

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Registration Charges							
A001	Registration Fees (Including SmartCard)	10	100	500	500	500	750
A002	Smart Card for patients (Reissue)	150	150	150	150	150	150
A003	Charges for printing Reports (per Report)	3	3	3	3	3	3
A010	Casualty Consultation Charges	0	0	1500	1500	1500	1500
A012	Second Opinion Consult Referral (RF)	0	0	0	0	0	2500
A100	Charges for Duplicate bill printing (per Bill)	25	25	25	25	25	25
A101	New Registration (Tele Consultation)	0	0	0	0	0	1000
A102	First Tele Consultation (Indian Nationals)	100	0	0	0	0	3000
A103	Follow-up Tele Consultation (Indian Nationals)	100	500	2000	0	0	2000
A104	First Tele Consultation (International Patients- LMICS)	0	0	0	0	0	7500
A105	Follow-up Tele Consultation (International Patients- LMICS)	0	0	0	0	0	5000
A106	First Tele Consultation (International Patients- Non LMICS)	0	0	0	0	0	15000
A107	Follow-up Tele Consultation (International Patients- Non LMICS)	0	0	0	0	0	10000
Administrative Charges							
A201	Evaluation & Planning Charges (Day 1)	0	0	1500	1875	2900	2350
A202	Medical Care Team Charges (Per Day)	0	0	1500	1875	2900	2350
Room Tariff							
B001	Room/ Bed Tariff per day	40	350	3500	8200	10000	8200
B003	ICU charges per day	50	460	2320	4640	5440	4640
B004	Room/Bed Charges - BMT	3500	3500	3500	3500	3500	3500
B006	Radionuclide Therapy Ward - Short Stay Bed Charges	20	180	1750	4100	5000	4100
E003	Day Care Bed Charges	40	350	1650	1650	1650	1650
Deposits							
D004	Deposit - Bone Marrow Transplant Patients	1000000	1000000	1000000	1000000	1000000	1000000
D006	Deposit - Autologous Stem Cell Transplant	500000	500000	500000	500000	500000	500000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	100000	100000	100000	100000	100000	100000
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refundable)	1000000	1000000	1000000	1000000	1000000	1000000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	4000000	4000000	4000000	4000000	4000000	4000000
Biochemistry, Tumour Markers, Emergency Laboratory							
F030	24 hours urine excretion rate for kappa and lambda	20	190	940	1180	1850	1480
F033	Thyroid Function Tests (T3,T4,TSH)	10	110	550	690	1080	860

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F034	Serum T3 (Thyroid Function)	10	40	200	250	390	310
F035	Serum T4 (Thyroid Function)	10	40	200	250	390	310
F036	Serum TSH (Thyroid Function)	10	40	200	250	390	310
F037	Serum Folate	20	200	980	1230	1930	1540
F038	Serum Vitamin B12	10	130	660	830	1300	1040
F039	Serum Parathormone (PTH)	10	120	610	760	1190	950
F040	Serum Calcitonin	20	200	980	1230	1930	1540
F041	Serum Free Light Chains Kappa	40	400	2000	2500	3910	3130
F042	Serum Free Light Chains Lambda	40	400	2000	2500	3910	3130
F043	Complete Serum Protein Electrophoresis (SPE) Profile	150	1520	7590	9490	14830	11860
F044	Serum Protein Electrophoresis (SPE)	10	80	400	500	790	630
F045	Serum Immunoglobulins (Ig)	20	220	1080	1350	2120	1690
F046	Immunoglobulin A (IgA)	10	70	360	450	710	570
F047	Immunoglobulin M (IgM)	10	70	360	450	710	570
F048	Immunoglobulin G (IgG)	10	70	360	450	710	570
F049	Serum Light Chains	30	270	1330	1660	2600	2080
F050	Serum Light Chains Kappa	10	130	660	830	1300	1040
F051	Serum Light Chains Lambda	10	130	660	830	1300	1040
F052	Immuno Fixation Electrophoresis (IFE)	130	1250	6250	7810	12200	9760
F053	Urine Free Light Chains Kappa	60	640	3175	3970	6200	4960
F054	Urine Free Light Chains Lambda	60	640	3175	3970	6200	4960
F055	Serum CK	10	40	220	280	440	350
F056	Serum CK-MB	10	80	400	500	790	630
F057	Serum Lactate	10	110	560	700	1090	870
F058	Serum Free T3	10	50	225	280	440	350
F059	Serum Free T4	10	50	225	280	440	350
F060	Serum Vitamin D	30	320	1585	1980	3100	2480
F061	Serum BNP	40	400	1990	2490	3890	3110
F062	Serum Insulin	10	60	320	400	630	500
F063	Magnesium (24 Hrs Urine)	10	110	550	690	1080	860
F072	CSF Immunoglobulins (Ig)	30	260	1310	1640	2560	2050
F073	CSF Immunoglobulin A (IgA)	10	100	480	600	940	750

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		NC	C	B	A	D	FN
F074	CSF Immunoglobulin M (IgM)	10	100	480	600	940	750
F075	CSF Immunoglobulin G (IgG)	10	70	350	440	690	550
F076	CSF Light Chains	30	270	1330	1660	2600	2080
F077	CSF Light Chains Kappa	10	130	660	830	1300	1040
F078	CSF Light Chains Lambda	10	130	660	830	1300	1040
F079	CSF AFP	10	140	680	850	1330	1060
F080	CSF CEA	10	120	620	780	1230	980
F081	CSF Beta-HCG	10	100	510	640	1000	800
F082	CSF Total PSA	10	140	680	850	1330	1060
F083	CSF Beta2-Microglobulin	30	330	1660	2080	3250	2600
F084	CSF CA 15.3	30	270	1370	1710	2680	2140
F085	CSF CA 125	30	250	1230	1540	2410	1930
F086	CSF CA 19.9	30	270	1370	1710	2680	2140
F087	Fluid Immunoglobulins (Ig)	20	210	1040	1300	2040	1630
F088	Fluid Immunoglobulin A (IgA)	10	70	350	440	690	550
F089	Fluid Immunoglobulin M (IgM)	10	70	350	440	690	550
F090	Fluid Immunoglobulin G (IgG)	10	70	350	440	690	550
F091	Fluid Light Chains	30	270	1330	1660	2600	2080
F092	Fluid Light Chains Kappa	10	130	660	830	1300	1040
F093	Fluid Light Chains Lambda	10	130	660	830	1300	1040
F094	Fluid AFP	10	140	680	850	1330	1060
F095	Fluid CEA	10	120	620	780	1230	980
F096	Fluid Beta-HCG	10	100	510	640	1000	800
F097	Fluid Total PSA	10	140	680	850	1330	1060
F098	Fluid Beta2 Microglobulin	30	330	1660	2080	3250	2600
F099	Fluid CA 15.3	30	270	1370	1710	2680	2140
F100	Fluid CA 125	30	250	1230	1540	2410	1930
F108	Fluid CA 19.9	30	270	1370	1710	2680	2140
F109	Urine Immunoglobulins (Ig)	20	220	1080	1350	2110	1690
F110	Urine Immunoglobulin A (IgA)	10	70	350	440	690	550
F111	Urine Immunoglobulin M (IgM)	10	70	350	440	690	550
F112	Urine Immunoglobulin G (IgG)	10	80	380	480	750	600

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F113	Urine Light Chains	30	270	1330	1660	2600	2080
F114	Urine Light Chains Kappa	10	130	660	830	1300	1040
F115	Urine Light Chains Lambda	10	130	660	830	1300	1040
F116	Urine AFP	10	140	680	850	1330	1060
F117	Urine CEA	10	120	620	780	1230	980
F118	Urine Beta-HCG	10	100	510	640	1000	800
F119	Urine Total PSA	10	140	680	850	1330	1060
F120	Urine Beta2 Microglobulin	30	330	1660	2080	3250	2600
F121	Urine CA 15.3	30	270	1370	1710	2680	2140
F122	Urine CA 125	30	250	1230	1540	2410	1930
F123	Urine CA 19.9	30	270	1370	1710	2680	2140
F124	Urine Osmolality (Random)	10	50	220	280	430	350
F125	Urine Osmolality (24 Hours)	10	50	220	280	430	350
F126	Serum Osmolality	10	50	220	280	430	350
F127	FSH	10	70	360	450	700	560
F128	Estradiol (E2)	10	100	480	600	940	750
F129	Troponin-I	20	230	1140	1430	2240	1790
F130	VMA (Urine - Random Sample)	60	550	2760	3450	5390	4310
F131	Serum LH	10	100	490	610	950	760
F132	Serum Prolactin	10	110	540	680	1060	850
F133	Serum Cortisol	10	130	670	840	1310	1050
F134	Serum BNP	30	250	1260	1580	2480	1980
F135	Serum Valproate	20	160	810	1010	1580	1260
F802	Routine Biochemical Test (Consolidated)	50	540	2720	3400	5310	4250
F810	Glucose Tolerance Test	10	40	175	220	350	280
F817	Serum AFP	10	140	680	850	1330	1060
F818	Serum CEA	10	120	620	780	1230	980
F819	Serum B-HCG	10	100	510	640	1000	800
F820	Serum Total PSA	10	140	680	850	1330	1060
F821	Serum B2-Microglobulin	30	280	1400	1750	2740	2190
F822	Serum CA-15.3	30	250	1250	1560	2440	1950
F823	Serum CA-125	30	300	1500	1880	2940	2350

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F824	Serum CA-19.9	20	240	1200	1500	2350	1880
F829	Serum CRP	10	70	370	460	730	580
F830	Serum Ferritin	20	160	800	1000	1560	1250
F831	Serum CYFRA-21	30	320	1590	1990	3110	2490
F832	Serum NSE	30	320	1590	1990	3110	2490
F833	Cyclosporin	70	660	3275	4090	6390	5110
F836	Methotrexate	20	240	1190	1490	2330	1860
F837	Serum Free PSA	20	150	760	950	1490	1190
F838	Serum Testosterone	10	130	650	810	1260	1010
F839	Tacrolimus Drug level estimation	80	790	3930	4910	7680	6140
F841	Random Blood Glucose	10	20	80	100	160	130
F842	Fasting Blood Glucose	10	20	80	100	160	130
F843	Post-Prandial Blood Glucose	10	20	80	100	160	130
F845	Glycosylated Hemoglobin	10	120	575	720	1130	900
F846	Fasting Urine Glucose	10	60	320	400	630	500
F847	Post-Prandial Urine Glucose	10	60	320	400	630	500
F848	Blood Glucose by Glucometer strip method	10	60	280	350	550	440
F849	Lipid Profile	20	170	850	1060	1660	1330
F850	Serum Cholesterol	10	40	220	280	440	350
F851	Serum HDL-Cholesterol	10	40	220	280	440	350
F852	Serum LDL-Cholesterol	10	60	320	400	630	500
F853	Serum Triglycerides	10	50	260	330	510	410
F854	Renal Function Tests	10	130	660	830	1300	1040
F855	Serum Urea	10	40	220	280	440	350
F856	Serum Uric Acid	10	40	220	280	440	350
F857	Serum Creatinine	10	40	220	280	440	350
F860	Serum Electrolytes	20	180	880	1100	1730	1380
F861	Serum Sodium	10	40	220	280	440	350
F862	Serum Potassium	10	40	220	280	440	350
F863	Serum Chlorides	10	40	220	280	440	350
F864	Serum Bicarbonates	10	40	220	280	440	350
F865	Liver Function Tests	40	400	1980	2480	3880	3100

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F866	Serum Protein	10	40	220	280	440	350
F867	Serum Albumin	10	40	220	280	440	350
F868	Serum Globulin	10	40	220	280	440	350
F869	Serum Alkaline Phosphatase	10	40	220	280	440	350
F870	Total Bilirubin	10	40	220	280	440	350
F871	Direct Bilirubin	10	40	220	280	440	350
F872	Indirect Bilirubin	10	40	220	280	440	350
F873	Serum AST	10	40	220	280	440	350
F874	Serum ALT	10	40	220	280	440	350
F876	Serum LDH	10	40	220	280	440	350
F880	Pancreatic Enzymes	10	120	620	780	1220	970
F881	Serum Amylase	10	90	430	540	850	680
F882	Serum Lipase	10	90	430	540	850	680
F883	Body Fluid Investigations (CSF)	20	220	1120	1400	2190	1750
F884	CSF Glucose	10	40	220	280	440	350
F885	CSF Protein	10	90	460	580	910	730
F886	CSF Chloride	10	40	220	280	440	350
F887	CSF LDH	10	40	220	280	440	350
F888	Serum Calcium	10	40	220	280	440	350
F890	Serum Phosphorus	10	40	220	280	440	350
F891	Serum Magnesium	10	100	505	630	990	790
F893	Serum Iron	10	70	350	440	690	550
F894	Serum TIBC	10	70	350	440	690	550
F895	Serum Acid Phosphatase	10	140	690	860	1350	1080
F896	Serum Prostatic Acid Phosphatase	20	210	1030	1290	2010	1610
F897	VMA (24 Hrs Urine)	60	550	2760	3450	5390	4310
F898	5HIAA (24 Hrs Urine)	30	320	1590	1990	3110	2490
F915	Sodium (24 Hours Urine)	10	40	220	280	440	350
F916	Potassium (24 Hours Urine)	10	40	220	280	440	350
F917	Chloride (24 Hours Urine)	10	40	220	280	440	350
F918	Urea (24 Hours Urine)	10	40	220	280	440	350
F919	Uric Acid (24 Hours Urine)	10	40	220	280	440	350

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		NC	C	B	A	D	FN
F920	Urine Creatinine (24 Hours)	10	40	220	280	440	350
F921	Calcium (24 Hours Urine)	10	40	220	280	440	350
F922	Phosphorus (24 Hours Urine)	10	40	220	280	440	350
F923	Protein (24 Hours Urine)	10	100	500	630	990	790
F924	Corrected Creatinine Clearance (24 Hours Urine)	10	40	220	280	440	350
F925	Urea (Random Urine)	10	40	220	280	440	350
F926	Uric Acid (Random Urine)	10	40	220	280	440	350
F927	Creatinine (Random Urine)	10	40	220	280	440	350
F928	Sodium (Random Urine)	10	40	220	280	440	350
F929	Potassium (Random Urine)	10	40	220	280	440	350
F930	Chloride (Random Urine)	10	40	220	280	440	350
F931	Calcium (Random Urine)	10	40	220	280	440	350
F932	Phosphorus (Random Urine)	10	40	220	280	440	350
F933	Protein (Random Urine)	10	90	460	580	910	730
F934	Fluid Urea	10	40	220	280	440	350
F935	Fluid Uric Acid	10	40	220	280	440	350
F936	Fluid Creatinine	10	40	220	280	440	350
F937	Fluid Sodium	10	40	220	280	440	350
F938	Fluid Potassium	10	40	220	280	440	350
F939	Fluid Chloride	10	40	220	280	440	350
F940	Fluid Bilirubin (Total)	10	40	220	280	440	350
F941	Fluid Bilirubin (Direct)	10	40	220	280	440	350
F942	Fluid Bilirubin (Indirect)	10	40	220	280	440	350
F943	Fluid Cholesterol	10	40	220	280	440	350
F944	Fluid Triglycerides	10	50	260	330	510	410
F945	Fluid HDL Cholesterol	10	40	220	280	440	350
F946	Fluid LDL Cholesterol	10	60	320	400	630	500
F962	Fluid Glucose	10	40	220	280	440	350
F963	Fluid Protein	10	40	220	280	440	350
F964	Fluid Albumin	10	40	220	280	440	350
F965	Fluid Globulin	10	40	220	280	440	350
F966	Fluid Alkaline Phosphatase	10	40	220	280	440	350

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F967	Fluid AST	10	40	220	280	440	350
F968	Fluid ALT	10	40	220	280	440	350
F969	Fluid Calcium	10	40	220	280	440	350
F970	Fluid Phosphorus	10	40	220	280	440	350
F971	Fluid Amylase	10	50	260	330	510	410
F972	Fluid Lipase	10	90	430	540	850	680
F973	Fluid LDH	10	40	220	280	440	350
F974	Serum Creatinine for CCT	10	40	220	280	440	350
F977	Bence Jones Protein (24 Hours Urine)	20	190	940	1180	1850	1480
F999	Serum Gamma Glutamyl Transferase (GGT)	20	170	830	1040	1630	1300
FA01	Sirolimus Drug Level Estimation	90	870	4330	5410	8450	6760
FA02	G6PDH Estimation (Quantitative)	10	140	710	890	1390	1110
FA03	HB1Ac Screening Test	10	20	120	150	240	190
FA04	Anti-SARS Cov (Complete Antibodies)	10	80	380	480	750	600
FA05	Anti-SARS Cov (IgG Antibodies)	20	200	980	1230	1930	1540
FA06	IL-6 (interleukin-6)	20	180	880	1100	1730	1380
FA07	NT-Pro BNP	30	270	1360	1700	2660	2130
FA08	IL-6 Level Estimation	30	330	1640	2050	3200	2560
FA09	Total SARS-COV-2 Antibody (Semi quantitative)	20	160	820	1030	1610	1290
FA10	Anti-SARS Cov2 SPIKE (Complete Antibodies)	30	290	1450	1800	2830	2250
FA11	Troponin T	20	210	1050	1310	2050	1640
FA12	ACTH	20	210	1050	1310	2050	1640
FA13	Progesterone	20	150	750	940	1480	1180
FA14	Thyroglobulin	20	180	900	1130	1760	1410
FA15	DHEA-S	30	270	1360	1700	2660	2130
FA16	IGF-1	50	500	2500	3130	4890	3910
FA17	Human Growth Hormone (HGH)	20	160	820	1030	1610	1290
FA18	Ammonia	20	210	1050	1310	2050	1640
FA19	C-Peptide	30	250	1230	1540	2410	1930
FA20	CSF Lactate	10	90	460	575	900	720
Histopathology							
F307	Outside stained slides only	30	260	1280	1600	2500	2000

