

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
REGISTRATION CHARGES							
A001	Registration Fees (Including SmartCard)	10	100	500	500	500	500
A002	Smart Card for patients (Reissue)	115	115	115	115	115	115
A003	Charges for printing Reports (per Report)	3	3	3	3	3	3
A010	Casualty Consultation Charges	0	0	1000	1000	1000	1000
A012	Second Opinion Consult Referral (RF)	0	0	0	0	0	2000
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
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 Charges (Main Building)	30	260	2590	6325	6325	6325
B002	Room/Bed Charges (Annexe Building)	30	260	2590	0	0	0
B003	ICU charges per day	35	345	1725	2155	3370	2695
B004	Room/Bed Charges - BMT	2875	2875	2875	2875	2875	2875
B005	Room/Bed Charges (HBB)	0	0	0	6325	0	0
B006	Radionuclide Therapy Ward - Short Stay Bed Charges	15	130	1295	3165	3165	3165
DEPOSITS							
D002	Inpatient Deposit	1000	5000	50000	50000	250000	200000
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 Refun	1000000	1000000	1000000	1000000	1000000	1000000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	4000000	4000000	4000000	4000000	4000000	4000000

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	DAY CARE						
E003	Day Care Bed Charges	20	220	1100	1100	1100	1100
	HISTOPATHOLOGY						
F302	Small biopsy/cell block except lymph node & breast	55	530	2645	3305	5165	4135
F303	Breast : Small biopsy/outside block	80	795	3965	4960	7750	6200
F304	Lymph node : Small biopsy/outside block	95	925	4630	5785	9040	7230
F305	Big Specimen except breast	105	1060	5290	6615	10330	8265
F306	Big specimen breast	110	1110	5555	6945	10850	8680
F307	Outside stained slides only	20	210	1060	1325	2065	1655
F308	Outside unstained slides with or without blocks (except lymphnode & breast)	50	475	2380	2975	4650	3720
F309	Frozen section	25	265	1325	1655	2585	2065
F314	IHC on smears	100	995	1990	2485	3885	3110
F315	P16 IHC	80	795	1585	1985	3100	2480
F316	Big Specimen Colorectal resection	110	1110	5555	6945	10850	8680
F317	FDA - Cerb B2	55	530	2645	3305	5165	4135
F318	Brain : Small Biopsy / cell block	95	925	4635	5795	9050	7240
F319	Soft tissue tumour : Small Biopsy / cell block	80	795	3965	4960	7750	6200
F320	ISH	160	1585	7935	9920	15500	12400
F321	IHC Tests on special request (upto 3 antibodies)	95	925	1850	2315	3615	2895
F322	Set of Recut slides (H&E / Unstained)	15	145	735	920	1435	1150
F323	ALK Amplification IHC Test	135	1350	2700	3375	5275	4220
F324	Extended IHC Panel (Upto additional 6 markers)	175	1725	3450	4310	6740	5390
F325	Big Specimen Whipple's Resection	105	1060	5290	6615	10330	8265
F326	Big Specimen Post-Chemotherapy Resection	105	1060	5290	6615	10330	8265
F327	Big Specimen Werdheim's Resection	105	1060	5290	6615	10330	8265
F328	Big Specimen Esophagectomy Resection	105	1060	5290	6615	10330	8265
F329	Big Specimen Amputation	115	1150	5750	7190	11230	8985
F330	Big Specimen Hemimandibulectomy	115	1150	5750	7190	11230	8985
F331	Big Specimen APR	115	1150	5750	7190	11230	8985
F332	Big Specimen Radical Prostatectomy	160	1610	8050	10060	15720	12580
F333	Big Specimen Radical Cystectomy	160	1610	8050	10060	15720	12580

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F334	MSI Immunohistochemistry Testing	155	1550	3100	3900	6050	4850
F335	EGFR Mutation Detection	425	4250	8500	10600	16600	13300
F336	DPYD Mutation Detection	438	4350	8700	10900	17000	13600
F337	EBV DNA Detection	190	1900	3800	4750	7400	5900
F338	ROS-1 by IHC	70	690	1375	1720	2690	2160
F339	PDL-1 SP263 - Ventana	150	1450	2890	3610	5640	4520
F340	PDL-1 22C3 Dako	330	3330	6650	8310	12990	10390
F341	Pituitary Panel by IHC	310	3070	6140	7680	11990	9590
F342	PDL1 SP142 - Ventana	90	880	1760	2200	3440	2750
CYTOPATHOLOGY							
F401	Cytology (FNA)	20	200	990	1235	1930	1545
F402	Pap Smear Cytology	10	115	585	735	1145	915
F403	Cytology Non-Gynaec	10	120	600	750	1170	935
F404	Sputum Cytology	0	25	115	145	225	180
F405	Cytopathology: Outside Slides (Out-In)	10	120	600	750	1170	935
F407	Cytopathology: Outside Slides + Block (Out-In)	10	120	600	750	1170	935
F411	Bronchial Lavage + Brushings Cytology	10	120	600	750	1170	935
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	10	120	600	750	1170	935
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	10	120	600	750	1170	935
F414	Cerebro Spinal Fluid (CSF) Cytology	10	120	600	750	1170	935
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	10	120	600	750	1170	935
F416	Nipple Discharge Cytology	10	120	600	750	1170	935
F417	Oral Scrapings Cytology	10	120	600	750	1170	935
F418	Bile / CBD Brushing Cytology	10	120	600	750	1170	935
F419	Scrapings From Miscellaneous Sites Cytology	10	120	600	750	1170	935
F420	USG Guided FNA with adequacy test by Cytologists (Prof charges)	15	175	860	1080	1685	1350
F421	CT Guided FNA/biopsy with adequacy test by Cytologists (Prof charges)	20	185	930	1165	1820	1455
F422	Immuno-cytochemistry on smears (ICC)	45	460	2300	2875	4490	3595
F423	Liquid-based Cytology (LBC)	20	205	1035	1295	2020	1615
MOLECULAR PATHOLOGY							
F618	EBER In Situ Hybridisation	115	1150	2300	2875	4490	3595

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F620	Interphase FISH Test for HER2/Neu	690	6900	13800	17250	26955	21560
F621	Interphase FISH Test for EGFR	635	6325	12650	15810	24705	19765
F622	Interphase FISH Test for NMYC	490	4890	9775	12220	19090	15275
F623	Interphase FISH Test for 1p19q	635	6325	12650	15810	24705	19765
F624	Interphase FISH Test for ALK1	540	5405	10810	13515	21115	16890
F625	Interphase FISH Test for CMYC	395	3965	7935	9920	15500	12400
F627	Interphase FISH Test for ROS1	360	3620	7245	9055	14150	11320
F628	Interphase FISH Test for MET	380	3795	7590	9485	14825	11860
F629	MLPA testing in Neuroblastoma	490	4890	9775	12220	19090	15275
F630	MYD88 L265 Mutation Detection Test	280	2820	5635	7045	11005	8805
F631	JAZF1 - Endometrial Stromal Sarcoma Testing	525	5250	10500	13125	20510	16405
F632	YWHAE - Endometrial Stromal Sarcoma Testing	510	5100	10200	12750	19920	15940
F633	Medulloblastoma - molecular Profiling	900	9000	18000	22500	35155	28125
F634	DDISH for HER2/neu Gene Amplification	700	7000	14005	21005	24505	24505
F635	TERT Promoter Mutation Assay	290	2900	5805	8705	10160	10160
F636	Histone Mutation Detection Assay	465	4635	9275	13910	16230	16230
F637	RHOA Mutation Detection Assay	290	2900	5805	8705	10160	10160
F638	IRFA/DUSP22 gene rearrangement by FISH	550	5495	10985	16480	19225	19225
F651	PCR for IgH Gene Rearrangement	430	4315	8625	10780	16845	13475
F652	PCR for TCR Gene Rearrangement	490	4890	9775	12220	19090	15275
F653	PCR for N-MYC Amplification	125	1265	2530	3165	4940	3955
F654	Clonality Analysis	920	9200	18400	23000	35935	28750
F655	Mycobacterium Tuberculosis Detection	210	2100	4200	5245	8200	6560
F660	GENE SEQUENCING FOR C KIT MUTATIONS	645	6440	12880	16100	25155	20125
F661	RT-PCR for PAX3-FKHR Translocation	200	2010	4025	5030	7860	6290
F662	RT-PCR for EWS-FLI1 Translocation	200	2010	4025	5030	7860	6290
F663	RT-PCR for EWS-ERG Translocation	200	2010	4025	5030	7860	6290
F664	RT-PCR for EWS-WT1 Translocation	200	2010	4025	5030	7860	6290
F665	RT-PCR for SYT-SSX Translocation	200	2010	4025	5030	7860	6290
F666	RT-PCR for SYT-SSX1 Translocation	200	2010	4025	5030	7860	6290
F667	RT-PCR for SYT-SSX2 Translocation	200	2010	4025	5030	7860	6290

