEAR MEDICINE / RADIOTHERAPY AND CHEMOTHERAPY		#N/A
1253	Cobalt 60 therapy	57375	67500
1254	Radical therapy	61583	70820
1255	Palliative therapy	24438	28104
1256	Linear accelerator	29750	35000
1257	Radical therapy	52785	60703
1258	Palliative therapy	30792	35411
1259	3 D Planning	4888	5621
1260	2 D Planing	4888	5621
1261	IMRT(Intensity Modulated radiotherapy)	100878	116010
1262	SRT (Stereotactic radiotherapy)	60996	70145
1263	SRS(Stereotactic radio surgery)	80546	92628
1264	IGRT(Image guided radiotherapy)	147016	169068
1265	Respiratory Gating-alongwith Linear accelerator planning	110000	126500
1266	Electron beam with Linear accelerator	60726	71442
1267	Tomotherapy	71460	82179
	NUCLEAR MEDICINE / BRACHYTHERAPY- HIGH DOSE RADIATION		#N/A
1268	Intracavitary	11730	13490
1269	Interstitial	52785	60703

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1270	Intraluminal	9775	11241
1271	Surface mould	4644	5341
1272	GLIADAL WAFER	92000	105800
	NUCLEAR MEDICINE / CHEMOTHRAPY		#N/A
1273	Neoadjuvant	863	992
1274	Adjuvant	863	992
1275	Concurrent-chemoadiation	920	1058
1276	Single drug	552	635
1277	Multiple drugs	807	929
1278	Targeted therapy	920	1058
1279	Chemoport facility	920	1058
1280	PICC line (peripherally inserted Central canulisation)	920	1058
	LIST OF PROCEDURES/ TESTS IN GASTROENTEROLOGY / ENDOSCOPIC PROCEDURES		#N/A
1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1725	1984
1282	Diagnostic endoscopy	250	288
1283	Endoscopic biopsy	345	397
1284	Endoscopic mucosal resection	1543	1815
1285	Oesophageal stricture dilatation	1725	1984
1286	Balloon dilatation of achalasia cardia	2875	3306
1287	Foreign body removal	1725	1984
1288	Oesophageal stenting	3000	3450
1289	Band ligation of oesophageal varices	2500	2875
1290	Sclerotherapy of oesophageal varices	2500	2875
1291	Glue injection of varices	2500	2875
1292	Argon plasma coagulation	4025	4629
1293	Pyloric balloon dilatation	2415	2777
1294	Enteranal stenting	3680	4232
1295	Duodenal stricture dilation	990	1139
1296	Single balloon enterocopy	4000	4600
1297	Double balloon enteroscopy	3500	4025
1298	Capsule endoscopy	4950	5693
1299	Piles banding	1099	1264
1300	Colonic stricture dilatation	2737	3148
1301	Hot biopsy forceps procedures	3000	3450
1302	Colonic stenting	2737	3148
1303	Junction biopsy	2000	2300
1304	Conjugal microscopy	4000	4600
1305	Endoscopic sphincterotomy	2415	2777
1306	CBD stone extraction	2415	2777

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1307	CBD stricture dilatation	6500	7475
1308	Biliary stenting (plastic and metallic)	4830	5555
1309	Mechanical lithotripsy of CBD stones	8000	9200
1310	Pancreatic sphincterotomy	6375	7500
1311	Pancreatic stricture dilatation	5750	6613
1312	Pancreatic stone extraction	10098	11613
1313	Mechanical lithotripsy of pancreatic stones	11385	13093
1314	Endoscopic cysto gastrostomy	8050	9258
1315	Balloon dilatation of papilla	6900	7935
1316	Ultrasound guided FNAC	575	661
1317	Ultrasound guided abscess Drainage	720	828
1318	PTBD	1150	1323
1319	Diagnostic angiography	2000	2300
1320	Vascular embolization	15100	17365
1321	TIPS	5400	6210
1322	IVC graphy + hepatic veinography	34212	39344
1323	Muscular stenting	97750	112413
1324	BRTD	57500	66125
1325	Portal haemodynamic studies	1913	2250
1326	Manometry and PH metry	1612	1897
1327	Oesophageal PH metry	5000	5750
1328	Oesophageal manometry	5000	5750
1329	Small bowel manometry	6800	8000
1330	Anorectal manometry	6800	8000
1331	Colonic manometry	7650	9000
1332	Biliary manometry	7650	9000
1333	Sengstaken blacknesse tube tempode	2875	3306
1334	Lintas machles tube tempode	2875	3306
1335	Fecal fat test/ fecal chymotrypsin/ fecal elastase	350	403
1336	Breath tests	300	345
1337	Extra corporeal shortwave lithotripsy	37260	42849
1338	Liver biopsy	1242	1428
	NAME OF INVESTIGATION / DENTAL		#N/A
1339	Dental IOPA X-ray	50	58
1340	Occlusal X-ray	78	90
1341	OPG X-ray	176	203
	NAME OF INVESTIGATION / PULMONARY		#N/A
1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	3400	3910
1343	Lung Perfusion Scan	2000	2300

