

DEPARTMENT OF ATOMIC ENERGY

TATA MEMORIAL CENTRE

MAHAMANA PANDIT MADAN MOHAN MALAVIYA CANCER HOSPITAL & HOMI BHABHA CANCER HOSPITAL - VARANASI (U.P)

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
REGISTRATION CHARGES							
A001	Registration Fees (Including SmartCard)	5	46	368	368	368	368
A002	Smart Card for patients (Reissue)	92	92	92	92	92	92
A003	Charges for printing Reports (per Report)	3	3	3	3	3	3
A010	Casualty Consultation Charges	0	0	736	736	736	736
A012	Second Opinion Consult Referral (RF)	0	0	0	0	0	1380
A100	Charges for Duplicate bill printing (per Bill)	23	23	23	23	23	23
ROOM TARIFF							
B001	Room/Bed Charges (Main Building)	23	230	2070	5060	5060	5060
B002	Room/Bed Charges (Annexe Building)	23	230	2070	0	0	0
B003	ICU charges per day	23	230	1380	1725	2760	2162
B004	Room/Bed Charges - BMT	2300	2300	2300	2300	2300	2300
B005	Room/Bed Charges (HBB)	0	0	0	5060	0	0
DEPOSITS							
D002	Inpatient Deposit	920	4600	46000	46000	230000	184000
D004	Deposit - Bone Marrow Transplant Patients	920000	920000	920000	920000	920000	920000
D006	Deposit - Autologous Stem Cell Transplant	460000	460000	460000	460000	460000	460000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	92000	92000	92000	92000	92000	92000
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refun	920000	920000	920000	920000	920000	920000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	3680000	3680000	3680000	3680000	3680000	3680000
DAY CARE							
E001	Day Care (Less than 4 Hours)	18	166	828	828	828	828
E002	Day Care (More than 4 Hours)	23	221	1104	1104	1104	1104
BIOCHEMISTRY, TUMOUR MARKERS, EMERGENCY							
F030	24 hours urine excretion rate for kappa and lambda	14	129	626	782	1224	975
F033	Thyroid Function Tests (T3,T4,TSH)	9	83	405	506	791	635
F034	Serum T3 (Thyroid Function)	5	28	147	184	285	230
F035	Serum T4 (Thyroid Function)	5	28	147	184	285	230
F036	Serum TSH (Thyroid Function)	5	28	147	184	285	230
F037	Serum Folate	14	129	653	819	1279	1021

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
F038	Serum Vitamin B12	9	83	405	506	791	635
F039	Serum Parathormone (PTH)	9	83	405	506	791	635
F040	Serum Calcitonin	14	129	653	819	1279	1021
F041	Serum Free Light Chains Kappa	51	506	2539	3174	4959	3965
F042	Serum Free Light Chains Lambda	51	506	2539	3174	4959	3965
F043	Complete Serum Protein Electrophoresis (SPE) Profile	120	1214	6072	7590	11859	9485
F044	Serum Protein Electrophoresis (SPE)	5	55	267	331	515	414
F045	Serum Immunoglobulins (Ig)	14	129	653	819	1279	1021
F046	Immunoglobulin A (IgA)	5	46	230	285	451	359
F047	Immunoglobulin M (IgM)	5	46	230	285	451	359
F048	Immunoglobulin G (IgG)	5	46	230	285	451	359
F049	Serum Light Chains	14	129	653	819	1279	1021
F050	Serum Light Chains Kappa	9	92	442	552	865	690
F051	Serum Light Chains Lambda	9	92	442	552	865	690
F052	Immuno Fixation Electrophoresis (IFE)	83	837	4168	5207	8142	6514
F053	Urine Free Light Chains Kappa	51	506	2539	3174	4959	3965
F054	Urine Free Light Chains Lambda	51	506	2539	3174	4959	3965
F055	Serum CK	5	28	147	184	285	230
F056	Serum CK-MB	5	55	267	331	515	414
F057	Serum Lactate	5	55	276	350	552	442
F058	Serum Free T3	14	147	736	920	1435	1150
F059	Serum Free T4	14	147	736	920	1435	1150
F060	Serum Vitamin D	28	258	1270	1592	2484	1987
F061	Serum BNP	32	322	1592	1987	3110	2484
F062	Serum Insulin	5	46	212	267	414	331
F063	Magnesium (24 Hrs Urine)	9	83	405	506	791	635
F072	CSF Immunoglobulins (Ig)	14	129	653	819	1279	1021
F073	CSF Immunoglobulin A (IgA)	5	64	322	405	635	506
F074	CSF Immunoglobulin M (IgM)	5	64	322	405	635	506
F075	CSF Immunoglobulin G (IgG)	5	46	230	285	451	359
F076	CSF Light Chains	14	129	653	819	1279	1021
F077	CSF Light Chains Kappa	9	92	442	552	865	690
F078	CSF Light Chains Lambda	9	92	442	552	865	690
F079	CSF AFP	9	92	451	561	874	699

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
F080	CSF CEA	9	83	414	515	810	644
F081	CSF Beta-HCG	5	64	340	423	672	534
F082	CSF Total PSA	9	92	451	561	874	699
F083	CSF Beta2-Microglobulin	23	221	1104	1380	2162	1730
F084	CSF CA 15.3	18	184	911	1141	1785	1426
F085	CSF CA 125	18	166	819	1021	1601	1279
F086	CSF CA 19.9	18	184	911	1141	1785	1426
F087	Fluid Immunoglobulins (Ig)	14	129	653	819	1279	1021
F088	Fluid Immunoglobulin A (IgA)	5	46	230	285	451	359
F089	Fluid Immunoglobulin M (IgM)	5	46	230	285	451	359
F090	Fluid Immunoglobulin G (IgG)	5	46	230	285	451	359
F091	Fluid Light Chains	14	129	653	819	1279	1021
F092	Fluid Light Chains Kappa	9	92	442	552	865	690
F093	Fluid Light Chains Lambda	9	92	442	552	865	690
F094	Fluid AFP	9	92	451	561	874	699
F095	Fluid CEA	9	83	414	515	810	644
F096	Fluid Beta-HCG	5	64	340	423	672	534
F097	Fluid Total PSA	9	92	451	561	874	699
F098	Fluid Beta2 Microglobulin	23	221	1104	1380	2162	1730
F099	Fluid CA 15.3	18	184	911	1141	1785	1426
F100	Fluid CA 125	18	166	819	1021	1601	1279
F108	Fluid CA 19.9	18	184	911	1141	1785	1426
F109	Urine Immunoglobulins (Ig)	14	129	653	819	1279	1021
F110	Urine Immunoglobulin A (IgA)	5	46	230	285	451	359
F111	Urine Immunoglobulin M (IgM)	5	46	230	285	451	359
F112	Urine Immunoglobulin G (IgG)	5	55	258	322	506	405
F113	Urine Light Chains	14	129	653	819	1279	1021
F114	Urine Light Chains Kappa	9	92	442	552	865	690
F115	Urine Light Chains Lambda	9	92	442	552	865	690
F116	Urine AFP	9	92	451	561	874	699
F117	Urine CEA	9	83	414	515	810	644
F118	Urine Beta-HCG	5	64	340	423	672	534
F119	Urine Total PSA	9	92	451	561	874	699
F120	Urine Beta2 Microglobulin	23	221	1104	1380	2162	1730

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
F121	Urine CA 15.3	18	184	911	1141	1785	1426
F122	Urine CA 125	18	166	819	1021	1601	1279
F123	Urine CA 19.9	18	184	911	1141	1785	1426
F124	Urine Osmolality (Random)	5	28	147	184	285	230
F125	Urine Osmolality (24 Hours)	5	28	147	184	285	230
F126	Serum Osmolality	5	28	147	184	285	230
F802	Routine Biochemical Test (Consolidated)	32	331	1665	2079	3257	2604
F810	Glucose Tolerance Test	14	129	653	819	1279	1021
F817	Serum AFP	9	92	451	561	874	699
F818	Serum CEA	9	83	414	515	810	644
F819	Serum B-HCG	5	64	340	423	672	534
F820	Serum Total PSA	9	92	451	561	874	699
F821	Serum B2-Microglobulin	23	221	1104	1380	2162	1730
F822	Serum CA-15.3	18	184	911	1141	1785	1426
F823	Serum CA-125	18	166	819	1021	1601	1279
F824	Serum CA-19.9	18	184	911	1141	1785	1426
F829	Serum CRP	5	46	248	313	497	396
F830	Serum Ferritin	9	110	570	718	1132	902
F831	Serum CYFRA-21	23	212	1058	1325	2070	1656
F832	Serum NSE	23	212	1058	1325	2070	1656
F833	Cyclosporin	51	524	2622	3275	5115	4094
F836	Methotrexate	14	156	791	994	1555	1242
F837	Serum Free PSA	9	101	506	635	994	791
F838	Serum Testosterone	9	101	497	616	966	773
F839	Tacrolimus Drug level estimation	51	524	2622	3275	5115	4094
F841	Random Blood Glucose	5	28	147	184	285	230
F842	Fasting Blood Glucose	5	28	147	184	285	230
F843	Post-Prandial Blood Glucose	5	28	147	184	285	230
F845	Glycosylated Hemoglobin	9	92	460	580	911	727
F846	Fasting Urine Glucose	5	46	212	267	414	331
F847	Post-Prandial Urine Glucose	5	46	212	267	414	331
F848	Blood Glucose by Glucometer strip method	5	37	184	230	359	285
F849	Lipid Profile	9	83	396	497	782	626
F850	Serum Cholesterol	5	28	147	184	285	230

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
F851	Serum HDL-Cholesterol	5	28	147	184	285	230
F852	Serum LDL-Cholesterol	5	46	212	267	414	331
F853	Serum Triglycerides	5	37	175	221	350	276
F854	Renal Function Tests	9	83	423	534	837	672
F855	Serum Urea	5	28	147	184	285	230
F856	Serum Uric Acid	5	28	147	184	285	230
F857	Serum Creatinine	5	28	147	184	285	230
F860	Serum Electrolytes	9	83	432	543	856	681
F861	Serum Sodium	5	28	147	184	285	230
F862	Serum Potassium	5	28	147	184	285	230
F863	Serum Chlorides	5	28	147	184	285	230
F864	Serum Bicarbonates	5	28	147	184	285	230
F865	Liver Function Tests	23	221	1122	1408	2199	1757
F866	Serum Protein	5	28	147	184	285	230
F867	Serum Albumin	5	28	147	184	285	230
F868	Serum Globulin	5	28	147	184	285	230
F869	Serum Alkaline Phosphatase	5	28	147	184	285	230
F870	Total Bilirubin	5	28	147	184	285	230
F871	Direct Bilirubin	5	28	147	184	285	230
F872	Indirect Bilirubin	5	28	147	184	285	230
F873	Serum AST	5	28	147	184	285	230
F874	Serum ALT	5	28	147	184	285	230
F876	Serum LDH	5	28	147	184	285	230
F880	Pancreatic Enzymes	9	83	396	497	782	626
F881	Serum Amylase	5	64	331	414	644	515
F882	Serum Lipase	5	55	285	359	561	451
F883	Body Fluid Investigations (CSF)	9	83	396	497	782	626
F884	CSF Glucose	5	28	147	184	285	230
F885	CSF Protein	5	64	304	377	589	469
F886	CSF Chloride	5	28	147	184	285	230
F887	CSF LDH	5	28	147	184	285	230
F888	Serum Calcium	5	28	147	184	285	230
F890	Serum Phosphorus	5	28	147	184	285	230
F891	Serum Magnesium	9	83	405	506	791	635

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
F893	Serum Iron	5	46	230	285	451	359
F894	Serum TIBC	5	46	230	285	451	359
F895	Serum Acid Phosphatase	9	92	460	580	911	727
F896	Serum Prostatic Acid Phosphatase	14	138	690	865	1362	1086
F897	VMA (24 Hrs Urine)	37	368	1840	2300	3597	2880
F898	5HIAA (24 Hrs Urine)	23	212	1058	1325	2070	1656
F915	Sodium (24 Hours Urine)	5	28	147	184	285	230
F916	Potassium (24 Hours Urine)	5	28	147	184	285	230
F917	Chloride (24 Hours Urine)	5	28	147	184	285	230
F918	Urea (24 Hours Urine)	5	28	147	184	285	230
F919	Uric Acid (24 Hours Urine)	5	28	147	184	285	230
F920	Creatinine (24 Hours Urine)	5	28	147	184	285	230
F921	Calcium (24 Hours Urine)	5	28	147	184	285	230
F922	Phosphorus (24 Hours Urine)	5	28	147	184	285	230
F923	Protein (24 Hours Urine)	5	64	331	414	644	515
F924	Creatinine Clearance (24 Hours Urine)	5	28	147	184	285	230
F925	Urea (Random Urine)	5	28	147	184	285	230
F926	Uric Acid (Random Urine)	5	28	147	184	285	230
F927	Creatinine (Random Urine)	5	28	147	184	285	230
F928	Sodium (Random Urine)	5	28	147	184	285	230
F929	Potassium (Random Urine)	5	28	147	184	285	230
F930	Chloride (Random Urine)	5	28	147	184	285	230
F931	Calcium (Random Urine)	5	28	147	184	285	230
F932	Phosphorus (Random Urine)	5	28	147	184	285	230
F933	Protein (Random Urine)	5	64	304	377	589	469
F934	Fluid Urea	5	28	147	184	285	230
F935	Fluid Uric Acid	5	28	147	184	285	230
F936	Fluid Creatinine	5	28	147	184	285	230
F937	Fluid Sodium	5	28	147	184	285	230
F938	Fluid Potassium	5	28	147	184	285	230
F939	Fluid Chloride	5	28	147	184	285	230
F940	Fluid Bilirubin (Total)	5	28	147	184	285	230
F941	Fluid Bilirubin (Direct)	5	28	147	184	285	230
F942	Fluid Bilirubin (Indirect)	5	28	147	184	285	230

