

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
	REGISTRATION CHARGES						
A001	Registration Fees	0	0	400	400	400	400
A002	Smart Card for patients	100	100	100	100	100	100
A003	Charges for printing reports	3	3	3	3	3	3
A010	Casualty Consultation Charges	0	0	600	600	600	600
A011	Joint Clinic Consult	0	0	1000	1000	1000	1000
A012	Second Opinion Consult Referral (RF)	0	0	NA	NA	NA	1000
	ROOM TARIFF						
B001	Room/Bed Charges (Main Building)	0	150	1900	3500	4800	4800
B001	Room/Bed Charges (Main Building) (Revised from 18/01/2013)	0	200	1900	3500	4800	4800
B002	Room/Bed Charges (Annexe Building)	0	150	1300	1850	NA	NA
B002	Room/Bed Charges (Annexe Building) (Revised from 18/01/2013)	0	200	1300	1850	NA	NA
B003	ICU charges per day	0	150	1300	1550	2400	2400
B003	ICU charges per day (Revised from 18/01/2013)	0	200	1300	1550	2400	2400
B004	Room/Bed Charges - BMT	1200	1200	1200	1200	1200	1200
B005	Room/Bed Charges (HBB)	NA	NA	NA	4800	NA	NA
	DIET						
C001	Diet - Deposit (Attendants only)	0	0	1500	2000	2500	2500
C002	Diet - Vegetarian (per Day) (Attendants only)	0	0	100	175	250	250
	DEPOSITS						
D001	Deposit - Wait-Listing for Admission	0	0	1000	2500	5000	5000
D002	Inpatient Deposit - Surgical Patients	0	5000	35000	50000	75000	75000
D003	Inpatient Deposit - Chemotherapy Patients	0	5000	35000	50000	75000	75000
D004	Deposit - Bone Marrow Transplant Patients	0	0	800000	800000	800000	1000000
D005	Inpatient Deposit - Foreign National Patients	0	0	200000	200000	200000	200000
D006	Deposit - Autologous Stem Cell Transplant	0	0	500000	500000	500000	500000
D007	Inpatient Deposit - Radiotherapy Patients	0	1500	10000	15000	20000	20000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	0	0	75000	75000	75000	75000
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refundable)	0	0	1000000	1000000	1000000	1000000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	0	0	4000000	4000000	4000000	4000000
	DAY CARE						
E001	Day Care (Less than 4 Hours)	0	100	700	700	700	700
E001	Day Care (Less than 4 Hours) (Revised from 18/01/2013)	0	150	700	700	700	700
E002	Day Care (More than 4 Hours)	0	150	900	900	900	900

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E001	Day Care (Less than 4 Hours) (Revised from 18/01/2013)	0	200	700	700	700	700
	PATHOLOGY						
F107	Hercept Test	5500	5500	5500	5750	6000	6000
F302	Small biopsy/cell block except lymph node & breast	0	250	2000	2500	3100	3100
F303	Breast : Small biopsy/outside block	0	400	3000	3750	4700	4700
F304	Lymph node : Small biopsy/outside block	0	400	3500	4400	5500	5500
F305	Big Specimen except breast	0	600	4000	5000	6250	6250
F306	Big specimen breast	0	600	4200	5250	6560	6560
F307	Outside stained slides only	0	160	800	1000	1250	1250
F308	Outside unstained slides with or without blocks (except lymphnode & breast)	0	300	1800	2250	2800	2800
F309	Frozen section	0	200	1000	1000	1000	1000
F313	FNAC (deleted w.e.f. March, 2013)	0	0	0	0	0	0
F314	IHC on smears	0	125	1500	2000	2500	2500
F315	P16 IHC (Revised w.e.f. 01/04/2013)	0	200	1200	1500	1875	1875
F316	Big Specimen Colorectal resection (Revised w.e.f. 01/04/2013)	0	600	4200	5250	6560	6560
F317	FDA - Cerb B2 (Revised w.e.f. 01/04/2013)	0	250	2000	2500	3100	3100
F318	Brain : Small Biopsy / cell block (Revised w.e.f. 01/04/2013)	0	400	3500	4400	5500	5500
F319	Soft tissue tumour : Small Biopsy / cell block (Revised w.e.f. 01/04/2013)	0	400	3000	3750	4700	4700
F320	ISH (Revised w.e.f. 01/04/2013)	0	1000	6000	7500	9375	9375
F321	IHC Tests on special request (upto 3 antibodies) (Revised w.e.f. 31/08/2013)	0	280	1400	1750	2200	2200
F322	Set of "Recut" slides (H&E / Unstained) (Revised w.e.f. 31/08/2013)	0	100	560	700	900	900
	CYTOPATHOLOGY						
F401	Cytology (FNA)	0	75	660	770	880	880
F402	Pap Smear Cytology	0	30	440	550	700	700
F403	Cytology Non-Gynaec	0	50	450	550	700	700
F404	Sputum Cytology	0	10	60	80	105	105
F405	Cytopathology: Outside Slides (Out-In)	0	50	440	550	700	700
F407	Cytopathology: Outside Slides + Block (Out-In)	0	75	600	750	900	900
F411	Bronchial Lavage + Brushings Cytology	0	30	240	300	400	400
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	0	30	430	540	700	700
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	0	50	450	550	700	700
F414	Cerebro Spinal Fluid (CSF) Cytology	0	30	370	450	525	525
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	0	50	450	550	700	700
F416	Nipple Discharge Cytology	0	30	370	450	525	525

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F417	Oral Scrapings Cytology	0	30	370	450	525	525
F418	Bile / CBD Brushing Cytology	0	30	430	540	680	680
F419	Scrapings From Miscellaneous Sites Cytology	0	30	370	450	525	525
F420	USG Guided FNA with adequacy test by Cytologists (Prof charges)	0	0	650	800	1000	1000
F421	CT Guided FNA/biopsy with adequacy test by Cytologists (Prof charges)	0	0	700	900	1100	1100
	MOLECULAR PATHOLOGY						
F618	EBER In Situ Hybridisation	0	200	1850	2300	2900	2900
F620	Interphase FISH Test for HER2/Neu	5000	10000	15000	17500	17500	17500
F621	Interphase FISH Test for EGFR	1750	7000	11500	12500	12500	12500
F622	Interphase FISH Test for NMYC	1750	7000	10000	11000	12000	12000
F623	Interphase FISH Test for 1p19q	2000	8000	11000	12500	14000	14000
F624	Interphase FISH Test for ALK1	1125	4500	6900	8600	10750	10750
F625	Interphase FISH Test for CMYC	1125	4500	6900	8600	10750	10750
F651	PCR for IgH Gene Rearrangement	125	500	2200	2800	3500	3500
F652	PCR for TCR Gene Rearrangement	125	500	2200	2800	3500	3500
F653	PCR for N-MYC Amplification	125	500	2200	2800	3500	3500
F661	RT-PCR for PAX3-FKHR Translocation	190	750	3500	4400	5500	5500
F662	RT-PCR for EWS-FLI1 Translocation	190	750	3500	4400	5500	5500
F663	RT-PCR for EWS-ERG Translocation	190	750	3500	4400	5500	5500
F664	RT-PCR for EWS-WT1 Translocation	190	750	3500	4400	5500	5500
F665	RT-PCR for SYT-SSX Translocation	190	750	3500	4400	5500	5500
F666	RT-PCR for SYT-SSX1 Translocation	190	750	3500	4400	5500	5500
F667	RT-PCR for SYT-SSX2 Translocation	190	750	3500	4400	5500	5500
F682	Realtime PCR for K-RAS Mutation	760	3000	15000	18750	22500	22500
F683	Interphase FISH Test for EWSR1	1125	4500	7500	9000	10000	10000
F684	MGMT Gene Promoter methylation (Revised w.e.f. 01/04/2013)	1500	5000	8000	8750	10500	10500
	BIOCHEMISTRY, TUMOUR MARKERS, EMERGENCY LABORATORY						
F031	Urine Osmolality (Random)	0	15	135	165	200	200
F032	Urine Osmolality (24 Hours)	0	15	135	165	200	200
F033	Thyroid Function Tests (T3,T4,TSH)	0	50	380	480	600	600
F034	T3 (Thyroid Function)	0	20	135	165	190	190
F035	T4 (Thyroid Function)	0	20	135	165	190	190
F036	TSH (Thyroid Function)	0	20	135	165	190	190
F037	Folate	0	100	620	780	980	980

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F038	Vitamin B12	0	50	380	480	600	600
F039	Parathormone (PTH)	0	50	380	480	600	600
F040	Calcitonin	0	100	620	780	1000	1000
F041	Free Light Chains Kappa	125	500	2100	2625	3150	3150
F042	Free Light Chains Lambda	125	500	2100	2625	3150	3150
F043	Complete Serum Protein Electrophoresis (SPE) Profile	235	930	5740	7180	9000	9000
F044	Serum Protein Electrophoresis (SPE)	0	30	250	300	400	400
F045	Serum Immunoglobulins (Ig)	0	75	620	780	1000	1000
F046	Immunoglobulin A (IgA)	0	30	215	270	325	325
F047	Immunoglobulin M (IgM)	0	30	215	270	325	325
F048	Immunoglobulin G (IgG)	0	30	215	270	325	325
F049	Serum Light Chains	0	75	620	780	1000	1000
F050	Serum Light Chains Kappa	0	50	420	530	700	700
F051	Serum Light Chains Lambda	0	50	420	530	700	700
F052	Immuno Fixation Electrophoresis (IFE)	190	750	3940	4335	4725	4725
F053	Urine Free Light Chains Kappa	125	500	2400	3000	3750	3750
F054	Urine Free Light Chains Lambda	125	500	2400	3000	3750	3750
F055	Serum CK	0	20	135	165	200	200
F056	Serum CK-MB	0	20	135	165	200	200
F057	Serum Lactate	0	20	135	165	200	200
F058	Free T3	0	400	800	1000	1200	1200
F059	Free T4	0	400	800	1000	1200	1200
F060	Vitamin D	0	500	1200	1200	1500	1500
F061	BNP	0	550	1500	1600	1800	1800
F062	Insulin	0	75	200	225	250	250
F063	Urinary Magnesium	0	100	380	460	540	540
F079	CSF AFP	0	200	430	485	540	540
F081	Beta - HCG	0	200	325	355	380	380
F072	CSF Immunoglobulins (Ig) (Revised w.e.f. 01/04/2014)	0	75	620	780	1000	1000
F073	CSF Immunoglobulin A (IgA) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F074	CSF Immunoglobulin M (IgM) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F075	CSF Immunoglobulin G (IgG) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F076	CSF Light Chains (Revised w.e.f. 01/04/2014)	0	75	620	780	1000	1000
F077	CSF Light Chains Kappa (Revised w.e.f. 01/04/2014)	0	50	420	530	700	700

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F078	CSF Light Chains Lambda (Revised w.e.f. 01/04/2014)	0	50	420	530	700	700
F079	CSF AFP (Revised w.e.f. 01/04/2014)	0	200	430	485	540	540
F080	CSF CEA (Revised w.e.f. 01/04/2014)	0	200	390	415	440	440
F081	CSF $\beta$ -HCG (Revised w.e.f. 01/04/2014)	0	200	325	355	380	380
F082	CSF Total PSA (Revised w.e.f. 01/04/2014)	0	200	430	485	540	540
F083	CSF $\beta$ 2-Microglobulin (Revised w.e.f. 01/04/2014)	0	200	860	915	965	965
F084	CSF CA 15.3 (Revised w.e.f. 01/04/2014)	0	200	860	970	1075	1075
F085	CSF CA 125 (Revised w.e.f. 01/04/2014)	0	200	770	880	990	990
F086	CSF CA 19.9 (Revised w.e.f. 01/04/2014)	0	200	860	970	1075	1075
F087	Fluid Immunoglobulins (Ig) (Revised w.e.f. 01/04/2014)	0	75	620	780	1000	1000
F088	Fluid Immunoglobulin A (IgA) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F089	Fluid Immunoglobulin M (IgM) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F090	Fluid Immunoglobulin G (IgG) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F091	Fluid Light Chains (Revised w.e.f. 01/04/2014)	0	75	620	780	1000	1000
F092	Fluid Light Chains Kappa (Revised w.e.f. 01/04/2014)	0	50	420	530	700	700
F093	Fluid Light Chains Lambda (Revised w.e.f. 01/04/2014)	0	50	420	530	700	700
F094	Fluid AFP (Revised w.e.f. 01/04/2014)	0	200	430	485	540	540
F095	Fluid CEA (Revised w.e.f. 01/04/2014)	0	200	390	415	440	440
F096	Fluid $\beta$ -HCG (Revised w.e.f. 01/04/2014)	0	200	325	355	380	380
F097	Fluid Total PSA (Revised w.e.f. 01/04/2014)	0	200	430	485	540	540
F098	Fluid $\beta$ 2 Microglobulin (Revised w.e.f. 01/04/2014)	0	200	860	915	965	965
F099	Fluid CA 15.3 (Revised w.e.f. 01/04/2014)	0	200	860	970	1075	1075
F100	Fluid CA 125 (Revised w.e.f. 01/04/2014)	0	200	770	880	990	990
F108	Fluid CA 19.9 (Revised w.e.f. 01/04/2014)	0	200	860	970	1075	1075
F109	Urine Immunoglobulins (Ig) (Revised w.e.f. 01/04/2014)	0	75	620	780	1000	1000
F110	Urine Immunoglobulin A (IgA) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F111	Urine Immunoglobulin M (IgM) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F112	Urine Immunoglobulin G (IgG) (Revised w.e.f. 01/04/2014)	0	30	215	270	325	325
F113	Urine Light Chains (Revised w.e.f. 01/04/2014)	0	75	620	780	1000	1000
F114	Urine Light Chains Kappa (Revised w.e.f. 01/04/2014)	0	50	420	530	700	700
F115	Urine Light Chains Lambda (Revised w.e.f. 01/04/2014)	0	50	420	530	700	700
F116	Urine AFP (Revised w.e.f. 01/04/2014)	0	200	430	485	540	540
F117	Urine CEA (Revised w.e.f. 01/04/2014)	0	200	390	415	440	440
F118	Urine $\beta$ -HCG (Revised w.e.f. 01/04/2014)	0	200	325	355	380	380