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F668	MDM2 Gene Amplification by FISH	580	5820	11640	14550	22740	18190
F682	RAS Mutation Analysis	290	2875	5750	7190	11230	8985
F683	Interphase FISH Test for EWSR1	375	3735	7475	9345	14600	11680
F684	MGMT Gene Promoter methylation	375	3735	7475	9345	14600	11680
F685	Detection of BRAFV600E Mutation	290	2875	5750	7190	11230	8985
F686	Thyroid Panel (BRAF, KRAS, NRAS, HRAS, TERT)	580	5750	11500	14380	22460	17970
F687	PAX7-FKHR	200	2010	4025	5030	7860	6290
F688	Gene Sequencing for IDH1	290	2875	5750	7190	11230	8985
F689	Gene Sequencing for IDH2	290	2875	5750	7190	11230	8985
F690	TFE-3 FISH	505	5030	10065	12580	19655	15725
F691	FISH test for SYT break-apart analysis	375	3735	7475	9345	14600	11680
F692	PDGFRA mutation analysis	320	3220	6440	8050	12580	10060
F693	NGS based Targeted Panel for Solid Tumors	2000	20000	39900	49875	78000	62350
F694	PIK3CA Mutation Testing	270	2700	5400	6725	10500	8400
BIOCHEMISTRY, TUMOUR MARKERS, EMERGENCY LABORATORY							
F030	24 hours urine excretion rate for kappa and lambda	15	155	780	975	1525	1220
F033	Thyroid Function Tests (T3,T4,TSH)	10	110	550	690	1080	865
F034	Serum T3 (Thyroid Function)	5	35	185	230	360	290
F035	Serum T4 (Thyroid Function)	5	35	185	230	360	290
F036	Serum TSH (Thyroid Function)	5	35	185	230	360	290
F037	Serum Folate	15	165	815	1020	1595	1275
F038	Serum Vitamin B12	10	100	505	630	990	790
F039	Serum Parathormone (PTH)	10	100	505	630	990	790
F040	Serum Calcitonin	15	165	815	1020	1595	1275
F041	Serum Free Light Chains Kappa	65	635	3175	3965	6200	4960
F042	Serum Free Light Chains Lambda	65	635	3175	3965	6200	4960
F043	Complete Serum Protein Electrophoresis (SPE) Profile	150	1520	7590	9485	14825	11860
F044	Serum Protein Electrophoresis (SPE)	5	65	335	415	650	520
F045	Serum Immunoglobulins (Ig)	15	175	865	1080	1685	1350
F046	Immunoglobulin A (IgA)	5	60	290	360	560	450
F047	Immunoglobulin M (IgM)	5	60	290	360	560	450

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F048	Immunoglobulin G (IgG)	5	60	290	360	560	450
F049	Serum Light Chains	20	220	1105	1380	2155	1725
F050	Serum Light Chains Kappa	10	110	550	690	1080	865
F051	Serum Light Chains Lambda	10	110	550	690	1080	865
F052	Immuno Fixation Electrophoresis (IFE)	105	1040	5210	6510	10175	8140
F053	Urine Free Light Chains Kappa	65	635	3175	3965	6200	4960
F054	Urine Free Light Chains Lambda	65	635	3175	3965	6200	4960
F055	Serum CK	5	35	185	230	360	290
F056	Serum CK-MB	5	65	335	415	650	520
F057	Serum Lactate	5	70	345	430	675	540
F058	Serum Free T3	20	185	920	1150	1795	1435
F059	Serum Free T4	20	185	920	1150	1795	1435
F060	Serum Vitamin D	30	315	1585	1985	3100	2480
F061	Serum BNP	40	400	1990	2485	3885	3110
F062	Serum Insulin	5	55	265	330	515	415
F063	Magnesium (24 Hrs Urine)	10	100	505	630	990	790
F072	CSF Immunoglobulins (Ig)	20	220	1095	1370	2135	1710
F073	CSF Immunoglobulin A (IgA)	10	80	400	505	785	630
F074	CSF Immunoglobulin M (IgM)	10	80	400	505	785	630
F075	CSF Immunoglobulin G (IgG)	5	60	290	360	560	450
F076	CSF Light Chains	20	220	1105	1380	2155	1725
F077	CSF Light Chains Kappa	10	110	550	690	1080	865
F078	CSF Light Chains Lambda	10	110	550	690	1080	865
F079	CSF AFP	10	115	565	705	1100	880
F080	CSF CEA	10	105	520	645	1010	810
F081	CSF Beta-HCG	10	85	425	530	830	665
F082	CSF Total PSA	10	115	565	705	1100	880
F083	CSF Beta2-Microglobulin	30	275	1380	1725	2695	2155
F084	CSF CA 15.3	25	230	1140	1425	2225	1780
F085	CSF CA 125	20	205	1025	1280	2000	1600
F086	CSF CA 19.9	25	230	1140	1425	2225	1780

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F087	Fluid Immunoglobulins (Ig)	15	175	865	1080	1685	1350
F088	Fluid Immunoglobulin A (IgA)	5	60	290	360	560	450
F089	Fluid Immunoglobulin M (IgM)	5	60	290	360	560	450
F090	Fluid Immunoglobulin G (IgG)	5	60	290	360	560	450
F091	Fluid Light Chains	20	220	1105	1380	2155	1725
F092	Fluid Light Chains Kappa	10	110	550	690	1080	865
F093	Fluid Light Chains Lambda	10	110	550	690	1080	865
F094	Fluid AFP	10	115	565	705	1100	880
F095	Fluid CEA	10	105	520	645	1010	810
F096	Fluid Beta-HCG	10	85	425	530	830	665
F097	Fluid Total PSA	10	115	565	705	1100	880
F098	Fluid Beta2 Microglobulin	30	275	1380	1725	2695	2155
F099	Fluid CA 15.3	25	230	1140	1425	2225	1780
F100	Fluid CA 125	20	205	1025	1280	2000	1600
F108	Fluid CA 19.9	25	230	1140	1425	2225	1780
F109	Urine Immunoglobulins (Ig)	20	180	900	1125	1755	1405
F110	Urine Immunoglobulin A (IgA)	5	60	290	360	560	450
F111	Urine Immunoglobulin M (IgM)	5	60	290	360	560	450
F112	Urine Immunoglobulin G (IgG)	5	65	320	405	630	505
F113	Urine Light Chains	20	220	1105	1380	2155	1725
F114	Urine Light Chains Kappa	10	110	550	690	1080	865
F115	Urine Light Chains Lambda	10	110	550	690	1080	865
F116	Urine AFP	10	115	565	705	1100	880
F117	Urine CEA	10	105	520	645	1010	810
F118	Urine Beta-HCG	10	85	425	530	830	665
F119	Urine Total PSA	10	115	565	705	1100	880
F120	Urine Beta2 Microglobulin	30	275	1380	1725	2695	2155
F121	Urine CA 15.3	25	230	1140	1425	2225	1780
F122	Urine CA 125	20	205	1025	1280	2000	1600
F123	Urine CA 19.9	25	230	1140	1425	2225	1780
F124	Urine Osmolality (Random)	5	35	185	230	360	290