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
	NAME OF INVESTIGATION / OSTEOLOGY		#N/A
1344	Whole Body Bone Scan with SPECT.	3079	3541
1345	Three phase whole body Bone Scan	3079	3541
	NAME OF INVESTIGATION / NEUROSCIENCES		#N/A
1346	Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.	8798	10117
1347	Radionuclide Cisternography for CSF leak	3400	3960
	NAME OF INVESTIGATION / GASTRO AND HEPATOBILIARY		#N/A
1348	Gastro esophageal Reflux Study (G.E.R. Study)	1760	2023
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	3079	3541
1350	Hepatobiliary Scintigraphy.	2200	2530
1351	Meckel's Scan	1760	2023
1352	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	1870	2200
1353	Gastric emptying	1275	1466
	NAME OF INVESTIGATION / GENITOURINARY		#N/A
1354	Renal Cortical Scintigraphy with Technetium 99m D.M.S.A.	3079	3541
1355	Dynamic Renography.	3400	3910
1356	Dynamic Renography with Diuretic.	3400	3910
1357	Dynamic Renography with Captopril	1960	2254
1358	Testicular Scan	1319	1517
	NAME OF INVESTIGATION / ENDOCRINOLOGY		#N/A
1359	Thyroid Uptake measurements with 131-Iodine.	1408	1619
1360	Thyroid Scan with Technetium 99m Pertechnetate.	1319	1517
1361	Iodine-131 Whole Body Scan.	2640	3036
1362	Whole Body Scan with M.I.B.G.	15836	18211
1363	Parathyroid Scan	4399	5059
	NAME OF INVESTIGATION / RADIO-ISOTOPE THERAPY		#N/A
1364	131-Iodine Therapy	1377	1620
1365	131-Iodine Therapy <15mCi	3854	4432
1366	131-Iodine Therapy 15-50mCi	4956	5699
1367	131-Iodine Therapy 51-100mCi	12000	13800
1368	131-Iodine Therapy >100mCi	15000	17250
1369	Phosphorus-32 therapy for metastatic bone pain palliation	5000	5750
1370	Samarium-153 therapy for metastatic bone pain palliation	10450	12018
1371	Radiosynovectomy with Yttrium	21250	25000
	NAME OF INVESTIGATION / CARDIOLOGY		#N/A

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1372	Stress thallium / Myocardial Perfusion Scintigraphy	8505	9781
1373	Rest thallium / Myocardial Perfusion Scintigraphy	7650	8798
1374	Venography	2975	3500
1375	TMT	489	562
1376	TEE	440	506
1377	Lymph angiography	1452	1670
	NAME OF INVESTIGATION / TUMOUR IMAGING		#N/A
1378	Scintimammography.	4320	4968
1379	Indium labeled octeriotide Scan.	65982	75879
	NAME OF INVESTIGATION / PET SCAN		#N/A
1380	FDG Whole body PET / CT Scan	19000	21850
1381	Brain I Heart FDG PET / CTScan,	13197	15176
1382	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	14450	16618
	LABORATORY MEDICINE / CLINICAL PATHOLOGY		#N/A
1383	Urine routine- pH, Specific gravity, sugar, protein and microscopy	35	40
1384	Urine-Microalbumin	70	81
1385	Stool routine	35	40
1386	Stool occult blood	24	28
1387	Post coital smear examination	30	35
1388	Semen analysis	35	40
	LABORATORY MEDICINE / HAEMATOLOGY		#N/A
1389	Haemoglobin (Hb)	18	21
1390	Total Leucocytic Count (TLC)	31	36
1391	Differential Leucocytic Count (DLC)	31	36
1392	E.S.R.	25	29
1393	Total Red Cell count with MCV,MCH,MCHC,DRW	32	37
1394	Complete Haemogram/CBC, Hb,RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination	135	155
1395	Platelet count	48	55
1396	Reticulocyte count	48	55
1397	Absolute Eosinophil count	48	55
1398	Packed Cell Volume (PCV)	13	15
1399	Peripheral Smear Examination	43	49
1400	Smear for Malaria parasite	41	47
1401	Bleeding Time	35	40
1402	Osmotic fragility Test	50	58
1403	Bone Marrow Smear Examination	70	81
1404	Bone Marrow Smear Examination with iron stain	225	259