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F119	Urine Total PSA (Revised w.e.f. 01/04/2014)	0	200	430	485	540	540
F120	Urine $\beta$ 2 Microglobulin (Revised w.e.f. 01/04/2014)	0	200	860	915	965	965
F121	Urine CA 15.3 (Revised w.e.f. 01/04/2014)	0	200	860	970	1075	1075
F122	Urine CA 125 (Revised w.e.f. 01/04/2014)	0	200	770	880	990	990
F123	Urine CA 19.9 (Revised w.e.f. 01/04/2014)	0	200	860	970	1075	1075
F802	Routine Biochemical Test (Consolidated)	0	200	1570	2000	2500	2500
F810	Glucose Tolerance Test	0	100	620	780	980	980
F816	Immunoelectrophoresis with IgA, IgG, IgM	0	300	3170	4000	5000	5000
F817	AFP	0	200	430	485	540	540
F818	CEA	0	200	390	415	440	440
F819	B-HCG	0	200	325	355	380	380
F820	Total PSA	0	200	430	485	540	540
F821	B2-Microglobulin	0	200	860	915	965	965
F822	CA-15.3	0	200	860	970	1075	1075
F823	CA-125	0	200	770	880	990	990
F824	CA-19.9	0	200	860	970	1075	1075
F825	PAP	0	200	1050	1300	1630	1630
F829	CRP	0	75	210	265	315	315
F830	Ferritin	0	250	540	645	750	750
F831	CYFRA-21	0	250	1000	1250	1600	1600
F832	NSE	0	250	1000	1250	1600	1600
F833	Cyclosporin	200	800	2475	3100	3875	3875
F836	Methotrexate	0	200	750	915	1075	1075
F837	Free PSA	0	200	480	600	750	750
F841	Random Blood Glucose	0	20	135	165	190	190
F842	Fasting Blood Glucose	0	20	135	165	190	190
F843	Post-Prandial Blood Glucose	0	20	135	165	190	190
F845	Glycosylated Hemoglobin	0	50	310	390	500	500
F846	Fasting Urine Glucose	0	10	200	250	300	300
F847	Post-Prandial Urine Glucose	0	10	200	250	300	300
F848	Blood Gulcose by Glucometer strip method	0	20	170	210	260	260
F849	Lipid Profile	0	50	370	460	580	580
F850	Serum Cholesterol	0	20	135	165	200	200
F851	Serum HDL-Cholesterol	0	20	135	165	200	200

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F852	Serum LDL-Cholesterol	0	20	200	250	310	310
F853	Serum Triglycerides	0	30	165	190	215	215
F854	Renal Function Tests	0	50	400	500	630	630
F855	Serum Urea	0	20	135	165	200	200
F856	Serum Uric Acid	0	20	135	165	200	200
F857	Serum Creatinine	0	20	135	165	200	200
F858	Urine Creatinine	0	20	155	190	240	240
F860	Serum Electrolytes	0	50	410	510	640	640
F861	Serum Sodium	0	20	135	165	200	200
F862	Serum Potassium	0	20	135	165	200	200
F863	Serum Chlorides	0	20	135	165	200	200
F864	Serum Bicarbonates	0	20	135	165	200	200
F865	Liver Function Tests	0	75	1060	1300	1630	1630
F866	Serum Proteins	0	20	135	165	200	200
F867	Serum Albumin	0	20	135	165	200	200
F868	Serum Globulins	0	20	135	165	200	200
F869	Serum Alkaline Phosphatase	0	20	135	165	200	200
F870	Total Bilirubin	0	20	135	165	200	200
F871	Direct Bilirubin	0	20	135	165	200	200
F872	Indirect Bilirubin	0	20	135	165	200	200
F873	Serum AST	0	20	135	165	200	200
F874	Serum ALT	0	20	135	165	200	200
F875	Cardiac Enzymes [EL]	0	50	370	460	580	580
F876	Serum LDH	0	20	135	165	200	200
F877	Serum SGOT [EL]	0	20	135	165	200	200
F878	Serum CPK [EL]	0	20	135	165	200	200
F879	Serum CPK-MB [EL]	0	20	135	165	200	200
F880	Pancreatic Enzymes	0	100	370	460	600	600
F881	Serum Amylase	0	50	165	190	215	215
F882	Serum Lipase	0	75	270	340	430	430
F883	Body Fluid Investigations (CSF)	0	50	370	460	580	580
F884	CSF Glucose	0	20	135	165	200	200
F885	CSF Protein	0	20	160	200	250	250
F886	CSF Chloride	0	20	160	200	250	250

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F887	CSF LDH	0	20	135	165	200	200
F888	Serum Calcium	0	20	135	165	200	200
F890	Serum Phosphorus	0	20	135	165	200	200
F891	Serum Magnesium	0	100	380	460	540	540
F893	Iron	0	50	215	270	325	325
F894	TIBC	0	50	215	270	325	325
F895	Acid Phosphatase	0	30	290	360	450	450
F896	Prostatic Acid Phosphatase	0	30	290	360	450	450
F897	Urinary VMA	0	400	1000	1250	1560	1560
F898	Urinary 5HIAA	0	20	1000	1250	1560	1560
F901	Arterial Blood Gases	0	100	620	775	970	970
F914	Serum LDH [EL]	0	20	135	165	200	200
F915	Sodium (24 Hours Urine)	0	15	135	165	200	200
F916	Potassium (24 Hours Urine)	0	15	135	165	200	200
F917	Chloride (24 Hours Urine)	0	15	135	165	200	200
F918	Urea (24 Hours Urine)	0	15	135	165	200	200
F919	Uric Acid (24 Hours Urine)	0	15	135	165	200	200
F920	Creatinine (24 Hours Urine)	0	15	135	165	200	200
F921	Calcium (24 Hours Urine)	0	15	135	165	200	200
F922	Phosphorus (24 Hours Urine)	0	15	135	165	200	200
F923	Proteins (24 Hours Urine)	0	15	135	165	200	200
F924	Creatinine Clearance (24 Hours Urine)	0	15	135	165	200	200
F925	Urea (Random Urine)	0	15	135	165	200	200
F926	Uric Acid (Random Urine)	0	15	135	165	200	200
F927	Creatinine (Random Urine)	0	15	135	165	200	200
F928	Sodium (Random Urine)	0	15	135	165	200	200
F929	Potassium (Random Urine)	0	15	135	165	200	200
F930	Chloride (Random Urine)	0	15	135	165	200	200
F931	Calcium (Random Urine)	0	15	135	165	200	200
F932	Phosphorus (Random Urine)	0	15	135	165	200	200
F933	Protein (Random Urine)	0	15	135	165	200	200
F934	Fluid Urea	0	15	135	165	200	200
F935	Fluid Uric Acid	0	15	135	165	200	200
F936	Fluid Creatinine	0	15	135	165	200	200



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F937	Fluid Sodium	0	15	135	165	200	200
F938	Fluid Potassium	0	15	135	165	200	200
F939	Fluid Chloride	0	15	135	165	200	200
F940	Fluid Bilirubin (Total)	0	15	135	165	200	200
F941	Fluid Bilirubin (Direct)	0	15	135	165	200	200
F942	Fluid Bilirubin (Indirect)	0	15	135	165	200	200
F943	Fluid Cholesterol	0	15	135	165	200	200
F944	Fluid Triglycerides	0	15	135	165	200	200
F945	Fluid HDL Cholesterol	0	15	135	165	200	200
F946	Fluid LDL Cholesterol	0	15	200	250	310	310
F949	Liver Function Tests [EL]	0	75	1060	1300	1630	1630
F950	Serum Proteins [EL]	0	20	135	165	200	200
F951	ERPR	0	250	930	1160	1450	1450
F955	Serum Albumin [EL]	0	20	135	165	200	200
F956	Serum Globulins [EL]	0	20	135	165	200	200
F957	Serum Alkaline Phosphatase [EL]	0	20	135	165	200	200
F958	Total Bilirubin [EL]	0	20	135	165	200	200
F959	Direct Bilirubin [EL]	0	20	135	165	200	200
F960	Indirect Bilirubin [EL]	0	20	135	165	200	200
F961	Serum SGPT [EL]	0	20	135	165	200	200
F962	Fluid Glucose	0	20	135	165	200	200
F963	Fluid Proteins	0	20	135	165	200	200
F964	Fluid Albumin	0	20	135	165	200	200
F965	Fluid Globulin	0	20	135	165	200	200
F966	Fluid Alkaline Phosphatase	0	20	135	165	200	200
F967	Fluid AST	0	20	135	165	200	200
F968	Fluid ALT	0	20	135	165	200	200
F969	Fluid Calcium	0	20	135	165	200	200
F970	Fluid Phosphorus	0	20	135	165	200	200
F971	Fluid Amylase	0	50	165	190	215	215
F972	Fluid Lipase	0	75	270	340	430	430
F973	Fluid LDH	0	20	135	165	200	200
F974	Serum Creatinine for 24 hrs CCT	0	20	135	165	200	200
F977	Bence Jones Proteins (24 Hours Urine)	0	75	590	740	900	900

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
F978	Random Blood Glucose [EL]	0	20	135	165	200	200
F979	Fasting Blood Glucose [EL]	0	20	135	165	200	200
F980	Post-Prandial Blood Glucose [EL]	0	20	135	165	200	200
F981	Serum Electrolytes [EL]	0	50	410	510	640	640
F982	Serum Sodium [EL]	0	20	135	165	200	200
F983	Serum Potassium [EL]	0	20	135	165	200	200
F984	Serum Chlorides [EL]	0	20	135	165	200	200
F985	Blood Urea [EL]	0	20	135	165	200	200
F986	Serum Uric Acid [EL]	0	20	135	165	200	200
F987	Serum Creatinine [EL]	0	20	135	165	200	200
F988	Serum Amylase [EL]	0	50	165	190	215	215
F989	Serum Lipase [EL]	0	75	270	340	430	430
F990	Serum Lactate [EL]	0	20	135	165	200	200
F991	Serum Calcium [EL]	0	20	135	165	200	200
F992	Serum Ionic Calcium	0	20	155	190	240	240
F993	Serum Magnesium [EL]	0	100	380	460	540	540
F994	Serum Phosphorus [EL]	0	20	135	165	200	200
F995	Venous Blood Gases	0	100	600	750	940	940
F998	Serum Osmolality [EL]	0	15	135	165	200	200
F999	Gamma Glutamyl Transferase (GGT)	0	15	150	190	240	240
	<b>MICROBIOLOGY</b>						
G101	Urine Examination	0	10	90	110	150	150
G102	Stool Examination	0	10	90	110	150	150
G103	Culture & Sensitivity (Aerobic)	0	50	530	660	800	800
G105	Routine Culture (Fungal)	0	25	440	550	700	700
G106	CULTURE & SENSITIVITY (AFB)	0	250	1600	2000	2500	2500
G107	Routine Culture (Anaerobic)	0	25	440	550	700	700
G111	Cultures for Helicobacter Pylori	0	25	370	460	600	600
G113	Mantoux Test	0	10	60	80	100	100
G119	AFB Culture only	0	30	480	600	750	750
G120	Automated Identificaiton & Antibiotic Susceptibility Testing	0	150	750	930	1150	1150
	<b>serology</b>						
G121	Widal Test	0	15	130	160	200	200

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
G122	VDRL	0	10	90	110	150	150
G123	Paul Bunnel Test (Infectious Mononucleosis / E)	0	30	370	460	580	580
G124	Toxoplasma IgG Antibodies	0	30	370	460	580	580
G125	Toxoplasma IgM Antibodies	0	40	437	550	700	700
G126	Cytomegalovirus IgG Antibodies	0	30	370	460	580	580
G127	Cytomegalovirus IgM Antibodies	0	40	440	550	700	700
G128	Hepatitis Profile (HBsAG, HCV Antibodies & HBc Total Antibodies)	0	100	1480	1850	2310	2310
G129	Hepatitis B Surface Antigen (HBsAg)	0	50	340	430	500	500
G130	Hepatitis B 'e' Antigen (HBeAg)	0	75	620	780	1000	1000
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	0	75	740	930	1200	1200
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	0	40	490	610	800	800
G133	Hepatitis B Surface Antibodies (Anti - HBs)	0	40	490	610	800	800
G134	Hepatitis C Antibodies (Anti HCV)	0	100	850	1060	1300	1300
G136	Hepatitis B 'e' Antibodies (Anti HBe)	0	75	620	780	1000	1000
G137	Herpes Simplex Virus IgG (HSV IgG)	0	30	370	460	600	600
G138	Herpes Simplex Virus IgM (HSV IgM)	0	30	370	460	600	600
G139	Cryptococcus Antigen by Latex Agglutination	0	75	740	930	1200	1200
G144	HPV DNA (Qualitative)	0	100	1100	1380	1700	1700
G150	Fungus Serology	0	40	440	550	700	700
G151	Fungal Identification & Susceptibility Testing	0	105	1140	1490	1985	1985
G161	RA Test	0	25	130	160	200	200
G162	ASO Titre	0	25	130	160	200	200
G163	CRP Titres	0	30	190	240	300	300
G170	Cytomegalovirus Antigenemia Assay (PP65)	0	150	1000	1250	1600	1600
G171	HIV Antibodies	0	50	330	410	500	500
	<b>Microscopic Examination</b>						
G201	Gram's Stain	0	10	60	110	160	160
G202	Ziehl Neelsen (AFB) Stain	0	10	60	110	160	160
G203	Lactophenol Cotton Blue	0	10	60	110	160	160
G204	Giemsa Stain for Tzanck Smear	0	10	60	110	160	160
G205	India Ink Preparation for Cryptococcus	0	10	60	110	160	160
G206	Staining for Cryptosporidium SPP	0	10	60	110	160	160
G207	Calcofluor White Stain for Fungus	0	15	90	120	160	160
G208	KOH Mount for Fungus	0	10	60	110	160	160