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F125	Urine Osmolality (24 Hours)	5	35	185	230	360	290
F126	Serum Osmolality	5	35	185	230	360	290
F127	FSH	5	60	300	375	590	470
F128	Estradiol (E2)	10	80	400	500	780	625
F129	Troponin-I	20	190	950	1190	1865	1490
F130	VMA (Urine - Random Sample)	45	460	2300	2875	4490	3595
F131	Serum LH	10	80	410	510	800	640
F132	Serum Prolactin	10	70	360	450	700	560
F133	Serum Cortisol	10	130	670	840	1310	1050
F134	Serum BNP	20	210	1050	1310	2050	1640
F135	Serum Valproate	20	160	810	1010	1580	1270
F802	Routine Biochemical Test (Consolidated)	40	405	2025	2530	3955	3165
F810	Glucose Tolerance Test	15	165	815	1020	1595	1275
F817	Serum AFP	10	115	565	705	1100	880
F818	Serum CEA	10	105	520	645	1010	810
F819	Serum B-HCG	10	85	425	530	830	665
F820	Serum Total PSA	10	115	565	705	1100	880
F821	Serum B2-Microglobulin	30	275	1380	1725	2695	2155
F822	Serum CA-15.3	25	230	1140	1425	2225	1780
F823	Serum CA-125	20	205	1025	1280	2000	1600
F824	Serum CA-19.9	25	230	1140	1425	2225	1780
F829	Serum CRP	5	60	310	390	605	485
F830	Serum Ferritin	15	145	715	890	1395	1115
F831	Serum CYFRA-21	25	265	1325	1655	2585	2065
F832	Serum NSE	25	265	1325	1655	2585	2065
F833	Cyclosporin	65	655	3275	4095	6400	5120
F836	Methotrexate	20	200	990	1235	1930	1545
F837	Serum Free PSA	15	125	635	790	1235	990
F838	Serum Testosterone	10	125	620	775	1215	970
F839	Tacrolimus Drug level estimation	65	655	3275	4095	6400	5120

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F841	Random Blood Glucose	5	35	185	230	360	290
F842	Fasting Blood Glucose	5	35	185	230	360	290
F843	Post-Prandial Blood Glucose	5	35	185	230	360	290
F845	Glycosylated Hemoglobin	10	115	575	720	1125	900
F846	Fasting Urine Glucose	5	55	265	330	515	415
F847	Post-Prandial Urine Glucose	5	55	265	330	515	415
F848	Blood Glucose by Glucometer strip method	5	45	230	285	450	360
F849	Lipid Profile	15	170	850	1065	1665	1330
F850	Serum Cholesterol	5	35	185	230	360	290
F851	Serum HDL-Cholesterol	5	35	185	230	360	290
F852	Serum LDL-Cholesterol	5	55	265	330	515	415
F853	Serum Triglycerides	5	45	220	275	425	340
F854	Renal Function Tests	10	110	550	690	1080	865
F855	Serum Urea	5	35	185	230	360	290
F856	Serum Uric Acid	5	35	185	230	360	290
F857	Serum Creatinine	5	35	185	230	360	290
F860	Serum Electrolytes	15	145	735	920	1435	1150
F861	Serum Sodium	5	35	185	230	360	290
F862	Serum Potassium	5	35	185	230	360	290
F863	Serum Chlorides	5	35	185	230	360	290
F864	Serum Bicarbonates	5	35	185	230	360	290
F865	Liver Function Tests	35	370	1840	2300	3595	2875
F866	Serum Protein	5	35	185	230	360	290
F867	Serum Albumin	5	35	185	230	360	290
F868	Serum Globulin	5	35	185	230	360	290
F869	Serum Alkaline Phosphatase	5	35	185	230	360	290
F870	Total Bilirubin	5	35	185	230	360	290
F871	Direct Bilirubin	5	35	185	230	360	290
F872	Indirect Bilirubin	5	35	185	230	360	290
F873	Serum AST	5	35	185	230	360	290
F874	Serum ALT	5	35	185	230	360	290

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F876	Serum LDH	5	35	185	230	360	290
F880	Pancreatic Enzymes	10	100	495	620	965	775
F881	Serum Amylase	10	85	415	515	810	645
F882	Serum Lipase	5	70	355	445	695	555
F883	Body Fluid Investigations (CSF)	20	185	930	1165	1820	1455
F884	CSF Glucose	5	35	185	230	360	290
F885	CSF Protein	10	75	380	475	740	595
F886	CSF Chloride	5	35	185	230	360	290
F887	CSF LDH	5	35	185	230	360	290
F888	Serum Calcium	5	35	185	230	360	290
F890	Serum Phosphorus	5	35	185	230	360	290
F891	Serum Magnesium	10	100	505	630	990	790
F893	Serum Iron	5	60	290	360	560	450
F894	Serum TIBC	5	60	290	360	560	450
F895	Serum Acid Phosphatase	10	115	575	720	1125	900
F896	Serum Prostatic Acid Phosphatase	15	175	860	1080	1685	1350
F897	VMA (24 Hrs Urine)	45	460	2300	2875	4490	3595
F898	5HIAA (24 Hrs Urine)	25	265	1325	1655	2585	2065
F915	Sodium (24 Hours Urine)	5	35	185	230	360	290
F916	Potassium (24 Hours Urine)	5	35	185	230	360	290
F917	Chloride (24 Hours Urine)	5	35	185	230	360	290
F918	Urea (24 Hours Urine)	5	35	185	230	360	290
F919	Uric Acid (24 Hours Urine)	5	35	185	230	360	290
F920	Urine Creatinine (24 Hours)	5	35	185	230	360	290
F921	Calcium (24 Hours Urine)	5	35	185	230	360	290
F922	Phosphorus (24 Hours Urine)	5	35	185	230	360	290
F923	Protein (24 Hours Urine)	10	85	415	515	810	645
F924	Corrected Creatinine Clearance (24 Hours Urine)	5	35	185	230	360	290
F925	Urea (Random Urine)	5	35	185	230	360	290
F926	Uric Acid (Random Urine)	5	35	185	230	360	290
F927	Creatinine (Random Urine)	5	35	185	230	360	290

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F928	Sodium (Random Urine)	5	35	185	230	360	290
F929	Potassium (Random Urine)	5	35	185	230	360	290
F930	Chloride (Random Urine)	5	35	185	230	360	290
F931	Calcium (Random Urine)	5	35	185	230	360	290
F932	Phosphorus (Random Urine)	5	35	185	230	360	290
F933	Protein (Random Urine)	10	75	380	475	740	595
F934	Fluid Urea	5	35	185	230	360	290
F935	Fluid Uric Acid	5	35	185	230	360	290
F936	Fluid Creatinine	5	35	185	230	360	290
F937	Fluid Sodium	5	35	185	230	360	290
F938	Fluid Potassium	5	35	185	230	360	290
F939	Fluid Chloride	5	35	185	230	360	290
F940	Fluid Bilirubin (Total)	5	35	185	230	360	290
F941	Fluid Bilirubin (Direct)	5	35	185	230	360	290
F942	Fluid Bilirubin (Indirect)	5	35	185	230	360	290
F943	Fluid Cholesterol	5	35	185	230	360	290
F944	Fluid Triglycerides	5	45	220	275	425	340
F945	Fluid HDL Cholesterol	5	35	185	230	360	290
F946	Fluid LDL Cholesterol	5	55	265	330	515	415
F962	Fluid Glucose	5	35	185	230	360	290
F963	Fluid Protein	5	35	185	230	360	290
F964	Fluid Albumin	5	35	185	230	360	290
F965	Fluid Globulin	5	35	185	230	360	290
F966	Fluid Alkaline Phosphatase	5	35	185	230	360	290
F967	Fluid AST	5	35	185	230	360	290
F968	Fluid ALT	5	35	185	230	360	290
F969	Fluid Calcium	5	35	185	230	360	290
F970	Fluid Phosphorus	5	35	185	230	360	290
F971	Fluid Amylase	5	45	220	275	425	340
F972	Fluid Lipase	5	70	355	445	695	555
F973	Fluid LDH	5	35	185	230	360	290