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1405	Bone Marrow Smear Examination and cytochemistry	440	506
1406	Activated partial ThromboplastinTime (APTT)	92	105
1407	Rapid test for malaria(card test)	40	46
1408	WBC cytochemistry for leukemia -Complete panel	110	127
1409	Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D-Dimer/ FDP	400	460
1410	Factor Assays-Factor VIII	648	750
1411	Factor Assays-Factor IX	612	704
1412	Platelet Function test	50	58
1413	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	400	460
1414	Tests for lupus anticoagulant	150	173
1415	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	450	518
1416	Thalassemia studies (Red Cell indices and Hb HPLC)	560	644
1417	Tests for Sickling / Hb HPLC)	69	80
	LABORATORY MEDICINE / BLOOD BANK		#N/A
1418	Blood Group & RH Type	30	35
1419	Cross match	50	58
1420	Coomb's Test Direct	90	104
1421	Coomb's Test Indirect	100	115
1422	3 cell panel- antibody screening for pregnant female	170	200
1423	11 cells panel for antibody identification	170	200
1424	HBs Ag	102	120
1425	HCV	128	150
1426	HIV I and II	150	173
1427	VDRL	43	50
1428	RH Antibody titer	80	92
1429	Platelet Concentrate	50	58
1430	Random Donor Platelet(RDP)	128	150
1431	Single Donor Platelet (SDP- Apheresis)	150	173
	LABORATORY MEDICINE / HISTOPATHOLOGY		#N/A
1432	Routine-H & E	90	104
1433	special stain	65	75
1434	Immunohistochemistry(IHC)	750	863
1435	Frozen section	780	897
1436	Paraffin section	309	355
	LABORATORY MEDICINE / CYTOLOGY		#N/A
1437	Pap Smear	150	173
1438	Body fluid for Malignant cells	150	173

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1439	FNAC	200	230
	NAME OF INVESTIGATION / FLOW CYTOMETRY		#N/A
1440	Leukemia panel /Lymphoma panel	1536	1766
1441	PNH Panel-CD55,CD59	1000	1150
	LABORATORY MEDICINE / CYTOGENETIC STUDIES		#N/A
1442	Karyotyping	1539	1770
1443	FISH	495	569
	LABORATORY MEDICINE / BIO-CHEMISTRY		#N/A
1444	Blood Glucose Random	24	28
1445	24 hrs urine for Proteins,Sodium, creatinine	50	58
1446	Blood Urea Nitrogen	54	62
1447	Serum Creatinine	55	63
1448	Urine Bile Pigment and Salt	25	29
1449	Urine Urobilinogen	20	23
1450	Urine Ketones	30	35
1451	Urine Occult Blood	35	40
1452	Urine total proteins	18	21
1453	Rheumatoid Factor test	100	115
1454	Bence Jones protein	47	54
1455	Serum Uric Acid	55	63
1456	Serum Bilirubin total & direct	80	92
1457	Serum Iron	90	104
1458	C.R.P.	100	115
1459	C.R.P Quantitative	160	184
1460	Body fluid (CSF/Ascitic Fluid etc.)Sugar, Protein etc.	90	104
1461	Albumin.	18	21
1462	Creatinine clearance.	80	92
1463	Serum Cholesterol	62	71
1464	Total Iron Binding Capacity	80	92
1465	Glucose (Fasting & PP)	47	54
1466	Serum Calcium –Total	60	69
1467	Serum Calcium –Ionic	44	51
1468	Serum Phosphorus	60	69
1469	Total Protein Alb/Glo Ratio	50	58
1470	IgG.	250	288
1471	IgM.	250	288
1472	IgA.	250	288
1473	ANA.	200	230
1474	Ds DNA.	350	403