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
F943	Fluid Cholesterol	5	28	147	184	285	230
F944	Fluid Triglycerides	5	37	175	221	350	276
F945	Fluid HDL Cholesterol	5	28	147	184	285	230
F946	Fluid LDL Cholesterol	5	46	212	267	414	331
F962	Fluid Glucose	5	28	147	184	285	230
F963	Fluid Protein	5	28	147	184	285	230
F964	Fluid Albumin	5	28	147	184	285	230
F965	Fluid Globulin	5	28	147	184	285	230
F966	Fluid Alkaline Phosphatase	5	28	147	184	285	230
F967	Fluid AST	5	28	147	184	285	230
F968	Fluid ALT	5	28	147	184	285	230
F969	Fluid Calcium	5	28	147	184	285	230
F970	Fluid Phosphorus	5	28	147	184	285	230
F971	Fluid Amylase	5	37	175	221	350	276
F972	Fluid Lipase	5	55	285	359	561	451
F973	Fluid LDH	5	28	147	184	285	230
F974	Serum Creatinine for 24 hrs CCT	5	28	147	184	285	230
F977	Bence Jones Protein (24 Hours Urine)	14	129	626	782	1224	975
F999	Serum Gamma Glutamyl Transferase (GGT)	9	110	552	690	1086	865
HISTOPATHOLOGY							
F302	Small biopsy/cell block except lymph node & breast	41	423	2116	2650	4140	3312
F303	Breast : Small biopsy/outside block	64	635	3174	3965	6201	4959
F304	Lymph node : Small biopsy/outside block	74	745	3703	4628	7231	5787
F305	Big Specimen except breast	83	846	4232	5290	8271	6615
F306	Big specimen breast	87	892	4444	5557	8685	6946
F307	Outside stained slides only	18	166	846	1058	1656	1325
F308	Outside unstained slides with or without blocks (except lymphnode & breast)	37	377	1904	2383	3726	2981
F309	Frozen section	23	212	1058	1325	2070	1656
F314	IHC on smears	32	322	1592	1987	3110	2484
F315	P16 IHC	28	258	1270	1592	2484	1987
F316	Big Specimen Colorectal resection	87	892	4444	5557	8685	6946
F317	FDA - Cerb B2	41	423	2116	2650	4140	3312
F318	Brain : Small Biopsy / cell block	74	745	3708	4637	7250	5796
F319	Soft tissue tumour : Small Biopsy / cell block	64	635	3174	3965	6201	4959

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F320	ISH	129	1270	6348	7940	12411	9927
F321	IHC Tests on special request (upto 3 antibodies)	28	294	1481	1849	2889	2309
F322	Set of Recut slides (H&E / Unstained)	14	120	589	736	1150	920
F323	ALK Amplification IHC Test	2990	2990	2990	2990	2990	2990
F324	Extended IHC Panel (Upto additional 6 markers)	55	552	2760	3450	5391	4315
F325	Big Specimen Whipple's Resection	83	846	4232	5290	8271	6615
F326	Big Specimen Post-Chemotherapy Resection	83	846	4232	5290	8271	6615
F327	Big Specimen Werdeheim's Resection	83	846	4232	5290	8271	6615
F328	Big Specimen Esophagectomy Resection	83	846	4232	5290	8271	6615
F329	Big Specimen Amputation	92	920	4600	5750	8979	7185
F330	Big Specimen Hemimandibulectomy	92	920	4600	5750	8979	7185
F331	Big Specimen APR	92	920	4600	5750	8979	7185
F332	Big Specimen Radical Prostatectomy	129	1288	6440	8050	12586	10065
F333	Big Specimen Radical Cystectomy	129	1288	6440	8050	12586	10065
CYTOPATHOLOGY							
F401	Cytology (FNA)	18	156	791	994	1546	1233
F402	Pap Smear Cytology	9	92	469	589	920	736
F403	Cytology Non-Gynaec	9	92	478	598	929	745
F404	Sputum Cytology	5	18	92	120	184	147
F405	Cytopathology: Outside Slides (Out-In)	9	92	478	598	929	745
F407	Cytopathology: Outside Slides + Block (Out-In)	9	92	478	598	929	745
F411	Bronchial Lavage + Brushings Cytology	9	92	478	598	929	745
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	9	92	478	598	929	745
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	9	92	478	598	929	745
F414	Cerebro Spinal Fluid (CSF) Cytology	9	92	478	598	929	745
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	9	92	478	598	929	745
F416	Nipple Discharge Cytology	9	92	478	598	929	745
F417	Oral Scrapings Cytology	9	92	478	598	929	745
F418	Bile / CBD Brushing Cytology	9	92	478	598	929	745
F419	Scrapings From Miscellaneous Sites Cytology	9	92	478	598	929	745
F420	USG Guided FNA with adequacy test by Cytologists (Prof charges)	14	138	690	865	1362	1086
F421	CT Guided FNA/biopsy with adequacy test by Cytologists (Prof charges)	14	147	745	929	1454	1159
F422	Immuno-cytochemistry on smears (ICC)	37	368	1840	2300	3597	2880
F423	Liquid-based Cytology (LBC)	18	166	828	1040	1619	1297

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	MOLECULAR PATHOLOGY						
F618	EBER In Situ Hybridisation	92	920	1840	2300	3597	2880
F620	Interphase FISH Test for HER2/Neu	552	5520	11040	13800	21565	17250
F621	Interphase FISH Test for EGFR	506	5060	10120	12650	19771	15815
F622	Interphase FISH Test for NMYC	391	3910	7820	9780	15281	12227
F623	Interphase FISH Test for 1p19q	506	5060	10120	12650	19771	15815
F624	Interphase FISH Test for ALK1	432	4324	8648	10810	16891	13515
F625	Interphase FISH Test for CMYC	317	3174	6348	7940	12411	9927
F627	Interphase FISH Test for ROS1	294	2898	5796	7250	11325	9062
F628	Interphase FISH Test for MET	304	3036	6072	7590	11859	9485
F629	MLPA testing in Neuroblastoma	396	3910	7820	9780	15281	12227
F630	MYD88 L265 Mutation Detection Test	225	2245	4508	5612	8786	7038
F631	JAZF1 - Endometrial Stromal Sarcoma Testing	488	4876	9660	12144	18952	15180
F632	YWHAE - Endometrial Stromal Sarcoma Testing	469	4692	9384	11730	18400	14720
F633	Medulloblastoma - molecular Profiling	828	8280	16560	20700	32200	25760
F651	PCR for IgH Gene Rearrangement	345	3450	6900	8630	13487	10792
F652	PCR for TCR Gene Rearrangement	391	3910	7820	9780	15281	12227
F653	PCR for N-MYC Amplification	101	1012	2024	2530	3956	3165
F654	Clonality Analysis	736	7360	14720	18400	28750	23000
F655	Mycobacterium Tuberculosis Detection	166	1684	3358	4195	6560	5244
F660	GENE SEQUENCING FOR C KIT MUTATIONS	515	5152	10304	12880	20130	16100
F661	RT-PCR for PAX3-FKHR Translocation	161	1610	3220	4030	6302	5042
F662	RT-PCR for EWS-FLI1 Translocation	161	1610	3220	4030	6302	5042
F663	RT-PCR for EWS-ERG Translocation	161	1610	3220	4030	6302	5042
F664	RT-PCR for EWS-WT1 Translocation	161	1610	3220	4030	6302	5042
F665	RT-PCR for SYT-SSX Translocation	161	1610	3220	4030	6302	5042
F666	RT-PCR for SYT-SSX1 Translocation	161	1610	3220	4030	6302	5042
F667	RT-PCR for SYT-SSX2 Translocation	161	1610	3220	4030	6302	5042
F682	RAS Mutation Anaysis	230	2300	4600	5750	8979	7185
F683	Interphase FISH Test for EWSR1	299	2990	5980	7480	11684	9347
F684	MGMT Gene Promoter methylation	299	2990	5980	7480	11684	9347
F685	Detection of BRAFV600E Mutation	230	2300	4600	5750	8979	7185
F687	PAX7-FKHR	161	1610	3220	4030	6302	5042
F688	Gene Sequencing for IDH1	230	2300	4600	5750	8979	7185

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
F689	Gene Sequencing for IDH2	230	2300	4600	5750	8979	7185
F690	TFE-3 FISH	405	4030	8050	10065	15732	12586
F691	FISH test for SYT break-apart analysis	299	2990	5980	7480	11684	9347
F692	PDGFRA mutation analysis	258	2576	5152	6440	10065	8050
MICROBIOLOGY							
G101	Urine Examination	5	18	92	120	184	147
G102	Stool Examination	5	18	92	120	184	147
G103	Culture & Sensitivity (Aerobic)	9	110	561	699	1095	874
G105	Routine Culture (Fungal)	9	92	469	589	920	736
G106	CULTURE & SENSITIVITY (AFB)	32	340	1693	2116	3312	2650
G107	Routine Culture (Anaerobic)	9	92	469	589	920	736
G108	Gene Xpert for Detection of MTB and Rifampicin Resistance	37	368	1840	2300	3597	2880
G111	Cultures for Helicobacter Pylori	9	110	561	699	1095	874
G113	Mantoux Test	5	9	64	83	129	101
G119	AFB Culture only	9	101	506	635	994	791
G120	Automated Identificaiton & Antibiotic Susceptibility Testing (Bacteria & Yeast)	14	156	791	994	1555	1242
Serology							
G122	VDRL	5	18	92	120	184	147
G123	Paul Bunnel Test (Infectious Mononucleosis / E)	9	83	396	497	782	626
G126	Cytomegalovirus IgG Antibodies	9	83	396	497	782	626
G127	Cytomegalovirus IgM Antibodies	9	92	469	589	920	736
G129	Hepatitis B Surface Antigen (HBsAg)	9	74	359	451	699	561
G130	Hepatitis B 'e' Antigen (HBeAg)	14	129	653	819	1279	1021
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	14	156	782	975	1527	1224
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	9	101	515	644	1012	810
G133	Hepatitis B Surface Antibodies (Anti - HBs)	9	101	515	644	1012	810
G134	Hepatitis C Antibodies (Anti HCV)	18	184	902	1132	1776	1417
G136	Hepatitis B 'e' Antibodies (Anti HBe)	14	129	653	819	1279	1021
G137	Herpex Simplex Virus IgG (HSV IgG)	9	83	396	497	782	626
G138	Herpex Simplex Virus IgM (HSV IgM)	9	83	396	497	782	626
G139	Cryptococcus Antigen by Latex Agglutination	14	156	782	975	1527	1224
G140	HPV DNA (Qualitative)	23	230	1164	1463	2107	1831
G144	HPV DNA/ Genotype	55	552	2760	3450	5391	4315
G151	Fungal Identification & Susceptibility Testing	23	239	1205	1509	2355	1886

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
G161	RA Test	5	28	138	175	276	221
G162	ASO Titre	5	28	138	175	276	221
G171	HIV Antibodies	9	74	350	442	690	552
	Microscopic Examination						
G201	Gram's Stain	5	9	64	83	129	101
G202	Ziehl Neelsen (AFB) Stain	5	9	64	83	129	101
G203	Lactophenol Cotton Blue	5	9	64	83	129	101
G204	Giemsa Stain for Tzanck Smear	5	9	64	83	129	101
G205	India Ink Preparation for Cryptococcus	5	9	64	83	129	101
G206	Staining for Cryptosporidium SPP	5	9	64	83	129	101
G207	Calcofluor White Stain for Fungus	5	18	92	120	184	147
G208	KOH Mount for Fungus	5	9	64	83	129	101
G209	Staining for Pneumocystis Carinii	5	18	92	120	184	147
G210	Fluorescent Staining	5	18	92	120	184	147
	Other Tests						
G251	Stool for Occult Blood	5	9	64	83	129	101
G252	Fluid for Bile Salts & Bile Pigments	5	9	64	83	129	101
G253	ADA Level	5	64	322	405	635	506
G254	Hepatitis A Virus (IgM Antibodies)	18	202	1012	1270	1987	1592
G255	Hepatitis E Virus (IgM Antibodies)	14	129	662	828	1297	1040
G256	Urine Pregnancy Test (UPT)	5	9	64	83	129	101
G258	Automated AFB Culture	28	258	1279	1601	2512	2006
G259	Automated AFB Susceptibility (5 Drugs)	78	764	3809	4766	7452	5962
G260	Automated Blood Culture	14	147	745	929	1454	1159
G261	Serum Procalcitonin Level	23	239	1214	1518	2374	1895
G262	Dengue IgM and IgG Antibodies	9	83	396	497	782	626
G263	Leptospira IgM Antibody	5	46	230	285	451	359
G264	Chikangunya IgM Antibody	5	37	202	258	405	322
G265	Serum Galactomannan Level by ELISA	14	120	580	727	1141	911
G266	Serum Candidamannan Level by ELISA	14	120	580	727	1141	911
G267	Malaria Antigen Detection	5	28	129	166	267	212
G268	Clostridium Difficile Toxin Detection	28	258	1270	1592	2484	1987
G269	Antigen detection for virus in stool	46	488	966	1224	1536	1536
	Molecular Diagnostics						

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	74	727	3652	4563	7130	5704
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	74	727	3652	4563	7130	5704
G403	RT-PCR (Quantitative) for HIV RNA	74	727	3652	4563	7130	5704
G404	RT-PCR for CMV DNA	83	846	4232	5290	8271	6615
TRANSFUSION MEDICINE							
H001	Blood Grouping	9	92	184	230	359	285
H002	Cross Matching	14	129	258	258	258	258
H003	Testing for Pheresis Donors	32	340	681	856	1334	1067
H006	Antiglobulin Test (Direct)	9	74	147	184	285	230
H007	Antiglobulin Test (Indirect)	18	202	396	497	782	626
H008	Cold Agglutinins	9	74	138	175	276	221
H009	Secretory Status	18	202	396	497	782	626
H010	AIHA Work Up	23	239	469	589	920	736
H206	Whole Blood	51	488	966	966	966	966
H207	Packed Cells	55	552	1104	1104	1104	1104
H208	Washed Packed Cells	69	690	1380	1380	1380	1380
H210	Platelet Concentrate (RDP)	23	212	414	414	414	414
H211	Platelet Concentrate (SDP)	506	5060	10120	10120	10120	10120
H212	PBSC/Leukapheresis	787	7884	15769	19716	30811	24647
H213	Bone Marrow Processing on Cell Separator	589	5879	11748	14683	22945	18354
H214	Bone Marrow Processing HES Red Cell Separation	359	3597	7194	8998	14067	11252
H215	Bone Marrow Processing Plasma Separation	41	396	782	975	1527	1224
H217	Leucoreduced Red Cells	110	1104	2024	2024	2024	2024
H218	Leucoreduction of Platelet Concentrates	120	1196	1380	1380	1380	1380
H219	Irradiation of Blood Products	23	212	414	414	414	414
H220	CPD Bags	5	37	74	92	147	120
H221	Blood Bank Deposit	41	396	782	975	1527	1224
H222	Platelet Concentrate (SvSDP)	253	2530	5060	5060	5060	5060
H224	Processing for Leukoreduction	32	322	635	791	1242	994
H225	Leucoagglutinins	18	193	377	469	736	589
H226	HLA-A, B, DRB1 (Sequence Specific Primer - SSP)	460	4600	8252	10313	16109	12889
H227	HLA-C, DQB1 (Sequence Specific Primer - SSP)	294	2953	5897	7369	11509	9209
H228	Pediatric Whole Blood	32	313	621	621	621	621
H229	Pediatric Packed Cells	41	405	805	805	805	805