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
G209	Staining for Pneumocystis Carinii	0	15	90	120	160	160
G210	Fluorescent Staining	0	15	90	120	160	160
	<b>Other Tests</b>						
G251	Stool for Occult Blood	0	10	60	110	160	160
G252	Fluid for Bile Salts & Bile Pigments	0	10	60	110	160	160
G253	ADA Level	0	50	300	400	525	525
G254	Hepatitis A Virus (IgM Antibodies)	0	75	720	950	1260	1260
G255	Hepatitis E Virus (IgM Antibodies)	0	75	720	950	1260	1260
G256	Pregnancy Test (Urinary ?-HCG)	0	10	60	80	105	105
G258	Automated AFB Culture	125	500	1210	1510	1900	1900
G259	Automated AFB Susceptibility (5 Drugs)	0	300	3600	4500	5600	5600
G260	Automated Blood Culture	125	500	700	880	1100	1100
G261	Serum Procalcitonin Level	0	200	1150	1450	1800	1800
G262	Dengue IgM and IgG Antibodies	0	75	375	450	550	550
G263	Leptospira IgM Antibody	0	20	110	130	160	160
G264	Chikangunya IgM Antibody	0	40	190	230	280	280
G265	Serum Galactomannan Level by ELISA	0	110	550	680	850	850
G266	Serum Candidamannan Level by ELISA	0	110	550	680	850	850
G267	Malaria Antigen Detection	0	20	120	150	180	180
G268	Clostridium Difficile Toxin Detection	0	240	1200	1500	1875	1875
	<b>Molecular Diagnostics</b>						
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	125	500	3450	4310	5400	5400
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	125	500	3450	4310	5400	5400
G403	RT-PCR (Quantitative) for HIV RNA	125	500	3450	4310	5400	5400
G404	RT-PCR for CMV DNA	150	600	4000	5000	6250	6250
	TRANSFUSION MEDICINE						
H001	Blood Grouping	0	60	175	205	235	235
H002	Cross Matching	0	60	110	140	170	170
H002	Cross Matching (Revised w.e.f. 22/07/2014)	0	60	280	280	280	280
H003	Testing for Pheresis Donors	0	200	645	755	860	860
H006	Antiglobulin Test (Direct)	0	60	135	165	190	190
H007	Antiglobulin Test (Indirect)	0	120	370	460	600	600
H008	Cold Agglutinins	0	60	130	160	200	200

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
H009	Secretary Status	0	150	370	460	600	600
H010	AIHA Work Up	0	175	440	550	700	700
H206	Whole Blood	0	300	830	910	990	990
H206	Whole Blood (Revised w.e.f. 22/07/2014)	0	300	1050	1050	1050	1050
H207	Packed Cells	0	200	770	860	945	945
H207	Packed Cells (Revised w.e.f. 22/07/2014)	0	200	1200	1200	1200	1200
H208	Washed Packed Cells	0	250	930	1160	1450	1450
H208	Washed Packed Cells (Revised w.e.f. 22/07/2014)	0	250	1500	1500	1500	1500
H209	FFP/Cryo/Factor VIII Def. Plasma/PRP	0	250	540	675	810	810
H209	FFP/Cryo/Factor VIII Def. Plasma/PRP (Revised w.e.f. 22/07/2014)	0	0	0	0	0	0
H210	Platelet Concentrate (RDP)	0	200	565	650	730	730
H210	Platelet Concentrate (RDP) (Revised w.e.f. 22/07/2014)	0	200	450	450	450	450
H211	Platelet Concentrate (SDP)	750	4000	9400	11800	14700	14700
H211	Platelet Concentrate (SDP) (Revised w.e.f. 22/07/2014)	750	4000	11000	11000	11000	11000
H212	PBSC/Leukapheresis	3230	3230	14900	18630	23300	23300
H213	Bone Marrow Processing on Cell Separator	2420	2420	11100	13880	17350	17350
H214	Bone Marrow Processing HES Red Cell Separation	1480	1480	6800	8500	10600	10600
H215	Bone Marrow Processing Plasma Separation	160	160	740	930	1160	1160
H217	Leucoreduced Red Cells	300	1200	2500	3130	3900	3900
H217	Leucoreduced Red Cells (Revised w.e.f. 22/07/2014)	300	1200	2200	2200	2200	2200
H218	Leucoreduced Platelet Concentrates	325	1300	3100	3880	4850	4850
H218	Leucoreduction of Platelet Concentrates (Revised w.e.f. 22/07/2014)	325	1300	1500	1500	1500	1500
H219	Irradiation of Blood Products	0	100	250	310	400	400
H219	Irradiation of Blood Products (Revised w.e.f. 22/07/2014)	0	100	450	450	450	450
H220	CPD Bags	0	60	70	90	100	100
H221	Blood Bank Deposit	0	600	740	930	1200	1200
H222	Platelet Concentrate (SvSDP)	375	2000	4700	5900	7350	7350
H222	Platelet Concentrate (SvSDP) (Revised w.e.f. 22/07/2014)	375	2000	5500	5500	5500	5500
H224	Processing for Leukoreduction	0	200	600	750	900	900
H225	Leucoagglutinins	0	100	360	450	600	600
H226	HLA AB-DR (Molecular Typing)	1250	5000	7800	9750	12200	12200
H227	HLA-C & DQ (Molecular Typing)	875	3500	5570	6960	8700	8700
H228	Pediatric Whole Blood	0	250	500	550	650	650
H228	Pediatric Whole Blood (Revised w.e.f. 22/07/2014)	0	250	675	675	675	675

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
H229	Pediatric Packed Cells	0	200	450	500	600	600
H229	Pediatric Packed Cells (Revised w.e.f. 22/07/2014)	0	200	875	875	875	875
H230	Cryoprecipitate (New service w.e.f. 22/07/2014)	0	100	200	200	200	200
H231	FFP/FVIII Def. Plasma/PRP (New service w.e.f. 22/07/2014)	0	250	450	450	450	450
H500	DMSO for Cryopreservation	1075	4300	5750	7200	9000	9000
	<b>RADIODIAGNOSIS</b>						
I004	Outside Reporting of X-Ray, per Exam	0	0	80	100	130	130
I005	Outside Reporting of X-Ray Special Procedures	0	0	510	640	800	800
I006	Outside Reporting of Mammogram	0	0	320	400	500	500
I007	Outside Reporting of CT	0	0	1000	1250	1560	1560
I008	Outside Reporting of MRI	0	0	1300	1655	2205	2205
I009	Video Recording of USG / DSA, etc	0	300	360	450	560	560
I010	Digital Film per Plate	100	100	120	150	190	190
	<b>Conventional Radiology (Plain)</b>						
I021	X-Ray Skull	0	75	440	550	690	690
I027	X-Ray OPG / Dental	0	50	440	550	690	690
I030	X-Ray Spine	0	75	440	550	690	690
I038	X-Ray Pelvis	0	75	440	550	690	690
I041	X-Ray Neck	0	75	440	550	690	690
I050	X-Ray Upper Limb	0	75	440	550	690	690
I070	X-Ray Lower Limb	0	75	440	550	690	690
I090	X-Ray Chest	0	50	440	550	690	690
I092	X-Ray Abdomen	0	75	440	550	690	690
I095	X-Ray KUB	0	75	440	550	690	690
I099	X-Ray Skeletal Survey	125	500	4000	5000	6250	6250
I100	X-Ray Portable	0	25	570	710	890	1110
	<b>Conventional Radiology (Contrast)</b>						
I121	X-Ray Sialography	0	200	1075	1345	1610	1610
I122	X-Ray Barium Swallow	0	150	1100	1380	1730	1730
I123	X-Ray Conray Swallow	0	150	1100	1380	1730	1730
I124	X-Ray Barium Meal	0	300	1500	1880	2350	2350
I125	X-Ray Barium Meal Follow-Through	125	500	3600	4500	5630	5630
I126	X-Ray Small Bowel Enema	125	500	3600	4500	5630	5630
I127	X-Ray Barium Enema for Colon	125	500	3600	4500	5630	5630

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
I128	X-Ray Tube Cholangiogram	0	100	620	780	980	980
I129	X-Ray ERCP	0	50	4450	5560	6950	6950
I130	X-Ray IVP	125	500	2200	2750	3440	3440
I131	X-Ray Cystogram	0	300	1075	1345	1610	1610
I132	X-Ray MCU	125	500	1610	1885	2155	2155
I133	X-Ray Retrograde Urethrogram	0	150	1100	1380	1730	1730
I134	X-Ray Retrograde Pyelogram	0	100	1100	1380	1730	1730
I141	X-Ray Sinogram	0	75	800	1000	1250	1250
I142	X-Ray Fistulogram	0	75	800	1000	1250	1250
I143	X-Ray Cologram	0	75	800	1000	1250	1250
I144	X-Ray Loopogram	0	75	800	1000	1250	1250
I145	X-Ray Nephrostogram	0	75	800	1000	1250	1250
	<b>Interventional Radiology</b>						
I150	Consultation (New Case)	0	0	600	600	600	600
I151	Fluoroscopy Guided Biopsy	0	50	1700	2130	2660	2660
I152	Fluoroscopy Guided Block	0	75	1700	2130	2660	2660
I153	Fluoroscopy Guided J Needle Bone Biopsy	0	100	1700	2130	2660	2660
I159	Lymphangiography	125	500	3100	3880	4850	4850
I160	Bronchography	150	600	2500	3130	3910	3910
I161	Myelography	150	600	2500	3130	3910	3910
I162	Myelography with CT	200	800	3700	4630	5790	5790
I163	Venography - Upper Limb	0	500	3100	3880	4850	4850
I164	Venography - Lower Limb	125	500	3100	3880	4850	4850
I165	Venography - Systemic	200	1000	6200	7760	9700	9700
I170	Angiography	250	1000	3700	4630	5790	5790
I180	Angio Embolization	375	1500	5600	7000	8750	8750
I191	PTBD	190	750	3100	3880	4850	4850
I192	PTBD Stenting	250	1000	7600	9500	11880	11880
I193	PCN (single kidney)	190	750	3100	3880	5000	5000
I194	PCN Stenting	250	1000	3700	4630	5790	5790
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	250	1000	5400	6750	8440	8440
I196	Vena Cava Filter	250	1000	5400	6750	8440	8440
I197	Arterial Stenting	250	1000	5400	6750	8440	8440
I198	Thrombolysis / Thrombectomy	250	1000	5400	6750	8440	8440

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
I199	Angioplasty	250	1000	5400	6750	8440	8440
I200	Vascular Stenting	250	1000	5400	6750	8440	8440
I201	Brush Biopsy	250	1000	5400	6750	8440	8440
I202	Vertebroplasty	250	1000	5400	6750	8440	8440
I203	PCN (B/L)	380	1500	6200	7760	9700	9700
I204	DJ Stenting	250	1000	4700	5880	7350	7350
I205	Abdominal Abscess Drainage	125	500	2900	3630	4540	4540
I206	Percutaneous Gastrostomy / Jejunostomy	125	500	5700	7130	8910	8910
I208	Contrast Study	0	100	600	750	940	940
I209	Osteoplasty	250	1000	5200	6500	8130	8130
I210	Cerebral Angiography	250	1000	4700	5880	7350	7350
I211	Chemo Embolisation	250	1000	15000	18750	23440	23440
I212	Radio Embolisation	250	1000	20000	25000	31250	31250
I213	Stent-Graft Deployment	300	1200	20000	25000	31250	31250
I214	Central Venous Access	150	600	3500	4380	5480	5480
I215	IVC Filter Deployment	250	1000	5200	6500	8130	8130
I216	IVC Filter Retrieval	125	500	2900	3630	4540	4540
I217	SCLEROTHERAPY	150	600	3500	4380	5480	5480
I218	Test Occlusion	250	1000	5300	6630	8290	8290
I219	3D Rotational Angiography	150	600	3500	4380	5480	5480
I220	Foreign Body Retrieval	250	1000	5200	6500	8130	8130
I221	Radio Frequency Ablation	250	1000	7600	9500	11880	11880
	<b>Mammography</b>						
I321	Mammography Single Breast	0	100	370	460	580	580
I322	Mammography Both Breasts	0	200	760	950	1190	1190
I324	Mammography - Biopsy	0	150	1110	1850	2890	2890
I325	Mammography - Localization	0	150	1620	2030	2540	2540
	<b>Ultrasonography</b>						
I420	USG Abdomen	0	125	740	930	1160	1160
I440	USG Abdomen with Colour Doppler	0	200	1200	1500	1880	1880
I460	USG Pelvis	0	125	740	930	1160	1160
I461	Transrectal sonography	0	240	1200	1500	1875	1875
I462	TRUS Guided biopsy	0	320	1600	2000	2500	2500
I463	Endovaginal sonography	0	240	1200	1500	1875	1875



CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
I480	USG Pelvis with Colour Doppler	0	200	1200	1500	1880	1880
I500	USG Abdomen & Pelvis	0	200	1400	1750	2190	2190
I501	USG Abdomen & Pelvis with Colour Doppler	0	250	1900	2380	2980	2980
I510	USG Neck	0	125	740	930	1160	1160
I530	USG Neck with Colour Doppler	0	200	1200	1500	1880	1880
I550	USG Thorax	0	125	740	930	1160	1160
I560	USG Breast	0	125	740	930	1160	1160
I561	USG Breast with Colour Doppler	0	200	1240	1550	1940	1940
I565	USG Upper Extremity	0	125	740	930	1160	1160
I570	USG Lower Extremity	0	125	740	930	1160	1160
I580	USG Small Parts	0	125	740	930	1160	1160
I590	USG Vascular Study	0	200	1200	1500	1880	1880
I597	USG Portable	0	175	990	1240	1550	1550
I598	USG Guided FNAC	0	175	1180	1480	1850	1850
I599	USG Guided Truecut Biopsy	0	175	1300	1630	2040	2040
IA01	USG Guided Drainage / Localisation	0	100	850	1060	1300	1300
IA02	USG Intraoperative	0	125	1200	1500	1900	1900
IA03	USG Guided Interventional Procedure	0	125	1200	1500	1900	1900
IA04	USG Guided RF Ablation	250	1000	7600	9500	11880	11880
	<b>CT Scan</b>						
I600	CT Head Plain and Contrast	315	1250	3200	4000	5000	5000
I601	CT Brain Plain	200	800	1900	2380	2980	2980
I602	CT PNS	315	1250	3900	4880	6100	6100
I603	CT Nasopharynx	315	1250	3700	4630	5790	5790
I604	CT Sella	315	1250	3700	4630	5790	5790
I605	CT Temporal Bone	315	1250	3700	4630	5790	5790
I606	CT Orbits	315	1250	3700	4630	5790	5790
I607	CT HRCT	315	1250	3700	4630	5790	5790
I620	CT Neck	315	1250	3200	4000	5000	5000
I630	CT Head & Neck	375	1500	5200	6500	8130	8130
I640	CT Neck & Thorax	375	1500	5000	6250	7810	7810
I650	CT Thorax	250	1000	4100	5130	6410	6410
I670	CT Abdomen	250	1000	4300	5380	6730	6730
I680	CT Thorax & Abdomen	375	1500	6800	8500	10630	10630

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
I690	CT Pelvic Region	250	1000	3700	4630	5790	5790
I700	CT Abdomen & Pelvis	375	1500	7100	8880	11100	11100
I710	CT Thorax & Abdomen & Pelvis	500	2000	8000	10000	12500	12500
I720	CT Spine	315	1250	4300	5380	6730	6730
I730	CT Upper Limb	315	1250	4300	5380	6730	6730
I740	CT Lower Limb	315	1250	4300	5380	6730	6730
I741	Digital Scanogram	0	300	620	780	980	980
I750	CT Angiogram	440	1750	6200	7760	9710	9710
I760	CT 3D Reconstruction	440	1750	6200	7760	9710	9710
I780	CT Guided Biopsy FNAC/Truecut with Localizing Scans	250	1300	6800	8510	10640	10640
I791	CT 'J' Needle Bone Biopsy	565	2250	8000	10010	12520	12520
IB01	CT Guided Vertebroplasty	250	1000	5400	6750	8440	8440
IB02	CT Guided RF Ablation	250	1000	7600	9500	11880	11880
IB03	CT Guided Drainage / Localisation	315	1250	3000	3750	4700	4700
IB04	CT Perfusion Studies (Additional Charge)	200	800	1800	2250	2800	2800
IB05	CT Dental	315	1250	3000	3750	4700	4700
	<b>MRI Scan</b>						
I800	MRI Head Region	375	1500	4400	5500	6880	6880
I810	MRI Neck	375	1500	4300	5380	6730	6730
I820	MRI Head & Neck	500	2000	6200	7750	9690	9690
I830	MRI Upper Limb	375	1500	4300	5380	6730	6730
I840	MRI Thorax	375	1500	4300	5380	6730	6730
I841	MRI Breast	375	1500	4300	5380	6730	6730
I842	MR guided breast biopsy	705	2800	11100	13890	17370	17370
I860	MRI Abdomen	375	1500	4300	5380	6730	6730
I890	MRI Pelvis	375	1500	4300	5380	6730	6730
I900	MRI Abdomen & Pelvis	500	2000	6200	7750	9690	9690
I910	MRI Spine (One Region)	375	1500	4300	5380	6730	6730
I911	MRI Whole Spine	500	2000	5600	7000	8750	8750
I920	MRI Lower Limb	375	1500	4400	5500	6880	6880
I921	MRI Contrast	190	750	2500	3130	3910	3910
I930	MRI Angiogram	315	1250	3700	4630	5790	5790
I940	MRI Venography	315	1250	5000	6250	7810	7810
I950	MRI Myelogram	190	750	3100	3880	4850	4850

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
1960	MR Cholangio-Pancreatogram (CP)	190	750	3100	3880	4850	4850
1970	MRI Spectroscopy	190	750	3100	3880	4850	4850
1991	MRI Functional	190	750	3100	3880	4850	4850
1992	MRI Diffusion	190	750	1900	2380	2980	2980
1993	MRI Perfusion	190	750	3100	3880	4850	4850
1994	MRI Intervention	190	750	3100	3880	4850	4850
1995	MRI Limited	190	750	3100	3880	4850	4850
1996	Whole body MRI	500	2000	10000	12500	15625	15625
1997	MRI for Therapy Planning	0	0	3000	3750	4700	4700
IC01	MRI Abdomen + MR CP	565	2250	7400	9260	11580	11580
	MEDICAL ONCOLOGY						
J001	Consultation (New Case)	0	0	600	600	600	600
J002	Cross Consultation (Medical Oncology)+B1192	0	0	500	500	500	500
J003	Follow-Up Evaluation Visit (Medical Oncology)	0	0	400	400	400	400
J101	Chemotherapy Planning Charges (Full Protocol) (Medical Oncology)	0	0	4200	5250	6560	6560
J102	Intravenous Bolus (per Cycle)	0	0	630	790	1000	1000
J103	Bone Marrow Aspiration/Biopsy	0	0	740	930	1160	1160
J104	Chemotherapy Indoor Charges per Cycle (Medical Oncology)	0	0	3800	4750	6000	6000
J105	Chemotherapy Daycare Charge per Cycle (Medical Oncology)	0	0	1330	1660	2080	2080
J107	Chemotherapy - Intramuscular & subcutaneous adm.	0	0	100	100	100	100
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	25000	25000	25000	25000
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	20000	20000	20000	20000
J110	Lumbar Puncture	0	0	500	500	500	500
J111	Intrathecal Chemotherapy	0	0	740	930	1160	1160
J112	Pleural Fluid Tapping	0	0	740	930	1160	1160
J113	Ascitic Tapping	0	0	740	930	1160	1160
J114	Pericardial Tapping	0	0	1650	2050	2560	2560
J115	Chemotherapy delivery (OPD Charge per cycle)	0	0	3800	4750	6000	6000
	<b>Bone Marrow Transplant (BMT) (Professional Charges)</b>						
J201	Bone Marrow Transplant (Allogenic)	NA	NA	115000	115000	115000	115000
J202	Stem Cell Transplant (Autologous)	NA	NA	50000	50000	50000	50000
J203	Bone Marrow Transplant (Autologous)	NA	NA	85000	85000	85000	85000
J204	Allogenic Matched Unrelated (MUD)/Cord transplant Prof.	NA	NA	150000	150000	150000	150000

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
	<b>ACT Clinic (OPD Patients)</b>						
J401	Registration	0	0	400	400	400	400
J402	First Consultation (ACT Clinic)	0	0	600	600	600	600
J404	Follow-Up Consultation (ACT Clinic)	0	0	400	400	400	400
	<b>Catheter Care Clinic</b>						
J501	Pre-Insertion + Demonstration	0	0	620	810	1075	1075
J502	Dressing	0	0	250	380	540	540
J503	Insertion of PICC	0	0	1240	1550	1940	1940
J604	RT-PCR Multiplex BCR ABL(P190 p210)	175	700	3500	3750	4000	4000
J605	RT-PCR Mnested BCR-ABL for follow up	175	700	3500	3750	4000	4000
J606	RT-PCR BCR-ABL(P210)	750	3000	6000	6500	7000	7000
J607	RT-PCR Multiplex, acute leukaemia panel	300	1200	4000	4500	5000	5000
J608	RQ-PCR PML RARA	750	3000	6000	6500	7000	7000
J609	RT-PCR Nested IGH Chain Gene rearrangement	375	1500	2500	2750	3000	3000
J610	RT-PCR Nested, TCR Gene Rearrangement	375	1500	2500	2750	3000	3000
J611	RT-PCR Hot Start	175	700	3500	3750	4000	4000
J612	RT-PCR Nested	175	700	3500	3750	4000	4000
J613	Gene rearrangement	750	3000	6000	6500	7000	7000
J614	Mutation analysis by ASO PCR	750	3000	6000	6500	7000	7000
J616	Real time PCR for KRAS mutation analysis	800	2000	8000	9600	10800	10800
J617	Real time PCR for EBV analysis	800	2000	8000	9600	10800	10800
J621	Real time PCR for EGFR Mutation analysis	800	2000	8000	9600	10800	10800
	<b>GENERAL MEDICINE</b>						
K001	Consultation (General Medicine)	0	0	600	600	600	600
K002	Cross Consultation (General Medicine)	0	0	500	500	500	500
K003	Follow-Up Consultation (General Medicine)	0	0	400	400	400	400
K101	Electrocardiogram	0	25	270	340	430	430
K107	PFT (Spirometry)	0	50	580	730	910	910
K108	Complete PFT with Diffusion and Lung Volume Study	0	100	920	1150	1440	1440
K111	Electrocardiogram Bedside	0	35	270	340	430	430
K112	Diffusion Study	0	50	400	500	630	630
K113	Lung Volume Study	0	50	460	580	730	730
K116	Echocardiogram Bedside (H)	0	150	1000	1250	1560	1560
K117	Echocardiogram Bedside (P)	0	0	1500	1875	2300	2300

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
K118	Echocardiogram + Color Doppler (H)	0	150	800	1000	1250	1250
K119	Echocardiogram + Color Doppler (P)	0	0	800	1000	1250	1250
K120	Trans Oesophageal Echocardiograph (H)	0	150	1500	1875	2300	2300
K121	Trans Oesophageal Echocardiograph (P)	0	0	1500	1875	2300	2300
K122	Cardiac Stress Test (H)	0	300	500	625	780	780
K123	Cardiac Stress Test (P)	0	0	700	875	780	780
K124	Cardiopulmonary Stress Test (H)	125	500	800	1000	1250	1250
K125	Cardiopulmonary Stress Test(P)	0	0	1000	1250	1560	1560
K126	24 Hours Blood Glucose Monitoring (H)	125	500	3000	3750	4700	4700
K127	24 Hours Blood Glucose Monitoring(P)	0	0	3000	3750	4700	4700
K201	Pericardial Tapping	0	0	3700	4630	5790	5790
K202	Pleural Tapping	0	0	2500	3770	5380	5380
K203	Bronchoscopy	0	0	2500	3770	5380	5380
PSYCHIATRY & CLINICAL PSYCHOLOGY							
K301	Cross Consultation (Psychiatry)	0	0	500	500	500	500
K302	Follow-Up Consultation (Psychiatry)	0	0	400	400	400	400
K303	Psychometric Testing	0	0	350	440	550	550
PULMONARY UNIT							
K401	Cross Consultation (Pulmonary Unit)	0	0	500	500	500	500
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	400	400	400	400
HONORARY CONSULTANTS							
<b>Nephrology</b>							
L101	Cross Consultation (Nephrology)	0	0	500	500	500	500
L102	Follow-Up Consultation (Nephrology)	0	0	400	400	400	400
L111	Peritoneal Dialysis	0	150	930	1160	1450	1450
L112	Femoral Vein Catheterisation	0	50	370	460	580	580
L113	Subclavian Vein Catheterisation	0	50	560	700	880	880
L114	CAVH	0	100	860	1080	1350	1350
L115	Renal Biopsy	0	50	370	485	645	645
<b>Neurology</b>							
L301	Cross Consultation (Neurology)	0	0	500	500	500	500
L302	Follow-Up Consultation (Neurology)	0	0	400	400	400	400
<b>Neurosurgery</b>							
L401	Cross Consultation (Neurosurgery)	0	0	500	500	500	500