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F310	Small Biopsy/Cell Block	130	1300	6500	8130	12700	10160
F311	Big Specimen	170	1700	8500	10630	16610	13290
F315	P16 IHC	90	930	1850	2320	3620	2900
F317	FDA - Cerb B2	60	610	3090	3860	6030	4830
F321	IHC Tests on special request (upto 3 antibodies)	110	1110	2220	2780	4350	3480
F322	Set of Recut slides (H&E / Unstained)	20	200	990	1240	1940	1550
F323	ALK Amplification IHC Test	160	1620	3240	4050	6330	5060
F334	MSI Immunohistochemistry Testing	190	1860	3720	4650	7260	5810
F338	ROS-1 by IHC	100	1030	2060	2580	4040	3230
F339	PDL-1 SP263 - Ventana	170	1690	3370	4220	6590	5270
F340	PDL-1 22C3 - Dako	390	3880	7760	9700	15160	12130
F341	Pituitary Panel by IHC	460	4610	9210	11510	17990	14390
F342	PDL-1 SP142 - Ventana	130	1320	2640	3300	5160	4130
F343	Outside unstained slides/ blocks (1-5 Blocks)	120	1200	6000	7500	11730	9380
F344	Outside unstained slides/ blocks (6-30 Blocks)	190	1900	9500	11880	18560	14850
F345	Outside unstained slides/ blocks (31-50 Blocks)	250	2500	12500	15630	24430	19540
F346	Outside unstained slides/ blocks (More than 50 Blocks)	310	3100	15500	19380	30290	24230
F347	Frozen Section (1-10 sections)	50	500	2500	3130	4890	3910
F348	Frozen Section (11-20 sections)	90	900	4500	5630	8800	7040
F349	Frozen Section (>20 sections)	140	1400	7000	8750	13680	10940
F350	Large Specimen (Cystectomy/ Radical Prostatectomy/ Pelvic Exenteration)	310	3100	15500	19380	30290	24230
F351	PDL-1-28-8 (FDA Approved)	150	1500	7500	9380	14660	11730
F352	BRAF V600E by IHC	90	900	1800	2250	3510	2810
F353	POLE Mutation	500	5000	10000	12500	19540	15630
Cytopathology							
F401	Cytology (FNA)	30	270	1330	1660	2600	2080
F402	Pap Smear Cytology	20	140	690	870	1350	1080
F404	Sputum Cytology	10	80	380	480	740	600
F405	Cytopathology: Outside Slides (Out-In)	20	180	900	1130	1760	1410
F411	Bronchial Lavage + Brushings Cytology	20	180	900	1130	1760	1410
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	20	180	900	1130	1760	1410
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	20	180	900	1130	1760	1410

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F414	Cerebro Spinal Fluid (CSF) Cytology	20	180	900	1130	1760	1410
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	20	180	900	1130	1760	1410
F416	Nipple Discharge Cytology	20	180	900	1130	1760	1410
F417	Oral Scrapings Cytology	20	180	900	1130	1760	1410
F418	Bile / CBD Brushing Cytology	20	180	900	1130	1760	1410
F419	Scrapings From Miscellaneous Sites Cytology	20	180	900	1130	1760	1410
F423	Liquid-based Cytology (LBC)	30	250	1240	1550	2430	1940
Molecular Pathology							
F335	EGFR Mutation Detection	480	4750	9500	11880	18560	14850
F336	DPYD Mutation Detection	520	5220	10440	13050	20390	16310
F337	EBV DNA Detection	230	2280	4560	5700	8910	7130
F618	EBER In Situ Hybridisation	170	1730	3450	4310	6740	5390
F620	Interphase FISH Test for HER2/Neu	700	7000	14000	17500	27350	21880
F621	Interphase FISH Test for EGFR	760	7590	15180	18980	29660	23730
F622	Interphase FISH Test for NMYC	590	5870	11730	14660	22910	18330
F623	Interphase FISH Test for 1p19q	760	7590	15180	18980	29660	23730
F624	Interphase FISH Test for ALK1	650	6490	12970	16210	25330	20260
F625	Interphase FISH Test for CMYC	540	5360	10720	13400	20940	16750
F627	Interphase FISH Test for ROS1	490	4860	9720	12150	18990	15190
F628	Interphase FISH Test for MET	530	5340	10680	13350	20860	16690
F629	MLPA testing in Neuroblastoma	590	5870	11730	14660	22910	18330
F630	MYD88 L265 Mutation Detection Test	340	3380	6760	8450	13200	10560
F631	JAZF1 - Endometrial Stromal Sarcoma Testing	640	6440	12880	16100	25160	20130
F632	YWHAE - Endometrial Stromal Sarcoma Testing	610	6120	12240	15300	23910	19130
F633	Medulloblastoma - molecular Profiling	1300	13000	26000	32500	50790	40630
F634	DDISH for HER2/neu Gene Amplification	700	7000	14000	17500	27350	21880
F635	TERT Promoter Mutation Assay	290	2900	5805	7260	11350	9080
F636	Histone Mutation Detection Assay	460	4640	9275	11590	18110	14490
F637	RHOA Mutation Detection Assay	350	3490	6970	8710	13610	10890
F638	IRFA/DUSP22 gene rearrangement by FISH	780	7790	15580	19480	30440	24350
F639	RT-PCR for PAX-FKHR Translocation	500	5000	10000	12500	19540	15630
F654	Clonality Analysis	1100	11040	22080	27600	43130	34500

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F655	Mycobacterium Tuberculosis Detection on FFPE	320	3150	6300	7880	12310	9850
F660	GENE SEQUENCING FOR C KIT MUTATIONS	640	6440	12880	16100	25160	20130
F662	RT-PCR for EWS-FLI1 Translocation	240	2370	4740	5930	9270	7410
F663	RT-PCR for EWS-ERG Translocation	240	2370	4740	5930	9270	7410
F664	RT-PCR for EWS-WT1 Translocation	240	2370	4740	5930	9270	7410
F665	RT-PCR for SYT-SSX Translocation	260	2540	5070	6340	9910	7930
F668	MDM2 Gene Amplification by FISH	700	6990	13970	17460	27290	21830
F682	RAS Mutation Analysis	400	3970	7940	9930	15510	12410
F683	Interphase FISH Test for EWSR1	500	5000	10000	12500	19540	15630
F684	MGMT Gene Promoter methylation	450	4490	8970	11210	17510	14010
F685	Detection of BRAFV600E Mutation	370	3690	7370	9210	14390	11510
F686	Thyroid Panel (BRAF, KRAS, NRAS, HRAS, TERT)	690	6900	13810	17260	26980	21580
F688	Gene Sequencing for IDH1/2	350	3450	6900	8630	13490	10790
F690	TFE-3 FISH	600	6040	12080	15100	23600	18880
F691	FISH test for SYT break-apart analysis	500	5030	10060	12570	19650	15720
F692	PDGFRA mutation analysis	390	3870	7730	9660	15100	12080
F693	NGS based Targeted Panel for Solid Tumors	2000	19950	39900	49880	77940	62350
F694	PIK3CA Mutation Testing	110	1080	5400	6725	10500	8400
F695	FISH Test for C19MC amplification	640	6380	12750	15940	24910	19930
F696	FISH Test for 1q gains	540	5350	10700	13380	20910	16730
Microbiology							
Serology							
G101	Urine Examination	10	20	115	140	230	180
G102	Stool Examination	10	20	115	140	230	180
G103	Culture & Sensitivity (Aerobic)	20	170	840	1050	1640	1310
G105	Routine Culture (Fungal)	10	140	700	880	1380	1100
G106	AFB CULTURE & SENSITIVITY	50	510	2540	3180	4980	3980
G107	Routine Culture (Anaerobic)	10	120	585	730	1140	910
G108	Gene Xpert for Detection of MTB and Rifampicin Resistance	50	460	2300	2880	4500	3600
G111	Cultures for Helicobacter pylori	10	140	700	880	1380	1100
G113	Mantoux Test	10	20	100	130	200	160
G120	Automated Identification & Antibiotic Susceptibility Testing	20	240	1190	1490	2330	1860

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
G122	VDRL	10	20	115	140	230	180
G126	Cytomegalovirus IgG Antibodies	10	120	590	740	1160	930
G129	Hepatitis B Surface Antigen (HBsAg)	10	90	450	560	880	700
G130	Hepatitis B - e Antigen (HBeAg)	20	160	815	1020	1600	1280
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	20	200	975	1220	1910	1530
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	10	130	645	810	1260	1010
G133	Hepatitis B Surface Antibodies (Anti - HBs)	10	130	645	810	1260	1010
G134	Hepatitis C Antibodies (Anti HCV)	20	230	1125	1410	2200	1760
G136	Hepatitis B 'e' Antibodies (Anti HBe)	20	240	1220	1530	2390	1910
G139	Cryptococcus Antigen by Latex Agglutination	30	290	1460	1830	2860	2290
G144	HPV DNA/ Genotype	80	830	4140	5180	8100	6480
G151	Automated Fungal Culture & Sensitivity	40	350	1760	2200	3450	2760
G161	RA Test	10	40	175	220	350	280
G162	ASO Titre	10	40	175	220	350	280
G171	HIV Antibodies	10	90	450	560	880	700
Microscopic Examination							
G201	Gram's Stain	10	20	100	130	200	160
G202	Ziehl Neelsen (AFB) Stain	10	20	100	130	200	160
G203	Lactophenol Cotton Blue	0	20	100	130	200	160
G204	Giemsa Stain for Tzanck Smear	10	20	100	130	200	160
G205	India Ink Preparation for Cryptococcus	10	20	100	130	200	160
G206	Staining for Cryptosporidium spp	10	20	100	130	200	160
G207	Calcofluor White Stain for Fungus	10	30	170	210	330	260
G208	KOH Mount for Fungus	0	20	100	130	200	160
G209	Staining for Pneumocystis jiroveci	10	30	140	180	290	230
G211	Stool for Cryptosporidium - Giardia - Entamoeba antigen detection	40	430	2150	2690	4200	3360
Other Tests							
G251	Stool for Occult Blood	10	20	120	150	240	190
G252	Fluid for Bile Salts & Bile Pigments	10	20	100	130	200	160
G253	ADA Level	10	80	400	500	790	630
G254	Hepatitis A Virus (IgM Antibodies)	30	300	1520	1900	2980	2380
G255	Hepatitis E Virus (IgM Antibodies)	20	200	1000	1250	1950	1560

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
G256	Urine Pregnancy Test (UPT)	10	20	110	140	230	180
G259	Automated AFB Culture & Sensitivity	40	420	2100	2630	4110	3290
G260	Automated Blood Culture & Sensitivity	20	220	1120	1400	2190	1750
G261	Serum Procalcitonin Level	40	360	1820	2280	3560	2850
G262	Dengue NS1 Antigen,IgM and IgG Antibodies	10	120	590	740	1160	930
G263	Leptospira IgM Antibody	10	70	350	440	690	550
G264	Chikangunya IgM Antibody	10	60	310	390	610	490
G265	Serum Galactomannan Level by ELISA	20	170	850	1060	1660	1330
G267	Malaria Antigen Detection	10	40	190	240	380	300
G268	Clostridium difficile Toxin Detection	40	380	1900	2380	3730	2980
G269	Antigen detection for virus in stool	60	610	1210	1510	2360	1890
Molecular Diagnostics							
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	110	1100	5480	6850	10700	8560
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	110	1100	5480	6850	10700	8560
G404	RT-PCR for CMV DNA	130	1270	6350	7940	12410	9930
G406	Syndromic Multiplex PCR Gastro-intestinal Panel	620	6240	12480	15600	24380	19500
G407	Syndromic Multiplex PCR Blood Culture -Identification Panel	620	6240	12480	15600	24380	19500
G408	Syndromic Multiplex PCR Respiratory Panel	620	6240	12480	15600	24380	19500
G409	Syndromic Multiplex PCR Meningitis -Encephalities Panel	620	6240	12480	15600	24380	19500
G410	Syndromic Multiplex PCR Pneumonia Panel	790	7860	15710	19640	30690	24550
G411	Nasal Swab for MRSA	10	30	140	180	230	290
G412	Rectal Swab for MDRO Surveillance	10	30	170	210	260	330
G413	Tru Nat HPV	20	240	1180	1480	2310	1850
G414	Tru Nat MTB	20	200	1000	1250	1950	1560
G415	Rapid Antigen Test for Covid - 19	20	150	750	940	1480	1180
Transfusion Medicine							
H001	Blood Grouping	300	300	300	300	300	300
H002	Cross Matching- Semiautomated	120	120	120	120	120	120
H006	Antiglobulin Test (Direct)	300	300	300	300	300	300
H007	Antiglobulin Test (Indirect)	300	300	300	300	300	300
H008	Cold Agglutinins	10	110	210	260	410	330
H009	Secretory Status	30	300	590	740	1160	930

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
H010	Irregular Antibody Workup	30	340	680	850	1340	1070
H016	Cross Matching- Manual	50	50	50	50	50	50
H206	Whole Blood	1050	1050	1050	1050	1050	1050
H207	Packed Cells	1200	1200	1200	1200	1200	1200
H208	Washed Packed Cells	1200	1200	1200	1200	1200	1200
H210	Platelet Concentrate (RDP)	450	450	450	450	450	450
H211	Platelet Concentrate (SDP)	5500	5500	11000	11000	11000	11000
H212	PBSC/Leukapheresis	1230	12250	24500	30630	47860	38290
H213	Bone Marrow Processing on Cell Separator	770	7660	15320	19150	29930	23940
H214	Bone Marrow Processing HES Red Cell Separation	470	4690	9380	11730	18330	14660
H215	Bone Marrow Processing Plasma Separation	60	590	1170	1460	2290	1830
H217	Leucoreduced Red Cells	130	1320	2640	3300	5160	4130
H218	Leucoreduction of Platelet Concentrates	90	900	1800	2250	3510	2810
H219	Irradiation of Blood Products	40	380	750	900	1000	1000
H222	Platelet Concentrate (SvSDP)	2750	2750	5500	5500	5500	5500
H224	Processing for Leukoreduction	50	480	950	1190	1860	1490
H225	Leucoagglutinins	30	280	560	700	1100	880
H228	Pediatric Whole Blood	755	755	755	755	755	755
H229	Pediatric Packed Cells	830	830	830	830	830	830
H230	Cryoprecipitate	200	200	200	200	200	200
H231	FFP/FVIII Def. Plasma/PRP	450	450	450	450	450	450
H241	Packed Cells NBC	1050	1050	1050	1050	1050	1050
H242	CLIA-Apheresis Concentrate	25	250	500	500	500	500
H243	Microbial testing -Blood component	20	200	400	400	400	400
H244	Modified Platelet Concentrate-PAS (mSDP)	65	325	650	650	650	650
H245	CLIA-RDP/FFP	10	100	200	200	200	200
H246	CLIA- Packed Cells	15	150	300	300	300	300
H247	CliniMACS TCR a/b	748000	748000	748000	748000	748000	748000
H248	CliniMACS TCR a/b & CD19 Depletion Protocol	1232000	1232000	1232000	1232000	1232000	1232000
H249	CliniMACS TCR a/b & CD45RA Depletion Protocol	1263000	1263000	1263000	1263000	1263000	1263000
H250	CD45RA Naïve Depletion Protocol	645000	645000	645000	645000	645000	645000
H251	CD34 Enrichment Protocol	1006000	1006000	1006000	1006000	1006000	1006000