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
H230	Cryoprecipitate (New service w.e.f. 22/07/2014)	9	92	184	184	184	184
H231	FFP/FVIII Def. Plasma/PRP (New service w.e.f. 22/07/2014)	23	212	414	414	414	414
H232	Donor Specific Antibodies (DSA)	368	3680	7360	9200	14380	11500
H233	Panel Reactive Antibodies (PRA) class I	138	1380	2760	3450	5391	4315
H234	Panel Reactive Antibodies (PRA) class II	138	1380	2760	3450	5391	4315
H235	Single Antigen Class I	598	5980	11960	14950	23359	18685
H236	Single Antigen Class II	598	5980	11960	14950	23359	18685
H237	HLA-A, B, DRB1 (Sequence Based Typing - SBT)	460	4600	9200	11500	17977	14380
H238	HLA-A, B, C, DRB1, DQB1, DPB1 (Sequence Based Typing - SBT)	690	6900	13800	17250	26956	21565
H239	HLA-A, B, DRB1(Sequence Specific Oligonucleotide - SSO)	359	3588	7176	8970	14030	11224
H240	HLA-C, DQB1(Seuence Specific Oligonucleotide - SSO)	239	2392	4784	5980	9292	7452
H500	DMSO for Cryoperservation	304	3045	6081	7599	11877	9504
RADIO DIAGNOSIS							
REPORTING							
I004	Outside Reporting of X-Ray, per Exam	0	0	83	101	166	129
I005	Outside Reporting of X-Ray Special Procedures	0	0	543	681	1067	856
I006	Outside Reporting of Mammogram	0	0	340	423	672	534
I007	Outside Reporting of CT	0	0	1058	1325	2070	1656
I008	Outside Reporting of MRI	0	0	1380	1730	2705	2162
I009	Video Recording of USG / DSA, etc	9	74	377	469	736	589
I010	Digital Film per Plate	129	129	129	129	129	129
CONVENTIONAL RADIOLOGY (PLAIN)							
I021	X-Ray Skull	9	83	405	506	791	635
I027	X-Ray OPG / Dental	9	83	405	506	791	635
I030	X-Ray Spine AP	9	83	405	506	791	635
I031	X-Ray Spine Lateral	9	83	405	506	791	635
I038	X-Ray Pelvis	9	83	405	506	791	635
I041	X-Ray Neck	9	83	405	506	791	635
I050	X-Ray Upper Limb	9	83	405	506	791	635
I070	X-Ray Lower Limb	9	83	405	506	791	635
I090	X-Ray Chest	9	83	405	506	791	635
I092	X-Ray Abdomen	9	83	405	506	791	635
I095	X-Ray KUB	9	83	405	506	791	635
I099	X-Ray Skeletal Survey	83	846	4232	5290	8271	6615

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
I100	X-Ray Portable	14	120	607	764	1196	957
I101	X-Ray PNS	9	92	469	589	920	736
I102	X-Ray Sternum AP	9	92	469	589	920	736
I103	X-Ray Sternum Oblique	9	92	469	589	920	736
I104	X-Ray Sternum Lateral	9	92	469	589	920	736
I121	X-Ray Sialography	23	230	1141	1426	2236	1785
I122	X-Ray Barium Swallow	23	230	1168	1463	2291	1831
I123	X-Ray Conray Swallow	23	230	1168	1463	2291	1831
I124	X-Ray Barium Meal	32	322	1592	1987	3110	2484
I125	X-Ray Barium Meal Follow-Through	78	764	3809	4766	7452	5962
I126	X-Ray Small Bowel Enema	78	764	3809	4766	7452	5962
I127	X-Ray Barium Enema for Colon	78	764	3809	4766	7452	5962
I128	X-Ray Tube Cholangiogram	14	129	653	819	1279	1021
I129	X-Ray ERCP	92	938	4710	5888	9200	7360
I130	X-Ray IVP	46	469	2328	2907	4545	3634
I131	X-Ray Cystogram	23	230	1141	1426	2236	1785
I132	X-Ray MCU	32	340	1702	2125	3321	2659
I133	X-Ray Retrograde Urethrogram	23	230	1168	1463	2291	1831
I134	X-Ray Retrograde Pyelogram	23	230	1168	1463	2291	1831
I141	X-Ray Sinogram	18	166	846	1058	1656	1325
I142	X-Ray Fistulogram	18	166	846	1058	1656	1325
I143	X-Ray Cologram	18	166	846	1058	1656	1325
I144	X-Ray Loopogram	18	166	846	1058	1656	1325
I145	X-Ray Nephrostogram	18	166	846	1058	1656	1325
INTERVENTIONAL RADIOLOGY							
I150	Consultation (New Case)	0	0	736	736	736	736
I151	Fluoroscopy Guided Biopsy	37	359	1803	2254	3524	2815
I152	Fluoroscopy Guided Block	37	359	1803	2254	3524	2815
I153	Fluoroscopy Guided J Needle Bone Biopsy	37	359	1803	2254	3524	2815
I154	Fluoroscopy Guided NGT Insertion	28	276	1380	1730	2705	2162
I155	Fluoroscopy Guided Drainage/ Biopsy	124	1251	6256	7820	12227	9780
I156	Fluoroscopy Guided Indwelling Catheter Placement	55	534	2668	3340	5226	4177
I159	Lymphangiography	64	653	3284	4103	6422	5134
I160	Bronchography	55	534	2650	3312	5180	4140

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
I161	Myelography	55	534	2650	3312	5180	4140
I162	Myelography with CT	120	1178	3919	4904	7664	6127
I163	Venography - Upper Limb	97	984	3284	4103	6422	5134
I164	Venography - Lower Limb	97	984	3284	4103	6422	5134
I165	Venography - Systemic	198	1969	6560	8197	12816	10249
I170	Angiography	120	1178	3919	4904	7664	6127
I171	Ophthalmic Artery Chemo Infusion	129	1297	4324	5410	8455	6762
I180	Angio Embolization	179	1776	5925	7406	11574	9255
I191	PTBD	97	984	3284	4103	6422	5134
I192	PTBD Stenting	239	2410	8041	10056	15714	12567
I193	PCN (single kidney)	97	984	3284	4103	6422	5134
I194	PCN Stenting	120	1178	3919	4904	7664	6127
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	170	1711	5713	7139	11160	8924
I196	Vena Cava Filter	170	1711	5713	7139	11160	8924
I197	Arterial Stenting	170	1711	5713	7139	11160	8924
I198	Thrombolysis / Thrombectomy	170	1711	5713	7139	11160	8924
I199	Angioplasty	170	1711	5713	7139	11160	8924
I200	Vascular Stenting	170	1711	5713	7139	11160	8924
I201	Brush Biopsy	170	1711	5713	7139	11160	8924
I202	Vertebroplasty	170	1711	5713	7139	11160	8924
I203	PCN (B/L)	198	1969	6560	8197	12816	10249
I204	DJ Stenting	147	1490	4977	6219	9715	7774
I205	Abdominal Abscess Drainage	92	920	3073	3846	6017	4812
I206	Percutaneous Gastrostomy / Jejunostomy	179	1812	6035	7544	11785	9430
I208	Contrast Study	18	193	635	791	1242	994
I209	Osteoplasty	166	1647	5502	6882	10755	8602
I210	Cerebral Angiography	147	1490	4977	6219	9715	7774
I211	Chemo Embolisation	478	4766	15870	19835	30995	24794
I212	Radio Embolisation	635	6348	21160	26450	41336	33065
I213	Stent-Graft Deployment	635	6348	21160	26450	41336	33065
I214	Central Venous Access	110	1113	3708	4637	7250	5796
I215	IVC Filter Deployment	166	1647	5502	6882	10755	8602
I216	IVC Filter Retrieval	92	920	3073	3846	6017	4812
I217	SCLEROTHERAPY	110	1113	3708	4637	7250	5796

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
I218	Test Occlusion	170	1684	5612	7020	10976	8777
I219	3D Rotational Angiography	110	1113	3708	4637	7250	5796
I220	Foreign Body Retrieval	166	1647	5502	6882	10755	8602
I221	Radio Frequency Ablation	239	2410	8041	10056	15714	12567
I222	Closure Device Insertion	552	5520	18400	23000	35935	28750
I223	Tracheo-bronchial stenting	552	5520	18400	23000	35935	28750
	MEMMOGRAPHY						
I321	Mammography Single Breast	14	138	460	580	911	727
I322	Mammography Both Breasts	28	276	920	1150	1794	1435
I324	Mammography - Biopsy	37	350	1178	1472	2300	1840
I325	Mammography - Localization	51	515	1711	2144	3349	2677
I326	Mammography of Specimen	14	138	460	580	911	727
	ULTRASONOGRAPHY						
I420	USG Abdomen	23	239	782	975	1527	1224
I440	USG Abdomen with Colour Doppler	37	377	1270	1592	2484	1987
I460	USG Pelvis	23	239	782	975	1527	1224
I461	Transrectal sonography	37	377	1270	1592	2484	1987
I462	TRUS Guided biopsy	51	506	1693	2116	3312	2650
I463	Trans vaginal sonography	37	377	1270	1592	2484	1987
I480	USG Pelvis with Colour Doppler	37	377	1270	1592	2484	1987
I500	USG Abdomen & Pelvis	46	442	1481	1849	2889	2309
I501	USG Abdomen & Pelvis with Colour Doppler	60	607	2015	2521	3947	3156
I510	USG Neck	23	239	782	975	1527	1224
I530	USG Neck with Colour Doppler	37	377	1270	1592	2484	1987
I540	USG Extremities B/L Colour Doppler	46	469	1564	1960	3064	2447
I550	USG Thorax	23	239	782	975	1527	1224
I560	USG Breast	23	239	782	975	1527	1224
I561	USG Breast with Colour Doppler	41	396	1316	1647	2576	2061
I565	USG Upper Extremity	23	239	782	975	1527	1224
I570	USG Lower Extremity	23	239	782	975	1527	1224
I580	USG Axilla/ Groin/ Scrotum (Small Parts)	23	239	782	975	1527	1224
I590	USG Vascular Study	37	377	1270	1592	2484	1987
I591	USG Vascular Study - Portable	41	414	1380	1730	2705	2162
I597	USG Portable	32	313	1049	1316	2061	1647

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
I598	USG Guided FNAC	37	377	1251	1564	2447	1960
I599	USG Guided Truecut Biopsy	41	414	1380	1730	2705	2162
IA01	USG Guided Drainage / Localisation	28	267	902	1132	1776	1417
IA02	USG Intraoperative	37	377	1270	1592	2484	1987
IA03	USG Guided Interventional Procedure	37	377	1270	1592	2484	1987
IA04	USG Guided RF Ablation	239	2410	8041	10056	15714	12567
	CT SCAN						
I600	CT Head Plain and Contrast	101	1012	3386	4232	6615	5290
I601	CT Brain Plain	60	607	2015	2521	3947	3156
I602	CT PNS	124	1242	4131	5161	8059	6449
I603	CT Nasopharynx	120	1178	3919	4904	7664	6127
I604	CT Sella	120	1178	3919	4904	7664	6127
I605	CT Temporal Bone	120	1178	3919	4904	7664	6127
I606	CT Orbits	120	1178	3919	4904	7664	6127
I607	CT HRCT	120	1178	3919	4904	7664	6127
I620	CT Neck	101	1012	3386	4232	6615	5290
I630	CT Head & Neck	166	1647	5502	6882	10755	8602
I640	CT Neck & Thorax	161	1592	5290	6615	10341	8271
I650	CT Thorax	129	1306	4342	5428	8492	6790
I670	CT Abdomen	138	1371	4554	5695	8906	7121
I680	CT Thorax & Abdomen	216	2162	7194	8998	14067	11252
I690	CT Pelvic Region	120	1178	3919	4904	7664	6127
I700	CT Abdomen & Pelvis	225	2254	7516	9393	14674	11739
I710	CT Thorax & Abdomen & Pelvis	253	2539	8464	10580	16542	13230
I720	CT Spine	138	1371	4554	5695	8906	7121
I730	CT Upper Limb	138	1371	4554	5695	8906	7121
I740	CT Lower Limb	138	1371	4554	5695	8906	7121
I741	Digital Scanogram	18	193	653	819	1279	1021
I750	CT Angiogram	198	1969	6560	8197	12816	10249
I760	CT 3D Reconstruction	198	1969	6560	8197	12816	10249
I780	CT Guided Biopsy FNAC/Truecut with Localizing Scans	216	2162	7194	8998	14067	11252
I791	CT 'J' Needle Bone Biopsy	253	2539	8464	10580	16542	13230
IB01	CT Guided Vertebroplasty	170	1711	5713	7139	11160	8924
IB02	CT Guided RF Ablation	239	2410	8041	10056	15714	12567

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
IB03	CT Guided Drainage / Localisation	97	957	3174	3965	6201	4959
IB04	CT Perfusion Studies (Additional Charge)	55	570	1904	2383	3726	2981
IB05	CT Dental	97	957	3174	3965	6201	4959
IC01	MRI Abdomen + MR CP	235	2438	7829	9789	15300	12236
	MRI SCAN						
I800	MRI Head Region	138	1398	4655	5824	9099	7277
I810	MRI Neck	138	1371	4554	5695	8906	7121
I820	MRI Head & Neck	198	1969	6560	8197	12816	10249
I830	MRI Upper Limb	138	1371	4554	5695	8906	7121
I840	MRI Thorax	138	1371	4554	5695	8906	7121
I841	MRI Breast	138	1371	4554	5695	8906	7121
I842	MR guided breast biopsy	354	3524	11748	14683	22945	18354
I860	MRI Abdomen	138	1371	4554	5695	8906	7121
I890	MRI Pelvis	138	1371	4554	5695	8906	7121
I900	MRI Abdomen & Pelvis	198	1969	6560	8197	12816	10249
I910	MRI Spine (One Region)	138	1371	4554	5695	8906	7121
I911	MRI Whole Spine	179	1776	5925	7406	11574	9255
I920	MRI Lower Limb	138	1398	4655	5824	9099	7277
I921	MRI Contrast	78	791	2650	3312	5180	4140
I930	MRI Angiogram	120	1178	3919	4904	7664	6127
I940	MRI Venography	161	1592	5290	6615	10341	8271
I950	MRI Myelogram	97	984	3284	4103	6422	5134
I960	MR Cholangio-Pancreatogram (CP)	97	984	3284	4103	6422	5134
I970	MRI Spectroscopy	97	984	3284	4103	6422	5134
I991	MRI Functional	97	984	3284	4103	6422	5134
I992	MRI Diffusion	60	607	2015	2521	3947	3156
I993	MRI Perfusion	97	984	3284	4103	6422	5134
I994	MRI Intervention	97	984	3284	4103	6422	5134
I995	MRI Limited	97	984	3284	4103	6422	5134
I996	Whole body MRI	317	3174	10580	13230	20682	16542
I997	MRI for Therapy Planning	97	957	3174	3965	6201	4959
	MEDICAL ONCOLOGY						
J001	Consultation (New Case)	0	0	736	736	736	736
J002	Cross Consultation (Medical Oncology)	0	0	460	460	460	460