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
L402	Follow-Up Consultation (Neurosurgery)	0	0	400	400	400	400
	<b>ENT</b>						
L501	Cross Consultation (ENT)	0	0	500	500	500	500
L502	Follow-Up Consultation (ENT)	0	0	400	400	400	400
	<b>Clinical Haematology</b>						
L601	Cross Consultation (Clinical Haematology)	0	0	500	500	500	500
L602	Follow-Up Consultation (Clinical Haematology)	0	0	400	400	400	400
	<b>DIGESTIVE DISEASES &amp; CLINICAL NUTRITION</b>						
M001	Consultation (New Case)	0	0	600	600	600	600
M002	Cross Consultation (Digestive Diseases)	0	0	500	500	500	500
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	400	400	400	400
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	3800	4750	6000	6000
M005	Intravenous Bolus per Cycle	0	0	630	790	1000	1000
M006	TPN and Monitoring	0	0	2500	3770	5380	5380
M007	Enteral Nutrition Therapy	0	0	1900	2420	3230	3230
M008	Home Enteral Nutrition Care	0	0	1200	2155	3230	3230
M009	Home TPN and Monitoring	0	0	2500	3770	5380	5380
M010	Review of Outside Reports - Second Opinion	0	0	620	810	1075	1075
M016	Chemotherapy Indoor Charges per Cycle (Digestive Diseases)	0	0	3800	4750	6000	6000
M017	Chemotherapy Daycare Charges per Cycle (Digestive Diseases)	0	0	1330	1660	2080	2080
M018	Dietary Counseling	0	0	620	810	1075	1075
M019	REE Estimation	0	0	2400	3150	4200	4200
M020	Body Composition	0	0	1200	1575	2100	3150
M021	Helicobacter Pylori Breath Test	125	500	1200	1575	2100	2100
	<b>Procedures ( Hospital Service Charges)</b>						
M011	Endoscopy Room Charges Grade I	0	200	950	1190	1490	1490
M012	Endoscopy Room Charges Grade II	0	300	1300	1630	2040	2040
M013	Endoscopy Room Charges Grade III	0	400	1900	2380	2980	2980
M014	Endoscopy Room Charges Grade IV	0	500	2500	3130	3910	3910
M015	Endoscopy Room Charges Grade V	0	750	3800	4750	5940	5940
	<b>Procedures ( Professional Charges)</b>						
M101	Rigid Sigmoidoscopy	0	0	1300	1630	2040	2040

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
M102	Tissue Sampling	0	0	1300	1630	2040	2040
M103	Oesophageal ILRT Tube Placement	0	0	1300	1630	2040	2040
M104	Peg Tube Removal	0	0	630	790	990	990
M105	Ryle/Es Tube Placement and Counseling	0	0	1200	1575	2100	2100
M201	Oesophagoscopy	0	0	3800	4750	5940	5940
M202	Oesophagoscopy with Biopsy or Cytology	0	0	3800	4750	5940	5940
M203	Gastroscopy	0	0	3800	4750	5940	5940
M204	Gastroscopy with Biopsy or Cytology	0	0	3800	4750	5940	5940
M205	Endoscopic Assessment	0	0	2500	3860	5515	5515
M206	Flexible Sigmoidoscopy	0	0	3800	4750	5940	5940
M207	Pile Banding / Injection	0	0	3800	4750	5940	5940
M301	Sideviewing Duodenoscopy	0	0	4450	5560	6950	6950
M302	Sideview.Duodenoscopy + Biopsy or Cytology	0	0	4450	5560	6950	6950
M303	Colonoscopy	0	0	4450	5560	6950	6950
M304	Colonoscopy with Biopsy or Cytology	0	0	4450	5560	6950	6950
M305	Chromoendoscopy	0	0	4450	5560	6950	6950
M306	Jejuno-Enteroscopy	0	0	4450	5560	6950	6950
M307	Diagnostic ERCP	0	0	4450	5560	6950	6950
M308	EUS of Esophagus/Stomach	0	0	4450	5560	6950	6950
M309	EUS of Rectum/Sigmoid Colon	0	0	4450	5560	6950	6950
M310	Endosonoprobe Examination	0	0	4450	5560	6950	6950
M311	Esophagoscopy Feeding Tube Placement	0	0	4450	5560	6950	6950
M312	Esophageal Dilation	0	0	4450	5560	6950	6950
M313	Endoscopic Foreign Body Removal	0	0	4450	5560	6950	6950
M314	Variceal Banding	0	0	4450	5560	6950	6950
M315	Endoscopic Clipping	0	0	4450	5560	6950	6950
M316	Glue Injection	0	0	4450	5560	6950	6950
M317	Bicap Coagulation	0	0	4450	5560	6950	6950
M318	Endoscopic Injection of Bleeders/Tumors	0	0	4450	5560	6950	6950
M319	Endoscopic Foreign Body Removal	0	0	4450	5560	6950	6950
M320	Enteral Stenting	0	0	7250	9060	11330	11330
M321	Colonic Stenting	0	0	7250	9060	11330	11330
M322	Emergency Endoscopy	0	0	7250	9060	11330	11330
M323	Colonoscopy with Polypectomy	0	0	7250	9060	11330	11330

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
M401	EUS of Pancreas and Bile Ducts	0	0	5700	7130	8910	8910
M402	Introperative Endoscopy	0	0	5700	7130	8910	8910
M403	Esophageal Prosthesis Placement	0	0	5700	7130	8910	8910
M404	Gastrostomy Endoscopic & Counseling	0	0	5700	7130	8910	8910
M405	Jejunostomy Endoscopic & Counseling	0	0	5700	7130	8910	8910
M406	Achalasia Dilation	0	0	5700	7130	8910	8910
M407	Gastric or Pyloric Dilation	0	0	5700	7130	8910	8910
M408	Rectal or Colonic Dilation	0	0	5700	7130	8910	8910
M409	Polypectomy	0	0	5700	7130	8910	8910
M410	Endomucosal Resection	0	0	5700	7130	8910	8910
M411	Laser-Endoscopic	0	0	5700	7130	8910	8910
M412	Argon Plasma Coagulation	0	0	5700	7130	8910	8910
M413	Sphincterotomy with Stone Removal	0	0	5700	7130	8910	8910
M414	Endoscopic Cyst Drainage	0	0	5700	7130	8910	8910
M415	Naso-Biliary Drainage	0	0	5700	7130	8910	8910
M416	Biliary/Pancreatic Brush Cytology	0	0	5700	7130	8910	8910
M417	Electronic Chromoendoscopy	0	0	5700	7130	8910	8910
M418	Magnification Endoscopy	0	0	5700	7130	8910	8910
M501	ERCP with Biliary Stent Placement	0	0	7600	9500	11880	11880
M502	ERCP with Pancreatic Stent Placement	0	0	7600	9500	11880	11880
M503	Multiple Polypectomy	0	0	7600	9500	11880	11880
M504	Endoscopic Ultrasound Guided FNA	0	0	7600	9500	11880	11880
M505	Endoscopic Ultrasound Guided Therapy	0	0	7600	9500	11880	11880
M506	Radio Frequency Ablation	0	0	7600	9500	11880	11880
M601	Needle Aspiration	0	0	630	830	1105	1105
M602	Capsule Biopsy of Small Bowel	0	0	1300	1655	2205	2205
M603	Liver Biopsy	0	0	1900	2380	2980	2980
M604	Ascitic Tapping	0	0	1900	2380	2980	2980
M605	Indwelling Peritoneal Catheter Placement	0	0	1300	1630	2040	2040
M606	Percutaneous Ethanol Injection	0	0	1900	2380	2980	2980
M607	In Patient Care (Neutropenia Care / Hepatitis)	0	0	2500	3310	4410	4410
M608	Genetic Counseling	0	0	1300	1655	2205	2205
	ANAESTHESIOLOGY, CRITICAL CARE & PAIN MANAGEMENT						



CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
N001	Consultation (PAC - New case)	0	0	600	600	600	600
N002	Cross Consultation (Anaesthesiology)	0	0	500	500	500	500
N003	Follow-Up Evaluation (Anaesthesiology)	0	0	400	400	400	400
N004	Daily Round/Consultation Charges	0	0	250	250	250	250
	<b>Anaesthesia Charges</b>						
N101	Anesthesia Fees - Grade I	0	0	2700	3400	4300	4300
N102	Anesthesia Fees - Grade II	0	0	5000	6250	7800	7800
N103	Anesthesia Fees - Grade III	0	0	8000	10000	12500	12500
N104	Anesthesia Fees - Grade IV	0	0	10000	12500	15625	15625
N105	Anesthesia Fees - Grade V	0	0	14000	17500	21875	21875
N106	Anesthesia Fees - Grade VI	0	0	18000	22500	28125	28125
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	8000	10000	12500	12500
N108	Minor OT Anaesthesia charges	0	0	1000	1250	1600	1600
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	500	625	750	750
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	1800	2250	2700	2700
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	2200	2750	3300	3300
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	2800	3500	4200	4200
N113	Anesthesia charges for DL Scopy EUA	0	0	500	625	750	750
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	500	625	750	750
N115	Anaesthesia charges for Diagnostic CT	0	0	500	625	750	750
N116	Sedation charges	0	0	500	625	750	750
N117	Lumbar Puncture	0	0	500	500	500	500
N118	Anesthesia charges for Interventional Radiology Grade I	0	0	800	1200	1800	1800
N119	Anesthesia charges for Interventional Radiology Grade II	0	0	1250	1600	2000	2000
N120	Anesthesia charges for Interventional Radiology Grade III	0	0	2000	2500	3000	3000
N121	Anesthesia charges for Interventional Radiology Grade IV	0	0	2500	3500	4500	4500
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	500	700	1000	1000
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	600	750	900	900
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	800	1000	1200	1200
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	1000	1200	1400	1400
N126	Anesthesia charges for Diagnostic endoscopy (GA)	0	0	1200	1600	1800	1800
N127	Anesthesia charges for Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	2000	2500	3000	3000
N128	Sedation and monitoring of Diagnostic endoscopy	0	0	500	800	1000	1000
N129	Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	800	1000	1200	1200

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
	<b>ICU Charges</b>						
N201	ICU Per Day Professional Charges	0	0	400	400	400	400
N202	CVP Access	0	0	620	810	1075	1075
N203	Swan Ganz Catheter	0	0	1240	1885	2695	2695
N204	Arterial Line	0	0	310	405	540	540
N205	Therapeutic Bronchoscopy	0	0	2500	3770	5380	5380
N206	Transvenous Pacemaker	0	0	1250	1615	2155	2155
N207	Percutaneous Tracheostomy	0	0	930	1485	2155	2155
N208	CAVH - 1st Day	0	0	930	1160	1450	1450
N209	ICU - Renal Replacement Therapy (every 48 hrs)	0	0	1200	1500	1800	1800
N210	ICU - Intubation and initiation of mechanical ventilation	0	0	400	500	600	600
N211	Advanced haemodynamic monitoring	0	0	1200	1500	1800	1800
N212	Renal Replacement Therapy (every 48 hrs)	0	0	1200	1500	1800	1800
	<b>Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, etc.</b>						
N301	Minor (Peripheral Nerve Block)	0	30	440	550	690	690
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	50	930	1210	1610	1610
N304	RT SELECTRON	0	50	620	780	980	980
N305	RT Iridium Implant	0	50	740	930	1160	1160
N311	Acute Pain Services(4days consolidated)	0	0	1500	1750	2000	2000
N312	Patient Controllre Analgesia(PCA)	0	0	1500	1750	2000	2000
N313	Epidural Analgesia Management	0	0	500	750	1000	1000
N314	Chronic Pain Referral Followup (OPD/Ward)	0	0	400	400	400	400
N350	Injection Verfen	12	12	12	12	12	12
N351	Injection Vermor 10 mg		12	12	12	12	12
N353	Injection Bupragesic 300 mg		16	16	16	16	16
	<b>SURGICAL ONCOLOGY</b>						
O001	Consultation (New Case)	0	0	600	600	600	600
O002	Cross Consultation (Surgical Oncology)	0	0	500	500	500	500
O003	Follow-Up Consultation (Surgical Oncology)	0	0	400	400	400	400
O004	Chemotherapy Consultation Full Protocol (Surgical Oncology)	0	0	3800	4750	6000	6000
O005	Intravenous Bolus per Cycle (Surgical Oncology)	0	0	630	790	1000	1000
O006	Chemotherapy Indoor Charges per Cycle (Surgical Oncology)	0	0	3800	4750	6000	6000
O007	Chemotherapy Daycare Charges per Cycle (Surgical Oncology)	0	0	1330	1660	2080	2080
O008	Trucut Biopsy of Breast Lesions (OPD)	0	100	1210	1510	1890	1890

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
O009	Dressing during follow-up	0	0	250	250	250	250
	<b>Operation Theatre (Hospital Service Charges)</b>						
O101	Minor OT - Service Charges	0	200	1000	1250	1600	1600
O111	Major OT - Service Charges - Less than 2 Hrs.	0	600	5000	6250	7800	7800
O112	Major OT - Service Charges - 2 To 4 Hrs	0	1000	10000	12500	15625	15625
O113	Major OT - Service Charges - More than 4 Hrs	0	1500	20000	25000	31250	31250
O114	Minor OT - Drugs/Consumables (Without GA)	0	0	500	500	500	500
O115	Minot OT - Drugs/Consumables (with GA)	0	0	750	750	750	750
O116	Major OT - Service Charges - More than 6 Hrs	0	2000	25000	31250	39000	39000
	<b>Surgery Charges</b>						
O151	Minor OT - Surgery Charges	0	0	1000	1250	1600	1600
O161	Grade I Surgery	0	0	5000	6250	7800	7800
O162	Grade II Surgery	0	0	12500	15625	19500	19500
O163	Grade III Surgery	0	0	20000	25000	31250	31250
O164	Grade IV Surgery	0	0	25000	31250	39000	39000
O165	Grade V Surgery	0	0	35000	43750	54700	54700
O166	Vascular Surgery Cover(Outsourced)	0	0	35000	43750	54700	54700
O167	Grade VI Surgery	0	0	45000	56250	70300	70300
O168	Prof. charges for Neuro navigation (Revised w.e.f. 01/04/2013)	0	0	10000	12500	15600	15600
O169	Prof. charges for fluorecence guided Neurosurgical procedure (Revised w.e.f. 01/04/2013)	0	0	5000	6250	7800	7800
	<b>DENTISTRY</b>						
P102	Cross Consultation (Dental)	0	0	500	500	500	500
P103	Follow-Up Consultation (Dental)	0	0	400	400	400	400
P201	Surgical Maxillary Plate (Temp. Plate)	0	150	1200	1505	1935	1935
P202	Interim Maxillary Prosthesis	0	300	3250	4060	5080	5080
P203	Permanent Maxillary Prosthesis with Teeth	0	400	5000	6250	7810	7810
P204	Palatal Prosthesis	0	300	4300	5380	6730	6730
P205	Palatal Ext. Prosthesis with Teeth	0	350	4300	5380	6730	6730
P206	Guide Plane Prosthesis	0	200	3250	4060	5080	5080
P207	Tongue Prosthesis	150	600	6200	7750	9690	9690
P208	Partial Denture (1 - 3 Teeth)	0	200	1500	1995	2695	2695
P209	Partial Denture (4 - 6 Teeth)	0	300	1850	2420	3230	3230
P210	Partial Denture (7 - 10 Teeth)	0	350	2500	3230	4305	4305
P211	Upper or Lower Complete Denture	0	400	3700	4630	5790	5790