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1475	S.G.P.T.	55	63
1476	S.G.O.T.	55	63
1477	Serum amylase	105	122
1478	Serum Lipase	130	150
1479	Serum Lactate	72	83
1480	Serum Magnesium	100	115
1481	Serum Sodium	50	58
1482	Serum Potassium	50	58
1483	Serum Ammonia	100	115
1484	Anemia Profile	204	240
1485	Serum Testosterone	150	173
1486	Imprint Smear From Endoscopy	240	276
1487	Triglyceride	75	86
1488	Glucose Tolerance Test (GTT)	90	104
1489	Triple Marker.	800	920
1490	C.P.K.	100	115
1491	Foetal Haemoglobin (HbF)	85	100
1492	Prothrombin Time (P.T.)	110	127
1493	L.D.H.	100	115
1494	Alkaline Phosphatase	60	69
1495	Acid Phosphatase	78	90
1496	CK MB	190	219
1497	CK MB Mass	140	161
1498	Troponin I	100	115
1499	Troponin T	600	690
1500	Glucose Phosphate Dehydrogenase (G, 6PD)	100	115
1501	Lithium.	130	150
1502	Dilantin (phenytoin).	400	460
1503	Carbamazepine.	400	460
1504	Valproic acid.	270	315
1505	Feritin.	250	288
1506	Blood gas analysis	120	138
1507	Blood gas analysis with electrolytes	414	476
1508	Urine pregnancy test	65	75
1509	Tests for Antiphospholipid antibodies syndrome.	280	322
1510	Hb A1 C	130	150
1511	Hb Electrophoresis/ Hb HPLC	100	115
1512	Kidney Function Test.	225	259
1513	Liver Function Test.	225	259

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1514	Lipid Profile.(Total cholesterol,LDL,HDL,treiglycerides)	200	230
	Nutritional Markers		0
1515	Serum Iron	90	104
1516	Total Iron Binding Capacity	90	104
1517	Serum Ferritin	100	115
1518	Vitamin B12 assay.	225	259
1519	Folic Acid assay.	300	345
1520	Extended Lipid Profile.(Total cholesterol,LDL,HDL,treiglycerides,Apo A1,Apo B,Lp(a))	595	684
1521	Apo A1.	180	207
1522	Apo B.	179	206
1523	Lp (a).	401	461
1524	CD 3,4 and 8 counts	170	200
1525	CD 3,4 and 8 percentage	153	180
1526	LDL.	62	71
1527	Homocysteine.	400	460
1528	HB Electrophoresis.	396	455
1529	Serum Electrophoresis.	220	253
1530	Fibrinogen.	165	190
1531	Chloride.	60	69
1532	Magnesium.	150	173
1533	GGTP.	90	104
1534	Lipase.	239	275
1535	Fructosamine.	200	230
1536	β2 microglobulin	85	100
1537	Catecholamines.	1050	1208
1538	Creatinine clearance.	120	138
	NAME OF INVESTIGATION / TUMOUR MARKERS		#N/A
1539	PSA- Total.	281	323
1540	PSA- Free.	375	431
1541	AFP.	293	345
1542	HCG.	289	332
1543	CA. 125.	352	405
1544	CA 19,9.	554	637
1545	CA 15.3.	536	630
1546	Vinyl Mandelic Acid	350	403
1547	Calcitonin	500	575
1548	Carcioembryonic antigen(CEA)	306	352
	OTHERS		#N/A
1549	Immunofluorescence	150	173