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
J003	Follow-Up Evaluation Visit (Medical Oncology)	0	0	460	460	460	460
J101	Chemotherapy Planning Charges (Full Protocol) (Medical Oncology)	0	0	4600	5750	8979	7185
J102	Intravenous Bolus (per Cycle)	14	138	690	865	1362	1086
J103	Bone Marrow Aspiration/Biopsy	14	156	782	975	1527	1224
J104	Chemotherapy Indoor Charges per Cycle (Medical Oncology)	0	0	4140	5180	8096	6477
J105	Chemotherapy Daycare Charge per Day (Medical Oncology)	0	0	368	460	727	580
J107	Chemotherapy- Intramuscular & subcutaneous Adm.	0	0	110	138	221	175
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	27600	34500	53912	43130
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	21160	26450	41336	33065
J110	Lumbar Puncture	9	110	552	690	1086	865
J111	Intrathecal Chemotherapy	14	156	782	975	1527	1224
J112	Pleural Fluid Tapping	14	156	782	975	1527	1224
J113	Ascitic Tapping	14	156	782	975	1527	1224
J114	Pericardial Tapping	37	350	1748	2190	3432	2742
Bone Marrow Transplant (BMT) Professional Charges							
J201	Bone Marrow Transplant (Allogenic)	0	0	119600	119600	119600	119600
J203	Bone Marrow Transplant (Autologous)	0	0	92000	92000	92000	92000
J204	Allogenic Matched Unrelated (MUD)/Cord Transplant	0	0	156400	156400	156400	156400
ACT Clinic (OPD Patients)							
J402	First Consultation (ACT Clinic)	0	0	736	736	736	736
J404	Follow-Up Consultation (ACT Clinic)	0	0	460	460	460	460
Catheter Care Clinic							
J501	Pre-Insertion + Demonstration	14	129	690	819	1279	1021
J502	Dressing	5	55	276	331	515	414
J503	Insertion of PICC	28	267	1380	1647	2576	2061
Academic Hemato-oncology Lab							
J609	RT-PCR Nested IGH Chain Gene rearrangement	55	534	2650	3312	5180	4140
J610	RT-PCR Nested, TCR Gene Rearrangement	55	534	2650	3312	5180	4140
J611	RT-PCR Hot Start	74	745	3708	4637	7250	5796
J613	Gene rearrangement by Direct Sequencing	129	1270	6348	7940	12411	9927
J614	Mutation analysis by ASO PCR	129	1270	6348	7940	12411	9927
J615	DIRECT SEQUENCING FOR EGFR MUTATION ANALYSIS	267	2645	5290	6348	9126	7935
J616	RT-PCR for RAS / BRAF mutation analysis	170	1693	8464	10580	16542	13230
J617	RT-PCR for EBV analysis	170	1693	8464	10580	16542	13230

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
J618	Direct Sequencing for RAS mutation analysis	423	4232	8464	10157	14600	12696
J620	Snap shot PCR for EGFR,RAS, and PTEN	221	2162	10810	13800	21160	17020
J621	RT-PCR for EGFR Mutation analysis	170	1693	8464	10580	16542	13230
J622	Direct Sequencing for DPD Testing	423	4232	8464	10157	14600	12696
J623	NGS Platform - limited Panel (10 genes)	690	6900	13800	17250	26910	21528
J624	NGS Platform - extended Panel (> 50 genes)	1380	13800	27600	34500	53912	43125
GENERAL MEDICINE							
K001	Consultation (General Medicine)	0	0	736	736	736	736
K002	Cross Consultation (General Medicine)	0	0	460	460	460	460
K003	Follow-Up Consultation (General Medicine)	0	0	460	460	460	460
K101	Electrocardiogram	5	46	248	313	497	396
K107	PFT (Spirometry)	14	120	616	773	1205	966
K108	Complete PFT with Diffusion and Lung Volume Study	18	193	975	1224	1914	1527
K112	Diffusion Study	9	83	423	534	837	672
K113	Lung Volume Study	9	101	488	607	957	764
K116	Echocardiogram Bedside (H)	23	212	1058	1325	2070	1656
K117	Echocardiogram Bedside (P)	0	0	1592	1987	3110	2484
K118	Echocardiogram + Color Doppler (H)	18	166	846	1058	1656	1325
K119	Echocardiogram + Color Doppler (P)	0	0	846	1058	1656	1325
K120	Trans Oesophageal Echocardiograph (H)	32	322	1592	1987	3110	2484
K121	Trans Oesophageal Echocardiograph (P)	0	0	1592	1987	3110	2484
K122	Cardiac Stress Test (H)	9	110	534	672	1049	837
K123	Cardiac Stress Test (P)	0	0	745	929	1454	1159
K124	Cardiopulmonary Stress Test (H)	18	184	920	1150	1794	1435
K125	Cardiopulmonary Stress Test(P)	0	0	1380	1730	2705	2162
K128	Cardiac Biomarkers	23	230	1150	1435	2245	1794
PSYCHIATRY & CLINICAL PSYCHIATRY							
K301	Cross Consultation (Psychiatry)	0	0	460	460	460	460
K302	Follow-Up Consultation (Psychiatry)	0	0	460	460	460	460
K303	Psychometric Testing	5	64	322	405	635	506
PULMONARY UNIT							
K401	Cross Consultation (Pulmonary Unit)	0	0	460	460	460	460
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	460	460	460	460
HONORARY CONSULTANTS							

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
L101	Cross Consultation (Nephrology)	0	0	460	460	460	460
L102	Follow-Up Consultation (Nephrology)	0	0	460	460	460	460
L103	Cross Consultation (Dermatologist)	0	0	460	460	460	460
L104	Follow up Consultation (Dermatologist)	0	0	460	460	460	460
L105	Cross Consultation (Endocrinologist)	0	0	460	460	460	460
L106	Follow up Consultation (Endocrinologist)	0	0	460	460	460	460
L107	Cross Consultation (Ophthalmologist)	0	0	460	460	460	460
L108	Follow up Consultation (Ophthalmologist)	0	0	460	460	460	460
L111	Peritoneal Dialysis	18	193	984	1233	1932	1546
L112	Femoral Vein Catheterisation	9	83	396	497	782	626
L113	Subclavian Vein Catheterisation	14	120	589	736	1150	920
L114	CAVH	18	184	911	1141	1785	1426
L115	Renal Biopsy	9	83	396	497	782	626
NEUROLOGY							
L301	Cross Consultation (Neurology)	0	0	460	460	460	460
L302	Follow-Up Consultation (Neurology)	0	0	460	460	460	460
NEUROSURGERY							
L401	Cross Consultation (Neurosurgery)	0	0	460	460	460	460
L402	Follow-Up Consultation (Neurosurgery)	0	0	460	460	460	460
ENT							
L501	Cross Consultation (ENT)	0	0	460	460	460	460
L502	Follow-Up Consultation (ENT)	0	0	460	460	460	460
CLINICAL HAEMATOLOGY							
L601	Cross Consultation (Clinical Haematology)	0	0	460	460	460	460
L602	Follow-Up Consultation (Clinical Haematology)	0	0	460	460	460	460
HEPATOLOGY							
L701	Cross Consultation (Hepatology)	0	0	460	460	460	460
L702	Follow-Up Consultation (Hepatology)	0	0	460	460	460	460
DIGESTIVE DISEASES & CLINICAL NUTRITION							
CONSULTATIONS							
M001	First Consultation (Digestive Diseases)	0	0	736	736	736	736
M002	Cross Consultation (Digestive Diseases)	0	0	460	460	460	460
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	460	460	460	460
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	4600	5750	8979	7185

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
M005	Intravenous Bolus (per Cycle)	0	0	690	865	1362	1086
M006	TPN Therapy (New Plan)	0	0	2650	3312	5180	4140
M007	Enteral Nutrition Therapy (New Plan)	0	0	2015	2521	3947	3156
M008	Home Enteral Nutrition Care (New Plan)	0	0	1270	1592	2484	1987
M009	Home TPN Therapy (New Plan)	0	0	2650	3312	5180	4140
M016	Chemotherapy Indoor Charges per Cycle (Digestive Diseases)	0	0	4140	5180	8096	6477
M017	Chemotherapy Daycare Charges per Day (Digestive Diseases)	0	0	368	460	727	580
M018	Dietary Counseling Oral (New Plan)	0	0	653	819	1279	1021
M019	REE Estimation	0	0	2539	322	322	322
M020	Body Composition	0	0	1270	1592	2484	1987
M022	Inpatient Care (Neutropenia Care/ Hepatitis)	0	0	2650	3312	5180	4140
M023	TPN Therapy (Follow-up/ Replan)	0	0	1858	2318	3625	2898
M024	TPN Daily Monitoring	0	0	690	865	1362	1086
M025	Enteral Nutrition Therapy (Follow-up/ Replan)	0	0	1408	1766	2760	2208
M026	Enteral Nutrition Therapy Daily Monitoring	0	0	460	580	911	727
M027	Dietary Counseling Oral (Follow-up)	0	0	460	570	892	718
PROCEDURES (HOSPITAL SERVICE CHARGES)							
M051	Endoscopy Room Charges Grade I	23	230	1141	1426	2236	1785
M052	Endoscopy Room Charges Grade II	32	313	1555	1941	3036	2429
M053	Endoscopy Room Charges Grade III	46	451	2272	2843	4444	3551
M054	Endoscopy Room Charges Grade IV	60	598	2990	3735	5842	4674
M055	Endoscopy Room Charges Grade V	92	911	4545	5686	8887	7112
M056	Endoscopy Room Charges Grade VI	138	1380	6909	8639	13506	10801
M057	Endoscopy Room- Cholangioscopy Probe Charge	18400	18400	18400	18400	18400	18400
M058	Endoscopy Room- Sedation (NAAS)	9	110	534	662	1040	828
M059	Endoscopy Room- Video Recording	9	101	184	230	359	285
M060	Endoscopy Room- Color Print Images/ Report	9	101	184	230	359	285
M061	Helicobacter Pylori Breath Test	28	258	1270	1592	2484	1987
PROCEDURES (PROFESSIONAL CHARGES)							
M101	Rigid Sigmoidoscopy	0	0	1371	1711	2677	2144
M102	Tissue Sampling- Biopsy	0	0	1371	1711	2677	2144
M103	Oesophageal ILRT Tube Placement- Over wire only	0	0	1371	1711	2677	2144
M104	Peg Tube Removal/ Exchange	0	0	662	828	1297	1040
M105	Ryle's Tube Placement	0	0	1270	1592	2484	1987

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
M106	Nasogastric tube Over wire & Non-Fluroscopic	0	0	1371	1711	2677	2144
M107	Tissue Sampling- Cytology	0	0	1270	1592	2484	1987
M108	Gastric Lavage/ Decompression	0	0	662	828	1297	1040
M109	Ascitic Fluid Aspiration (DDCN)	0	0	1270	1592	2484	1987
M110	Pleural Fluid Tapping (DDCN)	0	0	782	975	1527	1224
M111	Pericardial Tapping (DDCN)	0	0	1748	2190	3432	2742
M112	Liver Biopsy	0	0	2015	2521	3947	3156
M113	CSF tapping (DDCN)	0	0	552	690	1086	865
M114	CVP Access (DDCN)	0	0	662	828	1297	1040
M115	Indwelling Peritoneal Catheter Placement (DDCN)	0	0	1371	1711	2677	2144
M116	Percutaneous Ethanol Injection	0	0	2015	2521	3947	3156
M117	Needle Aspiration (Non USG Guided)	0	0	662	828	1297	1040
M206	Flexible Sigmoidoscopy	0	0	4020	5023	7857	6284
M207	Pile Banding / Injection	0	0	4020	5023	7857	6284
M208	Flexible Sigmoidoscopy (repeat)	0	0	2815	3524	5511	4407
M301	Sideviewing Duodenoscopy	0	0	4710	5888	9200	7360
M303	Colonoscopy	0	0	4710	5888	9200	7360
M305	Dye Chromoendoscopy (Standard Imaging)	0	0	4710	5888	9200	7360
M306	Jejuno-Enteroscopy (Push Type Limited Exam)	0	0	4710	5888	9200	7360
M309	EUS of Rectum/Sigmoid Colon	0	0	4710	5888	9200	7360
M310	Endosonoprobe Examination	0	0	4710	5888	9200	7360
M311	Endoscopic Naso-gastric Tube Placement (Non-Fluroscopic)	0	0	4710	5888	9200	7360
M312	Esophageal Dilation (Non-Fluroscopic)- 1 session	0	0	4710	5888	9200	7360
M313	Foreign Body Removal (Non-Fluroscopic)	0	0	4710	5888	9200	7360
M314	Hemostasis: Variceal Banding	0	0	4710	5888	9200	7360
M315	Hemostasis: Clipping	0	0	4710	5888	9200	7360
M316	Hemostasis: Glue Injection	0	0	4710	5888	9200	7360
M317	Hemostasis: Bicap Coagulation	0	0	4710	5888	9200	7360
M318	Hemostasis: Injection Therapy	0	0	4710	5888	9200	7360
M323	Diagnostic Upper GI Endoscopy	0	0	4710	5888	9200	7360
M324	Diagnostic Upper GI Endoscopy (repeat)	0	0	3294	4122	6440	5152
M325	Colonoscopy (Repeat)	0	0	3294	4122	6440	5152
M326	Clip Marking	0	0	4710	5888	9200	7360
M327	Dye Chromoendoscopy: Standard Imaging (repeat)	0	0	3294	4122	6440	5152