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		NC	C	B	A	D	FN
H252	CD56 Enrichment Protocol	1006000	1006000	1006000	1006000	1006000	1006000
H500	DMSO for Cryopreservation	460	4560	9120	11400	17810	14250
Radiodiagnosis							
Consultation							
I150	Consultation- New Case (Radiodiagnosis)	0	0	1500	1500	1500	1500
I003	Follow-Up Consultation (Radiodiagnosis)	0	0	900	900	900	900
Reporting							
I004	Outside Reporting of X-Ray, per Exam	0	0	130	160	250	200
I005	Outside Reporting of X-Ray Special Procedures	0	0	820	1030	1610	1290
I006	Outside Reporting of Mammogram	0	0	510	640	1000	800
I007	Outside Reporting of CT	0	0	1600	2000	3130	2500
I008	Outside Reporting of MRI	0	0	2100	2630	4110	3290
I009	Video Recording of USG / DSA, etc	20	120	570	710	1110	890
I010	Digital Film per Plate	200	200	200	200	200	200
I011	Outside CD / Film upload for CT	50	50	80	80	80	80
I012	Outside CD / Film upload for MR	50	50	80	80	80	80
I013	Outside CD / Film upload for US	70	70	70	70	70	70
I014	Outside CD / Film upload for XA	70	70	70	70	70	70
I015	Outside CD / Film upload for MG	70	70	70	70	70	70
I016	Outside CD / Film upload for CR	70	70	70	70	70	70
Conventional Radiology (Plain)							
I021	X-Ray Skull	10	100	500	630	990	790
I027	X-Ray OPG / Dental	10	100	500	630	990	790
I030	X-Ray Spine AP	10	100	500	630	990	790
I031	X-Ray Spine Lateral	10	100	500	630	990	790
I038	X-Ray Pelvis	10	100	500	630	990	790
I042	X-Ray Neck AP	10	100	500	630	990	790
I043	X-Ray Neck Lateral	10	100	500	630	990	790
I050	X-Ray Upper Limb	10	100	500	630	990	790
I070	X-Ray Lower Limb	10	100	500	630	990	790
I090	X-Ray Chest	10	100	500	630	990	790
I092	X-Ray Abdomen	10	100	500	630	990	790

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I095	X-Ray KUB	10	100	500	630	990	790
I099	X-Ray Skeletal Survey	110	1100	5500	6880	10750	8600
I100	X-Ray Portable	20	160	800	1000	1560	1250
I101	X-Ray PNS	10	120	600	750	1180	940
I102	X-Ray Sternum AP	10	120	600	750	1180	940
I103	X-Ray Sternum Oblique	10	120	600	750	1180	940
I104	X-Ray Sternum Lateral	10	120	600	750	1180	940
Conventional Radiology (Contrast)							
I121	X-Ray Sialography	40	350	1750	2190	3430	2740
I122	X-Ray Barium Swallow	40	350	1750	2190	3430	2740
I123	X-Ray Conray Swallow	40	350	1750	2190	3430	2740
I124	X-Ray Barium Meal	50	480	2400	3000	4690	3750
I125	X-Ray Barium Meal Follow-Through	150	1500	5000	6250	9760	7810
I126	X-Ray Small Bowel Enema	100	1000	5000	6250	9760	7810
I127	X-Ray Barium Enema for Colon	100	1000	5000	6250	9760	7810
I128	X-Ray Tube Cholangiogram	20	200	1000	1250	1950	1560
I129	X-Ray ERCP	120	1240	6200	7750	12110	9690
I130	X-Ray IVP	70	700	3500	4380	6850	5480
I131	X-Ray Cystogram	40	350	1750	2190	3430	2740
I132	X-Ray MCU	50	510	2560	3200	5000	4000
I133	X-Ray Retrograde Urethrogram	40	350	1750	2190	3430	2740
I134	X-Ray Retrograde Pyelogram	40	350	1750	2190	3430	2740
I141	X-Ray Sinogram	30	250	1270	1590	2490	1990
I142	X-Ray Fistulogram	30	250	1270	1590	2490	1990
I143	X-Ray Cologram	30	250	1270	1590	2490	1990
I144	X-Ray Loopogram	30	250	1270	1590	2490	1990
I145	X-Ray Nephrostogram	30	250	1270	1590	2490	1990
I146	X-Ray Gastrographic Enema (Colon)	100	1000	5000	6250	9760	7810
I151	Fluoroscopy Guided Biopsy	70	720	2400	3000	4690	3750
I152	Fluoroscopy Guided Block	70	720	2400	3000	4690	3750
I153	Fluoroscopy Guided J Needle Bone Biopsy	70	720	2400	3000	4690	3750
I154	Fluoroscopy Guided NGT Insertion	60	630	2100	2630	4110	3290

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I155	Fluoroscopy Guided Drainage/ Biopsy	250	2460	8200	10250	16010	12810
I156	Fluoroscopy Guided Indwelling Catheter Placement	110	1050	3500	4380	6850	5480
I159	Lymphangiography	150	1500	5000	6250	9760	7810
I160	Bronchography	120	1200	4000	5000	7810	6250
I161	Myelography	110	1050	3500	4380	6850	5480
I162	Myelography with CT	150	1530	5100	6380	9980	7980
I163	Venography - Upper Limb	150	1500	5000	6250	9760	7810
I164	Venography - Lower Limb	150	1500	5000	6250	9760	7810
I165	Venography - Systemic	300	3000	10000	12500	19540	15630
I170	Angiography	180	1800	6000	7500	11730	9380
I171	Ophthalmic Artery Chemo Infusion	170	1700	5650	7060	11040	8830
I180	Angio Embolization	270	2700	9000	11250	17580	14060
I191	PTBD	150	1500	5000	6250	9760	7810
I192	PTBD Stenting	360	3600	12000	15000	23440	18750
I193	PCN (single kidney)	150	1500	5000	6250	9760	7810
I194	PCN Stenting	180	1800	6000	7500	11730	9380
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	260	2570	8550	10690	16700	13360
I197	Arterial Stenting	260	2570	8550	10690	16700	13360
I198	Thrombolysis / Thrombectomy	260	2570	8550	10690	16700	13360
I199	Angioplasty	260	2570	8550	10690	16700	13360
I200	Vascular Stenting	260	2570	8550	10690	16700	13360
I201	Brush Biopsy	230	2250	7500	9380	14660	11730
I202	Vertebroplasty	230	2250	7500	9380	14660	11730
I203	PCN (B/L)	260	2570	8550	10690	16700	13360
I204	DJ Stenting	200	1950	6500	8130	12700	10160
I205	Abdominal Abscess Drainage	120	1200	4000	5000	7810	6250
I206	Percutaneous Gastrostomy / Jejunostomy	270	2720	9050	11310	17680	14140
I208	Contrast Study	30	260	850	1060	1660	1330
I209	Osteoplasty	250	2480	8250	10310	16110	12890
I210	Cerebral Angiography	230	2250	7500	9380	14660	11730
I211	Chemo Embolisation	720	7200	24000	30000	46880	37500
I212	Radio Embolisation	830	8280	27600	34500	53910	43130

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I213	Stent-Graft Deployment	830	8280	27600	34500	53910	43130
I214	Central Venous Access	150	1500	5000	6250	9760	7810
I215	IVC Filter Deployment	250	2480	8250	10310	16110	12890
I216	IVC Filter Retrieval	140	1380	4610	5760	9000	7200
I217	SCLEROTHERAPY	170	1670	5560	6950	10860	8690
I218	Test Occlusion	260	2550	8500	10630	16610	13290
I219	3D Rotational Angiography	150	1500	5000	6250	9760	7810
I220	Foreign Body Retrieval	250	2480	8250	10310	16110	12890
I221	Radio Frequency Ablation	360	3600	12000	15000	23440	18750
I222	Closure Device Insertion	720	7200	24000	30000	46880	37500
I223	Tracheo-bronchial stenting	720	7200	24000	30000	46880	37500
I224	Image Guided PICC insertion	250	2480	8250	10310	16110	12890
I225	DSA Port Placement	1100	10980	36600	45750	71490	57190
I226	EBUS guided FNA	360	3600	12000	15000	23440	18750
I227	Image Guided Endovenous Ablation	360	3600	12000	15000	23440	18750
Mammography							
I321	Mammography Single Breast	10	140	690	860	1350	1080
I322	Mammography Both Breasts	30	280	1380	1730	2700	2160
I324	Mammography - Biopsy	40	350	1760	2200	3440	2750
I325	Mammography - Localization	50	510	2570	3210	5010	4010
I326	Mammography of Specimen	10	140	690	860	1350	1080
I327	Tumour Ablation - IRE	540	5400	18000	22500	35160	28130
I328	Non-Ionic Contrast and Consumable Charges	900	900	900	900	900	900
I329	Ionic Oral Contrast and Consumable Charges	180	180	180	180	180	180
I330	Iso-Osmolar Contrast and Consumable Charges	2300	2300	2300	2300	2300	2300
Ultrasonography							
I420	USG Abdomen	20	240	1200	1500	2350	1880
I460	USG Pelvis	20	240	1200	1500	2350	1880
I461	Transrectal sonography	30	330	1660	2080	3250	2600
I462	TRUS Guided biopsy	50	510	2540	3180	4980	3980
I463	Trans vaginal sonography	30	330	1660	2080	3250	2600
I500	USG Abdomen & Pelvis	40	440	2220	2780	4350	3480

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I510	USG Neck	20	230	1170	1460	2290	1830
I550	USG Thorax	20	230	1170	1460	2290	1830
I560	USG Breast	20	230	1170	1460	2290	1830
I565	USG Upper Extremity	20	230	1170	1460	2290	1830
I566	USG Portable Single region	40	360	1800	2250	3510	2810
I567	USG Portable Two region	60	600	3000	3750	5860	4690
I568	USG Guided Procedure	40	410	2070	2590	4050	3240
I569	USG KUB	20	230	1170	1460	2290	1830
I570	USG Lower Extremity	20	230	1170	1460	2290	1830
I571	USG Doppler Upper Extremity	40	380	1910	2390	3740	2990
I572	USG Doppler Lower Extremity	40	380	1910	2390	3740	2990
I573	USG Doppler Hepatoportal	40	380	1910	2390	3740	2990
I574	USG Doppler Renal	40	380	1910	2390	3740	2990
I575	USG Doppler Carotid	40	380	1910	2390	3740	2990
I576	USG Doppler IVC	40	380	1910	2390	3740	2990
I577	USG Targetted	10	120	600	750	1180	940
I578	USG Doppler - portable Single Region	40	410	2070	2590	4050	3240
I579	USG Doppler - Single Region	40	380	1910	2390	3740	2990
I580	USG Axilla/ Groin/ Scrotum (Small Parts)	20	230	1170	1460	2290	1830
I598	USG Guided FNAC	40	380	1880	2350	3680	2940
IA04	USG Guided RF Ablation	360	3620	12060	15080	23560	18850
CT Scan							
I600	CT Brain Plain and Contrast	150	1500	5000	6250	9760	7810
I601	CT Brain Plain	90	900	3000	3750	5860	4690
I602	CT PNS	190	1880	6250	7810	12200	9760
I603	CT Nasopharynx	190	1880	6250	7810	12200	9760
I604	CT Sella	190	1880	6250	7810	12200	9760
I605	CT Temporal Bone	190	1880	6250	7810	12200	9760
I606	CT Orbits	190	1880	6250	7810	12200	9760
I607	CT HRCT (Chest)	80	750	2500	2500	2500	2500
I620	CT Neck	190	1880	6250	7810	12200	9760
I630	CT Head & Neck	250	2480	8250	10310	16110	12890

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I640	CT Neck & Thorax	230	2320	7740	9680	15120	12100
I650	CT Thorax	210	2100	7000	8750	13680	10940
I670	CT Abdomen	210	2100	7000	8750	13680	10940
I680	CT Thorax & Abdomen	360	3600	12000	15000	23440	18750
I690	CT Pelvic Region	180	1800	6000	7500	11730	9380
I691	S.Creatinine- Point of Care Testing	520	520	520	650	1010	810
I692	Low Dose CT Scan	300	3000	10000	12500	19540	15630
I700	CT Abdomen & Pelvis	360	3600	12000	15000	23440	18750
I710	CT Thorax & Abdomen & Pelvis	420	4200	14000	17500	27350	21880
I720	CT Spine	180	1800	6000	7500	11730	9380
I730	CT Upper Limb	180	1800	6000	7500	11730	9380
I740	CT Lower Limb	180	1800	6000	7500	11730	9380
I741	Digital Scanogram	30	300	1000	1250	1950	1560
I750	CT Angiogram (Additional Charge)	80	750	2500	3130	4890	3910
I760	CT 3D Reconstruction	300	3000	10000	12500	19540	15630
I781	CT Guided Biopsy FNAC	280	2820	9400	11750	18360	14690
I782	CT Guided Truecut Biopsy	280	2820	9400	11750	18360	14690
I783	CT Guided Drainage / Localisation	140	1430	4750	5940	9290	7430
I784	CT Guided Vertebroplasty	260	2570	8570	10710	16740	13390
I785	CT Perfusion (Additional Charge)	110	1070	3570	4460	6980	5580
I786	CT Defusion (Additional Charge)	110	1070	3570	4460	6980	5580
I787	CT DIEP	330	3300	11000	13750	21490	17190
I788	CT Guided RF Ablation	360	3600	12000	15000	23440	18750
I789	CT Dental	150	1500	5000	6250	9760	7810
I790	CT Limited	80	750	2500	3130	4890	3910
I791	CT 'J' Needle Bone Biopsy	330	3300	11000	13750	21490	17190
I792	Planning scan for Hepatic Resection	330	3300	11000	13750	21490	17190
IB02	CT Guided RF Ablation	360	3620	12060	15080	23560	18850
M R I Scan							
I801	MRI BRAIN	210	2100	7000	8750	13680	10940
I802	MRI PNS	210	2100	7000	8750	13680	10940
I810	MRI Neck	210	2100	7000	8750	13680	10940

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
1820	MRI Head & Neck	300	3000	10000	12500	19540	15630
1830	MRI Upper Limb	210	2100	7000	8750	13680	10940
1840	MRI Thorax	210	2100	7000	8750	13680	10940
1841	MRI Breast	240	2400	8000	10000	15630	12500
1842	MRI guided breast biopsy	530	5290	17620	22030	34430	27540
1860	MRI Abdomen	210	2100	7000	8750	13680	10940
1890	MRI Pelvis	210	2100	7000	8750	13680	10940
1900	MRI Abdomen & Pelvis	210	2100	7000	8750	13680	10940
1910	MRI Spine (One Region)	210	2100	7000	8750	13680	10940
1911	MRI Whole Spine	270	2700	9000	11250	17580	14060
1920	MRI Lower Limb	210	2100	7000	8750	13680	10940
1921	MRI Contrast	110	1050	3500	4380	6850	5480
1930	MRI Angiogram	180	1780	5930	7410	11590	9270
1940	MRI Venography	240	2400	8000	10000	15630	12500
1950	MRI Myelogram	150	1500	5000	6250	9760	7810
1960	MR Cholangio-Pancreatogram (CP) (Additional Charge)	150	1500	5000	6250	9760	7810
1970	MRI Spectroscopy (Additional Charge)	150	1480	4930	6160	9630	7700
1971	MRI Brain Tumor Protocol	350	3450	11500	14380	22480	17980
1972	MRI Extremity with dynamic contrast	330	3290	10960	13700	21410	17130
1973	MRI Extremity with Limb Screening	330	3290	10960	13700	21410	17130
1974	MRI Prostate	230	2250	7500	9380	14660	11730
1975	MRI Cervix	230	2250	7500	9380	14660	11730
1976	MRI Penis	230	2250	7500	9380	14660	11730
1977	MRI DTI	150	1500	5000	6250	9760	7810
1978	MRI Cardiac	230	2250	7500	9380	14660	11730
1979	MRI Spine Screening	150	1480	4930	6160	9630	7700
1980	MRI Temporal Bone (HRCT cuts)	290	2850	9500	11880	18560	14850
1991	MRI Functional (Additional Charge)	150	1500	5000	6250	9760	7810
1992	MRI Diffusion (Additional Charge)	90	910	3020	3780	5910	4730
1993	MRI Perfusion (Additional Charge)	150	1480	4930	6160	9630	7700
1995	MRI Limited	150	1500	5000	6250	9760	7810
1996	Whole body MRI	480	4800	16000	20000	31250	25000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I997	MRI for Therapy Planning	140	1430	4750	5940	9290	7430
IC01	MRI Abdomen + MR CP	310	3060	10210	12760	19940	15950
Medical Oncology							
Consultation							
J001	Consultation- New Case (Medical Oncology)	0	0	1500	1500	1500	1500
J003	Follow-Up Consultation (Medical Oncology)	0	0	900	900	900	900
J101	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Medical Oncology)	0	0	5750	7190	11240	8990
J102	Intravenous Bolus (per Cycle) (Medical Oncology)	20	200	1000	1250	1950	1560
J103	Bone Marrow Aspiration/Biopsy	30	290	1460	1830	2860	2290
J104	Chemotherapy Indoor Charges per Day (Medical Oncology)	0	0	750	940	1480	1180
J105	Chemotherapy Daycare Charge per Day (Medical Oncology)	0	0	550	690	1080	860
J107	Chemotherapy- Intramuscular & subcutaneous Adm.	0	0	140	180	290	230
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	41000	51250	80080	64060
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	31500	39380	61540	49230
J110	Lumbar Puncture	20	180	900	1130	1760	1410
J111	Intrathecal Chemotherapy	20	240	1200	1500	2350	1880
J112	Pleural Fluid Tapping	20	240	1200	1500	2350	1880
J113	Ascitic Tapping	20	240	1200	1500	2350	1880
J114	Pericardial Tapping	50	500	2500	3130	4890	3910
J116	Scalp Cooling Procedure	30	340	1680	2100	3290	2630
Bone Marrow Transplant (Bmt) Professional Charges							
J201	Bone Marrow Transplant (Allogenic)	0	0	149500	149500	149500	149500
J203	Bone Marrow Transplant (Autologous)	0	0	115000	115000	115000	115000
J204	Allogenic Matched Unrelated (MUD)/Cord Transplant	0	0	195500	195500	195500	195500
J402	Consultation- New Case (ACT Clinic)	0	0	1200	1200	1200	1200
J404	Follow-Up Consultation (ACT Clinic)	0	0	900	900	900	900
Cathether							
J501	Pre-Insertion + Demonstration	50	500	1000	1250	1950	1560
J502	Dressing	10	100	500	630	990	790
J503	Insertion of PICC	110	1050	2100	2630	4110	3290
Academic Hemato - Oncology Lab							
J609	RT-PCR Nested IGH Chain Gene rearrangement	200	1990	3970	4960	7750	6200