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1550	Direct(Skin and kidney Disease)	425	500
1551	Indirect (antids DNA Anti Smith ANCA)	425	500
1552	VitD3 assay	550	633
1553	Serum Protein electrophoresis with immunofixationelectrophoresis (IFE)	270	311
1554	BETA-2 Microglobulin assay	90	104
1555	Anti cycloictrullinated peptide (Anti CCP)	450	518
1556	Anti tissuetransglutaminase antibody	425	500
1557	Serum Erythropoetin	425	500
1558	ACTH	500	575
	HARMONES		#N/A
1559	T3, T4, TSH	200	230
1560	T3	64	75
1561	T4	64	75
1562	TSH	90	104
1563	LH	135	156
1564	FSH	135	156
1565	Prolactin	150	173
1566	Cortisol	250	288
1567	PTH(Paratharmone)	500	575
1568	C-Peptide.	330	380
1569	Insulin.	150	173
1570	Progesterone.	225	259
1571	17-DH Progesterone.	400	460
1572	DHEAS.	400	460
1573	Androstendione.	600	690
1574	Growth Hormone.	306	352
1575	TPO.	300	345
1576	Throglobulin.	300	345
1577	Hydatic Serology.	318	374
1578	Anti Sperm Antibodies.	380	437
1579	Qualitative.	1900	2185
1580	Quantitative.	1360	1600
1581	Qualitative.	1691	1945
1582	HPV serology	218	251
1583	Rota Virus serology	130	150
1584	PCR for TB	900	1035
1585	PCR for HIV	600	690
1586	Chlamydae antigen	850	978
1587	chlamydae antibody	238	280

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1588	Brucella serology	230	265
1589	Influenza A serology	943	1084
	USG, X-RAY , CT, MRI, BONE DENSITOMETRY		#N/A
1590	USG for Obstetrics - Anomalies scan	323	380
1591	Abdomen USG	300	345
1592	Pelvic USG (prostate, gynae, infertility etc)	255	300
1593	Small parts USG (scrotum, thyroid , parathyroid etc)	349	410
1594	Neonatal head (Tranfontanellar)	425	489
1595	Neonatal spine	500	575
1596	Contrast enhanced USG	900	1035
1597	USG Breast	314	369
1598	USG Hystero-Salpaingography (HSG)	255	300
1599	Carotid Doppler	850	1000
1600	Arterial Colour Doppler	706	830
1601	Venous Colour Doppler	706	830
1602	Colour Doppler, renal arteries/any other organ	800	920
1603	USG guided intervention- FNAC	490	564
1604	USG guided intervention - biopsy	720	828
1605	USG guided intervention - nephrostomy	800	920
	X-Ray		0
1606	Abdomen AP Supine or Erect (One film)	128	147
1607	Abdomen Lateral view (one film)	128	147
1608	Chest PA view (one film)	60	70
1609	Chest Lateral (one film)	60	70
1610	Mastoids: Towne view, oblique views (3 films)	250	288
1611	Extremities, bones & Joints AP & Lateral views (Two films)	255	300
1612	Pelvis A.P (one film)	110	127
1613	T. M. Joints (one film)	110	127
1614	Abdomen & Pelvis for K. U. B.	128	147
1615	Skull A. P. & Lateral (2 films)	255	300
1616	Spine A. P. & Lateral (2 films)	250	288
1617	PNS view (1 film)	110	127
	X RAY CONTRAST STUDIES		0
1618	Barium Swallow	510	600
1619	Barium Upper GI study	720	828
1620	Barium Upper GI study (Double contrast)	842	990
1621	Barium Meal follow through	935	1100
1622	Barium Enema (Single contrast/double contrast)	850	1000
1623	Small bowel enteroclysis	1020	1200