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
P212	Upper and Lower Complete Denture	125	500	6200	7750	9690	9690
P213	Interim Maxillary Prosthesis in Molloplast	875	3500	6200	7750	9690	9690
P214	Permanent Maxillary Prosthesis in Molloplast	1050	4200	7400	9250	11560	11560
P216	Extraction per Tooth	0	20	250	325	430	430
P217	Surgical Extraction per Tooth	0	50	500	630	810	810
P218	Impaction	0	50	1550	2020	2695	2695
P220	Prophylaxis	0	50	600	750	940	940
P222	Radiation Protection Pros. (Upper/Lower)	0	200	3100	3880	4850	4850
P225	Repair of Prosthesis	0	150	620	810	1075	1075
P226	Fluoride Gel Application (per Sitting)	0	50	400	500	630	630
P227	Inter Maxillary Wiring	0	200	1200	1615	2155	2155
P229	Implant Retained Extra Oral Prosthesis / Consolidated	625	2500	7400	9690	12915	12915
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated per Tooth	250	1000	3100	4040	5380	5380
P231	Implant Retained Intra Oral Removable Dentures / Consolidated	250	1000	3100	4040	5380	5380
P232	Permanent Max. Pros. with Bite Guide Pros.	0	400	4200	5250	6560	6560
P233	Permanent Max. Pros. with Teeth & GPP	125	500	6600	8250	10310	10310
P235	Occlusal Guard	0	150	600	790	1050	1050
P236	Composite Filling	0	100	470	590	740	740
P237	Temporary Filling (ZNOE Cement)	0	50	120	150	200	200
P238	Ag Filling / GI Filling	0	100	300	380	480	480
P239	Occlusal Guard	100	500	2000	2500	3125	3125
P240	Bilateral GPP (Bite guide Prosthesis)	200	1000	5000	6250	7800	7800
P241	Skull implant (medium) (3cm x 3 cm)	1000	5000	8000	10000	12500	12500
P242	Custom made eye conformer	500	3000	4000	5000	6250	6250
P243	Implant retained - nose orbit, ear	700	4500	8000	10000	12500	12500
P244	Mandible Implant (Full)	1500	7000	12000	15000	18750	18750
P245	TEP	500	1200	2500	3125	3900	3900
P246	Eye Prosthesis (Relining)	250	1000	1500	1875	2350	2350
P247	Root canal treatment (Revised w.e.f. 01/04/2013)	0	600	2000	2500	3125	3125
	RADIATION ONCOLOGY						
Q001	Consultation (New Case)	0	0	600	600	600	600
Q002	Cross Consultation (Radiation Oncology)	0	0	500	500	500	500
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	400	400	400	400

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
Q004	Chemotherapy Consultation (Full Protocol) (Radiation Oncology)	0	0	3800	4750	6000	6000
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	0	0	630	790	1000	1000
Q006	Chemotherapy Indoor Charges per Cycle (Radiation Oncology)	0	0	3800	4750	6000	6000
Q007	Chemotherapy Daycare Charges per Cycle (Radiation Oncology)	0	0	1330	1660	2080	2080
	<b>External RT (Hospital Service Charges)</b>						
Q101	25 or More Fractions (Hosp. Charges)	0	1000	6900	9060	12080	12080
Q102	11 To 24 Fractions (Hosp. Charges)	0	750	3800	4965	6615	6615
Q103	2 To 10 Fractions (Hosp. Charges)	0	200	2540	3180	3980	3980
Q104	Single Fraction/HBI (Hosp. Charges)	0	150	1270	1655	2205	2205
Q105	SRS/SRT (Hosp. Charges)	0	5000	50000	62500	78130	78130
Q105	<i>SRS/SRT (Hosp. Charges) (Revised w.e.f. 17/1/2013)</i>	0	5000	43000	56175	75075	75075
Q106	IMRT (Hosp. Charges)	0	10000	35000	43750	54690	54690
Q107	IMRT with IGRT (Hosp. Charges)	0	15000	43000	56175	75075	75075
Q108	SRS/SRT with IGRT (Hosp. Charges)	0	15000	43000	56175	75075	75075
Q108	<i>SRS/SRT with IGRT (Hosp. Charges) (Revised w.e.f. 17/1/2013)</i>	0	15000	50000	62500	78130	78130
Q109	3D-CRT with IGRT (Hosp. Charges)	0	10000	35000	43750	54690	54690
Q120	4D-CRT Planning (Hosp. Charges)	0	1000	6000	7875	10500	10500
Q121	Simulator	0	200	1000	1520	2200	2200
Q122	TPS	0	100	620	1075	1600	1600
Q123	Mould/Block/Compensators	0	100	620	1075	1600	1600
Q124	Conformal Block/MLC	0	100	2500	3130	3900	3900
Q125	Body Frame	0	500	2500	3130	3900	3900
Q126	CT Simulator	0	200	1200	2155	3230	3230
Q127	3D-CRT Consolidated (Hosp. Charges)	0	2000	16300	20400	25500	25500
Q128	TBI / TSET Consolidated (Hosp. Charges)	0	2000	16300	20380	25500	25500
	<b>External RT (Professional Charges)</b>						
Q201	25 or More Fractions (Prof. Charges)	0	0	8300	10870	14500	14500
Q202	11 To 24 Fractions (Prof. Charges)	0	0	6300	7880	9900	9900
Q203	2 To 10 Fractions (Prof. Charges)	0	0	4400	5500	6900	6900
Q204	Single Fraction/HBI (Prof. Charges)	0	0	2500	3130	3900	3900
Q205	SRS/SRT (Prof. Charges)	0	0	25000	31250	39100	39100
Q206	IMRT (Prof. Charges)	0	0	38000	47500	59400	59400
Q207	IMRT with IGRT (Prof. Charges)	0	0	53700	67100	83900	83900
Q208	SRS/SRT with IGRT (Prof. Charges)	0	0	53700	67100	83900	83900

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
Q209	3D-CRT with IGRT (Prof. Charges)	0	0	38000	47500	59400	59400
Q227	3D-CRT Consolidated (Prof. Charges)	0	0	19900	25200	33075	33075
Q228	TBI / TSET Consolidated (Prof. Charges)	0	0	19900	25200	33075	33075
	<b>Brachytherapy (irrespective of number of fractions) Hospital Service charges</b>						
Q301	LDR - VSA (Hosp. Charges)	0	100	600	810	1075	1075
Q302	LDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	0	750	3700	4630	5790	5790
Q303	LDR - Surface Mould (Hosp. Charges)	0	500	1200	2690	4305	4305
Q304	LDR - Interstitial/Template (Hosp. Charges)	0	1500	3700	4630	5790	5790
Q321	HDR - CVS (Hosp. Charges)	0	100	1200	1500	1880	1880
Q322	HDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	0	750	3700	4630	5790	5790
Q323	HDR - Surface Mould (Hosp. Charges)	0	500	1900	2960	4305	4305
Q324	HDR - Interstitial/Template (Hosp. Charges)	0	1500	3700	4630	5790	5790
Q325	Radical Brachytherapy HDR / LDR (Hosp. Charges)	0	2000	4800	6000	7500	7500
	<b>Brachytherapy (irrespective of number of fractions) Professional charges</b>						
Q401	LDR - VSA (Prof. Charges)	0	0	600	810	1075	1075
Q402	LDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	3700	4845	6460	6460
Q403	LDR - Surface Mould (Prof. Charges)	0	0	1200	2155	3230	3230
Q404	LDR - Interstitial/Template (Prof. Charges)	0	0	6200	7750	9690	9690
Q421	HDR - CVS (Prof. Charges)	0	0	2500	3130	3910	3910
Q422	HDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	3700	4845	6460	6460
Q423	HDR - Surface Mould (Prof. Charges)	0	0	3700	4845	6460	6460
Q424	HDR - Interstitial/Template (Prof. Charges)	0	0	6200	7750	9690	9690
Q425	Radical Brachytherapy HDR/LDR (Prof. Charges)	0	0	7200	9000	11250	11250
Q426	Brachytherapy with MRI/3D Planning (Prof. charges)	0	0	2000	2500	3130	3130
	<b>REHABILITATION SERVICES</b>						
	<b>Ancillary Services Stoma Clinic</b>						
R101	Only Pre-Op. Counseling & Stoma Marking	0	50	250	300	400	400
R102	Pre & Post-Op. Counseling of Stoma Care	0	100	970	1200	1500	1500
R103	Two Stoma Care Including Pre & Post Op. Counseling	0	100	990	1240	1550	1550
R104	Fixing of Drain Pouches	0	50	240	300	380	380
R109	Post Op. Counseling & Single Stoma Care	0	100	900	1130	1400	1400
R110	Post Op. Counseling & Two Stoma Care	0	200	1150	1440	1800	1800
R111	Wound/Fistula/Incontinence Care (per Sitting)	0	100	250	300	400	400

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
R112	Distal Stoma Wash/Irrigation (per Sitting)	0	100	250	300	400	400
	<b>Ancillary Services Physiotherapy</b>						
R201	Physiotherapy - Short Wave Diathermy	0	20	130	160	200	200
R202	Physiotherapy - Electrical Stimulation	0	20	130	160	200	200
R203	Physiotherapy General Exercises	0	20	200	250	310	310
R204	Transcutaneous Nerve Stimulation	0	10	90	110	140	140
R205	Ultrasound Therapy	0	20	130	160	200	200
R206	Infrared Rays Therapy	0	10	60	80	100	100
R207	Interference Therapy	0	20	130	160	200	200
R208	Continuous Passive Movement Exercises	0	20	150	190	240	240
R209	Pre-Operative Chest Therapy	0	20	120	150	200	200
R210	Post-Operative Chest Therapy	0	50	180	230	300	300
R211	Postural Drainage	0	50	240	300	380	380
R212	Specialised Exercises	0	50	300	380	480	480
R213	Bio Feedback	0	50	180	230	300	300
R214	Long Wave Diathermy	0	50	120	150	200	200
R215	Post operative Breast class	0	100	200	250	300	300
R216	Manual Lymphatic Drainage	0	100	300	375	425	425
R217	Pulmonary Rehabilitation	0	100	250	300	375	375
R218	Manual Mobilization (Major)	0	100	250	300	375	375
R219	Manual Mobilization (Minor)	0	50	200	250	300	300
R220	Incontinence Management	0	50	150	190	225	225
	<b>Ancillary Services Occupational Therapy</b>						
R303	Facial Splint	25	25	100	130	160	160
R316	MRM Bras	160	160	250	300	400	400
R324	Lymphedema - Accessories	100	100	160	200	250	250
R325	Lymphedema Treatment	0	50	175	220	280	280
R326	Dermagrip (Double Stretch - C)	200	200	500	630	800	800
R327	Dermagrip (Double Stretch - D)	250	250	620	780	1000	1000
R328	Dermagrip (Double Stretch - E)	300	300	680	850	1060	1060
R329	Dermagrip (Double Stretch - F)	325	325	720	900	1130	1130
R331	Vaginal Dilatation Procedure	0	20	100	130	160	160
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	0	200	500	625	780	780
R333	Thermoplastic splint making charges (Extremities)	0	100	250	310	390	390