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
M328	Esophageal Dilation (Non-Fluoroscopic) (partial)	0	0	3294	4122	6440	5152
M329	ERCP Diagnostic Non-cholangioscopy (repeat)	0	0	3294	4122	6440	5152
M330	Hemostasis: Argon Plasma Coagulation	0	0	4710	5888	9200	7360
M331	Hemostasis: Sclerotherapy	0	0	4710	5888	9200	7360
M332	Hemostasis: Loop Ligation	0	0	4710	5888	9200	7360
M333	Polypectomy Cold Snare / Hot Biopsy	0	0	4710	5888	9200	7360
M334	Jejunio-Enteroscopy (Push Type Limited Exam- Repeat)	0	0	3294	4122	6440	5152
M401	EUS: Pancreas and Bile Ducts	0	0	6026	7535	11776	9421
M403	Esophageal Stenting	0	0	6026	7535	11776	9421
M404	Percutaneous Endoscopic Gastrostomy	0	0	6026	7535	11776	9421
M405	Percutaneous Endoscopic Jejunostomy	0	0	6026	7535	11776	9421
M406	Achalasia Dilatation	0	0	6026	7535	11776	9421
M407	Gastric or Pyloric Dilation (Non-Fluoroscopic)- 1 session	0	0	6026	7535	11776	9421
M408	Rectal or Colonic Dilation (Non-Fluoroscopic)- 1 session	0	0	6026	7535	11776	9421
M409	Polypectomy (upto 2 polyps and stalked)	0	0	6026	7535	11776	9421
M411	Ablation: Laser Therapy	0	0	6026	7535	11776	9421
M412	Ablation: Argon Plasma Coagulation	0	0	6026	7535	11776	9421
M413	ERCP Sphincterotomy	0	0	6026	7535	11776	9421
M414	Endoscopic Cyst Drainage	0	0	6026	7535	11776	9421
M415	ERCP Naso-Biliary Drainage	0	0	6026	7535	11776	9421
M416	Biliary/ Pancreatic Cytology	0	0	2346	2935	4591	3671
M417	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI)	0	0	6026	7535	11776	9421
M418	Magnification Dye Chromoendoscopy	0	0	6026	7535	11776	9421
M419	Capsule Endoscopy Imaging	0	0	8041	10056	15714	12567
M420	Capsule Endoscopy Imaging (Repeat)	0	0	5630	7038	10994	8795
M421	Clip Application (Non-Hemostatic, Markers)	0	0	3220	4030	6302	5042
M422	Ablation: Cryotherapy/ PDT	0	0	5244	6560	10249	8197
M423	Ablation: Cryotherapy/ PDT (Partial)	0	0	3671	4591	7176	5741
M424	Ablation: Argon Plasma Coagulation (Partial)	0	0	4223	5281	8262	6606
M425	Gastric or Pyloric Dilation- Non-Fluoroscopic (Partial)	0	0	4223	5281	8262	6606
M426	Rectal or Colonic Dilation- Non-Fluoroscopic (Partial)	0	0	4223	5281	8262	6606
M427	Achalasia Dilatation (Partial)	0	0	4223	5281	8262	6606
M428	ERCP Naso-Pancreatic Drainage	0	0	6026	7535	11776	9421
M429	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI) (Repeat)	0	0	4223	5281	8262	6606

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
M430	Magnification Dye Chromoendoscopy (Repeat)	0	0	4223	5281	8262	6606
M431	EUS Radial Mediastinum and/ or Upper Abdomen	0	0	6026	7535	11776	9421
M432	Decompression: NJT placement	0	0	4710	5888	9200	7360
M433	Decompression: Colonic tube placement	0	0	4710	5888	9200	7360
M434	Stenting: Enteral	0	0	7673	9596	14996	11997
M435	Stenting: Colonic	0	0	7673	9596	14996	11997
M436	Dilatation Luminal Fluoroscopic	0	0	6026	7535	11776	9421
M437	Hemostasis: Post Endoscopic Resection	0	0	6026	7535	11776	9421
M438	Foreign Body Removal (Fluroscopic)	0	0	6026	7535	11776	9421
M439	Diagnostic ERCP (Non-cholangioscopic)	0	0	4710	5888	9200	7360
M501	ERCP Biliary Stenting (Single)	0	0	8041	10056	15714	12567
M502	ERCP Pancreatic Stenting (Single)	0	0	8041	10056	15714	12567
M503	Multiple Polypectomy (more than 2 polyps and stalked)	0	0	8041	10056	15714	12567
M504	EUS Guided FNA	0	0	8041	10056	15714	12567
M506	Radiofrequency Ablation	0	0	8041	10056	15714	12567
M508	ERCP Biliary Stenting (Multiple Stents)	0	0	8041	10056	15714	12567
M510	ERCP Pancreatic Stenting (Multiple)	0	0	8041	10056	15714	12567
M512	ERCP Biliary Stone extraction	0	0	8041	10056	15714	12567
M514	ERCP Pancreatic Stone extraction	0	0	8041	10056	15714	12567
M516	ERCP Biliary Stricture Dilatation	0	0	8041	10056	15714	12567
M518	ERCP Pancreatic Stricture Dilatation	0	0	8041	10056	15714	12567
M520	ERCP Sphincteroplasty	0	0	8041	10056	15714	12567
M522	ERCP in Bilroth II Anatomy	0	0	8041	10056	15714	12567
M524	ERCP Extraction: Internally migrated stent	0	0	8041	10056	15714	12567
M526	ERCP Mechanical Lithotripsy	0	0	8041	10056	15714	12567
M528	ERCP Minor Papilla therapy	0	0	8041	10056	15714	12567
M530	EUS Guided Colour Doppler	0	0	8041	10056	15714	12567
M532	EUS Miniprobe Luminal examination	0	0	8041	10056	15714	12567
M534	EUS Guided Celiac Plexus Neurolysis	0	0	8041	10056	15714	12567
M536	EUS Linear imaging (No FNAC)	0	0	8041	10056	15714	12567
M538	EUS Advanced Imaging: 3D/ Elastography/ CE/ THI	0	0	8041	10056	15714	12567
M540	Nasogastric tube placement Fluoroscopic	0	0	5244	6560	10249	8197
M542	Nasojejunal tube placement	0	0	6026	7535	11776	9421
M544	Stenting: Cervical Esophagus	0	0	8041	10056	15714	12567

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
M546	Stenting: Gastro-duodenal	0	0	8041	10056	15714	12567
M548	Endotherapy post Bariatric surgery	0	0	8041	10056	15714	12567
M550	Multiple Polypectomy (> 2 polyps and stalked) - partial	0	0	5630	7038	10994	8795
M602	Capsule Biopsy of Small Bowel	0	0	1371	1711	2677	2144
M606	EUS Intraductal (Biliary- pancreatic examination)	0	0	9200	11500	17977	14380
M608	Cholangioscopy	0	0	13800	17250	26956	21565
M610	Device Assisted (Balloon)/ Push Type Enteroscopy	0	0	13800	17250	26956	21565
M612	Endoscopic tumor resection (EMR/ESD/Ampullectomy)	0	0	13800	17250	26956	21565
M614	Endoscopic Pancreatic Necrosectomy	0	0	13800	17250	26956	21565
M616	ERCP Intrahepatic stone removal	0	0	13800	17250	26956	21565
M618	EUS: Endobronchial	0	0	13800	17250	26956	21565
M620	EUS Guided Pseudocyst Drainage	0	0	13800	17250	26956	21565
M622	EUS-ERCP Combined Biliary Drainage	0	0	13800	17250	26956	21565
M624	High resolution Anoscopy (HRA)	0	0	13800	17250	26956	21565
M626	Percutaneous Endoscopic Colostomy	0	0	13800	17250	26956	21565
M628	Myotomy	0	0	13800	17250	26956	21565
	ANAESTHESIOLOGY , CRITICAL CASE AND PAIN MANAGEMENT						
	CONSULTATIONS						
N001	Consultation (PAC - New case)	0	0	736	736	736	736
N002	Cross Consultation (Anaesthesiology)	0	0	460	460	460	460
N003	Follow-Up Evaluation (Anaesthesiology)	0	0	460	460	460	460
N004	Daily Round/Consultation Charges	0	0	230	230	230	230
	ANAESTHESIA CHARGES						
N101	Anesthesia Fees - Grade I	0	0	2861	3570	5584	4462
N102	Anesthesia Fees - Grade II	0	0	5290	6615	10332	8271
N103	Anesthesia Fees - Grade III	0	0	8464	10580	16532	13230
N104	Anesthesia Fees - Grade IV	0	0	10580	13230	20663	16532
N105	Anesthesia Fees - Grade V	0	0	14812	18520	28934	23147
N106	Anesthesia Fees - Grade VI	0	0	19044	23810	37196	29762
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	8464	10580	16532	13230
N108	Minor OT Anaesthesia charges	0	0	1058	1325	2070	1656
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	460	580	902	718
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	2760	3450	5391	4315
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	7820	9780	15272	12218

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	11500	14380	22466	17968
N113	Anesthesia charges for DL Scopy EUA	0	0	534	662	1040	828
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	534	662	1040	828
N115	Anaesthesia charges for Diagnostic CT	0	0	534	662	1040	828
N116	Sedation charges	0	0	534	662	1040	828
N117	Lumbar Puncture	0	0	534	662	1040	828
N118	Anesthesia charges for Interventional Radiology Grade I	0	0	846	1058	1656	1325
N119	Anesthesia charges for Interventional Radiology Grade II	0	0	1325	1656	2585	2070
N120	Anesthesia charges for Interventional Radiology Grade III	0	0	2116	2650	4131	3312
N121	Anesthesia charges for Interventional Radiology Grade IV	0	0	2650	3312	5170	4131
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	534	662	1040	828
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	635	800	1242	994
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	846	1058	1656	1325
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	1058	1325	2070	1656
N126	Anesthesia charges for Diagnostic endoscopy (GA)	0	0	1270	1592	2484	1987
N127	Anesthesia charges for Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	2116	2650	4131	3312
N128	Sedation and monitoring of Diagnostic endoscopy	0	0	534	662	1040	828
N129	Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	846	1058	1656	1325
N130	Anesthesia Fees - Grade VII	0	0	28566	35714	55798	44638
N131	TEG -Kaolin (Plain) Thrombelastograph	14	147	727	920	1380	1150
N132	TEG -Kaolin (Heparinase) Thrombelastograph Coagulation Test	23	230	1173	1472	2300	1840
ICU CHARGES							
N201	ICU Per Day Professional Charges	0	0	920	920	920	920
N202	CVP Access / Dialysis Catheter Insertion	0	0	662	828	1288	1030
N203	Swan Ganz Catheter	0	0	1316	1647	2567	2052
N204	Arterial Line	0	0	331	414	644	515
N205	Therapeutic Bronchoscopy	0	0	2650	3312	5170	4131
N206	Transvenous Pacemaker	0	0	1325	1656	2585	2070
N207	Percutaneous Tracheostomy	0	0	984	1233	1923	1536
N208	CAVH - 1st Day	0	0	984	1233	1923	1536
N209	Continuous Renal Replacement Therapy Per Day	0	0	635	800	1242	994
N210	ICU - Intubation and initiation of mechanical ventilation	0	0	423	534	828	662
N211	Advanced haemodynamic monitoring (FloTrac / PiCCo / Volume View etc) for the duration of 1	0	0	1270	1592	2484	1987
N212	Intermittent Hemodialysis / SLED per session	0	0	635	800	1242	994

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
PAIN CLINIC, RESPIRATORY, RADIOLOGY, RT PROCEDURES							
N301	Minor (Peripheral Nerve Block)	0	0	469	580	911	727
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	0	984	1233	1923	1536
N304	RT SELECTRON	0	0	662	819	1288	1030
N305	RT Iridium Implant	0	0	782	984	1527	1224
N311	Acute Pain Services(4days consolidated)	0	0	1592	1987	3100	2484
N312	Patient Controllre Analgesia(PCA)	0	0	1592	1987	3100	2484
N314	Chronic Pain Referral Followup (OPD/Ward)	0	0	460	580	902	718
N315	Epidural Catheterization	0	0	1316	1647	2567	2052
N350	Injection Verfen	11	11	11	11	11	11
N351	Injection Vermor 10 mg	11	11	11	11	11	11
N352	INJ PETHIDINE	37	37	37	37	37	37
N353	Injection Bupragesic 300 mg	15	15	15	15	15	15
SURGICAL ONCOLOGY							
O001	Consultation (New Case)	0	0	736	736	736	736
O002	Cross Consultation (Surgical Oncology)	0	0	460	460	460	460
O003	Follow-Up Consultation (Surgical Oncology)	0	0	460	460	460	460
O004	Chemotherapy Consultation Full Protocol (Surgical Oncology)	0	0	4600	5750	8979	7185
O005	Intravenous Bolus per Cycle (Surgical Oncology)	0	0	690	865	1362	1086
O006	Chemotherapy Indoor Charges per Cycle (Surgical Oncology)	0	0	4140	5180	8096	6477
O007	Chemotherapy Daycare Charges per Cycle Day (Surgical Oncology)	0	0	368	460	727	580
O008	Trucut Biopsy of Breast Lesions (OPD)	0	0	1279	1601	2502	2006
O009	Dressing during follow-up	0	0	267	331	515	414
OPERATION THEATRE (HOSPITAL CHARGES)							
O101	Minor OT - Service Charges	23	212	1196	1495	2337	1868
O111	Major OT - Service Charges - Less than 2 Hrs.	106	1058	5980	7475	11684	9347
O112	Major OT - Service Charges - 2 To 4 Hrs	212	2116	11960	14950	23359	18685
O113	Major OT - Service Charges - 4 to 6 Hrs	423	4232	23920	29900	46727	37380
O114	Minor OT - Drugs/Consumables (Without GA)	9	106	598	736	1150	920
O115	Minor OT - Drugs/Consumables (with GA)	18	161	897	1104	1730	1380
O116	Major OT - Service Charges - 6 to 8 Hrs	529	5290	29900	37380	58411	46727
O118	Major OT - Service Charges - More than 8 Hrs	635	6348	32200	40250	62891	50315
ROBOTIC							
O117	Robotic Surgery Consumable Charges	101200	101200	101200	101200	101200	101200