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F974	Serum Creatinine for CCT	5	35	185	230	360	290
F977	Bence Jones Protein (24 Hours Urine)	15	155	780	975	1525	1220
F999	Serum Gamma Glutamyl Transferase (GGT)	15	140	690	865	1350	1080
FA01	Sirolimus Drug Level Estimation	1800	1810	3610	4510	7050	5640
FA02	G6PDH Estimation (Quantitative)	30	300	590	740	1160	930
FA03	HB1Ac Screening Test	0	0	0	0	0	100
FA04	Anti-SARS Cov (Complete Antibodies)	10	60	320	400	630	500
FA05	Anti-SARS Cov (IgG Antibodies)	20	160	820	1030	1610	1290
FA06	IL-6 (interleukin-6)	20	150	730	910	1430	1140
FA07	NT-Pro BNP	20	230	1130	1410	2200	1760
FA08	IL-6 Level Estimation	685	685	1370	1710	2675	2140
FA09	Total SARS-COV-2 Antibody (Semi quantitative)	340	340	685	860	1340	1070
MICROBIOLOGY							
G101	Urine Examination	0	25	115	145	225	180
G102	Stool Examination	0	25	115	145	225	180
G103	Culture & Sensitivity (Aerobic)	15	140	700	875	1370	1095
G105	Routine Culture (Fungal)	10	115	585	735	1145	915
G106	CULTURE & SENSITIVITY (AFB)	40	425	2115	2645	4135	3305
G107	Routine Culture (Anaerobic)	10	115	585	735	1145	915
G111	Cultures for Helicobacter Pylori	15	140	700	875	1370	1095
G113	Mantoux Test	0	15	80	100	155	125
G119	AFB Culture only	15	125	635	790	1235	990
G120	Automated Identificaiton & Antibiotic Susceptibility Testing (Bacteria & Yeast)	20	200	990	1235	1930	1545
Serology							
G122	VDRL	0	25	115	145	225	180
G123	Paul Bunnel Test (Infectious Mononucleosis / E)	10	100	495	620	965	775
G126	Cytomegalovirus IgG Antibodies	10	100	495	620	965	775
G127	Cytomegalovirus IgM Antibodies	10	115	585	735	1145	915
G129	Hepatitis B Surface Antigen (HBsAg)	10	90	450	560	875	700
G130	Hepatitis B - e Antigen (HBeAg)	15	165	815	1020	1595	1275
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	20	195	975	1220	1910	1525

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	15	130	645	805	1260	1005
G133	Hepatitis B Surface Antibodies (Anti - HBs)	15	130	645	805	1260	1005
G134	Hepatitis C Antibodies (Anti HCV)	25	225	1125	1410	2200	1760
G136	Hepatitis B 'e' Antibodies (Anti HBe)	15	165	815	1020	1595	1275
G137	Herpes Simplex Virus IgG (HSV IgG)	10	100	495	620	965	775
G138	Herpes Simplex Virus IgM (HSV IgM)	10	100	495	620	965	775
G139	Cryptococcus Antigen by Latex Agglutination	20	195	975	1220	1910	1525
G140	HPV DNA (Qualitative)	30	290	1455	1820	2840	2275
G144	HPV DNA/ Genotype	70	690	3450	4310	6740	5390
G151	Fungal Identification & Susceptibility Testing	30	300	1505	1885	2940	2355
G161	RA Test	5	35	175	215	335	270
G162	ASO Titre	5	35	175	215	335	270
G171	HIV Antibodies	10	85	435	545	855	685
Microscopic Examination							
G201	Gram's Stain	0	15	80	100	155	125
G202	Ziehl Neelsen (AFB) Stain	0	15	80	100	155	125
G203	Lactophenol Cotton Blue	0	15	80	100	155	125
G204	Giemsa Stain for Tzanck Smear	0	15	80	100	155	125
G205	India Ink Preparation for Cryptococcus	0	15	80	100	155	125
G206	Staining for Cryptosporidium SPP	0	15	80	100	155	125
G207	Calcofluor White Stain for Fungus	0	25	115	145	225	180
G208	KOH Mount for Fungus	0	15	80	100	155	125
G209	Staining for Pneumocystis Carinii	0	25	115	145	225	180
G210	Fluorescent Staining	0	25	115	145	225	180
G211	Stool for Cryptosporidium - Giardia - Entamoeba antigen detection	2150	2150	2150	2690	4200	3360
Other Tests							
G251	Stool for Occult Blood	0	15	80	100	155	125
G252	Fluid for Bile Salts & Bile Pigments	0	15	80	100	155	125
G253	ADA Level	10	80	400	505	785	630
G254	Hepatitis A Virus (IgM Antibodies)	25	255	1265	1580	2470	1975
G255	Hepatitis E Virus (IgM Antibodies)	15	165	830	1035	1615	1295

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
G256	Urine Pregnancy Test (UPT)	0	15	80	100	155	125
G258	Automated AFB Culture	30	320	1600	2000	3120	2500
G259	Automated AFB Susceptibility (5 Drugs)	95	950	4760	5950	9300	7440
G260	Automated Blood Culture	20	185	930	1165	1820	1455
G261	Serum Procalcitonin Level	30	305	1520	1895	2965	2370
G262	Dengue NS1 antigen,IgM and IgG Antibodies	10	100	495	620	965	775
G263	Leptospira IgM Antibody	5	60	290	360	560	450
G264	Chikangunya IgM Antibody	5	50	255	315	495	395
G265	Serum Galactomannan Level by ELISA	15	145	725	905	1415	1130
G266	Serum Candidamannan Level by ELISA	15	145	725	905	1415	1130
G267	Malaria Antigen Detection	5	30	160	200	315	250
G268	Clostridium Difficile Toxin Detection	30	315	1585	1985	3100	2480
G269	Antigen detection for virus in stool	60	605	1210	1510	2360	1885
Molecular Diagnostics							
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	230	2285	4565	5705	8915	7135
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	230	2285	4565	5705	8915	7135
G403	RT-PCR (Quantitative) for HIV RNA	230	2285	4565	5705	8915	7135
G404	RT-PCR for CMV DNA	265	2645	5290	6615	10330	8265
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
TRANSFUSION MEDICINE							
H001	Blood Grouping	10	100	200	250	390	315
H002	Cross Matching	15	140	280	280	280	280
H003	Testing for Pheresis Donors	45	425	850	1065	1660	1330
H006	Antiglobulin Test (Direct)	10	90	185	230	360	290
H007	Antiglobulin Test (Indirect)	25	245	495	620	965	775
H008	Cold Agglutinins	10	85	175	215	335	270
H009	Secretory Status	25	245	495	620	965	775