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
J610	RT-PCR Nested, TCR Gene Rearrangement	200	1990	3970	4960	7750	6200
J611	RT-PCR Hot Start	280	2780	5560	6950	10860	8690
J613	Gene rearrangement by Direct Sequencing	480	4760	9520	11900	18600	14880
J614	Mutation analysis by ASO PCR	480	4760	9520	11900	18600	14880
J615	DIRECT SEQUENCING FOR EGFR MUTATION ANALYSIS	400	3970	7930	9910	15490	12390
J616	RT-PCR for RAS / BRAF mutation analysis	640	6350	12700	15880	24810	19850
J617	RT-PCR for EBV analysis	640	6350	12700	15880	24810	19850
J618	Direct Sequencing for RAS mutation analysis	640	6350	12700	15880	24810	19850
J620	Snap shot PCR for EGFR,RAS, and PTEN	810	8110	16210	20260	31660	25330
J621	RT-PCR for EGFR Mutation analysis	640	6350	12700	15880	24810	19850
J622	Direct Sequencing for DPD Testing	640	6350	12700	15880	24810	19850
J623	NGS Platform - limited Panel (10 genes)	900	9000	18000	22500	35160	28130
J624	NGS Platform - extended Panel (> 50 genes)	1800	18000	36000	45000	70310	56250
General Medicine							
Consultation							
K002	Cross Consultation (General Medicine)	0	0	1200	1200	1200	1200
K003	Follow-Up Consultation (General Medicine)	0	0	900	900	900	900
Other Tests							
K101	Electrocardiogram	10	60	310	390	610	490
K107	PFT (Spirometry)	20	180	920	1150	1800	1440
K108	Complete PFT with Diffusion and Lung Volume Study	30	300	1500	1880	2940	2350
K112	Diffusion Study	10	130	640	800	1250	1000
K113	Lung Volume Study	20	150	730	910	1430	1140
K116	Echocardiogram + Color Doppler Bedside (H)	30	280	1400	1750	2740	2190
K117	Echocardiogram + Color Doppler Bedside (P)	0	0	2100	2630	4110	3290
K118	Echocardiogram + Color Doppler (H)	20	200	1000	1250	1950	1560
K119	Echocardiogram + Color Doppler (P)	0	0	1500	1880	2940	2350
K122	Cardiac Stress Test (H)	20	160	800	1000	1560	1250
K123	Cardiac Stress Test (P)	0	0	1150	1440	2250	1800
K124	Cardiopulmonary Stress Test (H)	30	280	1400	1750	2740	2190
K125	Cardiopulmonary Stress Test(P)	0	0	2100	2630	4110	3290

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Psychiatry @ Clinical Psychology							
K301	Cross Consultation (Psychiatry)	0	0	1200	1200	1200	1200
K302	Follow-Up Consultation (Psychiatry)	0	0	900	900	900	900
K303	Psychometric Testing	20	120	600	750	1200	950
Pulmonary Unit							
K401	Cross Consultation (Pulmonary Unit)	0	0	1200	1200	1200	1200
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	900	900	900	900
Honorary Consultants							
Nephrology							
L101	Cross Consultation (Nephrology)	0	0	1200	1200	1200	1200
L102	Follow-Up Consultation (Nephrology)	0	0	900	900	900	900
Dermatologist							
L103	Cross Consultation (Dermatologist)	0	0	1200	1200	1200	1200
L104	Follow up Consultation (Dermatologist)	0	0	900	900	900	900
Endocrinologist							
L105	Cross Consultation (Endocrinologist)	0	0	1200	1200	1200	1200
L106	Follow up Consultation (Endocrinologist)	0	0	900	900	900	900
Ophthalmologist							
L107	Cross Consultation (Ophthalmologist)	0	0	1200	1200	1200	1200
L108	Follow up Consultation (Ophthalmologist)	0	0	900	900	900	900
Other Tests							
L111	Peritoneal Dialysis	30	320	1600	2000	3130	2500
L112	Femoral Vein Catheterisation	10	120	590	740	1160	930
L113	Subclavian Vein Catheterisation	20	180	880	1100	1730	1380
L114	CAVH	30	270	1370	1710	2680	2140
L115	Renal Biopsy	10	120	590	740	1160	930
Neurology							
L301	Cross Consultation (Neurology)	0	0	1200	1200	1200	1200
L302	Follow-Up Consultation (Neurology)	0	0	900	900	900	900
Neurosurgery							
L401	Cross Consultation (Neurosurgery)	0	0	1200	1200	1200	1200
L402	Follow-Up Consultation (Neurosurgery)	0	0	900	900	900	900

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
ENT							
L501	Cross Consultation (ENT)	0	0	1200	1200	1200	1200
L502	Follow-Up Consultation (ENT)	0	0	900	900	900	900
Clinical Haematology							
L601	Cross Consultation (Clinical Haematology)	0	0	1200	1200	1200	1200
L602	Follow-Up Consultation (Clinical Haematology)	0	0	900	900	900	900
Hepatology							
L701	Cross Consultation (Hepatology)	0	0	1200	1200	1200	1200
L702	Follow-Up Consultation (Hepatology)	0	0	900	900	900	900
Digestive Diseases & Clinical Nutrition							
Consultations							
M001	Consultation- New Case (Digestive Diseases)	0	0	1500	1500	1500	1500
M002	Follow-Up Consultation (Digestive Diseases)	0	0	900	900	900	900
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	900	900	900	900
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	5750	7190	11240	8990
M005	Intravenous Bolus (per Cycle) (Digestive Diseases)	20	200	1000	1250	1950	1560
Digestive Diseases							
M006	TPN Therapy (New Plan)	0	0	3600	4500	7040	5630
M007	Enteral Nutrition Therapy (New Plan)	0	0	3000	3750	5860	4690
M008	Home Enteral Nutrition Care (New Plan)	0	0	1800	2250	3510	2810
M009	Home TPN Therapy (New Plan)	0	0	3600	4500	7040	5630
M016	Chemotherapy Indoor Charges per Day (Digestive Diseases)	0	0	750	940	1480	1180
M017	Chemotherapy Daycare Charges per Day (Digestive Diseases)	0	0	550	690	1080	860
M018	Dietary Counseling Oral (New Plan)	0	0	1200	1500	2350	1880
M019	REE Estimation	0	0	3600	4500	7040	5630
M020	Body Composition	0	0	1800	2250	3510	2810
M022	Inpatient Care (Neutropenia Care/ Hepatitis)	0	0	3800	4750	7430	5940
M023	TPN Therapy (Follow-up/ Replan)	0	0	2400	3000	4690	3750
M024	TPN Daily Monitoring	0	0	1000	1250	1950	1560
M025	Enteral Nutrition Therapy (Follow-up/ Replan)	0	0	2000	2500	3910	3130
M026	Enteral Nutrition Therapy Daily Monitoring	0	0	700	880	1380	1100
M027	Dietary Counseling Oral (Follow-up)	0	0	680	680	680	680

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M051	Endoscopy Room Charges Grade I	40	350	1750	2190	3430	2740
M052	Endoscopy Room Charges Grade II	50	500	2500	3130	4890	3910
M053	Endoscopy Room Charges Grade III	70	700	3500	4380	6850	5480
M054	Endoscopy Room Charges Grade IV	100	1000	5000	6250	9760	7810
M055	Endoscopy Room Charges Grade V	140	1400	7000	8750	13680	10940
M056	Endoscopy Room Charges Grade VI	200	2000	10000	12500	19540	15630
M057	Cholangioscopy Probe Charge (Endoscopy)	24000	24000	24000	24000	24000	24000
M058	Endoscopy Room- Sedation (NAAS)	20	160	800	1000	1560	1250
M059	Endoscopy Room- Video Recording	20	140	280	350	550	440
M060	Endoscopy Room- Color Print Images/ Report	20	140	280	350	550	440
M061	Helicobacter Pylori Breath Test	40	360	1800	2250	3510	2810
M101	Rigid Sigmoidoscopy	0	0	2060	2580	4040	3230
M102	Tissue Sampling- Biopsy	0	0	2060	2580	4040	3230
M103	Oesophageal ILRT Tube Placement- Over wire only	0	0	2060	2580	4040	3230
M104	Peg Tube Removal/ Exchange	0	0	1000	1250	1950	1560
M105	Ryle s Tube Placement	0	0	1800	2250	3510	2810
M106	Nasogastric tube Over wire & Non-Fluroscopic	0	0	2060	2580	4040	3230
M107	Tissue Sampling- Cytology	0	0	1800	2250	3510	2810
M108	Gastric Lavage/ Decompression	0	0	1000	1250	1950	1560
M109	Ascitic Fluid Aspiration (DDCN)	20	230	1170	1460	2290	1830
M110	Pleural Fluid Tapping (DDCN)	20	240	1200	1500	2350	1880
M111	Pericardial Tapping (DDCN)	50	500	2500	3130	4890	3910
M112	Liver Biopsy	0	0	3020	3780	5910	4730
M113	CSF tapping (DDCN)	20	180	900	1130	1760	1410
M114	CVP Access (DDCN)	20	200	1000	1250	1950	1560
M115	Indwelling Peritoneal Catheter Placement (DDCN)	0	0	2060	2580	4040	3230
M116	Percutaneous Ethanol Injection	0	0	2800	3500	5480	4380
M117	Needle Aspiration (Non USG Guided)	0	0	1000	1250	1950	1560
M206	Flexible Sigmoidoscopy	0	0	6030	7540	11790	9430
M207	Pile Banding / Injection	0	0	6030	7540	11790	9430
M208	Flexible Sigmoidoscopy (repeat)	0	0	4220	5280	8250	6600
M301	Sideviewing Duodenoscopy	0	0	7100	8880	13880	11100

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M303	Colonoscopy	0	0	7100	8880	13880	11100
M305	Dye Chromoendoscopy (Standard Imaging)	0	0	7100	8880	13880	11100
M306	Jejuno-Enteroscopy (Push Type Limited Exam)	0	0	7100	8880	13880	11100
M309	EUS of Rectum/Sigmoid Colon	0	0	7100	8880	13880	11100
M310	Endosonoprobe Examination	0	0	7100	8880	13880	11100
M311	Endoscopic Naso-gastric Tube Placement (Non-Fluoroscopic)	0	0	7100	8880	13880	11100
M312	Esophageal Dilatation (Non-Fluoroscopic)- 1 session	0	0	7100	8880	13880	11100
M313	Foreign Body Removal (Non-Fluoroscopic)	0	0	7100	8880	13880	11100
M314	Hemostasis: Variceal Banding	0	0	7100	8880	13880	11100
M315	Hemostasis: Clipping	0	0	7100	8880	13880	11100
M316	Hemostasis: Glue Injection	0	0	7100	8880	13880	11100
M317	Hemostasis: Bicap Coagulation	0	0	7100	8880	13880	11100
M318	Hemostasis: Injection Therapy	0	0	7100	8880	13880	11100
M323	Diagnostic Upper GI Endoscopy	0	0	7100	8880	13880	11100
M324	Diagnostic Upper GI Endoscopy (repeat)	0	0	5000	6250	9760	7810
M325	Colonoscopy (Repeat)	0	0	5000	6250	9760	7810
M326	Clip Marking	0	0	7100	8880	13880	11100
M327	Dye Chromoendoscopy: Standard Imaging (repeat)	0	0	5000	6250	9760	7810
M328	Esophageal Dilatation (Non-Fluoroscopic) (partial)	0	0	5000	6250	9760	7810
M329	ERCP Diagnostic Non-cholangioscopy (repeat)	0	0	5000	6250	9760	7810
M330	Hemostasis: Argon Plasma Coagulation	0	0	7100	8880	13880	11100
M331	Hemostasis: Sclerotherapy	0	0	7100	8880	13880	11100
M332	Hemostasis: Loop Ligation	0	0	7100	8880	13880	11100
M333	Polypectomy Cold Snare / Hot Biopsy	0	0	7100	8880	13880	11100
M334	Jejuno-Enteroscopy (Push Type Limited Exam- Repeat)	0	0	5000	6250	9760	7810
M401	EUS: Pancreas and Bile Ducts	0	0	9000	11250	17580	14060
M403	Esophageal Stenting	0	0	9000	11250	17580	14060
M404	Percutaneous Endoscopic Gastrostomy	0	0	9000	11250	17580	14060
M405	Percutaneous Endoscopic Jejunostomy	0	0	9000	11250	17580	14060
M406	Achalasia Dilatation	0	0	9000	11250	17580	14060
M407	Gastric or Pyloric Dilatation (Non-Fluoroscopic)- 1 session	0	0	9000	11250	17580	14060
M408	Rectal or Colonic Dilatation (Non-Fluoroscopic)- 1 session	0	0	9000	11250	17580	14060

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M409	Polypectomy (upto 2 polyps and stalked)	0	0	9000	11250	17580	14060
M411	Ablation: Laser Therapy	0	0	9000	11250	17580	14060
M412	Ablation: Argon Plasma Coagulation	0	0	9000	11250	17580	14060
M413	ERCP Sphincterotomy	0	0	9000	11250	17580	14060
M414	Endoscopic Cyst Drainage	0	0	9000	11250	17580	14060
M415	ERCP Naso-Biliary Drainage	0	0	9000	11250	17580	14060
M416	Biliary/ Pancreatic Cytology	0	0	3520	4400	6880	5500
M417	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI)	0	0	9000	11250	17580	14060
M418	Magnification Dye Chromoendoscopy	0	0	9000	11250	17580	14060
M419	Capsule Endoscopy Imaging	0	0	12060	15080	23560	18850
M420	Capsule Endoscopy Imaging (Repeat)	0	0	8500	10630	16610	13290
M421	Clip Application (Non-Hemostatic, Markers)	0	0	5000	6250	9760	7810
M422	Ablation: Cryotherapy/ PDT	0	0	7870	9840	15380	12300
M423	Ablation: Cryotherapy/ PDT (Partial)	0	0	5510	6890	10760	8610
M424	Ablation: Argon Plasma Coagulation (Partial)	0	0	6500	8130	12700	10160
M425	Gastric or Pyloric Dilation- Non-Fluoroscopic (Partial)	0	0	6500	8130	12700	10160
M426	Rectal or Colonic Dilation- Non-Fluoroscopic (Partial)	0	0	6500	8130	12700	10160
M427	Achalasia Dilatation (Partial)	0	0	6500	8130	12700	10160
M428	ERCP Naso-Pancreatic Drainage	0	0	9000	11250	17580	14060
M429	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI) (Repeat)	0	0	6500	8130	12700	10160
M430	Magnification Dye Chromoendoscopy (Repeat)	0	0	6500	8130	12700	10160
M431	EUS Radial Mediastinum and/ or Upper Abdomen	0	0	8260	10330	16140	12910
M432	Decompression: NJT placement	0	0	7100	8880	13880	11100
M433	Decompression: Colonic tube placement	0	0	7100	8880	13880	11100
M434	Stenting: Enteral	0	0	11510	14390	22490	17990
M435	Stenting: Colonic	0	0	11510	14390	22490	17990
M436	Dilatation Luminal Fluoroscopic	0	0	9000	11250	17580	14060
M437	Hemostasis: Post Endoscopic Resection	0	0	9000	11250	17580	14060
M438	Foreign Body Removal (Fluoroscopic)	0	0	9000	11250	17580	14060
M439	Diagnostic ERCP (Non-cholangioscopic)	0	0	7100	8880	13880	11100
M501	ERCP Biliary Stenting (Single)	0	0	12060	15080	23560	18850
M502	ERCP Pancreatic Stenting (Single)	0	0	12060	15080	23560	18850