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
O119	Robotic Surgery Additional Instrument usage Charges	13800	13800	13800	13800	13800	13800
O120	Head & Neck Robotic surgery Consumable	46000	46000	46000	46000	46000	46000
O121	Robotic Surgery Vessel Scaler Charges	33120	33120	33120	33120	33120	33120
O122	Robotic Surgery for Prostate Consumable Charges	115000	115000	115000	115000	115000	115000
O123	Trilumen Filtered Tube Set For Airseal	14720	14720	14720	14720	14720	14720
O124	Access Port 120mm with Bladeless Optical 120mm	14720	14720	14720	14720	14720	14720
O125	Access Port 12mm with Bladeless Optical 100mm	8280	8280	8280	8280	8280	8280
SURGERY CHARGES							
O151	Minor OT - Surgery Charges	0	0	1058	1325	2070	1656
O161	Grade I Surgery	0	0	5290	6615	10332	8271
O162	Grade II Surgery	0	0	13230	16532	25834	20663
O163	Grade III Surgery	0	0	21160	26450	41326	33065
O164	Grade IV Surgery	0	0	26450	33065	51658	41326
O165	Grade V Surgery	0	0	37030	46294	72330	57859
O166	Vascular Surgery Cover (Outsourced)	0	0	32200	40250	50324	50324
O167	Grade VI Surgery	0	0	47610	59515	92994	74391
O168	Prof. charges for Neuro navigation	0	0	10580	13230	20663	16532
O169	Prof. charges for fluorescence guided Neurosurgical procedure	0	0	5290	6615	10332	8271
DENTAL AND PROSTHETIC SERVICES							
P102	Cross Consultation (Dental)	0	0	460	460	460	460
P103	Follow-Up Consultation (Dental)	0	0	460	460	460	460
P201	Surgical Maxillary Plate (Temp. Plate)	28	258	1270	1592	2484	1987
P202	Interim Maxillary Prosthesis	69	690	3441	4306	6725	5382
P203	Permanent Maxillary Prosthesis with Teeth	106	1058	5290	6615	10341	8271
P204	Palatal Prosthesis	92	911	4554	5695	8906	7121
P205	Palatal Ext. Prosthesis with Teeth	92	911	4554	5695	8906	7121
P206	Guide Plane Prosthesis	69	690	3441	4306	6725	5382
P207	Tongue Prosthesis	133	1316	6560	8197	12816	10249
P208	Partial Denture (1 - 3 Teeth)	32	322	1592	1987	3110	2484
P209	Partial Denture (4 - 6 Teeth)	41	396	1960	2447	3827	3064
P210	Partial Denture (7 - 10 Teeth)	55	534	2650	3312	5180	4140
P211	Upper or Lower Complete Denture	78	782	3919	4904	7664	6127
P212	Upper and Lower Complete Denture	133	1316	6560	8197	12816	10249
P213	Interim Maxillary Prosthesis in Molloplast Cap	133	1316	6560	8197	12816	10249

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
P214	Permanent Maxillary Prosthesis in Molloplast Cap	156	1564	7829	9789	15300	12236
P216	Extraction per Tooth	5	55	267	331	515	414
P217	Surgical Extraction per Tooth	9	110	534	672	1049	837
P218	Impaction	32	331	1638	2052	3211	2567
P220	Prophylaxis	14	129	635	791	1242	994
P222	Radiation Protection Pros. (Upper/Lower)	64	653	3284	4103	6422	5134
P225	Repair of Prosthesis	14	129	653	819	1279	1021
P226	Fluoride Gel Application (per Sitting)	9	83	423	534	837	672
P227	Inter Maxillary Wiring	28	258	1270	1592	2484	1987
P229	Implant Retained Extra Oral Prosthesis / Consolidated	184	1840	9200	11500	17977	14380
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated Per Tooth	64	653	3284	4103	6422	5134
P231	Implant Retained Intra Oral Removable Dentures/ Consolidated	184	1840	9200	11500	17977	14380
P232	Permanent Max. Pros. with Bite Guide Pros.	87	892	4444	5557	8685	6946
P233	Permanent Max. Pros. with Teeth & GPP	138	1398	6983	8731	13644	10911
P235	Occlusal Guard	14	129	635	791	1242	994
P236	Composite Filling	9	101	497	626	975	782
P237	Temporary Filling (ZNOE Cement)	5	28	129	166	267	212
P238	Ag Filling / GI Filling	5	64	322	405	635	506
P239	Occulasal Guard	41	423	2116	2650	4140	3312
P240	Bilateral GPP (Bite guide Prosthesis)	106	1058	5290	6615	10341	8271
P241	Skull implant (medium) (3cm x 3 cm)	170	1693	8464	10580	16542	13230
P242	Custom made eye conformer	83	846	4232	5290	8271	6615
P243	Implant retained - nose orbit, ear	170	1693	8464	10580	16542	13230
P244	Mandible Implant (Full)	253	2539	12696	15870	24794	19835
P245	TEP	55	534	2650	3312	5180	4140
P246	Eye Prosthesis (Relining)	32	322	1592	1987	3110	2484
P247	Root canal treatment	41	423	2116	2650	4140	3312
P248	Interim Maxillary Prosthesis with Molloplast Bulb	331	3312	16560	20700	32347	25880
P249	Permanent Maxillary Prosthesis with Molloplast Bulb	405	4048	20240	25300	39542	31630
RADIATION ONCOLOGY							
CONSULTATIONS							
Q001	Consultation (New Case)	0	0	736	736	736	736
Q002	Cross Consultation (Radiation Oncology)	0	0	460	460	460	460
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	460	460	460	460

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
Q004	Chemotherapy Consultation (Full Protocol) (Radiation Oncology)	0	0	4020	5023	7857	6284
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	0	0	662	828	1297	1040
Q006	Chemotherapy Indoor Charges per Cycle (Radiation Oncology)	0	0	4020	5023	7857	6284
Q007	Chemotherapy Daycare Charges per Cycle (Radiation Oncology)	0	0	1408	1757	2751	2199
EXTERNAL RT (HOSPITAL CHARGES)							
Q101	25 or More Fractions (Hosp. Charges)	147	1463	7305	9136	14269	11417
Q102	11 To 24 Fractions (Hosp. Charges)	78	800	4020	5023	7857	6284
Q103	2 To 10 Fractions (Hosp. Charges)	55	534	2686	3358	5244	4195
Q104	Single Fraction/HBI (Hosp. Charges)	28	267	1343	1684	2631	2107
Q105	SRS/SRT (Hosp. Charges)	911	9099	45494	56865	88854	71079
Q106	IMRT (Hosp. Charges)	741	7406	37030	46285	72321	57859
Q107	IMRT with IGRT (Hosp. Charges)	911	9099	45494	56865	88854	71079
Q108	SRS/SRT with IGRT (Hosp. Charges)	1058	10580	52900	66130	103325	82662
Q109	3D-CRT with IGRT (Hosp. Charges)	741	7406	37030	46285	72321	57859
Q120	4D-CRT Planning (Hosp. Charges)	129	1270	6348	7940	12411	9927
Q121	Simulator	23	212	1058	1325	2070	1656
Q122	TPS	14	129	653	819	1279	1021
Q123	Mould/Block/Compensators	14	129	653	819	1279	1021
Q124	Conformal Block/MLC	55	534	2650	3312	5180	4140
Q125	Body Frame	55	534	2650	3312	5180	4140
Q126	CT Simulator	28	258	1270	1592	2484	1987
Q127	3D-CRT Consolidated (Hosp. Charges)	345	3450	17250	21565	33700	26956
Q128	TBI / TSET Consolidated (Hosp. Charges)	345	3450	17250	21565	33700	26956
EXTERNAL RT (PROFESSIONAL CHARGES)							
Q201	25 or More Fractions (Prof. Charges)	0	0	8786	10985	17167	13736
Q202	11 To 24 Fractions (Prof. Charges)	0	0	6670	8335	13027	10424
Q203	2 To 10 Fractions (Prof. Charges)	0	0	4655	5824	9099	7277
Q204	Single Fraction/HBI (Prof. Charges)	0	0	2650	3312	5180	4140
Q205	SRS/SRT (Prof. Charges)	0	0	26450	33065	51667	41336
Q206	IMRT (Prof. Charges)	0	0	40204	50260	78531	62827
Q207	IMRT with IGRT (Prof. Charges)	0	0	56819	71024	110980	88780
Q208	SRS/SRT with IGRT (Prof. Charges)	0	0	56819	71024	110980	88780
Q209	3D-CRT with IGRT (Prof. Charges)	0	0	40204	50260	78531	62827
Q227	3D-CRT Consolidated (Prof. Charges)	0	0	21059	26321	41124	32899

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
Q228	TBI / TSET Consolidated (Prof. Charges)	0	0	21059	26321	41124	32899
BRACHYTHERAPY (IRRESPECTIVE OF NUMBER OF FRACTIONS) HOSPITAL CHARGES							
Q303	LDR - Surface Mould/ Eye Plaque (Hosp. Charges)	28	258	1270	1592	2484	1987
Q321	HDR - CVS (Hosp. Charges)	28	258	1270	1592	2484	1987
Q322	HDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	78	782	3919	4904	7664	6127
Q323	HDR - Surface Mould (Hosp. Charges)	41	405	2015	2521	3947	3156
Q324	HDR - Interstitial/Template (Hosp. Charges)	115	1150	5750	7185	11224	8979
Q325	Radical Brachytherapy HDR (Hosp. Charges)	175	1748	8758	10948	17112	13690
BRACHYTHERAPY (IRRESPECTIVE OF NUMBER OF FRACTIONS) PROFESSIONAL CHARGES							
Q403	LDR - Surface Mould/ Eye Plaque (Prof. Charges)	0	0	1270	1592	2484	1987
Q421	HDR - CVS (Prof. Charges)	0	0	2650	3312	5180	4140
Q422	HDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	3919	4904	7664	6127
Q423	HDR - Surface Mould (Prof. Charges)	0	0	3919	4904	7664	6127
Q424	HDR - Interstitial/Template (Prof. Charges)	0	0	7480	9347	14610	11684
Q425	Radical Brachytherapy HDR (Prof. Charges)	0	0	9458	11822	18474	14775
Q426	Brachytherapy with MRI/3D Planning (Prof. charges)	0	0	2116	2650	4140	3312
REHABILITATION SERVICE							
ANCILIARY SERVICES STOMA CLINIC							
R101	Only Pre-Op. Counseling & Stoma Marking	0	0	267	331	515	414
R102	Pre & Post-Op. Counseling of Stoma Care	0	0	1030	1288	2015	1610
R103	Two Stoma Care Including Pre & Post Op. Counseling	0	0	1049	1316	2061	1647
R104	Fixing of Drain Pouches	5	55	258	322	506	405
R109	Post Op. Counseling & Single Stoma Care	0	0	957	1196	1877	1500
R110	Post Op. Counseling & Two Stoma Care	0	0	1214	1518	2374	1895
R111	Wound/Fistula/Incontinence Care (per Sitting)	5	55	267	331	515	414
R112	Distal Stoma Wash/Irrigation (per Sitting)	5	55	267	331	515	414
ANCILIARY SERVICES PHYSIOTHERAPY							
R202	Physiotherapy - Electrical Stimulation	5	28	138	175	276	221
R203	Physiotherapy General Exercises	5	46	212	267	414	331
R204	Transcutaneous Nerve Stimulation	5	28	138	175	276	221
R205	Ultrasound Therapy	5	28	138	175	276	221
R206	Infrared Rays Therapy	0	9	64	83	129	101
R207	Interference Therapy	5	28	138	175	276	221
R208	Continuous Passive Movement Exercises	5	37	184	230	359	285

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
R209	Pre-Operative Chest Therapy	5	28	129	166	267	212
R210	Post-Operative Chest Therapy	5	46	230	285	451	359
R211	Postural Drainage	5	55	258	322	506	405
R212	Specialised Exercises	5	55	276	350	552	442
R213	Bio Feedback	5	37	193	239	377	304
R214	Long Wave Diathermy	5	28	129	166	267	212
R215	Post operative Breast class	5	46	212	267	414	331
R216	Manual Lymphatic Drainage	5	55	276	350	552	442
R217	Pulmonary Rehabilitation	5	55	276	350	552	442
R218	Manual Mobilization (Major)	5	55	267	331	515	414
R219	Manual Mobilization (Minor)	5	46	212	267	414	331
R220	Incontinence Management	5	28	156	193	304	239
R221	Multi-layer Bandaging	5	37	184	230	359	285
R222	Complete Decongestive Therapy	5	64	322	405	635	506
R223	Ambulation	5	37	184	230	359	285
R224	Moist Heat	5	18	74	92	147	120
R225	Cryotherapy	5	18	74	92	147	120
R226	Traction	5	18	92	120	184	147
R227	Active-Passive Trainer	5	55	276	350	552	442
R228	Consultation (New Case)	0	0	184	184	184	368
R229	Follow-Up Consultation	0	0	92	92	92	184
ANCILIARY SERVICES OCCUPATIONAL THERAPY							
R303	Facial Splint	9	74	138	138	138	212
R304	Counselling	0	0	184	230	359	285
R305	Counselling & Exercise	0	0	207	258	405	322
R306	Follow-Up Counselling	0	0	184	230	359	285
R307	Splinting Accessories	9	92	184	184	184	285
R308	Manual Lymphatic Drainage	5	55	276	350	552	442
R309	Multi-layer Bandaging	5	37	184	230	359	285
R310	Complete Decongestive Therapy	5	64	322	405	635	506
R316	MRM Bras	14	138	267	267	267	414
R324	Lymphedema - Accessories	9	83	166	166	166	258
R326	Dermagrip (Double Stretch - C)	28	267	534	534	534	837
R327	Dermagrip (Double Stretch - D)	32	331	653	653	653	1021

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
R328	Dermagrip (Double Stretch - E)	37	359	718	718	718	1122
R329	Dermagrip (Double Stretch - F)	37	386	764	764	764	1196
R331	Vaginal Dilatation Procedure	5	18	110	138	221	175
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	28	267	534	534	534	837
R333	Thermoplastic splint making charges (Extremities)	14	138	267	267	267	414
R334	Total contact brace (Spinal) 45 x 60 sq cm	230	2300	4600	4600	4600	7185
R335	Total contact brace (Spinal) 90 x 60 sq cm	460	4600	9200	9200	9200	14380
R345	Orfit Splints - Major	166	1647	3284	3284	3284	5134
R346	Orfit Splints - Minor	28	258	515	515	515	810
R363	Silicon Mouth Blocks	9	74	138	138	138	212
R372	Modification in Orthosis	5	64	120	120	120	184
R376	Neurocognitive Assessment and Intervention	5	46	230	285	451	359
R377	Lymphapress	5	55	258	322	506	405
R378	Prosthesis / Orthosis Fittings & Measurement	5	37	184	230	359	285
ANCILIARY SERVICES SPEECH THERAPY							
R401	Speech Therapy Fist Consultation	0	0	322	322	322	322
R402	Speech Therapy Follow-up Consultation	0	0	110	110	110	110
ANCILIARY SERVICES TISSUE BANK							
R508	Skin 6 x 4 cm	9	83	166	166	166	331
R509	Skin 10 x 4 cm	14	138	276	276	276	552
R510	Skin 10 x 8 cm	28	276	552	552	552	1104
R512	Cortico-cancellous Bone Block 2 x 2 x 0.5 cm	46	460	920	920	920	1840
R513	Cortico-cancellous Bone Block 2 x 2 x 1 cm	60	580	1150	1150	1150	2300
R516	Rib 8 - 16 cm	32	322	644	644	644	1288
R517	Femoral Head >= 20gms	133	1334	2668	2668	2668	5336
R518	Bone Granules per 0.5cc	14	138	276	276	276	552
R519	Processing Fess	0	0	0	0	0	3680
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	175	1730	3450	3450	3450	6900
R523	Struts (Humerus, Femur, Tibia) > 10 cm	230	2300	4600	4600	4600	9200
R525	Courier Handling Charges	0	0	0	0	0	736
R526	Demineralised Bone Granules per 0.5 cc	28	276	552	552	552	1104
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	92	920	1840	1840	1840	3680
R529	Struts (Fibula, Radius, Ulna) > 10 cm	115	1150	2300	2300	2300	4600
R530	Irradiation of Tissue per Load	0	0	0	0	0	368