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
H010	Irregular Antibody Workup	30	295	585	735	1145	915
H206	Whole Blood	55	525	1050	1050	1050	1050
H207	Packed Cells	60	600	1200	1200	1200	1200
H208	Washed Packed Cells	75	750	1500	1500	1500	1500
H210	Platelet Concentrate (RDP)	25	225	450	450	450	450
H211	Platelet Concentrate (SDP)	550	5500	11000	11000	11000	11000
H212	PBSC/Leukapheresis	855	8570	17140	21425	33475	26780
H213	Bone Marrow Processing on Cell Separator	640	6385	12770	15965	24940	19955
H214	Bone Marrow Processing HES Red Cell Separation	390	3910	7820	9775	15275	12220
H215	Bone Marrow Processing Plasma Separation	50	490	975	1220	1910	1525
H217	Leucoreduced Red Cells	110	1100	2200	2200	2200	2200
H218	Leucoreduction of Platelet Concentrates	75	750	1500	1500	1500	1500
H219	Irradiation of Blood Products	25	260	520	645	1000	810
H222	Platelet Concentrate (SvSDP)	275	2750	5500	5500	5500	5500
H224	Processing for Leukoreduction	40	395	795	990	1550	1240
H225	Leucoagglutinins	25	235	470	590	920	735
H226	HLA-A, B, DRB1 (Sequence Specific Primer - SSP)	515	5160	10315	12895	20145	16120
H227	HLA-C, DQB1 (Sequence Specific Primer - SSP)	370	3685	7370	9215	14395	11520
H228	Pediatric Whole Blood	35	340	675	675	675	675
H229	Pediatric Packed Cells	45	440	875	875	875	875
H230	Cryoprecipitate	10	100	200	200	200	200
H231	FFP/FVIII Def. Plasma/PRP	25	225	450	450	450	450
H232	Donor Specific Antibodies (DSA)	400	4000	8000	10000	15625	12500
H233	Panel Reactive Antibodies (PRA) class I	150	1500	3000	3750	5860	4690
H234	Panel Reactive Antibodies (PRA) class II	150	1500	3000	3750	5860	4690
H235	Single Antigen Class I	650	6500	13000	16250	25390	20315
H236	Single Antigen Class II	650	6500	13000	16250	25390	20315
H237	HLA-A, B, DRB1 (Sequence Based Typing - SBT)	500	5000	10000	12500	19530	15625
H238	HLA-A, B, C, DRB1, DQB1, DPB1 (Sequence Based Typing - SBT)	750	7500	15000	18750	29295	23440
H239	HLA-A, B, DRB1(Sequence Specific Oligonucleotide - SSO)	390	3900	7800	9750	15235	12190
H240	HLA-C, DQB1(Seuence Specific Oligonucleotide - SSO)	260	2600	5200	6500	10155	8125

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
H241	Packed Cells NBC	60	600	1050	1050	1050	1050
H500	DMSO for Cryopreservation	380	3800	7600	9500	14845	11875
RADIODIAGNOSIS							
Reporting							
I004	Outside Reporting of X-Ray, per Exam	0	0	105	130	200	160
I005	Outside Reporting of X-Ray Special Procedures	0	0	680	850	1325	1060
I006	Outside Reporting of Mammogram	0	0	425	530	830	665
I007	Outside Reporting of CT	0	0	1325	1655	2585	2065
I008	Outside Reporting of MRI	0	0	1725	2155	3370	2695
I009	Video Recording of USG / DSA, etc	10	95	470	590	920	735
I010	Digital Film per Plate	160	160	160	160	160	160
I011	Outside CD / Film upload for CT	50	50	50	50	50	50
I012	Outside CD / Film upload for MR	50	50	50	50	50	50
I013	Outside CD / Film upload for US	50	50	50	50	50	50
I014	Outside CD / Film upload for XA	50	50	50	50	50	50
I015	Outside CD / Film upload for MG	50	50	50	50	50	50
I016	Outside CD / Film upload for CR	50	50	50	50	50	50
Conventional Radiology (Plain)							
I021	X-Ray Skull	10	95	485	605	945	755
I027	X-Ray OPG / Dental	10	95	485	605	945	755
I030	X-Ray Spine AP	10	95	485	605	945	755
I031	X-Ray Spine Lateral	10	95	485	605	945	755
I038	X-Ray Pelvis	10	95	485	605	945	755
I042	X-Ray Neck AP	10	95	485	605	945	755
I043	X-Ray Neck Lateral	10	95	485	605	945	755
I050	X-Ray Upper Limb	10	95	485	605	945	755
I070	X-Ray Lower Limb	10	95	485	605	945	755
I090	X-Ray Chest	10	95	485	605	945	755
I092	X-Ray Abdomen	10	95	485	605	945	755
I095	X-Ray KUB	10	95	485	605	945	755
I099	X-Ray Skeletal Survey	100	1010	5060	6325	9885	7905

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I100	X-Ray Portable	15	130	660	825	1290	1030
I101	X-Ray PNS	10	100	510	640	995	795
I102	X-Ray Sternum AP	10	100	510	640	995	795
I103	X-Ray Sternum Oblique	10	100	510	640	995	795
I104	X-Ray Sternum Lateral	10	100	510	640	995	795
	Interventional Radiology						
I121	X-Ray Sialography	30	285	1425	1785	2785	2230
I122	X-Ray Barium Swallow	30	290	1460	1825	2855	2280
I123	X-Ray Conray Swallow	30	290	1460	1825	2855	2280
I124	X-Ray Barium Meal	40	400	1990	2485	3885	3110
I125	X-Ray Barium Meal Follow-Through	85	830	4140	5175	8085	6470
I126	X-Ray Small Bowel Enema	85	830	4140	5175	8085	6470
I127	X-Ray Barium Enema for Colon	85	830	4140	5175	8085	6470
I128	X-Ray Tube Cholangiogram	15	165	815	1020	1595	1275
I129	X-Ray ERCP	100	1025	5120	6400	10000	8000
I130	X-Ray IVP	60	580	2910	3635	5685	4545
I131	X-Ray Cystogram	30	285	1425	1785	2785	2230
I132	X-Ray MCU	45	425	2130	2660	4155	3325
I133	X-Ray Retrograde Urethrogram	30	290	1460	1825	2855	2280
I134	X-Ray Retrograde Pyelogram	30	290	1460	1825	2855	2280
I141	X-Ray Sinogram	20	210	1060	1325	2065	1655
I142	X-Ray Fistulogram	20	210	1060	1325	2065	1655
I143	X-Ray Cologram	20	210	1060	1325	2065	1655
I144	X-Ray Loopogram	20	210	1060	1325	2065	1655
I145	X-Ray Nephrostogram	20	210	1060	1325	2065	1655
I146	X-Ray Gastrographic Enema (Colon)	85	830	4140	5175	8085	6470
	Conventional Radiology (Contrast)						
I150	Consultation (New Case)	0	0	1000	1000	1000	1000
I151	Fluoroscopy Guided Biopsy	60	590	1960	2450	3830	3065
I152	Fluoroscopy Guided Block	60	590	1960	2450	3830	3065
I153	Fluoroscopy Guided J Needle Bone Biopsy	60	590	1960	2450	3830	3065