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
R334	Total contact brace (Spinal) 45 x 60 sq cm	2000	2000	4200	5250	6560	6560
R335	Total contact brace (Spinal) 90 x 60 sq cm	2000	2000	8000	10000	12500	12500
R345	Orfit Splints - Major	1250	1250	3100	3880	4850	4850
R346	Orfit Splints - Minor	150	150	490	610	760	760
R363	Silicon Mouth Blocks	75	75	130	160	200	200
R372	Modification in Orthosis	70	70	110	140	180	180
R375	Counseling & Exercises	0	20	200	250	300	300
R376	Neurocognitive Assessment and Intervention	0	20	175	220	280	280
R377	Lymphapress	0	50	240	300	400	400
R378	Prosthesis / Orthosis Fittings & Measurement	0	50	175	220	280	280
	<b>Ancillary Services Speech Therapy</b>						
R401	Speech Therapy Fist Consultation	0	0	300	375	450	450
R402	Speech Therapy Follow-up Consultation	0	0	100	125	150	150
	<b>Ancillary Services Tissue Bank</b>						
R501	Amnion 5 x 5 cm	0	40	100	150	215	215
R503	Amnion 10 x 10 cm	0	75	200	300	430	430
R508	Skin 6 x 4 cm	0	50	130	190	270	270
R509	Skin 10 x 4 cm	0	75	200	300	430	430
R510	Skin 10 x 8 cm	0	100	380	480	600	600
R511	Iliac Crest 5 - 9 cm	0	500	1240	1885	2695	2695
R512	Bone Block 2 x 2 x 0.5 cm	0	125	300	460	645	645
R513	Bone Block 2 x 2 x 1 cm	0	200	500	755	1075	1075
R514	Bone Block 4 x 4 x 1 cm	0	400	1000	1545	2205	2205
R516	Rib 8 - 16 cm	0	200	500	755	1075	1075
R517	Head of Femur < 20gms	0	750	1950	3105	4515	4515
R518	Bone Dust 1/2 gm	0	50	160	230	325	325
R519	Processing Fess	0	0	0	0	0	3000
R521	Bone Chips	0	40	100	150	215	215
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	0	1000	3100	4580	6460	6460
R523	Struts (Humerus, Femur, Tibia) > 10 cm	0	1500	3700	5920	8610	8610
R525	Courier Handling Charges	0	0	0	0	0	800
R526	Deminerilised Bone Powder per 0.5 cc	0	125	300	450	630	630
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	0	600	1450	2205	3150	3150
R529	Struts (Fibula, Radius, Ulna) > 10 cm	0	750	1800	2890	4200	4200



CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
R530	Irradiation of Tissue per Load	0	0	0	0	0	300
R531	Demineralised Bone Blocks 2 x 2 cm	0	750	1860	2960	4300	4300
R532	Demineralised Bone Strips 1 gm	0	1000	2950	4360	6150	6150
R533	Femoral Head (< 10 gm)	0	125	290	435	615	615
R534	Femoral Head (10 - 14 gm)	0	200	470	720	1025	1025
R535	Femoral Head (15 - 19 gm)	0	600	1410	2155	3075	3075
R536	Tibial Slices (< 10 gm)	0	125	290	435	615	615
R537	Tibial Slices (10 - 14 gm)	0	200	470	720	1025	1025
R538	Tibial Slices (15 - 19 gm)	0	400	970	1470	2100	2100
R539	Tibial Slices (> 20 gm)	0	600	1400	2155	3075	3075
R540	Metatarsal	0	200	470	720	1025	1025
R541	Calcaneum	0	750	1900	2960	4300	4300
R542	Talus	0	400	970	1470	2100	2100
R543	Amnion 4-9 sq cm	0	40	60	80	120	120
R544	Amnion 10-45 sq cm	0	65	110	145	215	215
R545	Amnion 46-99 sq cm	0	95	160	215	320	320
R546	Amnion > 100 sq cm	0	125	220	300	430	430
R547	Demineralised Bone Block 2 x 1 x 1	0	400	1000	1545	2205	2205
R548	Demineralised Bone Block 4 x 1 x 1	0	750	1900	3105	4515	4515
R549	Demineralised Bone Block 0.5x0.5x1	0	200	300	460	630	630
R550	Chorion 4-15 sqcm	0	40	60	80	120	120
R551	Chorion 16-45 sq cm	0	65	110	145	215	215
R552	Demineralised Bone Block 1x1x1 cm	0	200	470	720	1025	1025
	<b>Ancillary Services Prosthetics</b>						
R611	Nose Prosthesis	375	1490	3600	4500	5630	5630
R612	Nose Implant	375	1490	3600	4500	5630	5630
R613	Ear Prosthesis	375	1490	3600	4500	5630	5630
R614	Ear Implant	375	1490	3600	4500	5630	5630
R615	Skull Implant (Small)	375	1490	3600	4500	5630	5630
R616	Skull Implant (Large)	525	2100	5100	6380	7980	7980
R617	Orbital Prosthesis	375	1490	3600	4500	5630	5630
R618	Occular Implant (Conformer)	265	1050	2500	3495	4780	4780
R619	Chin Implant	375	1490	3600	4500	5630	5630
R620	Mandible Implant	375	1490	3600	4500	5630	5630

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
R621	Testicular Implant	375	1490	3600	4500	5630	5630
R622	Vaginal Mould 3 Sizes (Each)	375	1490	3600	4505	5880	5880
R623	Breast Prosthesis	505	2010	4900	6130	7660	7660
R624	Breast Impressions	100	395	950	1190	1490	1490
R625	Finger and Toe Prosthesis	350	1400	3400	4410	5880	5880
R626	Finger Joint Implants (10 Size 0 - 3)	220	875	2100	2630	3290	3290
R627	Finger Joint Implants (10 Size 4 - 8)	375	1490	3600	4500	5630	5630
R628	Metacarpal Small	200	790	1900	2380	2980	2980
R629	Metacarpal Large	310	1225	3000	3750	4690	4690
R630	Silastic Tendon Rod	310	1225	3000	4230	5880	5880
R631	Silastic Block	395	1575	3800	5330	7350	7350
R632	Sternum	550	2190	5300	6630	8290	8290
R633	Trachea Implant	395	1575	3800	4965	6615	6615
R634	Face Mask	100	395	950	1200	1500	1500
R635	Ear Impression	100	395	950	1200	1500	1500
R636	Skull Impression	100	395	950	1200	1500	1500
R637	Orbital Impression	100	395	950	1200	1500	1500
R638	Finger Impression	100	395	950	1200	1500	1500
R639	Conformer Impression	55	220	530	785	1105	1105
R640	Custom-Made Nasal Implant	790	3150	7600	9500	11880	11880
R641	Custom-Made Maxillary Implant	790	3150	7600	9500	11880	11880
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	790	3150	7600	9500	11880	11880
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	375	1500	3500	4380	5480	5480
R644	Silastic Ring	125	500	1200	1750	2500	2500
	<b>Palliative &amp; Home Care</b>						
R701	Consultation (New Case)	0	0	600	600	600	600
R702	Cross Consultation	0	0	500	500	500	500
R703	Follow-Up Consultation	0	0	400	400	400	400
	PREVENTIVE ONCOLOGY						
S001	Routine Examination of Female Patients	0	350	900	1130	1410	1410
S002	Routine Examination of Male Patients	0	350	900	1130	1410	1410
	MEDICAL GENETICS						
T001	Consultation (New Case)	0	0	600	600	600	600

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
T002	Cross Consultation	0	0	500	500	500	500
T003	Follow-Up Consultation	0	0	400	400	400	400
CANCER CYTOGENETICS							
T101	Ph: t(9;22) In Chronic Myeloid Leukaemia (CML)	250	1000	4305	4845	5380	5380
T102	CML Blast Crisis	375	1500	6200	7750	9700	9700
T103	Acute Myeloid Leukaemia	375	1500	6460	7000	7535	7535
T104	Chronic Myelomonocytic Leukaemia	375	1500	7400	9250	11560	11560
T105	Myelodysplastic Syndromes	375	1500	6460	7000	7535	7535
T106	Myeloproliferative Syndromes	375	1500	7400	9250	11560	11560
T107	Chromosomal Breakage (Fragility) Studies In Fanconi's Anaemia, Aplastic Anaemia	375	1500	6460	7000	7535	7535
T108	Miscellaneous	375	1500	5380	5920	6460	6460
T201	BCR/ABL Ph: t(9;22) (Chronic Myeloid Leukaemia - CML)	250	1000	3230	3770	4305	4305
T202	BCR/ABL (Ph) Duplication, Trisomy 8, Trisomy 21, p53 Deletion (CML-Blast Crisis)	500	2000	6460	7000	7535	7535
T203	PML/RARA t(15;17) (Acute Promyelocytic Leukaemia - APL, AML M3)	250	1000	3230	3770	4305	4305
T204	PML/RARA t(15;17), Variant: t(11;17) / t(5;17) (APL-M3, M3 Variant)	375	1500	5380	5920	6460	6460
T205	AML1/ETO t(8;21) (AML M2)	250	1000	3230	3770	4305	4305
T206	t(8;21), t(15;17) (AML M2/AML M3)	375	1500	5380	5920	6460	6460
T207	BCR/ABL Ph: t(9;22) (Acute Myeloid Leukaemia - AML)	250	1000	3230	3770	4305	4305
T208	BCR/ABL Ph: t(15;17) (AML M1/AML M3)	375	1500	6200	7750	9700	9700
T209	Inversion (16)/t(16;16) (AML-M4 with Abnormal Eosinophilia, AML M4)	250	1000	3230	3770	4305	4305
T210	t(11q23)-MLL Translocations / Rearrangement (AML M4, M5)	250	1000	3230	3770	4305	4305
T211	Inversion (16), t(11q23) - MLL Translocation / Rearrangement (AML M4)	375	1500	5380	5920	6460	6460
T212	t(8;16) (AML M5b (Acute Monocytic Leukaemia with Phagocytosis))	375	1500	6200	7750	9700	9700
T213	Structural Aberrations of Chromosomes 5, 7, 8 (Myelodysplastic Syndrome-MDS)	625	2500	7535	8075	8610	8610
T214	DEL(20)(q12) (Polycythemia Vera)	250	1000	3700	4630	5800	5800
T215	MLL Translocation - TEL-AML1, BCR-ABL, AML1-ETO, Ploidy Profile (Acute Leukaemia-AL)	750	3000	9900	12380	15500	15500
T216	BCR/ABL Ph: t(9;22) (Acute Lymphoblastic Leukaemia-ALL)	250	1000	3230	3770	4305	4305
T217	TEL/AML1 t(12;21) (ALL-B Lineage)	250	1000	3230	3770	4305	4305
T218	MLL Translocations/Rearrangement t(11q23) (ALL, Biphenotypic/Therapy Related Leukaemia)	250	1000	3230	3770	4305	4305
T219	MLL Translocations/Rearrangement t(11q23), TEL/AML1, BCR/ABL, Ploidy Profile In ALL	500	2000	7535	8075	8610	8610
T220	MYC Translocations/Rearrangement t(8;14)/t(8;22)/t(2;8) (Burkitt, NHL Follicular Lymphoma)	250	1000	3230	3770	4305	4305
T221	t(14;18) IGH/BCL2 (NHL - Follicular Lymphoma, B-ALL)	250	1000	3700	4630	5800	5800
T222	t(14;18) Trisomy 7 (NHL/Follicular Lymphoma)	375	1500	6200	7750	9700	9700
T223	t(11;14) IGH/CCND1 (NHL - Mantle Cell Lymphoma)	250	1000	3700	4630	5800	5800

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
T224	t(14;18) IGH/BCL2, t(11;14) IGH/CCND1 (NHL)	375	1500	5380	5920	6460	6460
T225	Trisomy 12, DEL(13q14), p53 Deletion Profile (Chronic Lymphocytic Leukaemia (CLL))	500	2000	6460	7000	7535	7535
T226	TRISOMY 12, t(11;14) IGH/CCND1 (Chronic Lymphocytic Leukaemia)	375	1500	5380	5920	6460	6460
T227	t(2;5) ALK Translocations/Rearrangement (T-NHL, Anaplastic Large Cell Lymphoma)	250	1000	3700	4630	5800	5800
T228	XX or XY Status (Sex-Mismatched BMT, X/Y Disorders)	125	500	1900	2380	3000	3000
T229	Miscellaneous	250	1000	3230	3770	4305	4305
T230	Miscellaneous Profile I	375	1500	5640	6205	6765	6765
T231	FLT3 Mutation Study	200	800	2900	3630	4540	4540
T232	JAK2 Mutation Study	200	800	2900	3630	4540	4540
T233	TCR-A	250	1000	3700	4630	5800	5800
T234	EVI 1	250	1000	3700	4630	5800	5800
T235	CHIC 2	250	1000	3700	4630	5800	5800
T236	Genetic Test for Multiple myeloma Panel 1	500	2000	10000	12500	15625	15625
T237	Genetic Test for Multiple myeloma Panel 2	500	1500	7500	9500	11875	11875
T238	AML Panel 1 (Miscellaneous Profile I)	375	1500	5640	6205	6765	6765
T239	AML Panel 2 (Miscellaneous Profile I)	375	1500	5640	6205	6765	6765
T240	ALL Panel 1 (Miscellaneous Profile I)	375	1500	5640	6205	6765	6765
T241	ALL Panel 2 (Miscellaneous Profile I)	375	1500	5640	6205	6765	6765
T242	CLL Panel 1 (Miscellaneous Profile I)	375	1500	5640	6205	6765	6765
T243	PDGFR-B (Miscellaneous Profile I)	250	1000	3230	3770	4305	4305
T244	TCR-B Translocation (Miscellaneous Profile I)	250	1000	3230	3770	4305	4305
T245	t(11;18) : Miscellaneous Profile I	250	1000	3230	3770	4305	4305
	HEMATOPATHOLOGY LABORATORY						
U706	Erythrocyte Sedimentation Rate (ESR)	0	10	80	95	110	110
U708	Prothrombin Time (PT)	0	20	325	400	500	500
U709	Coagulation Profile (PT & PTTK)	0	50	555	685	850	850
U710	Partial Thromboplastin Time with Kaolin (PTTK)	0	30	230	285	350	350
U711	Coagulation Profile (BT, PT, PTTK,TT)	0	60	615	765	950	950
U712	Coagulation Profile with FDP (D-Dimer), Fibrinogen	0	50	755	945	1135	1135
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	0	100	250	310	390	390
U714	FDP (D-Dimer)	0	15	240	300	380	380
U715	Fibrinogen	0	15	240	300	380	380
U718	Cerebrospinal Fluid (CSF) Analysis	0	15	60	80	100	100