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M503	Multiple Polypectomy (more than 2 polyps and stalked)	0	0	12060	15080	23560	18850
M504	EUS Guided FNA	0	0	12060	15080	23560	18850
M506	Radiofrequency Ablation	0	0	12060	15080	23560	18850
M508	ERCP Biliary Stenting (Multiple Stents)	0	0	12060	15080	23560	18850
M510	ERCP Pancreatic Stenting (Multiple)	0	0	12060	15080	23560	18850
M512	ERCP Biliary Stone extraction	0	0	12060	15080	23560	18850
M514	ERCP Pancreatic Stone extraction	0	0	12060	15080	23560	18850
M516	ERCP Biliary Stricture Dilatation	0	0	12060	15080	23560	18850
M518	ERCP Pancreatic Stricture Dilatation	0	0	12060	15080	23560	18850
M520	ERCP Sphincteroplasty	0	0	12060	15080	23560	18850
M522	ERCP in Bilroth II Anatomy	0	0	12060	15080	23560	18850
M524	ERCP Extraction: Internally migrated stent	0	0	12060	15080	23560	18850
M526	ERCP Mechanical Lithotripsy	0	0	12060	15080	23560	18850
M528	ERCP Minor Papilla therapy	0	0	12060	15080	23560	18850
M530	EUS Guided Colour Doppler	0	0	12060	15080	23560	18850
M532	EUS Miniprobe Luminal examination	0	0	12060	15080	23560	18850
M534	EUS Guided Celiac Plexus Neurolysis	0	0	12060	15080	23560	18850
M536	EUS Linear imaging (No FNAC)	0	0	12060	15080	23560	18850
M538	EUS Advanced Imaging: 3D/ Elastography/ CE/ THI	0	0	12060	15080	23560	18850
M540	Nasogastric tube placement Fluoroscopic	0	0	7870	9840	15380	12300
M542	Nasojejunal tube placement	0	0	9000	11250	17580	14060
M544	Stenting: Cervical Esophagus	0	0	12060	15080	23560	18850
M546	Stenting: Gastro-duodenal	0	0	12060	15080	23560	18850
M548	Endotherapy post Bariatric surgery	0	0	12060	15080	23560	18850
M550	Multiple Polypectomy (> 2 polyps and stalked) - partial	0	0	8500	10630	16610	13290
M602	Capsule Biopsy of Small Bowel	0	0	2060	2580	4040	3230
M606	EUS Intraductal (Biliary- pancreatic examination)	0	0	13800	17250	26950	21560
M608	Cholangioscopy	0	0	20700	25880	40440	32350
M610	Device Assisted (Balloon)/ Push Type Enteroscopy	0	0	20700	25880	40440	32350
M612	Endoscopic tumor resection (EMR/ESD/Ampullectomy)	0	0	20700	25880	40440	32350
M614	Endoscopic Pancreatic Necrosectomy	0	0	20700	25880	40440	32350
M616	ERCP Intrahepatic stone removal	0	0	20700	25880	40440	32350

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M618	EUS: Endobronchial	0	0	20700	25880	40440	32350
M620	EUS Guided Pseudocyst Drainage	0	0	20700	25880	40440	32350
M622	EUS-ERCP Combined Biliary Drainage	0	0	20700	25880	40440	32350
M624	High resolution Anoscopy (HRA)	0	0	20700	25880	40440	32350
M626	Percutaneous Endoscopic Colostomy	0	0	20700	25880	40440	32350
M628	Myotomy	0	0	20700	25880	40440	32350
Anaesthesiology, Critical Care & Pain Management							
Consultation							
N001	Consultation- New Case (Chronic Pain Management)	0	0	1500	1500	1500	1500
N002	Consultation- New Case (PAC- Pre Anesthesia Checkup)	0	0	1500	1500	1500	1500
N003	Follow-Up Consultation (PAC- Pre Anesthesia Checkup)	0	0	900	900	900	900
N005	Follow-Up Consultation (Chronic Pain Management)	0	0	900	900	900	900
Anaesthesia Charges							
N101	Anesthesia Fees - Grade I	0	0	3630	4540	7100	5670
N102	Anesthesia Fees - Grade II	0	0	6710	8390	13110	10490
N103	Anesthesia Fees - Grade III	0	0	13800	17250	26950	21560
N104	Anesthesia Fees - Grade IV	0	0	17250	21560	33690	26950
N105	Anesthesia Fees - Grade V	0	0	27770	34710	54240	43390
N106	Anesthesia Fees - Grade VI	0	0	29000	36250	56640	45310
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	15870	19840	31000	24800
N108	Anesthesia Charges for Laser/Sub-Major Surgery	0	0	1550	1940	3030	2420
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	860	1080	1690	1350
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	4030	5040	7880	6300
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	14660	18330	28640	22910
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	21560	26950	42110	33690
N113	Anesthesia Charges for Scopies/Minor Surgeries	0	0	780	980	1520	1220
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	940	1180	1840	1470
N115	Anaesthesia charges for Diagnostic CT	0	0	840	1050	1650	1320
N116	Sedation charges	0	0	780	980	1520	1220
N117	Lumbar Puncture	20	180	900	1130	1760	1410
N118	Anesthesia charges for Interventional Radiology Grade I	0	0	1590	1990	3110	2490
N119	Anesthesia charges for Interventional Radiology Grade II	0	0	2480	3100	4850	3880

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
N120	Anesthesia charges for Interventional Radiology Grade III	0	0	3090	3860	6030	4830
N121	Anesthesia charges for Interventional Radiology Grade IV	0	0	3860	4820	7530	6030
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	780	980	1520	1220
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	1190	1490	2330	1860
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	1590	1990	3110	2490
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	1720	2150	3360	2690
N126	Anesthesia Charges for Diagnostic GI Endoscopy under GA	0	0	1850	2320	3620	2900
N127	Anesthesia charges for GI Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	3090	3860	6030	4830
N128	Sedation and monitoring of GI Diagnostic endoscopy	0	0	780	980	1520	1220
N129	Anesthesia Charges for GI Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	1590	1990	3110	2490
N130	Anesthesia Fees - Grade VII	0	0	41660	52070	81370	65090
N131	TEG -Kaolin (Plain) Thrombelastograph	20	190	920	1150	1800	1440
N132	TEG -Kaolin (Heparinase) Thrombelastograph Coagulation Test	40	380	1910	2390	3740	2990
N133	Anaesthesia charges for Paediatric/Adult patients in MRI	0	0	1510	1890	2950	2360
ICU Charges							
N201	ICU Per Day Professional Charges	0	0	1500	1850	3000	2500
N202	CVP Access / Dialysis Catheter Insertion	20	240	1220	1530	2390	1910
N203	Swan Ganz Catheter Insertion	40	390	1930	2420	3780	3020
N204	Arterial Line Insertion	10	120	610	760	1190	950
N205	Therapeutic Bronchoscopy	80	770	3860	4820	7530	6030
N206	Transvenous Pacemaker	40	420	2100	2630	4100	3280
N207	Percutaneous Tracheostomy	30	330	1650	2070	3230	2580
N208	CAVH - 1st Day	30	290	1440	1800	2810	2250
N209	Continuous Renal Replacement Therapy Per Day	20	190	930	1160	1820	1460
N210	ICU - Intubation and initiation of mechanical ventilation	20	120	620	780	1210	970
N211	Advanced haemodynamic monitoring (FloTrac / PiCCo / Volume View etc) for the duration of 1	40	370	1850	2320	3620	2900
N212	Intermittent Hemodialysis / SLED per session	20	190	930	1160	1820	1460
N213	Arterial Blood gas (ABG) Analysis	10	70	360	450	700	560
N214	POC Arterial Blood Gases (TMH)	0	30	170	210	330	260
Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, Etc							
N301	Minor (Peripheral Nerve Block)	0	0	720	900	1400	1120
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	0	2490	3110	4860	3890

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
N304	RT SELECTRON	0	0	970	1210	1890	1510
N305	RT Iridium Implant	0	0	1460	1830	2860	2290
N311	Acute Pain Services(4 days consolidated)	0	0	2320	2900	4540	3630
N312	Patient Controllre Analgesia(PCA)	0	0	2000	2500	3910	3130
N314	Chronic Pain Referral/ Followup (Wards)	0	0	720	1080	1440	1440
N315	Epidural Catheterization	0	0	1000	1250	1950	1560
N350	Injection Verfen	15	15	15	15	15	15
N351	Injection Vermor 10 mg	15	15	15	15	15	15
N352	INJ PETHIDINE	45	45	45	45	45	45
N353	Injection Bupragesic 300 mg	20	20	20	20	20	20
Surgical Oncology							
Consultations							
O001	Consultation- New Case (Surgical Oncology)	0	0	1500	1500	1500	1500
O003	Follow-Up Consultation (Surgical Oncology)	0	0	900	900	900	900
O004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Surgical Oncology)	0	0	5750	7190	11240	8990
O005	Intravenous Bolus per Cycle (Surgical Oncology)	20	200	1000	1250	1950	1560
O006	Chemotherapy Indoor Charges per Day (Surgical Oncology)	0	0	750	940	1480	1180
O007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	0	0	550	690	1080	860
O008	Trucut Biopsy of Breast Lesions (OPD)	50	480	2400	3000	4690	3750
O009	Dressing- OPD	20	100	500	630	990	790
Operation Theatre (Hospital Service Charges)							
O111	Major OT - Service Charges - Less than 2 Hrs.	180	1800	8980	11230	17540	14030
O112	Major OT - Service Charges - 2 To 4 Hrs	370	3660	18300	22880	35740	28590
O113	Major OT - Service Charges - 4 to 6 Hrs	800	8000	40000	50000	78130	62500
O116	Major OT - Service Charges - 6 to 8 Hrs	1100	11000	55000	68750	107430	85940
O117	Robotic Surgery Consumable Charges	120000	120000	120000	120000	120000	120000
O118	Major OT - Service Charges - More than 8 Hrs	1140	11350	56750	70940	110840	88670
O119	Robotic Surgery Additional Instrument usage Charges	20000	20000	20000	20000	20000	20000
O120	Head & Neck Robotic surgery Consumable	60000	60000	60000	60000	60000	60000
O121	Robotic Surgery Vessel Scaler Charges	43200	43200	43200	43200	43200	43200
O122	Robotic Surgery for Prostate Consumable Charges	150000	150000	150000	150000	150000	150000
O123	Trilumen Filtered Tube Set For Airseal	19200	19200	19200	19200	19200	19200

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
O124	Access Port 120mm with Bladeless Optical 120mm	19200	19200	19200	19200	19200	19200
O125	Access Port 12mm with Bladeless Optical 100mm	10800	10800	10800	10800	10800	10800
O126	Minor OT Service Charges (Without GA)	50	530	2670	3340	5230	4180
O127	Minor OT Service Charges (with GA)	70	680	3400	4250	6640	5310
O128	Thoracic Robotic Surgery Consumable	60000	60000	60000	60000	60000	60000
Surgery Charges							
O151	Minor OT - Surgery Charges	0	0	1550	1940	3030	2430
O161	Grade I Surgery	0	0	7740	9680	15120	12100
O162	Grade II Surgery	0	0	20000	25000	39060	31250
O163	Grade III Surgery	0	0	27000	33750	52730	42190
O164	Grade IV Surgery	0	0	38710	48390	75610	60490
O165	Grade V Surgery	0	0	54190	67740	105850	84680
O166	Vascular Surgery Cover (Outsourced)	0	0	50000	62500	97660	78130
O167	Grade VI Surgery	0	0	69670	87090	136080	108860
O168	Prof. charges for Neuro navigation	0	0	15480	19350	30230	24190
O169	Prof. charges for fluorescence guided Neurosurgical procedure	0	0	7740	9680	15120	12100
O171	Intra Operative Neuro Monitoring Grad1 I Surgery	0	0	770	960	1500	1200
O172	Intra Operative Neuro Monitoring Grad1 II Surgery	0	0	2000	2500	3910	3130
O173	Intra Operative Neuro Monitoring Grad1 III Surgery	0	0	2700	3380	5280	4230
O174	Intra Operative Neuro Monitoring Grad1 IV Surgery	0	0	3870	4840	7550	6040
O175	Intra Operative Neuro Monitoring Grad1 V Surgery	0	0	5420	6780	10590	8470
O177	Intra Operative Neuro Monitoring Grad1 VI Surgery	0	0	6970	8710	13610	10890
Dental And Prosthetic Services							
P102	Cross Consultation (Dental)	0	0	1200	1200	1200	1200
P103	Follow-Up Consultation (Dental)	0	0	900	900	900	900
P201	Surgical Maxillary Plate (Temp. Plate)	40	380	1900	2380	3730	2980
P202	Interim Maxillary Prosthesis	100	1030	5160	6450	10080	8060
P203	Permanent Maxillary Prosthesis with Teeth	160	1590	7930	9910	15490	12390
P204	Palatal Prosthesis	140	1370	6830	8540	13350	10680
P205	Palatal Ext. Prosthesis with Teeth	140	1370	6830	8540	13350	10680
P206	Guide Plane Prosthesis	100	1030	5160	6450	10080	8060
P207	Tongue Prosthesis	200	1970	9840	12300	19230	15380

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
P208	Partial Denture (1 - 3 Teeth)	50	480	2390	2990	4680	3740
P209	Partial Denture (4 - 6 Teeth)	60	590	2940	3680	5750	4600
P210	Partial Denture (7 - 10 Teeth)	80	790	3970	4960	7750	6200
P211	Upper or Lower Complete Denture	120	1180	5880	7350	11490	9190
P212	Upper and Lower Complete Denture	200	1970	9840	12300	19230	15380
P213	Interim Maxillary Prosthesis in Molloplast Cap	200	1970	9840	12300	19230	15380
P214	Permanent Maxillary Prosthesis in Molloplast Cap	240	2350	11740	14680	22940	18350
P216	Extraction per Tooth	10	90	430	540	850	680
P217	Surgical Extraction per Tooth	20	190	940	1180	1840	1470
P218	Impaction	60	600	3000	3750	5860	4690
P220	Prophylaxis	20	190	950	1190	1860	1490
P222	Radiation Protection Pros. (Upper/Lower)	100	990	4930	6160	9630	7700
P225	Repair of Prosthesis	20	200	980	1230	1930	1540
P226	Fluoride Gel Application (per Sitting)	10	130	640	800	1250	1000
P227	Inter Maxillary Wiring	40	380	1900	2380	3730	2980
P229	Implant Retained Extra Oral Prosthesis / Consolidated	280	2760	13800	17250	26950	21560
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated Per Tooth	100	990	4930	6160	9630	7700
P231	Implant Retained Intra Oral Removable Dentures/ Consolidated	280	2760	13800	17250	26950	21560
P232	Permanent Max. Pros. with Bite Guide Pros.	130	1330	6670	8340	13040	10430
P233	Permanent Max. Pros. with Teeth & GPP	210	2100	10480	13100	20480	16380
P235	Occlusal Guard	20	190	950	1190	1860	1490
P236	Composite Filling	20	150	740	930	1450	1160
P237	Temporary Filling (ZNOE Cement)	10	50	240	300	480	380
P238	Ag Filling / GI Filling	10	100	480	600	940	750
P242	Custom made eye conformer	130	1270	6350	7940	12410	9930
P243	Implant retained - nose orbit, ear	250	2540	12700	15880	24810	19850
P246	Eye Prosthesis (Relining)	50	480	2390	2990	4680	3740
P247	Root canal treatment	60	630	3170	3960	6190	4950
P248	Interim Maxillary Prosthesis with Molloplast Bulb	500	4970	24840	31050	48510	38810
P249	Permanent Maxillary Prosthesis with Molloplast Bulb	610	6070	30360	37950	59300	47440