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I154	Fluoroscopy Guided NGT Insertion	50	515	1725	2155	3370	2695
I155	Fluoroscopy Guided Drainage/ Biopsy	205	2040	6800	8500	13280	10625
I156	Fluoroscopy Guided Indwelling Catheter Placement	85	870	2900	3625	5665	4530
I159	Lymphangiography	125	1230	4105	5130	8020	6415
I160	Bronchography	100	995	3310	4140	6470	5175
I161	Myelography	85	865	2880	3600	5625	4500
I162	Myelography with CT	130	1280	4260	5325	8320	6655
I163	Venography - Upper Limb	125	1230	4105	5130	8020	6415
I164	Venography - Lower Limb	125	1230	4105	5130	8020	6415
I165	Venography - Systemic	245	2460	8200	10250	16015	12810
I170	Angiography	145	1470	4900	6125	9570	7655
I171	Ophthalmic Artery Chemo Infusion	140	1410	4700	5875	9180	7345
I180	Angio Embolization	220	2220	7405	9255	14465	11570
I191	PTBD	125	1230	4105	5130	8020	6415
I192	PTBD Stenting	300	3015	10050	12565	19630	15705
I193	PCN (single kidney)	125	1230	4105	5130	8020	6415
I194	PCN Stenting	145	1470	4900	6125	9570	7655
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	215	2140	7140	8925	13950	11160
I197	Arterial Stenting	215	2140	7140	8925	13950	11160
I198	Thrombolysis / Thrombectomy	215	2140	7140	8925	13950	11160
I199	Angioplasty	215	2140	7140	8925	13950	11160
I200	Vascular Stenting	215	2140	7140	8925	13950	11160
I201	Brush Biopsy	185	1865	6210	7765	12130	9705
I202	Vertebroplasty	185	1865	6210	7765	12130	9705
I203	PCN (B/L)	215	2140	7130	8915	13925	11140
I204	DJ Stenting	160	1625	5410	6765	10565	8455
I205	Abdominal Abscess Drainage	100	1000	3340	4175	6525	5220
I206	Percutaneous Gastrostomy / Jejunostomy	225	2265	7545	9430	14735	11785
I208	Contrast Study	20	205	690	865	1350	1080
I209	Osteoplasty	205	2065	6875	8595	13430	10745
I210	Cerebral Angiography	185	1865	6220	7775	12150	9720

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I211	Chemo Embolisation	595	5950	19840	24795	38745	30995
I212	Radio Embolisation	690	6900	23000	28750	44920	35940
I213	Stent-Graft Deployment	690	6900	23000	28750	44920	35940
I214	Central Venous Access	120	1210	4030	5040	7870	6295
I215	IVC Filter Deployment	205	2065	6875	8595	13430	10745
I216	IVC Filter Retrieval	115	1150	3840	4800	7500	6000
I217	SCLEROTHERAPY	140	1390	4635	5795	9050	7240
I218	Test Occlusion	210	2105	7015	8770	13700	10960
I219	3D Rotational Angiography	120	1210	4030	5040	7870	6295
I220	Foreign Body Retrieval	205	2065	6875	8595	13430	10745
I221	Radio Frequency Ablation	300	3015	10050	12565	19630	15705
I222	Closure Device Insertion	600	6000	20000	25000	39060	31250
I223	Tracheo-bronchial stenting	600	6000	20000	25000	39060	31250
I224	Image Guided PICC insertion	205	2065	6875	8595	13430	10745
I225	DSA Port Placement	900	9000	30500	38000	59500	47500
I226	EBUS guided FNA	300	3015	10050	12565	19630	15705
I227	Image Guided Endovenous Ablation	300	3015	10050	12565	19630	15705
Mammography							
I321	Mammography Single Breast	10	115	575	720	1125	900
I322	Mammography Both Breasts	25	230	1150	1440	2245	1795
I324	Mammography - Biopsy	30	295	1470	1840	2875	2300
I325	Mammography - Localization	45	430	2140	2675	4180	3340
I326	Mammography of Specimen	10	115	575	720	1125	900
I327	Tumour Ablation - IRE	300	3000	15000	18750	29250	23500
I328	Non-Ionic Contrast and Consumable Charges	740	740	740	740	740	740
I329	Ionic Oral Contrast and Consumable Charges	145	145	145	145	145	145
I330	Iso-Osmolar Contrast and Consumable Charges	1900	1900	1900	1900	1900	1900
Ultrasonography							
I420	USG Abdomen	20	195	980	1220	1910	1525
I460	USG Pelvis	20	195	975	1220	1910	1525
I461	Transrectal sonography	30	275	1380	1725	2695	2155

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I462	TRUS Guided biopsy	40	425	2115	2645	4135	3305
I463	Trans vaginal sonography	30	275	1380	1725	2695	2155
I500	USG Abdomen & Pelvis	35	370	1850	2315	3615	2895
I510	USG Neck	20	195	975	1220	1910	1525
I550	USG Thorax	20	195	975	1220	1910	1525
I560	USG Breast	20	195	975	1220	1910	1525
I565	USG Upper Extremity	20	195	975	1220	1910	1525
I566	USG Portable Single region	30	300	1500	1875	2930	2345
I567	USG Portable Two region	50	500	2500	3125	4885	3905
I568	USG Guided Procedure	35	345	1725	2155	3370	2695
I569	USG KUB	20	195	975	1220	1905	1525
I570	USG Lower Extremity	20	195	975	1220	1910	1525
I571	USG Doppler Upper Extremity	30	320	1590	1990	3105	2485
I572	USG Doppler Lower Extremity	30	320	1590	1990	3105	2485
I573	USG Doppler Hepatoportal	30	320	1590	1990	3105	2485
I574	USG Doppler Renal	30	320	1590	1990	3105	2485
I575	USG Doppler Carotid	30	320	1590	1990	3105	2485
I576	USG Doppler IVC	30	320	1590	1990	3105	2485
I577	USG Targetted	10	100	500	625	975	780
I578	USG Doppler - portable Single Region	35	345	1725	2155	3370	2695
I579	USG Doppler - Single Region	30	320	1590	1990	3105	2485
I580	USG Axilla/ Groin/ Scrotum (Small Parts)	20	195	975	1220	1910	1525
I598	USG Guided FNAC	30	315	1565	1955	3055	2445
IA04	USG Guided RF Ablation	300	3015	10050	12565	19630	15705
CT Scan							
I600	CT Brain Plain and Contrast	125	1270	4230	5290	8265	6615
I601	CT Brain Plain	75	755	2520	3150	4920	3935
I602	CT PNS	135	1350	4500	5625	8790	7030
I603	CT Nasopharynx	135	1350	4500	5625	8790	7030
I604	CT Sella	135	1350	4500	5625	8790	7030
I605	CT Temporal Bone	135	1350	4500	5625	8790	7030

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I606	CT Orbits	135	1350	4500	5625	8790	7030
I607	CT HRCT	135	1350	4500	5625	8790	7030
I620	CT Neck	125	1270	4230	5290	8265	6615
I630	CT Head & Neck	205	2065	6875	8595	13430	10745
I640	CT Neck & Thorax	200	1985	6610	8265	12915	10330
I650	CT Thorax	150	1500	5000	6250	9765	7815
I670	CT Abdomen	150	1500	5000	6250	9765	7815
I680	CT Thorax & Abdomen	270	2700	8995	11240	17565	14050
I690	CT Pelvic Region	145	1470	4900	6125	9570	7655
I691	S.Creatinine- Point of Care Testing	350	350	350	350	350	350
I692	Low Dose CT Scan	230	2300	7600	9500	14850	11850
I700	CT Abdomen & Pelvis	280	2820	9395	11745	18350	14680
I710	CT Thorax & Abdomen & Pelvis	315	3175	10580	13225	20665	16530
I720	CT Spine	150	1500	5000	6250	9765	7815
I730	CT Upper Limb	150	1500	5000	6250	9765	7815
I740	CT Lower Limb	150	1500	5000	6250	9765	7815
I741	Digital Scanogram	25	245	815	1020	1595	1275
I750	CT Angiogram	245	2460	8200	10250	16015	12810
I760	CT 3D Reconstruction	245	2460	8200	10250	16015	12810
I781	CT Guided Biopsy FNAC	235	2345	7820	9775	15275	12220
I782	CT Guided Truecut Biopsy	235	2345	7820	9775	15275	12220
I783	CT Guided Drainage / Localisation	120	1190	3965	4960	7750	6200
I784	CT Guided Vertebroplasty	215	2140	7140	8925	13950	11160
I785	CT Perfusion (Additional Charge)	70	715	2380	2975	4650	3720
I786	CT Defusion (Additional Charge)	70	715	2380	2975	4650	3720
I787	CT DIEP	270	2700	9000	11250	17580	14065
I788	CT Guided RF Ablation	300	3015	10050	15075	17590	17590
I789	CT Dental	120	1190	3970	4960	7750	6200
I790	CT Limited	60	600	2000	2500	3905	3125
I791	CT 'J' Needle Bone Biopsy	275	2760	9200	11500	17970	14375
I691	S.Creatinine- Point of Care Testing	350	350	350	350	350	350