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1624	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2500	2875
1625	General :Fistulography /Sinography/Sialography/Dacrocystography/ T-Tube cholangiogram/Nephrostogram	638	750
1626	Percutaneous transhepatic cholangiography (PTC)	1440	1656
1627	Intravenous Pyelography (IVP)	1190	1400
1628	Micturating Cystourethrography (MCU)	680	800
1629	Retrograde Urethrography (RGU)	680	800
1630	Contrast Hystero-Salpingography (HSG)	1020	1200
1631	X ray - Arthrography	700	805
1632	Cephalography	150	173
1633	Myelography	2750	3163
1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011
	MAMMOGRAPHY		0
1635	X-ray Mammography	315	370
1636	MRI Mammography	2550	3000
	CT		0
1637	CT Head-Without Contrast	900	1035
1638	CT Head- with Contrast (+/- CT angiography)	1350	1553
1639	C. T. Chest - without contrast (for lungs)	1700	2000
1640	C. T. Scan Lower Abdomen(incl. Pelvis) With Contrast	1700	1955
1641	C. T. Scan Lower Abdomen(Incl. Pelvis) Without Contrast	1500	1725
1642	C. T. Scan Whole Abdomen Without Contrast	3000	3450
1643	C. T. Scan Whole Abdomen With Contrast	4500	5175
1644	Triple Phase CT abdomen	4050	4658
1645	CT angiography abdomen/ Chest	4500	5175
1646	CT Enteroclysis	6000	6900
1647	C. T. Scan Neck – Without Contrast	1500	1725
1648	C. T. Scan Neck – With Contrast	1870	2200
1649	C. T. Scan Orbits - Without Contrast	1190	1400
1650	C. T. Scan Orbits - With Contrast	1615	1900
1651	C. T. Scan of Para Nasal Sinuses- Without Contrast	900	1035
1652	C. T. Scan of Para Nasal Sinuses - With Contrast	1600	1840
1653	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)– without contrast	1500	1725
1654	CT Temporal bone – without contrast	893	1050
1655	CT - Dental	1275	1500
1656	C. T. Scan Limbs -Without Contrast	1700	2000
1657	C. T. Scan Limbs -With Contrast including CT angiography	2253	2650

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1658	C.T. Guided intervention –FNAC	1200	1380
1659	C.T. Guided Trucut Biopsy	1200	1380
1660	C. T. Guided intervention - percutaneous catheter drainage / tube placement	1305	1535
	MRI		0
1661	MRI Head – Without Contrast	1998	2350
1662	MRI Head – With Contrast	2848	3350
1663	MRI Orbits – Without Contrast	1445	1700
1664	MRI Orbits – With Contrast	2000	2300
1665	MRI Nasopharynx and PNS – Without Contrast	2450	2818
1666	MRI Nasopharynx and PNS – With Contrast	3500	4025
1667	MR for Salivary Glands with Sialography	3000	3450
1668	MRI Neck - Without Contrast	3000	3450
1669	MRI Neck- with contrast	5000	5750
1670	MRI Shoulder – Without contrast	2000	2300
1671	MRI Shoulder – With contrast	2600	3000
1672	MRI shoulder both Joints - Without contrast	3000	3450
1673	MRI Shoulder both joints – With contrast	4000	4600
1674	MRI Wrist Single joint - Without contrast	2125	2500
1675	MRI Wrist Single joint - With contrast	4000	4600
1676	MRI Wrist both joints - Without contrast	2125	2500
1677	MRI Wrist Both joints - With contrast	5000	5750
1678	MRI knee Single joint - Without contrast	2125	2500
1679	MRI knee Single joint - With contrast	5000	5750
1680	MRI knee both joints - Without contrast	2125	2500
1681	MRI knee both joints - With contrast	5000	5750
1682	MRI Ankle Single joint - Without contrast	2125	2500
1683	MRI Ankle single joint - With contrast	5000	5750
1684	MRI Ankle both joints - With contrast	5000	5750
1685	MRI Ankle both joints - Without contrast	2500	2875
1686	MRI Hip - With contrast	2500	2875
1687	MRI Hip – without contrast	2125	2500
1688	MRI Pelvis – Without Contrast	2125	2500
1689	MRI Pelvis – with contrast	5000	5750
1690	MRI Extremities - With contrast	5000	5750
1691	MRI Extremities - Without contrast	2125	2500
1692	MRI Temporomandibular – B/L - With contrast	4000	4600
1693	MRI Temporomandibular – B/L - Without contrast	2125	2500
1694	MR Temporal Bone/ Inner ear with contrast	4000	4600
1695	MR Temporal Bone/ Inner ear without contrast	2500	2875