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Radiation Oncology							
Consultations							
Q001	Consultation- New Case (Radiation Oncology)	0	0	1500	1500	1500	1500
Q002	Cross Consultation (Radiation Oncology)	0	0	600	600	600	600
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	900	900	900	900
Q004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Radiation Oncology)	0	0	5750	7190	11240	8990
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	20	200	1000	1250	1950	1560
Q006	Chemotherapy Indoor Charges per Day (Radiation Oncology)	0	0	750	940	1480	1180
Q007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	0	0	550	690	1080	860
External RT							
Q101	25 or More Fractions (Hosp. Charges)	275	2740	9130	11415	17835	14265
Q102	11 To 24 Fractions (Hosp. Charges)	150	1510	5025	6280	9815	7850
Q103	2 To 10 Fractions (Hosp. Charges)	100	1005	3360	4195	6560	5245
Q104	Single Fraction/HBI (Hosp. Charges)	50	505	1680	2100	3280	2625
Q105	SRS/SRT (Hosp. Charges)	1705	17060	56865	71085	111070	88855
Q106	IMRT (Hosp. Charges)	1390	13885	46290	57860	90405	72325
Q107	IMRT with IGRT (Hosp. Charges)	1705	17060	56865	71085	111070	88855
Q108	SRS/SRT with IGRT (Hosp. Charges)	1985	19840	66125	82655	129150	103320
Q109	3D-CRT with IGRT (Hosp. Charges)	1390	13885	46290	57860	90405	72325
Q110	Delivery Charges per fraction	30	300	1000	1250	1950	1560
Q120	4D-CRT Planning (Hosp. Charges)	240	2380	7935	9920	15500	12400
Q121	Simulator	40	395	1325	1655	2585	2065
Q122	TPS	25	245	815	1020	1595	1275
Q123	Mould/Block/Compensators	25	245	815	1020	1595	1275
Q124	Conformal Block/MLC	100	995	3310	4140	6470	5175
Q125	Body Frame	100	995	3310	4140	6470	5175
Q126	CT Simulator	50	475	1585	1985	3100	2480
Q127	3D-CRT Consolidated (Hosp. Charges)	645	6470	21565	26955	42115	33690
Q128	TBI / TSET Consolidated (Hosp. Charges)	645	6470	21565	26955	42115	33690
Q129	Adaptive Radiotherapy (Hosp. Charges)	2225	22255	74125	111265	129805	129805

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Q130	Level 6- Radiation Therapy (Hospital Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rapid Arc with >10 IGRT (CBCT or MVCT or EPID) OR LA IMRT/ Rapid Arc with <5Gy per fraction and >10 IGRT (CBCT or MVCT or EPID) OR Adaptive RT OR CSI OR Multisite treatment outside one FOV or one plan OR SBRT OR SRS OR SRT (per fraction dose >5Gy))	2700	27000	90000	112500	175790	140630
Q131	Level 5- Radiation Therapy (Hospital Charges) (LA IMRT/ Rapid Arc with < 5Gy per fraction and <10 IGRT (CBCT or MVCT or EPID) OR Cobalt Radical with LA boost including electron boost OR TSET OR TBI)	2250	22500	75000	93750	146490	117190
Q132	Level 4- Radiation therapy (Hospital Charges) (LA 3D with IGRT conventional fractionation of 2- 5 Gy OR Weekly hypofractionation >5 Gy with 3D CRT plan in 1-2 fractions. with IGRT)	1500	15000	31500	39380	61540	49230
Q133	Level 3- Radiation Therapy (Hospital Charges) (LA 3D with conventional fractionation of 2-5 Gy OR Weekly hypofractionation of >5 Gy with 3D CRT plan in 1-2 fractions. No IGRT allowed.)	1130	11250	25000	31250	48830	39060
Q134	Level 2- Radiation Therapy (Hospital Charges) (More than 10 fractions on Cobalt OR Upto 10 fractions on LA clinical (without CT or TPS planning) without IGRT OR Hemibody palliative RT (1-2 fractions weekly))	420	4200	14000	17500	27350	21880
Q135	Level 1- Radiation Therapy (Hospital Charges) (1-10 fractions on Cobalt)	230	2250	7500	9380	14660	11730
Q201	25 or More Fractions (Prof. Charges)	0	0	10985	13730	21450	17160
Q202	11 To 24 Fractions (Prof. Charges)	0	0	8340	10420	16285	13025
Q203	2 To 10 Fractions (Prof. Charges)	0	0	5820	7275	11365	9090
Q204	Single Fraction/HBI (Prof. Charges)	0	0	3310	4140	6470	5175
Q205	SRS/SRT (Prof. Charges)	0	0	33065	41330	64575	51660
Q206	IMRT (Prof. Charges)	0	0	50255	62820	98155	78525
Q207	IMRT with IGRT (Prof. Charges)	0	0	71025	88780	138715	110975
Q208	SRS/SRT with IGRT (Prof. Charges)	0	0	71025	88780	138715	110975
Q209	3D-CRT with IGRT (Prof. Charges)	0	0	50255	62820	98155	78525
Q227	3D-CRT Consolidated (Prof. Charges)	0	0	26325	32905	51410	41130
Q228	TBI / TSET Consolidated (Prof. Charges)	0	0	26325	32905	51410	41130
Q229	Adaptive Radiotherapy (Hosp. Charges)	0	0	92640	138960	162120	162120
Q230	Level 6- Radiation Therapy (Professional Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rapid Arc with >10 IGRT (CBCT or MVCT or EPID) OR LA IMRT/ Rapid Arc with <5Gy per fraction and >10 IGRT (CBCT or MVCT or EPID) OR Adaptive RT OR CSI OR Multisite treatment outside one FOV or one plan OR SBRT OR SRS OR SRT (per fraction dose >5Gy))	0	0	90000	112500	175790	140630

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Q231	Level 5- Radiation Therapy (Professional Charges) (LA IMRT/ Rapid Arc with < 5Gy per fraction and <10 IGRT (CBCT or MVCT or EPID) OR Cobalt Radical with LA boost including electron boost OR TSET OR TBI)	0	0	75000	93750	146490	117190
Q232	Level 4- Raiiation therapy (Professional Charges) (LA 3D with IGRT conventional fractionation of 2- 5 Gy OR Weekly hypofractionation >5 Gy with 3D CRT plan in 1-2 fractions. with IGRT)	0	0	31500	39380	61540	49230
Q233	Level 3- Radiation Therapy (Professional Charges) (LA 3D with conventional fractionation of 2-5 Gy OR Weekly hypofractionation of >5 Gy with 3D CRT plan in 1-2 fractions. No IGRT allowed.)	0	0	25000	31250	48830	39060
Q234	Level 2- Radiation Therapy (Professional Charges) (More than 10 fractions on Cobalt OR Upto 10 fractions on LA clinical (without CT or TPS planning) without IGRT OR Hemibody palliative RT (1-2 fractions weekly))	0	0	14000	17500	27350	21880
Q235	Level 1- Radiation Therapy (Professional Charges) (1-10 fractions on Cobalt)	0	0	7500	9380	14660	11730
Brachytherapy							
Q303	LDR - Surface Mould/ Eye Plaque (Hosp. Charges)	50	475	1585	1985	3100	2480
Q321	HDR - CVS (Hosp. Charges)	50	475	1585	1985	3100	2480
Q322	HDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	145	1470	4900	6125	9570	7655
Q323	HDR - Surface Mould (Hosp. Charges)	75	755	2520	3150	4920	3935
Q324	HDR - Interstitial/Template (Hosp. Charges)	215	2155	7185	8985	14040	11230
Q325	Radical Brachytherapy HDR (Hosp. Charges)	330	3285	10950	13685	21385	17105
Q327	Level 5- Brachytherapy (Hospital Charges) (Complex ICA with interstitial with CT or MR based planning)	600	6000	20000	25000	39060	31250
Q328	Level 4- Brachytherapy (Hospital Charges) (ICA with CT based Planning)	450	4500	15000	18750	29300	23440
Q329	Level 3- Brachytherapy (Hospital Charges) (Surface Mould, Radical Interstitial BCT, Intraoperative Template or interstitial brachytherapy catheter insertion)	380	3750	12500	15630	24430	19540
Q330	Level 2- Brachytherapy (Hospital Charges) (Simple ICA with Xray based 2D planning, ILRT, Endobilliary BCT)	150	1500	5000	6250	9760	7810
Q331	Level 1- Brachytherapy (Hospital Charges) (Eye Plaque or SIVA or CVS per insertion or application)	110	1050	3500	4380	6850	5480
Q403	LDR - Surface Mould/ Eye Plaque (Prof. Charges)	0	0	1585	1985	3100	2480
Q421	HDR - CVS (Prof. Charges)	0	0	3310	4140	6470	5175
Q422	HDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	4900	6125	9570	7655
Q423	HDR - Surface Mould (Prof. Charges)	0	0	4900	6125	9570	7655

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Q424	HDR - Interstitial/Template (Prof. Charges)	0	0	9350	11685	18260	14610
Q425	Radical Brachytherapy HDR (Prof. Charges)	0	0	11820	14775	23090	18470
Q426	Brachytherapy with MRI/3D Planning (Prof. charges)	0	0	2645	3305	5165	4135
Q427	Level 5- Brachytherapy (Professional Charges) (Complex ICA with interstitial with CT or MR based planning)	0	0	20000	25000	39060	31250
Q428	Level 4- Brachytherapy (Professional Charges) (ICA with CT based Planning)	0	0	15000	18750	29300	23440
Q429	Level 3- Brachytherapy (Professional Charges) (Surface Mould, Radical Interstitial BCT, Intraoperative Template or interstitial brachytherapy catheter insertion)	0	0	12500	15630	24430	19540
Q430	Level 2- Brachytherapy (Professional Charges) (Simple ICA with Xray based 2D planning, ILRT, Endobilliary BCT)	0	0	5000	6250	9760	7810
Q431	Level 1- Brachytherapy (Professional Charges) (Eye Plaque or SIVA or CVS per insertion or application)	0	0	3500	4380	6850	5480
Stoma Clinic							
R101	Only Pre-Op. Counseling & Stoma Marking	0	0	560	700	1090	870
R102	Pre & Post-Op. Counseling of Stoma Care	0	0	1500	1880	2940	2350
R104	Fixing of Drain Pouches	10	80	380	480	750	600
R109	Post Op. Counseling & Single Stoma Care	0	0	1200	1500	2350	1880
R111	Wound/Fistula/Incontinence Care (per Sitting)	10	100	500	630	990	790
R112	Distal Stoma Wash/Irrigation (per Sitting)	10	90	470	590	930	740
Physiotherapy							
R203	Physiotherapy General Exercises	10	60	310	390	610	490
R205	Ultrasound Therapy	10	50	260	330	510	410
R208	Continuous Passive Movement Exercises	10	50	270	340	530	420
R209	Pre-Operative Chest Therapy	10	50	240	300	480	380
R210	Post-Operative Chest Therapy	10	70	340	430	660	530
R211	Postural Drainage	10	100	480	600	940	750
R212	Specialised Exercises	10	80	400	500	780	620
R215	Post operative Breast class	10	60	310	390	610	490
R216	Manual Lymphatic Drainage	10	80	400	500	780	620
R217	Pulmonary Rehabilitation	10	80	400	500	780	620
R220	Incontinence Management	10	60	290	360	560	450
R221	Multi-layer Bandaging	10	50	270	340	530	420
R222	Complete Decongestive Therapy	10	120	600	750	1180	940

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R223	Ambulation	10	50	270	340	530	420
R224	Moist Heat	10	20	110	140	230	180
R225	Cryotherapy	10	20	110	140	230	180
R227	Active-Passive Trainer	10	80	400	500	780	620
R228	Cross Consultation (Physiotherapy)	0	0	320	400	630	510
R229	Follow up Consultation (Physiotherapy)	0	0	180	230	360	290
R230	Electrical Stimulation	10	50	260	330	510	410
R231	Manual Mobilization	10	100	500	630	990	790
Occupational Therapy							
R303	Facial Splint	10	130	260	330	510	410
R304	Counselling	0	0	320	400	630	500
R305	Counselling & Exercise	0	0	310	390	620	490
R306	Follow-Up Consultation (Occupation Therapy)	0	0	300	380	600	480
R307	Splinting Accessories	20	140	270	340	530	420
R308	Manual Lymphatic Drainage	10	80	400	500	780	620
R309	Multi-layer Bandaging	10	50	270	340	530	420
R310	Complete Decongestive Therapy	10	120	600	750	1180	940
R316	MRM Bras	30	250	500	630	990	790
R324	Lymphedema - Accessories	20	120	240	300	470	380
R326	Dermagrip (Double Stretch - C)	40	390	780	980	1520	1220
R327	Dermagrip (Double Stretch - D)	60	610	1220	1530	2390	1910
R328	Dermagrip (Double Stretch - E)	70	670	1340	1680	2630	2100
R329	Dermagrip (Double Stretch - F)	70	720	1430	1790	2800	2240
R331	Vaginal Dilatation Procedure	10	40	210	260	410	330
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	40	390	780	980	1520	1220
R333	Thermoplastic splint making charges (Extremities)	30	250	500	630	990	790
R334	Total contact brace (Spinal) 45 x 60 sq cm	330	3360	6710	8390	13110	10490
R335	Total contact brace (Spinal) 90 x 60 sq cm	860	8630	17250	21560	33690	26950
R350	Cross Consultation (Occupational Therapy)	0	0	500	630	990	790
R363	Silicon Mouth Blocks	10	130	260	330	510	410
R372	Modification in Orthosis	10	90	180	230	350	280
R376	Neurocognitive Assessment and Intervention	10	70	340	430	660	530

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R377	Lymphapress	10	100	480	600	940	750
R378	Prosthesis / Orthosis Fittings & Measurement	10	50	270	340	530	420
Speech Therapy							
R401	Cross Consultation (Speech Therapy)	0	0	500	630	990	790
R402	Follow up Consultation (Speech Therapy))	0	0	190	240	380	300
Tissue Bank							
R508	Skin 6 x 4 cm	20	120	240	300	480	480
R509	Skin 10 x 4 cm	20	200	400	500	800	800
R510	Skin 10 x 8 cm	40	410	810	1010	1620	1620
R512	Cortico-cancellous Bone Block 2 x 2 x 0.5 cm	70	670	1340	1700	2680	2680
R513	Cortico-cancellous Bone Block 2 x 2 x 1 cm	110	1080	2160	2700	4320	4320
R516	Rib 8 - 16 cm	50	470	940	1170	1880	1880
R517	Femoral Head >= 20gms	190	1950	3890	4890	7780	7780
R518	Bone Granules per 0.5cc	20	200	400	540	800	800
R519	Processing Fess	0	0	0	0	0	5500
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	320	3240	6470	8090	12940	12940
R523	Struts (Humerus, Femur, Tibia) > 10 cm	330	3360	6710	8390	13420	13420
R525	Courier Handling Charges	0	0	0	0	0	1100
R526	Demineralised Bone Granules per 0.5 cc	40	410	810	1010	1620	1620
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	170	1730	3450	4310	6900	6900
R529	Struts (Fibula, Radius, Ulna) > 10 cm	220	2160	4310	5390	8620	8620
R530	Irradiation of Tissue per Load	0	0	0	0	0	550
R531	Demineralised Cancellous Bone Blocks 2 x 2 x 1 cm	160	1510	3020	3800	6040	6040
R532	Demineralised Cancellous Bone per 10 Strips 2 x 0.5 x 0.5 cm	230	2350	4700	5880	9400	9400
R533	Femoral Head (< 10 gm)	70	650	1290	1700	2580	2580
R534	Femoral Head (10 - 14 gm)	110	1080	2160	2700	4320	4320
R535	Femoral Head (15 - 19 gm)	160	1510	3020	3800	6040	6040
R536	Tibial Slices (< 10 gm)	30	340	670	850	1340	1340
R537	Tibial Slices (10 - 14 gm)	70	670	1340	1700	2680	2680
R538	Tibial Slices (15 - 19 gm)	115	1150	2300	2875	4490	4600
R539	Tibial Slices (>= 20 gm)	180	1750	3490	4430	6980	6980
R540	Metatarsal	50	450	900	1130	1800	1800

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R541	Calcaneum	240	2420	4830	6040	9660	9660
R542	Talus	120	1180	2360	2950	4720	4720
R543	Amnion 4-9 sq cm	10	70	140	230	280	280
R544	Amnion 10-45 sq cm	10	110	210	310	420	420
R545	Amnion 46-99 sq cm	20	180	360	500	720	720
R546	Amnion > 100 sq cm	20	240	480	600	960	960
R547	Demineralised Cancellous Bone Block 2 x 1 x 1	100	1010	2010	2560	4020	4020
R549	Demineralised Bone Block 0.5x0.5x0.5	40	370	740	930	1480	1480
R550	Chorion 4-9 sqcm	10	70	140	230	280	280
R551	Chorion 10-45 sq cm	10	110	210	310	420	420
R552	Demineralised Cancellous Bone Block 1x1x1 cm	70	670	1340	1700	2680	2680
R553	Cortico- Cancellous Bone Block 0.5 X 0.5 X 0.5 cm	20	200	400	540	800	800
R554	Cortico- Cancellous Bone Block 1 X 1 X 0.5 cm	40	410	810	1010	1620	1620
R555	Cortico- Cancellous Bone Block 1 X 1 X 1 cm	70	650	1290	1700	2580	2580
R556	Tendon 0-15 cm	70	650	1290	1610	2580	2580
R557	Tendon 15-30 cm	110	1080	2160	2700	4320	4320
Prosthetics							
R611	Nose Prosthesis	360	3570	7140	8930	13950	11160
R612	Nose Implant	360	3570	7140	8930	13950	11160
R613	Ear Prosthesis	360	3570	7140	8930	13950	11160
R614	Ear Implant	360	3570	7140	8930	13950	11160
R615	Skull Implant (Small)	360	3570	7140	8930	13950	11160
R616	Skull Implant (Large)	400	3940	7880	9850	15390	12310
R617	Orbital Prosthesis	360	3570	7140	8930	13950	11160
R618	Occular Implant (Conformer)	190	1930	3860	4820	7530	6030
R619	Chin Implant	360	3570	7140	8930	13950	11160
R620	Mandible Implant	360	3570	7140	8930	13950	11160
R621	Testicular Implant	360	3570	7140	8930	13950	11160
R622	Vaginal Mould 3 Sizes (Each)	360	3570	7140	8930	13950	11160
R623	Breast Prosthesis	380	3790	7570	9460	14780	11830
R624	Breast Impressions	90	940	1880	2350	3680	2940
R625	Finger and Toe Prosthesis	340	3370	6740	8430	13180	10540