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I792	Planning scan for Hepatic Resection	270	2700	9000	11250	17580	14065
IB02	CT Guided RF Ablation	300	3015	10050	12565	19630	15705
	MRI Scan						
I801	MRI BRAIN	175	1745	5820	7275	11365	9095
I802	MRI PNS	175	1745	5820	7275	11365	9095
I810	MRI Neck	170	1710	5695	7115	11120	8895
I820	MRI Head & Neck	245	2460	8200	10250	16015	12810
I830	MRI Upper Limb	170	1710	5695	7115	11120	8895
I840	MRI Thorax	170	1710	5695	7115	11120	8895
I841	MRI Breast	170	1710	5695	7115	11120	8895
I842	MRI guided breast biopsy	440	4405	14685	18355	28680	22945
I860	MRI Abdomen	170	1710	5695	7115	11120	8895
I890	MRI Pelvis	170	1710	5695	7115	11120	8895
I900	MRI Abdomen & Pelvis	245	2460	8200	10250	16015	12810
I910	MRI Spine (One Region)	170	1710	5695	7115	11120	8895
I911	MRI Whole Spine	220	2220	7405	9255	14465	11570
I920	MRI Lower Limb	175	1745	5820	7275	11365	9090
I921	MRI Contrast	85	860	2880	3600	5630	4500
I930	MRI Angiogram	145	1470	4900	6125	9570	7655
I940	MRI Venography	180	1800	6000	7500	11720	9375
I950	MRI Myelogram	125	1230	4105	5130	8020	6415
I960	MR Cholangio-Pancreatogram (CP) (Additional Charge)	125	1230	4105	5130	8020	6415
I970	MRI Spectroscopy (Additional Charge)	125	1230	4105	5130	8020	6415
I971	MRI Brain Tumor Protocol	280	2785	9280	11605	18130	14505
I972	MRI Extremity with dynamic contrast	275	2740	9130	11415	17835	14265
I973	MRI Extremity with Limb Screening	275	2740	9130	11415	17835	14265
I974	MRI Prostate	185	1855	6190	7735	12085	9670
I975	MRI Cervix	185	1855	6190	7735	12085	9670
I976	MRI Penis	185	1855	6190	7735	12085	9670
I977	MRI DTI	125	1230	4105	5135	8020	6415
I978	MRI Cardiac	185	1855	6190	7735	12085	9670

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I979	MRI Spine Screening	125	1230	4105	5135	8020	6415
I980	MRI Temporal Bone (HRCT cuts)	240	2400	8000	10000	15625	12500
I991	MRI Functional (Additional Charge)	125	1230	4105	5130	8020	6415
I992	MRI Diffusion (Additional Charge)	75	755	2520	3150	4920	3935
I993	MRI Perfusion (Additional Charge)	125	1230	4105	5130	8020	6415
I995	MRI Limited	125	1230	4105	5130	8020	6415
I996	Whole body MRI	395	3965	13225	16530	25830	20665
I997	MRI for Therapy Planning	120	1190	3965	4960	7750	6200
IC01	MRI Abdomen + MR CP	255	2555	8510	10640	16620	13295
MEDICAL ONCOLOGY							
Consultation							
J001	Consultation (New Case)	0	0	1000	1000	1000	1000
J002	Cross Consultation (Medical Oncology)	0	0	600	600	600	600
J003	Follow-Up Evaluation Visit (Medical Oncology)	0	0	600	600	600	600
J101	Chemotherapy Planning Charges (Full Protocol) (Medical Oncology)	0	0	5750	7190	11230	8985
J102	Intravenous Bolus (per Cycle)	15	175	865	1080	1685	1350
J103	Bone Marrow Aspiration/Biopsy	20	195	975	1220	1910	1525
J104	Chemotherapy Indoor Charges per Cycle (Medical Oncology)	0	0	5175	6470	10105	8085
J105	Chemotherapy Daycare Charge per Day (Medical Oncology)	0	0	460	575	900	720
J107	Chemotherapy- Intramuscular & subcutaneous Adm.	0	0	140	175	270	215
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	34500	43125	67380	53905
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	26450	33060	51660	41330
J110	Lumbar Puncture	15	150	755	945	1475	1180
J111	Intrathecal Chemotherapy	20	195	975	1220	1910	1525
J112	Pleural Fluid Tapping	20	195	975	1220	1910	1525
J113	Ascitic Tapping	20	195	975	1220	1910	1525
J114	Pericardial Tapping	45	435	2185	2730	4270	3415
J116	Scalp Cooling Procedure	30	300	1400	1750	2750	2200
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

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
J204	Allogenic Matched Unrelated (MUD)/Cord Transplant	0	0	195500	195500	195500	195500
	ACT Clinic (OPD patient)						
J402	First Consultation (ACT Clinic)	0	0	1000	1000	1000	1000
J404	Follow-Up Consultation (ACT Clinic)	0	0	600	600	600	600
	Cathether						
J501	Pre-Insertion + Demonstration	15	175	860	1080	1685	1350
J502	Dressing	5	70	345	430	675	540
J503	Insertion of PICC	35	345	1725	2155	3370	2695
	Academic Hemato - oncology Lab						
J609	RT-PCR Nested IGH Chain Gene rearrangement	165	1655	3310	4140	6470	5175
J610	RT-PCR Nested, TCR Gene Rearrangement	165	1655	3310	4140	6470	5175
J611	RT-PCR Hot Start	230	2315	4635	5795	9050	7240
J613	Gene rearrangement by Direct Sequencing	395	3965	7935	9920	15500	12400
J614	Mutation analysis by ASO PCR	395	3965	7935	9920	15500	12400
J615	DIRECT SEQUENCING FOR EGFR MUTATION ANALYSIS	330	3305	6610	8265	12915	10330
J616	RT-PCR for RAS / BRAF mutation analysis	530	5290	10580	13225	20665	16530
J617	RT-PCR for EBV analysis	530	5290	10580	13225	20665	16530
J618	Direct Sequencing for RAS mutation analysis	530	5290	10580	13225	20665	16530
J620	Snap shot PCR for EGFR,RAS, and PTEN	675	6755	13510	16890	26390	21115
J621	RT-PCR for EGFR Mutation analysis	530	5290	10580	13225	20665	16530
J622	Direct Sequencing for DPD Testing	530	5290	10580	13225	20665	16530
J623	NGS Platform - limited Panel (10 genes)	750	7500	15000	18750	29250	23400
J624	NGS Platform - extended Panel (> 50 genes)	1500	15000	30000	37500	58600	46875
	GENERAL MEDICINE						
	Consultation						
K001	Consultation (General Medicine)	0	0	1000	1000	1000	1000
K002	Cross Consultation (General Medicine)	0	0	600	600	600	600
K003	Follow-Up Consultation (General Medicine)	0	0	600	600	600	600
	Other Tests						
K101	Electrocardiogram	5	60	310	390	605	485
K107	PFT (Spirometry)	15	155	770	965	1505	1205