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
R531	Demineralised Cancellous Bone Blocks 2 x 2 x 1 cm	106	1040	2070	2070	2070	4140
R532	Demineralised Cancellous Bone per 10 Strips 2 x 0.5 x 0.5 cm	161	1610	3220	3220	3220	6440
R533	Femoral Head (< 10 gm)	37	350	690	690	690	1380
R534	Femoral Head (10 - 14 gm)	60	580	1150	1150	1150	2300
R535	Femoral Head (15 - 19 gm)	106	1040	2070	2070	2070	4140
R536	Tibial Slices (< 10 gm)	23	230	460	460	460	920
R537	Tibial Slices (10 - 14 gm)	46	460	920	920	920	1840
R538	Tibial Slices (15 - 19 gm)	92	920	1840	1840	1840	3680
R539	Tibial Slices (>= 20 gm)	120	1196	2392	2392	2392	4784
R540	Metatarsal	32	313	616	616	616	1233
R541	Calcaneum	129	1288	2576	2576	2576	5152
R542	Talus	64	635	1260	1260	1260	2521
R543	Amnion 4-9 sq cm	5	46	92	92	92	184
R544	Amnion 10-45 sq cm	9	74	138	138	138	276
R545	Amnion 46-99 sq cm	9	101	193	193	193	386
R546	Amnion > 100 sq cm	14	129	258	258	258	515
R547	Demineralised Cancellous Bone Block 2 x 1 x 1	69	690	1380	1380	1380	2760
R549	Demineralised Bone Block 0.5x0.5x0.5	28	258	506	506	506	1012
R550	Chorion 4-9 sqcm	5	46	92	92	92	184
R551	Chorion 10-45 sq cm	9	74	138	138	138	276
R552	Demineralised Cancellous Bone Block 1x1x1 cm	46	460	920	920	920	1840
R553	Cortico- Cancellous Bone Block 0.5 X 0.5 X 0.5 cm	14	138	276	276	276	552
R554	Cortico- Cancellous Bone Block 1 X 1 X 0.5 cm	28	276	552	552	552	1104
R555	Cortico- Cancellous Bone Block 1 X 1 X 1 cm	37	350	690	690	690	1380
R556	Tendon 0-15 cm	37	350	690	690	690	1380
R557	Tendon 15-30 cm	60	580	1150	1150	1150	2300
ANCILIARY SERVICES PROSTHETICS							
R611	Nose Prosthesis	189	1904	3809	3809	3809	7618
R612	Nose Implant	189	1904	3809	3809	3809	7618
R613	Ear Prosthesis	189	1904	3809	3809	3809	7618
R614	Ear Implant	189	1904	3809	3809	3809	7618
R615	Skull Implant (Small)	189	1904	3809	3809	3809	7618
R616	Skull Implant (Large)	271	2705	5400	5400	5400	10801
R617	Orbital Prosthesis	189	1904	3809	3809	3809	7618

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
R618	Occular Implant (Conformer)	133	1325	2650	2650	2650	5299
R619	Chin Implant	189	1904	3809	3809	3809	7618
R620	Mandible Implant	189	1904	3809	3809	3809	7618
R621	Testicular Implant	189	1904	3809	3809	3809	7618
R622	Vaginal Mould 3 Sizes (Each)	189	1904	3809	3809	3809	7618
R623	Breast Prosthesis	258	2594	5189	5189	5189	10378
R624	Breast Impressions	51	506	1003	1003	1003	2006
R625	Finger and Toe Prosthesis	179	1803	3597	3597	3597	7194
R626	Finger Joint Implants (10 Size 0 - 3)	110	1113	2226	2226	2226	4453
R627	Finger Joint Implants (10 Size 4 - 8)	189	1904	3809	3809	3809	7618
R628	Metacarpal Small	101	1012	2015	2015	2015	4030
R629	Metacarpal Large	161	1592	3174	3174	3174	6348
R630	Silastic Tendon Rod	161	1592	3174	3174	3174	6348
R631	Silastic Block	202	2015	4020	4020	4020	8041
R632	Sternum	281	2806	5612	5612	5612	11224
R633	Trachea Implant	202	2015	4020	4020	4020	8041
R634	Face Mask	51	506	1003	1003	1003	2006
R635	Ear Impression	51	506	1003	1003	1003	2006
R636	Skull Impression	51	506	1003	1003	1003	2006
R637	Orbital Impression	51	506	1003	1003	1003	2006
R638	Finger Impression	51	506	1003	1003	1003	2006
R639	Conformer Impression	28	285	561	561	561	1122
R640	Custom-Made Nasal Implant	400	4020	8041	8041	8041	16082
R641	Custom-Made Maxillary Implant	400	4020	8041	8041	8041	16082
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	400	4020	8041	8041	8041	16082
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	184	1858	3708	3708	3708	7415
R644	Silastic Ring	64	635	1270	1270	1270	2539
PALLIATIVE & HOME CARE							
R701	Consultation (New Case)	0	0	736	736	736	920
R702	Cross Consultation	0	0	460	460	460	460
R703	Follow-Up Consultation	0	0	460	460	460	460
PREVENTIVE ONCOLOGY							
S001	Routine Examination of Female Patients	55	552	1104	1104	1104	1380
S002	Routine Examination of Male Patients	46	460	920	920	920	1104

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
MEDICAL GENETICS							
T001	Consultation (New Case)	0	0	736	736	736	736
T002	Cross Consultation	0	0	460	460	460	460
T003	Follow-Up Consultation	0	0	460	460	460	460
CANCER CYTOGENETICS							
CONVENTIONAL KARYOTYPING							
T004	GENETIC COUNSELLING	0	0	1380	1725	2157	2157
T301	Ph: t(9;22) karyotyping	156	1582	3165	3956	6192	4950
T302	CML Blast Crisis karyotyping	221	2217	4434	5548	8676	6937
T303	Acute Myeloid Leukemia karyotyping	221	2217	4434	5548	8676	6937
T304	Lymphoproliferative disorders karyotyping	221	2217	4434	5548	8676	6937
T305	Myelodysplastic Syndromes karyotyping	221	2217	4434	5548	8676	6937
T306	Myeloproliferative Neoplasms karyotyping	340	3404	6808	8510	13294	10635
T307	Acute Lymphoblastic leukemia karyotyping	221	2217	4434	5548	8676	6937
T308	Lymphoma karyotyping	285	2861	5713	7139	11160	8924
T309	Ploidy analysis	156	1582	3165	3956	6192	4950
T310	Clinical Genetic disorder	221	2217	4434	5548	8676	6937
T311	Constitutional karyotyping	221	2217	4434	5548	8676	6937
T312	Cell line karyotyping	446	4444	8878	11095	17333	13864
T313	Karyotyping in Bone and soft tissue sarcomas	382	3809	7608	9513	14858	11886
T314	Chromosomal breakage (fragility) studies in Fanconi's anemia/Aplastic Anemia	221	2217	4434	5548	8676	6937
T315	Acute Leukemia karyotyping	221	2217	4434	5548	8676	6937
FISH TESTS							
T401	BCR/ABL Ph: t(9;22)	138	1398	2788	3487	5456	4361
T402	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	244	2438	4876	6100	9531	7627
T403	PML-RARA : t(15;17)	138	1398	2788	3487	5456	4361
T404	PML-RARA t(15;17), variants	212	2098	4186	5235	8179	6541
T405	ETO-AML1:t(8;21)	138	1398	2788	3487	5456	4361
T406	t(9;11)	138	1398	2788	3487	5456	4361
T407	t(4;11)	138	1398	2788	3487	5456	4361
T408	t(6;11)	138	1398	2788	3487	5456	4361
T409	t(11;19)	138	1398	2788	3487	5456	4361
T410	t(9;11), t(4;11), t(11;19)	244	2438	4876	6100	9531	7627
T411	t(9;11), t(4;11), t(6;11)	244	2438	4876	6100	9531	7627

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
T412	ETO-AML1, MLL translocation	212	2098	4186	5235	8179	6541
T413	ETO-AML1, PML-RARA	212	2098	4186	5235	8179	6541
T414	BCR-ABL, MLL translocation	212	2098	4186	5235	8179	6541
T415	Inversion(16)	138	1398	2788	3487	5456	4361
T416	MLL translocation	138	1398	2788	3487	5456	4361
T417	Inversion(16)), MLL translocations	212	2098	4186	5235	8179	6541
T418	EVI1 translocation	189	1877	3754	4692	7342	5870
T419	t(6;9)	138	1398	2788	3487	5456	4361
T420	AML Panel 1(5 markers)	244	2438	4876	6100	9531	7627
T421	AML Panel 2(2 markers)	221	2190	4379	5474	8556	6845
T422	PDGFRA translocation/rearrangement	189	1877	3754	4692	7342	5870
T423	PDGFRB translocation/rearrangement	189	1877	3754	4692	7342	5870
T424	PDGFRA, PDGFRB, FGFR1 translocation/rearrangement	244	2438	4876	6100	9531	7627
T425	-5/del(5q)	138	1398	2788	3487	5456	4361
T426	-7/del(7q)	138	1398	2788	3487	5456	4361
T427	Trisomy 8	97	975	1941	2429	3800	3036
T428	Del(20q)	189	1877	3754	4692	7342	5870
T429	Del(17p13)-TP53 deletion	138	1398	2788	3487	5456	4361
T430	MDS panel(4-5 Markers)	281	2788	5575	6974	10893	8712
T431	ETV6-RUNX1:t(12;21)	138	1398	2788	3487	5456	4361
T432	PBX1-TCF3: t(1;19)	138	1398	2788	3487	5456	4361
T433	t(17;19)	138	1398	2788	3487	5456	4361
T434	Trisomy 21	97	975	1941	2429	3800	3036
T435	Trisomy 4, 10 & 17	138	1398	2788	3487	5456	4361
T436	B-ALL Panel 1(2-3 markers)	221	2190	4379	5474	8556	6845
T437	B-ALL Panel 2 (3markers & Ploidy Analysis)	244	2438	4876	6100	9531	7627
T438	TCR-A translocation	189	1877	3754	4692	7342	5870
T439	TCR-B translocation	138	1398	2788	3487	5456	4361
T440	TLX1 translocation	138	1398	2788	3487	5456	4361
T441	TLX3 translocation	138	1398	2788	3487	5456	4361
T442	del(9p)	138	1398	2788	3487	5456	4361
T443	T-ALL Panel 1(2 markers)	221	2190	4379	5474	8556	6845
T444	T-ALL Panel 2(4 markers)	244	2438	4876	6100	9531	7627
T445	Acute Leukemia Panel I (2 markers)	221	2190	4379	5474	8556	6845

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
T446	Acute Leukemia Panel II (3-4 markers)	244	2438	4876	6100	9531	7627
T447	IgH translocation	138	1398	2788	3487	5456	4361
T448	c-MYC translocation	138	1398	2788	3487	5456	4361
T449	i(7q) analysis	138	1398	2788	3487	5456	4361
T450	CCND1-IgH: t(11;14)	189	1877	3754	4692	7342	5870
T451	IgH-BCL2 :t(14;18)	189	1877	3754	4692	7342	5870
T452	t(3;14)	138	1398	2788	3487	5456	4361
T453	t(11;18)	138	1398	2788	3487	5456	4361
T454	MYC-IgH: t(8;14)	138	1398	2788	3487	5456	4361
T455	BCL3-IgH: t(14;19)	138	1398	2788	3487	5456	4361
T456	Lymphoma panel(5 markers)	281	2788	5575	6974	10893	8712
T457	t(2;5): ALK translocation	189	1877	3754	4692	7342	5870
T458	CLL Panel 1 (4 markers)	244	2438	4876	6100	9531	7627
T459	CLL Panel 2 (2 markers)	221	2190	4379	5474	8556	6845
T460	Del(13q)/-13	138	1398	2788	3487	5456	4361
T461	Del(6q)	138	1398	2788	3487	5456	4361
T462	Trisomy 12	97	975	1941	2429	3800	3036
T463	FGFR3-IgH: t(4;14)	138	1398	2788	3487	5456	4361
T464	IgH-MAF: t(14;16)	138	1398	2788	3487	5456	4361
T465	MAF-B-IgH: t(14;20)	138	1398	2788	3487	5456	4361
T466	1p deletion,1q Amplification	138	1398	2788	3487	5456	4361
T467	Hyperdiploidy panel in MM	221	2190	4379	5474	8556	6845
T468	MM Panel 1 (5 markers)	281	2788	5575	6974	10893	8712
T469	MM Panel 2 (4 markers)	244	2438	4876	6100	9531	7627
T470	XX/XY sex mismatch	97	975	1941	2429	3800	3036
T471	Miscellaneous Profile I(1 marker)	138	1398	2788	3487	5456	4361
T472	Miscellaneous profile II(2 markers)	221	2190	4379	5474	8556	6845
FISH TESTS ON ARCHIVAL FFPE SECTIONS							
T501	t(8;21) on archival BM biopsy/granulocytic sarcoma	244	2438	4876	6100	9531	7627
T502	PDGFRA on archival BM biopsy	244	2438	4876	6100	9531	7627
T503	BCR-ABL on archival BM biopsy	244	2438	4876	6100	9531	7627
T504	MLL translocation on archival BM biopsy	244	2438	4876	6100	9531	7627
T505	t(11;14) on archival	244	2438	4876	6100	9531	7627
T506	t(14;18)	244	2438	4876	6100	9531	7627