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R626	Finger Joint Implants (10 Size 0 - 3)	160	1630	3250	4070	6360	5080
R627	Finger Joint Implants (10 Size 4 - 8)	360	3570	7140	8930	13950	11160
R628	Metacarpal Small	190	1890	3780	4730	7390	5910
R629	Metacarpal Large	230	2320	4630	5790	9050	7240
R630	Silastic Tendon Rod	230	2320	4630	5790	9050	7240
R631	Silastic Block	300	2930	5860	7330	11460	9160
R632	Sternum	530	5260	10520	13150	20550	16440
R633	Trachea Implant	300	2930	5860	7330	11460	9160
R634	Face Mask	90	940	1880	2350	3680	2940
R635	Ear Impression	90	940	1880	2350	3680	2940
R636	Skull Impression	90	940	1880	2350	3680	2940
R637	Orbital Impression	90	940	1880	2350	3680	2940
R638	Finger Impression	90	940	1880	2350	3680	2940
R639	Conformer Impression	50	530	1050	1310	2050	1640
R640	Custom-Made Nasal Implant	580	5870	11730	14660	22910	18330
R641	Custom-Made Maxillary Implant	580	5870	11730	14660	22910	18330
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	580	5870	11730	14660	22910	18330
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	350	3480	6950	8690	13580	10860
R644	Silastic Ring	90	930	1850	2320	3620	2900
Palliative And Home Care							
R701	Cross Consultation (Palliative and Home Care)	0	0	1500	1500	1500	1500
R703	Follow-Up Consultation (Palliative and Home Care)	0	0	900	900	900	900
Preventive Oncology							
S004	Routine Cancer Screening	100	900	900	900	900	900
Medical Genetics							
T002	Cross Consultation (Medical Genetics)	0	0	800	800	800	800
T003	Follow-Up Consultation (Medical Genetics)	0	0	900	900	900	900
T004	GENETIC COUNSELLING	0	0	2000	2500	4000	3130
T005	PCR + Sanger Sequencing per Amplicon	40	430	850	1060	1660	1330
T006	Fluorescent PCR + fragment length analysis per Amplicon	20	180	350	440	690	550
T007	MLPA per gene	200	2000	4000	5000	7810	6250
T008	Multigene NGS Germline Panel	6000	12000	18000	20000	20000	20000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Transplant Immunology & Immuogenetics Laboratory							
T246	NGS HLA Typing	500	5000	10000	12500	19530	15625
T250	A, B, DR Molecular Typing PCR - SSP	520	5160	10315	12890	20140	16110
T251	HLA C, DQB Molecular Typing PCR - SSP	370	3690	7370	9210	14390	11510
T252	Donor Specific Antibodies (DSA)	400	4000	8000	10000	15630	12500
T253	Panel Reactive Antibodies (PRA) class I	150	1500	3000	3750	5860	4690
T254	Panel Reactive Antibodies (PRA) class II	150	1500	3000	3750	5860	4690
T255	Single Antigen Class I	650	6500	13000	16250	25390	20310
T256	Single Antigen Class II	650	6500	13000	16250	25390	20310
T257	HLA-A, B, DRB1 (Sequence Based Typing - SBT)	500	5000	10000	12500	19540	15630
T258	HLA-A, B, C, DRB1, DQB1, DPB1 (Sequence Based Typing - SBT)	750	7500	15000	18750	29300	23440
T259	HLA-A, B, DRB1(Sequence Specific Oligonucleotide - SSO)	390	3900	7800	9750	15240	12190
T260	HLA-C, DQB1(Seuence Specific Oligonucleotide - SSO)	260	2600	5200	6500	10160	8130
T261	KIR Typing	5000	5000	5000	5000	5000	5000
T262	C3d Single Allele Antibody for HLA Class I (C3dLSA Class I)	17500	17500	17500	21875	34200	27345
T263	C3d Single Allele Antibody for HLA Class II (C3dLSA Class II)	17500	17500	17500	21875	34200	27345
T264	PRA Screen	3000	3000	3000	3750	5680	4690
T265	HLA Drug Hypersensitivity Typing HLA-A/B/DRB1	4800	4800	4800	6000	9375	7500
T266	HLA Drug Hypersensitivity Next Generation Sequencing HLA-A/B/DRB1 HLA-A/B/DRB1/G	4700	4700	4700	5875	9178	7343
T267	HLA Disease Association Sequence based Typing HLA A/B/DRB1	4800	4800	4800	6000	9375	7500
T268	HLA Disease Association Next Generation Sequencing HLA-A/B/DRB1/G	4700	4700	4700	5875	9179	7344
T269	HLA Loss Chimerism	12000	12000	12000	15000	23438	18750
Cancer Cytogenetics							
Conventional Karyotyping							
T301	Ph: t(9;22) karyotyping	200	1980	3955	4940	7730	6180
T302	CML Blast Crisis karyotyping	280	2770	5545	6930	10830	8660
T303	Acute Myeloid Leukemia karyotyping	280	2770	5545	6930	10830	8660
T304	Lymphoproliferative disorders karyotyping	280	2770	5545	6930	10830	8660
T305	Myelodysplastic Syndromes karyotypin g	280	2770	5545	6930	10830	8660
T306	Myeloproliferative Neoplasms karyotyping	430	4260	8510	10640	16630	13300
T307	Acute Lymphoblastic leukemia karyotyping	280	2770	5545	6930	10830	8660
T308	Lymphoma karyotyping	360	3570	7140	8930	13950	11160

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T309	Ploidy analysis	200	1980	3955	4940	7730	6180
T310	Clinical Genetic disorder	280	2770	5545	6930	10830	8660
T311	Constitutional karyotyping	280	2770	5545	6930	10830	8660
T312	Cell line karyotyping	560	5550	11100	13880	21690	17350
T313	Karyotyping in Bone and soft tissue sarcomas	480	4760	9510	11890	18580	14860
T314	Chromosomal breakage (fragility) studies in Fanconi's Anemia/Aplastic Anemia	280	2770	5545	6930	10830	8660
T315	Acute Leukemia karyotyping	280	2770	5545	6930	10830	8660
Fish Tests							
T401	BCR/ABL Ph: t(9;22)	170	1740	3485	4360	6810	5450
T402	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	310	3050	6095	7620	11910	9530
T403	PML-RARA : t(15;17)	170	1740	3485	4360	6810	5450
T404	PML-RARA t(15;17), variants	260	2620	5235	6540	10230	8180
T405	RUNX1-RUNX1T1 (AML1-ETO): t(8;21)	170	1740	3485	4360	6810	5450
T406	MLL-MLLT3: t(9;11)	170	1740	3485	4360	6810	5450
T407	MLL-MLLT2: t(4;11)	170	1740	3485	4360	6810	5450
T408	MLL-MLLT4; t(6;11)	170	1740	3485	4360	6810	5450
T409	MLL-MLLT1: t(11;19)	170	1740	3485	4360	6810	5450
T410	MLL Characterization for B-ALL: t(4;11), t(9;11), t(11;19)	310	3050	6095	7620	11910	9530
T411	MLL Characterization for AML: (4;11), t(6;11), t(9;11), t(11;19)	394	3947	7895	9868	15418	12335
T412	ETO-AML1, MLL translocation	260	2620	5235	6540	10230	8180
T413	ETO-AML1, PML-RARA	260	2620	5235	6540	10230	8180
T414	BCR-ABL, MLL translocation	260	2620	5235	6540	10230	8180
T415	MYH11/CBFB: inv(16)(p13q22)/t(16;16)	170	1740	3485	4360	6810	5450
T416	KMT2A (MLL) rearrangement: 11q23	170	1740	3485	4360	6810	5450
T417	Inversion(16)), MLL translocations	260	2620	5235	6540	10230	8180
T418	MECOM (EV11) rearrangement: inv(3)(q21.3q26.2)/t(3;3)	240	2350	4690	5860	9160	7330
T419	DEK/NUP214: t(6;9)	170	1740	3485	4360	6810	5450
T420	AML Panel 1	310	3050	6095	7620	11910	9530
T421	AML Panel 2	270	2740	5475	6840	10690	8550
T422	PDGFRA rearrangement: 4q12	240	2350	4690	5860	9160	7330
T423	PDGFRB rearrangement: 5q33	240	2350	4690	5860	9160	7330
T424	PDGFRA (4q12), PDGFRB (5q33), FGFR1 (8p11.2) rearrangement	310	3050	6095	7620	11910	9530

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T425	Monosomy 5/deletion 5q	170	1740	3485	4360	6810	5450
T426	Monosomy 7/deletion 7q	170	1740	3485	4360	6810	5450
T427	Trisomy 8	120	1210	2425	3030	4740	3790
T428	PTPRT: Deletion 20q	240	2350	4690	5860	9160	7330
T429	TP53/D17Z1: Monosomy 17/deletion 17p13	170	1740	3485	4360	6810	5450
T430	MDS Panel	350	3490	6970	8710	13610	10890
T431	ETV6-RUNX1:t(12;21)	170	1740	3485	4360	6810	5450
T432	PBX1-TCF3: t(1;19)	170	1740	3485	4360	6810	5450
T433	E2A rearrangement: 19p13	170	1740	3485	4360	6810	5450
T434	Trisomy 21	120	1210	2425	3030	4740	3790
T435	Trisomy 4, 10 & 17	170	1740	3485	4360	6810	5450
T436	B-ALL Panel 1	270	2740	5475	6840	10690	8550
T437	B-ALL Panel 2	310	3050	6095	7620	11910	9530
T438	TCR-A rearrangement: 14q11	240	2350	4690	5860	9160	7330
T439	TCR-B rearrangement: 7q34	170	1740	3485	4360	6810	5450
T440	TLX1 rearrangement: 5q35	170	1740	3485	4360	6810	5450
T441	TLX3 rearrangement: 10q24	170	1740	3485	4360	6810	5450
T442	CDKN2A/D9Z1: Monosomy 9/deletion 9p	170	1740	3485	4360	6810	5450
T443	T-ALL Panel 1	270	2740	5475	6840	10690	8550
T444	T-ALL Panel 2	310	3050	6095	7620	11910	9530
T445	Acute Leukemia Panel I (2 markers)	270	2740	5475	6840	10690	8550
T446	Acute Leukemia Panel II (3-4 markers)	310	3050	6095	7620	11910	9530
T447	IGH rearrangement: 14q32	170	1740	3485	4360	6810	5450
T448	MYC rearrangement: 8q24	170	1740	3485	4360	6810	5450
T449	i(7q) analysis	170	1740	3485	4360	6810	5450
T450	CCND1/IgH: t(11;14)	240	2350	4690	5860	9160	7330
T451	IgH/BCL2 :t(14;18)	240	2350	4690	5860	9160	7330
T452	BCL6 rearrangement: 3q27	170	1740	3485	4360	6810	5450
T453	BIRC3/MALT1: t(11;18)	170	1740	3485	4360	6810	5450
T454	MYC/IgH: t(8;14)	170	1740	3485	4360	6810	5450
T455	IgH/BCL3: t(14;19)	170	1740	3485	4360	6810	5450
T456	Lymphoma Panel	350	3490	6970	8710	13610	10890

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T457	ALK rearrangement: 2p23	240	2350	4690	5860	9160	7330
T458	CLL Panel 1	310	3050	6095	7620	11910	9530
T459	CLL Panel 2	270	2740	5475	6840	10690	8550
T460	DLEU/LAMP: Monosomy 13/deletion 13q	170	1740	3485	4360	6810	5450
T461	MYB/D6Z1: Monosomy 6/deletion 6q	170	1740	3485	4360	6810	5450
T462	Trisomy 12	120	1210	2425	3030	4740	3790
T463	FGFR3/IgH: t(4;14)	170	1740	3485	4360	6810	5450
T464	IgH/MAF: t(14;16)	170	1740	3485	4360	6810	5450
T465	MAF-B/IgH: t(14;20)	170	1740	3485	4360	6810	5450
T466	1p deletion,1q Amplification	170	1740	3485	4360	6810	5450
T467	Hyperdiploidy panel in MM	270	2740	5475	6840	10690	8550
T468	MM Panel 1	350	3490	6970	8710	13610	10890
T469	MM Panel 2	310	3050	6095	7620	11910	9530
T470	XX/XY (Chimerism Studies) in Sex mismatch Bone Marrow Transplantation (BMT)	120	1210	2425	3030	4740	3790
T471	Miscellaneous Profile I(1 marker)	170	1740	3485	4360	6810	5450
T472	Miscellaneous profile II(2 markers)	270	2740	5475	6840	10690	8550
T473	Hematolymphoid Malignancy At Diagnosis- Cancer Cytogenetics Testing	860	8560	17115	21390	33430	26740
T474	Hematolymphoid Malignancy Follow-up- Cancer Cytogenetics Testing	750	7500	15000	18750	29300	23440
T475	FISH on FFPE - Block /Slide (2 markers)	240	2380	4760	5950	9300	7440
T476	IgH Characterization IgH/CCND1:t(11;14), IgH/BCL2:t(14;18),BCL6(3q27), MYC(8q24) (4markers)	5300	5300	5300	6630	10360	8290
T477	Multiple Myeloma High Risk Markers (4 Markers)	270	2650	5300	6630	10360	8290
T478	Ph-like ALL Panel (4 Markers)	5300	5300	5300	6630	10360	8290
T479	t(1;22) and Trisomy 21 in Acute Megakaryoblastic Leukemia (AML -M7) (2 Markers)	240	2380	4760	5950	9300	7440
T480	RARA Variant - PLZF / RARA : t(11;17) (1 marker)	150	1520	3030	3790	5930	4740
T481	Sample Processing for Cancer Cytogenetics Study	50	500	1000	1250	1950	1560
T482	Acute Myeloid Leukemia (AML) Panel	668	6685	13370	16712	26112	20890
T483	B-cell Acute Lymphoblastic Leukemia (B-ALL) Panel	580	5790	11570	14460	22600	18080
T484	T-cell Acute Lymphoblastic Leukemia (T-ALL) Panel	758	7585	15170	18962	29627	23702
T485	Chronic Lymphocytic Leukemia (CLL) Panel	580	5790	11570	14460	22600	18080
T486	Multiple Myeloma (MM) Panel	14870	14870	14870	18587	29041	23233
T487	Slide / Images for Second Opinion- Cancer Cytogenetics	50	460	920	1150	1800	1440
T488	FISH for t(11;19)(q23;p13.1)/KMT2A/ELL	249	2490	4980	6225	9726	7781

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T489	FISH for t(5;11)(q35;p15.5) NUP98/NSD1	249	2490	4980	6225	9726	7781
T490	FISH for t(10;11)(p12;q14)/MLLT10(AF10)/PICALM	249	2490	4980	6225	9726	7781
T491	FISH for 1p33/TAL1 deletion	249	2490	4980	6225	9726	7781
T492	FISH for t(6;14)(p21;q32) IGH/CCND3	249	2490	4980	6225	9726	7781
Fish Tests On Archival Ffpe Sections							
T501	t(8;21) on archival BM biopsy/granulocytic sarcoma	310	3050	6095	7620	11910	9530
T502	PDGFRA on archival BM biopsy	310	3050	6095	7620	11910	9530
T503	BCR-ABL on archival BM biopsy	310	3050	6095	7620	11910	9530
T504	MLL translocation on archival BM biopsy	310	3050	6095	7620	11910	9530
T505	t(11;14) on archival	310	3050	6095	7620	11910	9530
T506	t(14;18)	310	3050	6095	7620	11910	9530
T507	t(3;14)	310	3050	6095	7620	11910	9530
T508	t(8;14)	310	3050	6095	7620	11910	9530
T509	FISH on Bone marrow Smear(1 marker)	170	1740	3485	4360	6810	5450
T510	FISH on bone marrow smear(2 markers)	270	2740	5475	6840	10690	8550
T601	Amikacin	60	600	3000	3750	5860	4690
T602	Vancomycin	60	600	3000	3750	5860	4690
T603	Meropenem	60	600	3000	3750	5860	4690
T604	Posaconazole	60	600	3000	3750	5860	4690
T605	Voriconazole	60	600	3000	3750	5860	4690
T606	Sunitinib	150	1500	3000	3750	5860	4690
T607	Imatinib	150	1500	3000	3750	5860	4690
T608	5 - Fluorouracil	150	1500	3000	3750	5860	4690
T609	Mycophenolate mofetil	150	1500	3000	3750	5860	4690
T610	L- Asparaginase	10	100	500	630	990	790
T611	Colistin	60	600	3000	3750	5860	4690