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		NC	C	B	A	D	F
U722	Haemogram (Hb, TLC, DLC, Platelets)	0	30	230	290	360	360
U724	Reticulocyte Count	0	15	60	80	100	100
U725	Ascitic Fluid Analysis	0	15	60	80	100	100
U726	Pleural Fluid Analysis	0	15	60	80	100	100
U727	Pericardial Fluid Analysis	0	15	60	80	100	100
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	0	100	240	300	380	380
U753	Surface Marker Complete Panel	250	1000	9200	11500	14400	14400
U754	Surface Marker Individual	25	100	1200	1500	1875	1875
	<b>Molecular Diagnostics</b>						
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	175	700	4000	5000	6250	6250
U102	RT-PCR Nested, BCR-ABL for Follow-Up	175	700	4000	5000	6250	6250
U103	RQ-PCR BCR-ABL (P210)	750	3000	6900	8630	10800	10800
U104	RT-PCR Multiplex, Acute Leukaemia Panel	300	1200	4600	5750	7200	7200
U105	RQ-PCR PML-RARA	750	3000	6900	8630	10800	10800
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	375	1500	2900	3630	4540	4540
U107	RT-PCR Nested, TCR Gene Rearrangement	375	1500	2900	3630	4540	4540
U108	Acute Lymphoblastic Leukemia Transcript Identification (Revised w.e.f. 31/08/2013)	75	380	1900	2375	3000	3000
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1, CEBPA, IDH1 ) (Revised w.e.f. 31/08/2013)	245	1220	6100	7625	9500	9500
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation (Revised w.e.f. 31/08/2013)	190	960	4800	6000	7500	7500
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U112	Acute Myeloid Leukemia NPM1 gene mutation (Revised w.e.f. 31/08/2013)	115	580	2900	3625	4500	4500
U113	Acute Myeloid Leukemia CEBPA gene mutation (Revised w.e.f. 31/08/2013)	130	640	3200	4000	5000	5000
U114	High Sensitivity JAK2 Mutation Detection (V617F) (Revised w.e.f. 31/08/2013)	115	580	2900	3625	4500	4500
U115	JAK2 Exon 12 Mutation Detection (Revised w.e.f. 31/08/2013)	115	580	2900	3625	4500	4500
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection (Revised w.e.f. 31/08/2013)	170	860	4300	5375	6700	6700
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection (Revised w.e.f. 31/08/2013)	90	440	2200	2750	3400	3400
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detection (Revised w.e.f. 31/08/2013)	90	440	2200	2750	3400	3400
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection (Revised w.e.f. 31/08/2013)	160	800	4000	5000	6300	6300
U120	Chronic Lymphoproliferative disorder IGVH Mutation Detection (Revised w.e.f. 31/08/2013)	160	800	4000	5000	6300	6300
U121	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistance assay-IRMA) (Revised w.e.f. 31/08/2013)	205	1020	5100	6375	8000	8000
U122	Acute Myeloid Leukemia Comprehensive Mutation Profile (FLT3, NPM1, CEBPA, TET2, TP53, IDH1, IDH2, DNMT3A, ASXL1, RUNX1) (Revised w.e.f. 31/08/2013)	1520	7600	38000	47500	59400	59400
U123	Chronic Lymphocytic Leukemia Comprehensive Mutation Profile (IGVH Gene Mutation & Usage, TP53, NOTCH1, SF3B1, BIRC3) (Revised w.e.f. 31/08/2013)	840	4200	21000	26250	32800	32800

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		NC	C	B	A	D	F
U124	Acute Leukemia ASXL1 mutation detection (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U125	Acute Leukemia DNMT3A mutation detection (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U126	Acute Leukemia TET2 mutation detection (Revised w.e.f. 31/08/2013)	580	2900	14500	18125	22700	22700
U127	Acute Leukemia IDH1 and IDH2 mutation detection (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U128	Acute Leukemia TP53 mutation detection (Revised w.e.f. 31/08/2013)	580	2900	14500	18125	22700	22700
U129	Acute Leukemia K RAS and N RAS mutation detection (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U130	Acute Leukemia c-KIT mutation detection (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U131	Acute Leukemia RUNX1 mutation detection (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U134	Chronic Lymphoproliferative disorder TP53 mutation (Revised w.e.f. 31/08/2013)	580	2900	14500	18125	22700	22700
U135	Chronic Lymphoproliferative disorder SF3B1 mutation (Revised w.e.f. 31/08/2013)	135	680	3400	4250	5300	5300
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, Imatinib Resistance assay-IRMA) (Revised w.e.f. 31/08/2013)	200	1020	5100	6375	8000	8000
U801	Chimerism Analysis (Revised w.e.f. 01/04/2014)	100	200	800	1000	1250	1250
U802	STR Panel studies (Revised w.e.f. 01/04/2014)	300	600	2800	3500	4400	4400
NUCLEAR MOLECULAR IMAGING MEDICINE							
W004	Outside Reporting of PET / PET-CT	0	0	1500	2000	2500	2500
<b>Radiopharmaceutical Charges</b>							
W010	Radiopharmaceutical Charges (FDG) PET-CT	2250	4500	4500	4500	4500	4500
W011	Radiopharmaceutical Charges (FDG) Brain PET-CT	2250	2250	2250	2250	2250	2250
W012	Radiopharmaceutical Charges (Fluoride) PET-CT	800	800	800	800	800	800
W013	Radiopharmaceutical Charges (FDG) Cardiac Viability	6000	6000	6000	6000	6000	6000
W014	Radiopharmaceutical Charges for ECD Brain SPECT	1500	1500	1500	1500	1500	1500
W015	Radiopharmaceutical Charges for GHA Brain SPECT	700	700	700	700	700	700
W016	Radiopharmaceutical Charges for MAA Lung Scan	2000	2000	2000	2000	2000	2000
W017	Radiopharmaceutical Charges Myocardial Perfusion Scan	3750	3750	3750	3750	3750	3750
W018	Radiopharmaceutical Charges EC/MAG3 Renogram	850	850	850	850	850	850
W019	Radiopharmaceutical Charges for DTPA Renal Study	450	450	450	450	450	450
W020	Radiopharmaceutical Charges for DMSA Renal Scan	450	450	450	450	450	450
W021	Radiopharmaceutical Charges for Aerosol Lung Study	800	800	800	800	800	800
W022	Radiopharmaceutical Charges for Tumor Imaging with MIBI	2500	2500	2500	2500	2500	2500
W023	Radiopharmaceutical Charges for Labeled RBC	800	800	800	800	800	800
W024	Radiopharmaceutical Charges for Sentinel Node Study	1000	1000	1000	1000	1000	1000

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		NC	C	B	A	D	F
W025	Radiopharmaceutical Charges for Hepatobiliary Scintigraphy	600	600	600	600	600	600
W027	Radiopharmaceutical Charges for Radio Iodine Scan	1500	1500	1500	1500	1500	1500
W028	Radiopharmaceutical Charges for Pertechnatate Thyroid Scan	250	250	250	250	250	250
W029	Radiopharmaceutical Charges for Bone Scan	700	700	700	700	700	700
W030	Radiopharmaceutical Charges for Hynic-TOC Scan (Unshared)	22000	22000	22000	22000	22000	22000
W031	Radiopharmaceutical Charges for Hynic-TOC Scan (Shared)	11000	11000	11000	11000	11000	11000
W032	Radiopharmaceutical charges for 90Y therapheres	450000	450000	450000	450000	450000	450000
W032	<i>Radiopharmaceutical charges for 90Y therapheres (Revised from 6/9/2012)</i>	500000	500000	500000	500000	500000	500000
W033	Radiopharmaceutical charges for Sr89 Chloride (4mCi) therapy	60000	60000	60000	60000	60000	60000
W034	Radiopharmaceutical charges for Sm153 EDTMP Therapy	6000	6000	6000	6000	6000	6000
W035	Radiopharmaceutical charges for P32 Therapy	2500	2500	2500	2500	2500	2500
W036	Radiopharmaceutical charges for I131 MIBG Scan (Adult)	7000	7000	7000	7000	7000	7000
W037	Radiopharmaceutical charges for I131 MIGB scan (paed)	4000	4000	4000	4000	4000	4000
W038	Radiopharmaceutical charges for 18 F-FLT Scan	4500	4500	4500	4500	4500	4500
W039	Radiopharmaceutical charges for 18 F-FMIZO Scan	4500	4500	4500	4500	4500	4500
	<b>PET Scan</b>						
W050	PET CT Scan Whole Body (Non Contrast)	750	1500	11500	14400	18000	18000
W051	PET Scan Brain (FDG)	0	200	1300	1710	2365	2365
W052	PET CT Scan Whole Body (IV Contrast)	1250	2500	12500	15400	19000	19000
W053	PET-CT (Fluoride)	0	300	1900	2400	3000	3000
W054	FDG Cardiac Viability	0	200	1300	1630	2100	2100
W055	Coronary Angiography	250	1000	5000	6250	7800	7800
	<b>CT Scan</b>						
W101	CT Brain Plain	200	800	1900	2380	2980	2980
W102	CT PNS	315	1250	3900	4880	6100	6100
W103	CT Nasopharynx	315	1250	3700	4630	5790	5790
W104	CT Sella	315	1250	3700	4630	5790	5790
W105	CT Temporal Bone	315	1250	3700	4630	5790	5790
W106	CT Orbits	315	1250	3700	4630	5790	5790
W107	HRCT	315	1250	3700	4630	5790	5790
W120	CT Neck	315	1250	3200	4000	5000	5000
W130	CT Head and Neck	375	1500	5200	6500	8130	8130
W140	CT Neck and Thorax	375	1500	5000	6250	7810	7810
W150	CT Thorax	250	1000	4100	5130	6410	6410

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	F
W170	CT Abdomen	250	1000	4300	5380	6730	6730
W180	CT Thorax and Abdomen	375	1500	6800	8500	10630	10630
W190	CT Pelvic Region	250	1000	3700	4630	5790	5790
W200	CT Abdomen and Pelvis	375	1500	7100	8880	11100	11100
W210	CT Thorax and Abdomen and Pelvis	500	2000	8000	10000	12500	12500
W220	CT Spine	315	1250	4300	5380	6730	6730
W230	CT Upper Limb	315	1250	4300	5380	6730	6730
W240	CT Lower Limb	315	1250	4300	5380	6730	6730
W241	Digital Scanogram	0	300	620	780	980	980
W250	CT Angiogram (Additional Charge)	440	1750	6200	7760	9710	9710
W260	CT 3D Reconstruction	440	1750	6200	7760	9710	9710
W280	CT Guided Biopsy FNAC/Truecut with Localising Scans	250	1300	6800	8510	10640	10640
W291	CT - J - Needle Bone Biopsy	565	2250	8000	10010	12520	12520
	<b>SPECT-CT Scan</b>						
W501	99M-TC-MDP Bone Scan Planar	0	400	1500	1880	2350	2350
W512	99M-TC-ECD Brain SPECT	0	150	2000	2500	3125	3125
W513	99M-TC-Salivary Scan	0	50	1500	1880	2350	2350
W514	99M-TC-Thyroid Scan	0	50	1500	1880	2350	2350
W530	99M-TC-Oesophageal Transit Time	0	150	600	750	940	940
W531	99M-TC-SC / Phytate Liver Scan	0	150	1000	1300	1630	1630
W532	99M-TC-Gastric Emptying Time	0	150	600	750	940	940
W540	99M-TC-MAA Lung Perfusion Scan	0	50	1500	1880	2350	2350
W550	99M-TC-MIBI Myocardial Perfusion Scan	0	300	2000	2500	3100	3100
W551	Regional PET/CT	0	500	5500	6500	7500	7500
W552	PET-CT Guided Biopsy	500	3500	14500	15500	17500	17500
W553	PET-CT Based RT Planning	750	2500	13500	14500	16500	16500
W554	Fluoride PET/CECT	700	2500	10000	12000	13000	13000
W555	Meckel Scan	250	500	1000	1300	1500	1500
W556	GI Bleed Scan	250	800	1850	2000	2500	2500
W560	99M-TC-EC Renogram	0	50	600	750	940	940
W561	99M-TC-DTPA Renogram with GFR	0	200	800	1000	1250	1250
W562	99M-TC-DMSA Renal Cortical Scan	0	50	800	1000	1250	1250
W563	99M-TC-DTPA GFR	0	100	500	630	790	790
W570	99M-TC-MIBI Tumor Imaging	225	900	2500	3130	3910	3910



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		NC	C	B	A	D	F
<b>W572</b>	99M-TC-DTPA Aerosol Scan	125	500	1500	1880	2350	2350
<b>W573</b>	99M-TC-DTPA Clearance	125	500	1500	1880	2350	2350
<b>W574</b>	99M-TC-RBC Gated Pool (Muga)	0	400	1200	1500	1880	1880
<b>W575</b>	99M-TC-Sentinel Node Imaging	0	150	600	750	940	940
<b>W576</b>	99M-TC-Merbrofenin Scan	0	300	1000	1250	1560	1560
<b>W578</b>	Whole Body Scan (Low Energy)	0	150	3000	3750	4700	4700
<b>W579</b>	Whole Body Scan (Higher Energy)	0	300	4000	5000	6300	6300
	<b>Radio Iodine Therapy</b>						
<b>W600</b>	Radio Iodine Therapy for Thyrotoxicosis	125	500	1500	1880	2350	2350
	MISCELLANEOUS						
<b>Z300</b>	Deposit for Prosthesis ( Introduced w.e.f. 1/6/2014) depends on the amount of prosthesis to be used - variable						
<b>Z005</b>	Issue of LIC Certificates	500	500	500	500	500	500