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
T507	t(3;14)	244	2438	4876	6100	9531	7627
T508	t(8;14)	244	2438	4876	6100	9531	7627
T509	FISH on Bone marrow Smear(1 marker)	138	1398	2788	3487	5456	4361
T510	FISH on bone marrow smear(2 markers)	221	2190	4379	5474	8556	6845
HEMATOPHATOLOGY LABORATORY							
MOELCULAR DIAGNOSTICS							
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	212	2116	4232	5290	8271	6615
U102	RT-PCR Nested, BCR-ABL for Follow-Up	212	2116	4232	5290	8271	6615
U103	RQ-PCR BCR-ABL (P210)	363	3652	7305	9136	14269	11417
U104	RT-PCR Multiplex, Acute Leukaemia Panel	244	2438	4867	6081	9504	7599
U105	RQ-PCR PML-RARA	363	3652	7305	9136	14269	11417
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	152	1536	3073	3846	6017	4812
U107	RT-PCR Nested, TCR Gene Rearrangement	152	1536	3073	3846	6017	4812
U108	Acute Lymphoblastic Leukemia Transcript Identification	101	1012	2015	2521	3947	3156
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1,	322	3229	6458	8078	12632	10102
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation	253	2539	5078	6348	9927	7940
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio	179	1803	3597	4499	7029	5621
U112	Acute Myeloid Leukemia NPM1 gene mutation	152	1536	3073	3846	6017	4812
U113	Acute Myeloid Leukemia CEBPA gene mutation	170	1693	3386	4232	6615	5290
U114	High Sensitivity JAK2 Mutation Detection (V617F)	152	1536	3073	3846	6017	4812
U115	JAK2 Exon 12 Mutation Detection	152	1536	3073	3846	6017	4812
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection	230	2282	4554	5695	8906	7121
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection	115	1168	2328	2907	4545	3634
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detecti	115	1168	2328	2907	4545	3634
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection	212	2116	4232	5290	8271	6615
U120	Chronic Lymphoproliferative disorder IGVH Mutation Detection	212	2116	4232	5290	8271	6615
U121	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistan	271	2705	5400	6753	10562	8446
U122	Acute Myeloid Leukemia Comprehensive Mutation Profile (FLT3, NPM1, CEBPA, TET2, TP53, IDH1	2010	20102	40204	50260	78531	62827
U123	Chronic Lymphocytic Leukemia Comprehensive Mutation Profile (IGVH Gene Mutation & Usage, T	1113	11114	22218	27775	43406	34721
U124	Acute Leukemia ASXL1 mutation detection	179	1803	3597	4499	7029	5621
U125	Acute Leukemia DNMT3A mutation detection	179	1803	3597	4499	7029	5621
U126	Acute Leukemia TET2 mutation detection	768	7673	15346	19182	29974	23975
U127	Acute Leukemia IDH1 and IDH2 mutation detection	179	1803	3597	4499	7029	5621
U128	Acute Leukemia TP53 mutation detection	768	7673	15346	19182	29974	23975

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
U129	Acute Leukemia K RAS and N RAS mutation detection	179	1803	3597	4499	7029	5621
U130	Acute Leukemia c-KIT mutation detection	179	1803	3597	4499	7029	5621
U131	Acute Leukemia RUNX1 mutation detection	179	1803	3597	4499	7029	5621
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation	179	1803	3597	4499	7029	5621
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation	179	1803	3597	4499	7029	5621
U134	Chronic Lymphoproliferative disorder TP53 mutation	768	7673	15346	19182	29974	23975
U135	Chronic Lymphoproliferative disorder SF3B1 mutation	179	1803	3597	4499	7029	5621
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, I	271	2705	5400	6753	10562	8446
U137	Custom Sequencing Assay	368	3680	7360	9200	14380	11500
U138	Acute Lymphoblastic Leukemia Mutation Detection	368	3680	7360	9200	14380	11500
U139	Comprehensive Molecular Testing	644	6440	12880	16100	25162	20130
U140	Next Generation sequencing assay for Hematolymphoid malignancies	414	4140	8280	10350	16100	12880
U141	Sample collection and archival for molecular testing	9	92	184	230	368	276
HEMATOPHATOLOGY LABORATORY							
U706	Erythrocyte Sedimentation Rate (ESR)	5	18	83	101	166	129
U708	Prothrombin Time (PT)	5	64	340	423	672	534
U709	Coagulation Profile (PT & PTTK)	14	120	589	736	1150	920
U710	Partial Thromboplastin Time with Kaolin (PTTK)	5	46	239	304	469	377
U711	Coagulation Profile (BT, PT, PTTK,TT)	14	129	653	819	1279	1021
U712	Coagulation Profile with FDP (D-Dimer), Fibrinogen	14	156	800	1003	1564	1251
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	5	55	267	331	515	414
U714	FDP (D-Dimer)	5	55	258	322	506	405
U715	Fibrinogen	5	55	258	322	506	405
U718	Cerebrospinal Fluid (CSF) Analysis	5	55	267	331	515	414
U722	Haemogram (Hb, TLC, DLC, Platelets)	5	46	239	304	469	377
U724	Reticulocyte Count	5	9	64	83	129	101
U725	Ascitic Fluid Analysis	5	55	267	331	515	414
U726	Pleural Fluid Analysis	5	55	267	331	515	414
U727	Pericardial Fluid Analysis	5	55	267	331	515	414
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	9	92	460	580	911	727
U753	Surface Marker Complete Panel	488	4867	9734	12172	19026	15217
U754	Surface Marker Individual	64	635	1270	1592	2484	1987
U755	V Beta Repertoire Analysis by Flow Cytometry for T-Cell Clonality	488	4867	9734	12172	19026	15217
U801	Chimerism Analysis	69	690	1380	1398	2668	2116

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
U802	STR Panel studies	207	2070	4140	5152	8096	6440
U803	Lineage specific Chimerism - B Cell, T Cell and NK Cells	276	2760	5520	6900	10764	8648
	NUCLEAR MOLECULAR IMAGING MEDICINE						
	REPORTING						
W004	Outside Reporting of PET / PET-CT	0	0	1592	1987	3110	2484
	RADIOPHARMACEUTICAL CHARGES						
W010	Radiopharmaceutical Charges (FDG) PET-CT	3220	3220	3220	3220	3220	3220
W011	Radiopharmaceutical Charges (FDG) Brain PET-CT	2070	2070	2070	2070	2070	2070
W012	Radiopharmaceutical Charges (Fluoride) PET-CT	920	920	920	920	920	920
W013	Radiopharmaceutical Charges (FDG) Cardiac Viability	5520	5520	5520	5520	5520	5520
W014	Radiopharmaceutical Charges for ECD Brain SPECT	1380	1380	1380	1380	1380	1380
W015	Radiopharmaceutical Charges for GHA Brain SPECT	644	644	644	644	644	644
W016	Radiopharmaceutical Charges for MAA Lung Scan	1840	1840	1840	1840	1840	1840
W017	Radiopharmaceutical Charges Myocardial Perfusion Scan	3450	3450	3450	3450	3450	3450
W018	Radiopharmaceutical Charges EC/MAG3 Renogram	782	782	782	782	782	782
W019	Radiopharmaceutical Charges for DTPA Renal Study	414	414	414	414	414	414
W020	Radiopharmaceutical Charges for DMSA Renal Scan	414	414	414	414	414	414
W021	Radiopharmaceutical Charges for Aerosol Lung Study	736	736	736	736	736	736
W022	Radiopharmaceutical Charges for Tumor Imaging with MIBI	2300	2300	2300	2300	2300	2300
W023	Radiopharmaceutical Charges for Labeled RBC	736	736	736	736	736	736
W024	Radiopharmaceutical Charges for Sentinel Node Study	920	920	920	920	920	920
W025	Radiopharmaceutical Charges for Hepatobiliary Scintigraphy	552	552	552	552	552	552
W027	Radiopharmaceutical Charges for Radio Iodine Scan	1380	1380	1380	1380	1380	1380
W028	Radiopharmaceutical Charges for Pertechnetate Thyroid Scan	230	230	230	230	230	230
W029	Radiopharmaceutical Charges for Bone Scan	828	828	828	828	828	828
W030	Radiopharmaceutical Charges for Hynic-TOC Scan (Unshared)	20240	20240	20240	20240	20240	20240
W031	Radiopharmaceutical Charges for Hynic-TOC Scan (Shared)	10120	10120	10120	10120	10120	10120
W033	Radiopharmaceutical charges for Sr89 Chloride (4mCi) therapy	55200	55200	55200	55200	55200	55200
W034	Radiopharmaceutical charges for Sm153 EDTMP Therapy	6900	6900	6900	6900	6900	6900
W035	Radiopharmaceutical charges for P32 Therapy	2300	2300	2300	2300	2300	2300
W036	Radiopharmaceutical charges for I131 MIBG Scan (Adult)	6440	6440	6440	6440	6440	6440
W037	Radiopharmaceutical charges for I131 MIBG scan (paed)	3680	3680	3680	3680	3680	3680
W038	Radiopharmaceutical charges for 18 F-FLT Scan	4140	4140	4140	4140	4140	4140
W039	Radiopharmaceutical charges for 18 F-FMIZO Scan	4140	4140	4140	4140	4140	4140

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
W040	Radiopharmaceutical charges for 90Y Sirspheres (w.e.f.15/04/2013)	460000	460000	460000	460000	460000	460000
W042	RP Charge for Gallium 68 Peptide	10212	10212	10212	10212	10212	10212
W043	RP Charge Gallium 68 PSMA	5520	5520	5520	5520	5520	5520
W044	Radiopharmaceutical charge for Large Dose Scan	2300	2300	2300	2300	2300	2300
W045	Radiopharmaceutical charge for Low Dose Therapy	7360	7360	7360	7360	7360	7360
W046	Radiopharmaceutical charge for 188 Rhenium Lipiodol for TARE	78200	78200	78200	78200	78200	78200
W047	Radiopharmaceutical charge for 188 Re-HEDP Therapy	6900	6900	6900	6900	6900	6900
PET SCAN							
W050	PET CT Scan Whole Body (Non Contrast)	345	3450	11500	14380	22476	17977
W051	PET Scan Brain (FDG)	41	414	1380	1730	2705	2162
W052	PET CT Scan Whole Body (IV Contrast)	373	3726	12420	15530	24270	19412
W053	PET-CT (Fluoride)	83	828	2760	3450	5391	4315
W054	FDG Cardiac Viability	41	414	1380	1730	2705	2162
W055	Coronary Angiography	161	1592	5290	6615	10341	8271
W056	Ga 68- DOTA PET/CT Scan	345	3450	11500	14380	22476	17977
W057	Ga 68- PSMA PET/CT Scan	345	3450	11500	14380	22476	17977
BIO IMAGING CT SCAN							
W101	CT Brain Plain	60	607	2015	2521	3947	3156
W102	CT PNS	124	1242	4131	5161	8059	6449
W103	CT Nasopharynx	120	1178	3919	4904	7664	6127
W104	CT Sella	120	1178	3919	4904	7664	6127
W105	CT Temporal Bone	120	1178	3919	4904	7664	6127
W106	CT Orbits	120	1178	3919	4904	7664	6127
W107	HRCT	120	1178	3919	4904	7664	6127
W120	CT Neck	101	1012	3386	4232	6615	5290
W130	CT Head and Neck	166	1647	5502	6882	10755	8602
W140	CT Neck and Thorax	161	1592	5290	6615	10341	8271
W150	CT Thorax	129	1306	4342	5428	8492	6790
W170	CT Abdomen	138	1371	4554	5695	8906	7121
W180	CT Thorax and Abdomen	216	2162	7194	8998	14067	11252
W190	CT Pelvic Region	120	1178	3919	4904	7664	6127
W200	CT Abdomen and Pelvis	225	2254	7516	9393	14674	11739
W210	CT Thorax and Abdomen and Pelvis	253	2539	8464	10580	16542	13230
W220	CT Spine	138	1371	4554	5695	8906	7121

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
W230	CT Upper Limb	138	1371	4554	5695	8906	7121
W240	CT Lower Limb	138	1371	4554	5695	8906	7121
W241	Digital Scanogram	18	193	653	819	1279	1021
W250	CT Angiogram (Additional Charge)	198	1969	6560	8197	12816	10249
W260	CT 3D Reconstruction	198	1969	6560	8197	12816	10249
W280	CT Guided Biopsy FNAC/Truecut with Localising Scans	216	2162	7194	8998	14067	11252
W291	CT - J - Needle Bone Biopsy	253	2539	8464	10580	16542	13230
	SPECT CT SCAN						
W501	99M-TC-MDP Bone Scan Planar	46	478	1592	1987	3110	2484
W512	99M-TC-ECD Brain SPECT	64	635	2116	2650	4140	3312
W513	99M-TC-Salivary Scan	46	478	1592	1987	3110	2484
W514	99M-TC-Thyroid Scan	46	478	1592	1987	3110	2484
W530	99M-TC-Oesophageal Transit Time	18	193	635	791	1242	994
W531	99M-TC-SC / Phytate Liver Scan	32	322	1058	1325	2070	1656
W532	99M-TC-Gastric Emptying Time	18	193	635	791	1242	994
W540	99M-TC-MAA Lung Perfusion Scan	46	478	1592	1987	3110	2484
W550	99M-TC-MIBI Myocardial Perfusion Scan	64	635	2116	2650	4140	3312
W551	Regional PET/CT	175	1748	5824	7277	11371	9099
W552	PET-CT Guided Biopsy	460	4600	15346	19182	29974	23975
W553	PET-CT Based RT Planning	428	4287	14288	17857	27904	22319
W554	Fluoride PET/CECT	317	3174	10580	13230	20682	16542
W555	Meckel Scan	32	322	1058	1325	2070	1656
W556	GI Bleed Scan	60	589	1960	2447	3827	3064
W560	99M-TC-EC Renogram	18	193	635	791	1242	994
W561	99M-TC-DTPA Renogram with GFR	28	258	846	1058	1656	1325
W562	99M-TC-DMSA Renal Cortical Scan	28	258	846	1058	1656	1325
W563	99M-TC-DTPA GFR	14	156	534	672	1049	837
W570	99M-TC-MIBI Tumor Imaging	78	791	2650	3312	5180	4140
W572	99M-TC-DTPA Aerosol Scan	46	478	1592	1987	3110	2484
W573	99M-TC-DTPA Clearance	46	478	1592	1987	3110	2484
W574	99M-TC-RBC Gated Pool (Muga)	37	377	1270	1592	2484	1987
W575	99M-TC-Sentinel Node Imaging	18	193	635	791	1242	994
W576	99M-TC-Merbrofenin Scan	32	322	1058	1325	2070	1656
W578	Whole Body Scan (Low Energy)	97	957	3174	3965	6201	4959

SERVICE CODE	SERVICE DESCRIPTIONS	NC	C	B	A	D	FN
W579	Whole Body Scan (Higher Energy)	129	1270	4232	5290	8271	6615
	RADIO IODINE THERAPY						
W600	Radio Iodine Therapy for Thyrotoxicosis	32	322	1592	1987	3110	2484
	MISCELLANEOUS						
Z005	Issue of LIC Certificates	690	690	690	690	690	690