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Hematopathology Laboratory							
Molecular Diagnostics							
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	320	3180	6350	7940	12410	9930
U102	RT-PCR Nested, BCR-ABL for Follow-Up	320	3180	6350	7940	12410	9930
U103	RQ-PCR BCR-ABL (P210)	550	5480	10960	13700	21410	17130
U104	RT-PCR Multiplex, Acute Leukaemia Panel	370	3650	7300	9130	14260	11410
U105	RQ-PCR PML-RARA	550	5480	10960	13700	21410	17130
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	230	2310	4610	5760	9000	7200
U107	RT-PCR Nested, TCR Gene Rearrangement	230	2310	4610	5760	9000	7200
U108	Acute Lymphoblastic Leukemia Transcript Identification	150	1510	3020	3780	5910	4730
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1,	490	4850	9690	12110	18930	15140
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation	380	3810	7620	9530	14890	11910
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio	270	2700	5390	6740	10540	8430
U112	Acute Myeloid Leukemia NPM1 gene mutation	230	2310	4610	5760	9000	7200
U113	Acute Myeloid Leukemia CEBPA gene mutation	250	2540	5080	6350	9930	7940
U114	High Sensitivity JAK2 Mutation Detection (V617F)	230	2310	4610	5760	9000	7200
U115	JAK2 Exon 12 Mutation Detection	230	2310	4610	5760	9000	7200
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection	340	3420	6830	8540	13350	10680
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection	180	1750	3490	4360	6810	5450
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detecti	180	1750	3490	4360	6810	5450
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection	320	3180	6350	7940	12410	9930
U120	Chronic Lymphoproliferative disorder IGVH Mutation Detection	320	3180	6350	7940	12410	9930
U121	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistan	410	4050	8100	10130	15830	12660
U122	Acute Myeloid Leukemia Comprehensive Mutation Profile (FLT3, NPM1, CEBPA, TET2, TP53, IDH	3020	30160	60310	75390	117800	94240
U123	Chronic Lymphocytic Leukemia Comprehensive Mutation Profile (IGVH Gene Mutation & Usage, T	1670	16660	33320	41650	65080	52060
U124	Acute Leukemia ASXL1 mutation detection	270	2700	5390	6740	10540	8430
U125	Acute Leukemia DNMT3A mutation detection	270	2700	5390	6740	10540	8430
U126	Acute Leukemia TET2 mutation detection	1150	11510	23020	28780	44980	35980
U127	Acute Leukemia IDH1 and IDH2 mutation detection	270	2700	5390	6740	10540	8430
U128	Acute Leukemia TP53 mutation detection	1150	11510	23020	28780	44980	35980
U129	Acute Leukemia K RAS and N RAS mutation detection	270	2700	5390	6740	10540	8430
U130	Acute Leukemia c-KIT mutation detection	270	2700	5390	6740	10540	8430

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
U131	Acute Leukemia RUNX1 mutation detection	270	2700	5390	6740	10540	8430
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation	270	2700	5390	6740	10540	8430
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation	270	2700	5390	6740	10540	8430
U134	Chronic Lymphoproliferative disorder TP53 mutation	1150	11510	23020	28780	44980	35980
U135	Chronic Lymphoproliferative disorder SF3B1 mutation	270	2700	5390	6740	10540	8430
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, I	410	4050	8100	10130	15830	12660
U137	Custom Sequencing Assay	550	5520	11040	13800	21560	17250
U138	Acute Lymphoblastic Leukemia Mutation Detection	550	5520	11040	13800	21560	17250
U139	Comprehensive Molecular Testing	970	9660	19320	24150	37740	30190
U140	Next generation sequencing assay for Hematolymphoid malignancies	540	5400	10800	13500	21100	16880
U141	Sample collection and archival for molecular testing	10	120	240	300	480	380
U142	Next generation RNA sequencing assay for Chimeric Transcript in Hematolymphoid malignancies	850	8500	17000	21250	33200	26560
U143	Comprehensive Next Generation sequencing assay for Hematolymphoid malignancies	1350	13500	27000	33750	52740	42190
U144	Next Generation sequencing assay for Minimal residual disease(MRD) for NPM mutated AML	1350	13500	27000	33750	52740	42190
U145	RQ PCR based assay for MRD monitoring of Acute Leukaemia	480	4750	9500	11880	18560	14850
U801	Chimerism Analysis	80	770	1540	1930	3010	2410
U802	STR Panel studies	220	2230	4450	5560	8690	6950
U803	Lineage specific Chimerism - B Cell, T Cell and NK Cells	360	3600	7200	9000	14060	11250
Hematopathology Laboratory							
U706	Erythrocyte Sedimentation Rate (ESR)	10	30	130	160	250	200
U708	Prothrombin Time (PT)	10	100	510	640	1000	800
U709	Coagulation Profile (PT & PTTK)	20	170	870	1090	1700	1360
U710	Partial Thromboplastin Time with Kaolin (PTTK)	10	70	360	450	700	560
U712	Coagulation Profile with FDP (D-Dimer), Fibrinogen	20	240	1200	1500	2350	1880
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	10	60	290	360	560	450
U714	FDP (D-Dimer)	10	80	380	480	750	600
U715	Fibrinogen	10	80	380	480	750	600
U718	Cerebrospinal Fluid (CSF) Analysis	10	100	520	650	1020	810
U722	Haemogram (Hb, TLC, DLC, Platelets)	10	60	300	380	600	480
U724	Reticulocyte Count	10	20	100	130	200	160
U725	Ascitic Fluid Analysis	10	100	520	650	1020	810
U726	Pleural Fluid Analysis	10	100	520	650	1020	810

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
U727	Pericardial Fluid Analysis	10	100	520	650	1020	810
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	20	170	850	1060	1660	1330
U753	Surface Marker Complete Panel	610	6080	12165	15210	23760	19010
U754	Surface Marker Individual	100	950	1900	2380	3730	2980
U755	V Beta Repertoire Analysis by Flow Cytometry for T-Cell Clonality	610	6080	12165	15210	23760	19010
U756	Extended Immune subset for Post Allogenic Stem Cell Transplant Monitoring	250	2500	5000	6250	9760	7810
Nuclear Molecular Imaging Medicine							
Reporting							
W004	Outside Reporting of PET / PET-CT	1700	1700	2500	3130	4890	3910
W005	Nuclear Medicine CD/Film Upload	70	70	70	70	70	70
Radiopharmaceutical Charges							
W010	Radiopharmaceutical Charges (FDG) PET-CT	3500	3500	3500	3500	3500	3500
W011	Radiopharmaceutical Charges (FDG) Brain PET-CT	2500	2500	2500	2500	2500	2500
W012	Radiopharmaceutical Charges (Fluoride) PET-CT	2500	2500	2500	2500	2500	2500
W013	Radiopharmaceutical Charges (FDG) Cardiac Viability	7000	7000	7000	7000	7000	7000
W014	Radiopharmaceutical Charges for ECD Brain SPECT	1600	1600	1600	1600	1600	1600
W015	Radiopharmaceutical Charges for GHA Brain SPECT	800	800	800	800	800	800
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	900	900	900	900	900	900
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	1000	1000	1000	1000	1000	1000
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	2500	2500	2500	2500	2500	2500
W025	Radiopharmaceutical Charges for Hepatobiliary Scintigraphy	800	800	800	800	800	800
W027	Radiopharmaceutical Charges for Radio Iodine Scan	5000	5000	5000	5000	5000	5000
W028	Radiopharmaceutical Charges for Per technatate Thyroid Scan	400	400	400	400	400	400
W029	Radiopharmaceutical Charges for Bone Scan	1000	1000	1000	1000	1000	1000
W030	Radiopharmaceutical Charges for Hynic-TOC Scan (Unshared)	14000	14000	14000	14000	14000	14000
W031	Radiopharmaceutical Charges for Hynic-TOC Scan (Shared)	7000	7000	7000	7000	7000	7000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W034	Radiopharmaceutical charges for Sm153 EDTMP Therapy	12700	12700	12700	12700	12700	12700
W036	Radiopharmaceutical charges for I131 MIBG Scan (Adult)	12250	12250	12250	12250	12250	12250
W037	Radiopharmaceutical charges for I131 MIBG scan (paed)	7000	7000	7000	7000	7000	7000
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
W040	Radiopharmaceutical charges for 90Y Sirspheres	500000	500000	500000	500000	500000	500000
W042	Radiopharmaceutical Charge for Gallium 68 Peptide	11500	11500	11500	11500	11500	11500
W043	Radiopharmaceutical Charge Gallium 68 PSMA	7000	7000	7000	7000	7000	7000
W044	Radiopharmaceutical charge for Large Dose Scan	5000	5000	5000	5000	5000	5000
W045	Radiopharmaceutical charge for Low Dose Therapy	10000	10000	10000	10000	10000	10000
W046	Radiopharmaceutical charge for 188 Rhenium Lipiodol for TARE	90000	90000	90000	90000	90000	90000
W047	Radiopharmaceutical charge for 188 Re-HEDP Therapy	10000	10000	10000	10000	10000	10000
W048	Radiopharmaceutical charges for the Theraspehre	640500	640500	640500	640500	640500	640500
W058	Radiopharmaceutical Charge - F18 PSMA	15000	15000	15000	15000	15000	15000
W059	Radiopharmaceutical Charge - F18 DOPA	12500	12500	12500	12500	12500	12500
W060	Radiopharmaceutical Charge - 225 Actinium PSMA 617 (330 qci)	500000	500000	500000	500000	500000	500000
W061	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy	225000	225000	225000	225000	225000	225000
W062	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy (Imported)	330000	330000	330000	330000	330000	330000
W063	Radiopharmaceutical Charge - 225 Ac-DOTATATE (330 qCi)	500000	500000	500000	500000	500000	500000
W067	Radiopharmaceutical Charge- 225 Actinium for Therapy (per micro-curie)	1750	1750	1750	1750	1750	1750
W068	Radiopharmaceutical Charge- PSMA Peptide for Therapy	38080	38080	38080	38080	38080	38080
W069	Radiopharmaceutical Charge- DOTATATE Peptide for Therapy	8600	8600	8600	8600	8600	8600
W699	Radiopharmaceutical Charge - 177Lu-DOTA-TATE (100 mci)	43650	43650	43650	43650	43650	43650
W700	Radiopharmaceutical Charge- 177 Lu-DOTA-TATE	75000	75000	75000	75000	75000	75000
W701	Radiopharmaceutical Charge for 177 Lu-DOTA-TATE (Imported 177 Lu)	250000	250000	250000	250000	250000	250000
W702	Radiopharmaceutical Charge for 177 Lu-PSMA1 using BRIT 177 Lu (n.c.a)	75000	75000	75000	75000	75000	75000
W703	Radiopharmaceutical Charge for 177 Lu-PSMA1 using Imported 177 Lu (n.c.a)	250000	250000	250000	250000	250000	250000
W704	Radiopharmaceutical Charge - 177Lu-PSMA (200 mci)	50400	50400	50400	50400	50400	50400
PET Scan							
W050	PET CT Scan Whole Body (Non Contrast)	430	4310	14375	17970	28080	22460
W051	PET Scan Brain (FDG)	50	520	1725	2160	3380	2700
W052	PET CT Scan Whole Body (IV Contrast)	470	4660	15525	19410	30330	24260

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W053	PET-CT (Fluoride)	430	4310	14375	17970	28080	22460
W054	FDG Cardiac Viability	50	520	1725	2160	3380	2700
W055	Coronary Angiography	200	1980	6610	8260	12910	10330
W056	Ga 68- DOTA PET/CT Scan	430	4310	14375	17970	28080	22460
W057	Ga 68- PSMA PET/CT Scan	430	4310	14375	17970	28080	22460
W064	PET-CT for F18 PSMA Whole Body Scan	430	4310	14375	17970	28080	22460
W065	PET-CT for F18 DOPA Whole Body Scan	430	4310	14375	17970	28080	22460
W066	Ga 69- PSMA PET/CT Scan	430	4310	14375	17970	28080	22460
CT Scan							
W101	CT Brain Plain	30	270	900	1130	1760	1410
W102	CT PNS	60	560	1880	2350	3680	2940
W103	CT Nasopharynx	60	560	1880	2350	3680	2940
W104	CT Sella	60	560	1880	2350	3680	2940
W105	CT Temporal Bone	60	560	1880	2350	3680	2940
W106	CT Orbits	60	560	1880	2350	3680	2940
W107	HRCT	80	750	2500	2500	2500	2500
W120	CT Neck	60	560	1880	2350	3680	2940
W130	CT Head & Neck	250	2480	8250	10310	16110	12890
W140	CT Neck & Thorax	230	2320	7740	9680	15120	12100
W150	CT Thorax	60	630	2100	2630	4110	3290
W170	CT Abdomen	60	630	2100	2630	4110	3290
W180	CT Thorax & Abdomen	270	2700	9000	11250	17580	14060
W190	CT Pelvic Region	50	540	1800	2250	3510	2810
W200	CT Abdomen & Pelvis	270	2700	9000	11250	17580	14060
W210	CT Thorax & Abdomen & Pelvis	360	3600	12000	15000	23440	18750
W220	CT Spine	50	540	1800	2250	3510	2810
W230	CT Upper Limb	50	540	1800	2250	3510	2810
W240	CT Lower Limb	50	540	1800	2250	3510	2810
W241	Digital Scanogram	10	90	300	380	600	480
W250	CT Angiogram (Additional Charge)	20	230	750	940	1480	1180
W260	CT 3D Reconstruction	90	900	3000	3750	5860	4690
W281	CT Guided Biopsy FNAC	90	850	2820	3530	5510	4410

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W282	CT Guided Truecut Biopsy	90	850	2820	3530	5510	4410
W291	CT 'J' Needle Bone Biopsy	100	990	3300	4130	6450	5160
SPECT - CT Scan							
W501	99M-TC-MDP Bone Scan Planar	60	600	1990	2490	3890	3110
W512	99M-TC-ECD Brain SPECT	80	790	2645	3310	5180	4140
W513	99M-TC-Salivary Scan	60	600	1990	2490	3890	3110
W514	99M-TC-Thyroid Scan	60	600	1990	2490	3890	3110
W530	99M-TC-Oesophageal Transit Time	20	240	795	990	1550	1240
W531	99M-TC-SC / Phytate Liver Scan	40	400	1325	1660	2600	2080
W532	99M-TC-Gastric Emptying Time	20	240	795	990	1550	1240
W540	99M-TC-MAA Lung Perfusion Scan	60	600	1990	2490	3890	3110
W550	99M-TC-MIBI Myocardial Perfusion Scan	80	790	2645	3310	5180	4140
W551	Regional PET/CT	220	2180	7280	9100	14230	11380
W552	PET-CT Guided Biopsy	580	5750	19180	23980	37480	29980
W553	PET-CT Based RT Planning	540	5360	17860	22330	34890	27910
W554	Fluoride PET/CECT	400	3970	13225	16530	25830	20660
W555	Meckel Scan	40	400	1325	1660	2600	2080
W556	GI Bleed Scan	70	740	2450	3060	4790	3830
W560	99M-TC-EC Renogram	20	240	795	990	1550	1240
W561	99M-TC-DTPA Renogram with GFR	30	320	1060	1330	2080	1660
W562	99M-TC-DMSA Renal Cortical Scan	30	320	1060	1330	2080	1660
W563	99M-TC-DTPA GFR	20	200	665	830	1300	1040
W570	99M-TC-MIBI Tumor Imaging	100	990	3310	4140	6480	5180
W572	99M-TC-DTPA Aerosol Scan	60	600	1990	2490	3890	3110
W573	99M-TC-DTPA Clearance	60	600	1990	2490	3890	3110
W574	99M-TC-RBC Gated Pool (Muga)	50	480	1585	1980	3100	2480
W575	99M-TC-Sentinel Node Imaging	20	240	795	990	1550	1240
W576	99M-TC-Merbrofenin Scan	40	400	1325	1660	2600	2080
W578	Whole Body Scan (Low Energy)	120	1190	3970	4960	7750	6200
W579	Whole Body Scan (Higher Energy)	160	1590	5290	6610	10330	8260

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Radio Iodine Therapy							
W600	Radio Iodine Therapy for Thyrotoxicosis	60	600	1990	2490	3890	3110
Miscellaneous							
Z005	Issue of LIC Certificates	1050	1050	1050	1050	1050	1050