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1696	MRI Abdomen – Without Contrast	2125	2500
1697	MRI Abdomen – With Contrast	5000	5750
1698	MRI Breast - With Contrast	4250	5000
1699	MRI Breast - Without Contrast	2125	2500
1700	MRI Spine Screening - Without Contrast	1000	1150
1701	MRI Chest – Without Contrast	2125	2500
1702	MRI Chest – With Contrast	4000	4600
1703	MRI Cervical/Cervico Dorsal Spine – Without Contrast	2125	2500
1704	MRI Cervical/ Cervico Dorsal Spine – With Contrast	4000	4600
1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	2125	2500
1706	MRI Dorsal/ Dorso Lumbar Spine – With Contrast	4000	4600
1707	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast	2125	2500
1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	5000	5750
1709	Whole body MRI (For oncological workup)	5100	6000
1710	MR cholecysto-pancreatography.	5000	5750
1711	MRI Angiography - with contrast	5000	5750
1712	MR Enteroclysis	2125	2500
	BONE DENSITOMETRY (DEXA SCAN)		0
1713	Dexa Scan Bone Densitometry - Two sites	1500	1725
1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip & extremity)	2000	2300
1715	Dexa Scan Bone Densitometry Whole body	2450	2818
	NEUROLOGICAL INVESTIGATIONS AND PROCEDURES		0
1716	EEG/Video EEG	298	350
1717	EMG (Electro myography)	638	750
1718	Nerve condition velocity (at least 2 limbs)	638	750
1719	Decremental response (before and after neo stigmine)	595	700
1720	Incremental response	595	700
1721	SSEP (Somato sensory evoked potentials)	638	750
1722	Poly somnography	638	750
1723	Brachial plexus study	638	750
1724	Muscle biopsy	383	450
1725	ACHR anti body titre	1848	2125
1726	Anti MUSK body titre	2340	2691
1727	Serum COPPER	500	575
1728	Serum ceruloplasmin	450	518
1729	Urinary copper	500	575
1730	Serum homocystine	405	466
1731	Serum valproate level	315	362
1732	Serum phenol barbitone level	332	390

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1733	Coagulation profile	553	636
1734	Protein C, S anti thrombin – III	2160	2484
1735	Serum lactate level	450	518
	CSF		#N/A
1736	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	240	276
1737	Special studies	900	1035
1738	PCR for tuberculosis/ Herpes simplex	1080	1242
1739	Bacterial culture and sensitivity	200	230
1740	Mycobacterial culture and sensitivity	200	230
1741	Fungal culture	128	150
1742	Malignant cells	64	75
1743	Anti measles antibody titre (with serum antibody titre)	801	922
1744	Viral culture	255	300
1745	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	760	874
1746	Oligoclonal band	1200	1380
1747	Myelin Basic protein	1684	1937
1748	Lactate	298	345
1749	Crypto coccal antigen	1024	1178
	TESTS IN GASTRO-ENTEROLOGY		#N/A
1750	D-xylose test	765	900
1751	Fecal fat test/ fecal chymotrypsin/ fecal elastase	850	1000
1752	Breath tests	1170	1346
1753	H pylori serology for celiac disease	500	653
1754	HBV genotyping	2500	2875
1755	HCV genotyping	4875	5606
	TESTS IN ENDOCRINOLOGY (IN ADDITION TO THOSE INCLUDED UNDER HORMONES)		#N/A
1756	Urinary VMA	1350	1553
1757	Urinary metanephrine/Normetanephrine	1138	1309
1758	Urinary free catecholamine	1690	1944
1759	Serum catecholamine	3060	3519
1760	Serum aldosterone	1013	1190
1761	24 Hr urinary aldosterone	920	1058
1762	Plasma renin activity	1000	1150
1763	Serum aldosterone/renin ratio	1200	1380
1764	Osmolality urine	128	150
1765	Osmolality serum	128	150
1766	Urinary sodium	80	94

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH / Non-NABL	NABH/NABL
1767	Urinary Chloride	43	50
1768	Urinary potassium	80	94
1769	Urinary calcium	80	94
1770	Thyroid binding globulin	510	600
1771	24 hr. urinary free cortisol	200	230
1772	Islet cell antibody	750	863
1773	GAD antibody	1330	1530
1774	Insulin associated antibody	405	466
1775	IGF-1	1350	1553
1776	IGF-BP3	1485	1708
1777	Sex hormone binding globulin	1333	1533
1778	USG guided FNAC thyroid gland	387	455
1779	E2	208	245
1780	Thyro globulin antibody	587	675