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
K108	Complete PFT with Diffusion and Lung Volume Study	25	245	1220	1525	2380	1905
K112	Diffusion Study	10	105	530	660	1035	825
K113	Lung Volume Study	10	120	610	760	1190	950
K116	Echocardiogram Bedside (H)	25	265	1325	1655	2585	2065
K117	Echocardiogram Bedside (P)	0	0	1990	2485	3885	3110
K118	Echocardiogram + Color Doppler (H)	20	210	1060	1325	2065	1655
K119	Echocardiogram + Color Doppler (P)	0	0	1060	1325	2065	1655
K120	Trans Oesophageal Echocardiograph (H)	40	400	1990	2485	3885	3110
K121	Trans Oesophageal Echocardiograph (P)	0	0	1990	2485	3885	3110
K122	Cardiac Stress Test (H)	15	135	665	835	1305	1040
K123	Cardiac Stress Test (P)	0	0	930	1165	1820	1455
K124	Cardiopulmonary Stress Test (H)	25	230	1150	1440	2245	1795
K125	Cardiopulmonary Stress Test(P)	0	0	1725	2155	3370	2695
PSYCHIATRY @ CLINICAL PSYCHOLOGY							
K301	Cross Consultation (Psychiatry)	0	0	600	600	600	600
K302	Follow-Up Consultation (Psychiatry)	0	0	600	600	600	600
K303	Psychometric Testing	10	80	400	505	785	630
PULMONARY UNIT							
K401	Cross Consultation (Pulmonary Unit)	0	0	600	600	600	600
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	600	600	600	600
HONORARY CONSULTANTS							
Nephrology							
L101	Cross Consultation (Nephrology)	0	0	600	600	600	600
L102	Follow-Up Consultation (Nephrology)	0	0	600	600	600	600
L103	Cross Consultation (Dermatologist)	0	0	600	600	600	600
L104	Follow up Consultation (Dermatologist)	0	0	600	600	600	600
L105	Cross Consultation (Endocrinologist)	0	0	600	600	600	600
L106	Follow up Consultation (Endocrinologist)	0	0	600	600	600	600
L107	Cross Consultation (Ophthalmologist)	0	0	600	600	600	600
L108	Follow up Consultation (Ophthalmologist)	0	0	600	600	600	600
L111	Peritoneal Dialysis	25	245	1230	1540	2405	1925

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
L112	Femoral Vein Catheterisation	10	100	495	620	965	775
L113	Subclavian Vein Catheterisation	15	145	735	920	1435	1150
L114	CAVH	25	230	1140	1425	2225	1780
L115	Renal Biopsy	10	100	495	620	965	775
Neurology							
L301	Cross Consultation (Neurology)	0	0	600	600	600	600
L302	Follow-Up Consultation (Neurology)	0	0	600	600	600	600
Neurosurgery							
L401	Cross Consultation (Neurosurgery)	0	0	600	600	600	600
L402	Follow-Up Consultation (Neurosurgery)	0	0	600	600	600	600
ENT							
L501	Cross Consultation (ENT)	0	0	600	600	600	600
L502	Follow-Up Consultation (ENT)	0	0	600	600	600	600
Clinical Haematology							
L601	Cross Consultation (Clinical Haematology)	0	0	600	600	600	600
L602	Follow-Up Consultation (Clinical Haematology)	0	0	600	600	600	600
Honorary Hepatologist							
L701	Cross Consultation (Hepatology)	0	0	600	600	600	600
L702	Follow-Up Consultation (Hepatology)	0	0	600	600	600	600
DIGESTIVE DISEASES & CLINICAL NUTRITION							
Consultations							
M001	First Consultation (Digestive Diseases)	0	0	1000	1000	1000	1000
M002	Cross Consultation (Digestive Diseases)	0	0	600	600	600	600
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	600	600	600	600
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	5750	7190	11230	8985
M005	Intravenous Bolus (per Cycle)	0	0	860	1080	1685	1350
M006	TPN Therapy (New Plan)	0	0	3310	4140	6470	5175
M007	Enteral Nutrition Therapy (New Plan)	0	0	2520	3150	4920	3935
M008	Home Enteral Nutrition Care (New Plan)	0	0	1585	1985	3100	2480
M009	Home TPN Therapy (New Plan)	0	0	3310	4140	6470	5175
M016	Chemotherapy Indoor Charges per Cycle (Digestive Diseases)	0	0	5175	6470	10105	8085

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M017	Chemotherapy Daycare Charges per Day (Digestive Diseases)	0	0	460	575	900	720
M018	Dietary Counseling Oral (New Plan)	0	0	815	1020	1595	1275
M019	REE Estimation	0	0	3175	3965	6200	4960
M020	Body Composition	0	0	1585	1985	3100	2480
M022	Inpatient Care (Neutropenia Care/ Hepatitis)	0	0	3310	4140	6470	5175
M023	TPN Therapy (Follow-up/ Replan)	0	0	2325	2905	4535	3630
M024	TPN Daily Monitoring	0	0	860	1080	1685	1350
M025	Enteral Nutrition Therapy (Follow-up/ Replan)	0	0	1760	2200	3435	2750
M026	Enteral Nutrition Therapy Daily Monitoring	0	0	575	720	1125	900
M027	Dietary Counseling Oral (Follow-up)	0	0	575	720	1125	900
Procedures (Hospital Charges)							
M051	Endoscopy Room Charges Grade I	30	285	1425	1785	2785	2230
M052	Endoscopy Room Charges Grade II	40	390	1945	2430	3795	3035
M053	Endoscopy Room Charges Grade III	55	570	2840	3550	5550	4440
M054	Endoscopy Room Charges Grade IV	75	750	3735	4670	7300	5840
M055	Endoscopy Room Charges Grade V	115	1135	5680	7100	11095	8875
M056	Endoscopy Room Charges Grade VI	175	1725	8635	10795	16870	13495
M057	Endoscopy Room- Cholangioscopy Probe Charge	20000	20000	20000	20000	20000	20000
M058	Endoscopy Room- Sedation (NAAS)	15	135	665	835	1305	1040
M059	Endoscopy Room- Video Recording	10	115	230	285	450	360
M060	Endoscopy Room- Color Print Images/ Report	10	115	230	285	450	360
M061	Helicobacter Pylori Breath Test	30	315	1585	1985	3100	2480
Procedures (Professional Charges)							
M101	Rigid Sigmoidoscopy	0	0	1715	2140	3345	2675
M102	Tissue Sampling- Biopsy	0	0	1715	2140	3345	2675
M103	Oesophageal ILRT Tube Placement- Over wire only	0	0	1715	2140	3345	2675
M104	Peg Tube Removal/ Exchange	0	0	830	1035	1615	1295
M105	Rylells Tube Placement	0	0	1585	1985	3100	2480
M106	Nasogastric tube Over wire & Non-Fluroscopic	0	0	1715	2140	3345	2675
M107	Tissue Sampling- Cytology	0	0	1585	1985	3100	2480
M108	Gastric Lavage/ Decompression	0	0	830	1035	1615	1295

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M109	Ascitic Fluid Aspiration (DDCN)	20	195	975	1220	1910	1525
M110	Pleural Fluid Tapping (DDCN)	20	195	975	1220	1910	1525
M111	Pericardial Tapping (DDCN)	45	435	2185	2730	4270	3415
M112	Liver Biopsy	0	0	2520	3150	4920	3935
M113	CSF tapping (DDCN)	15	150	755	945	1475	1180
M114	CVP Access (DDCN)	15	165	830	1035	1615	1295
M115	Indwelling Peritoneal Catheter Placement (DDCN)	0	0	1715	2140	3345	2675
M116	Percutaneous Ethanol Injection	0	0	2520	3150	4920	3935
M117	Needle Aspiration (Non USG Guided)	0	0	830	1035	1615	1295
M206	Flexible Sigmoidoscopy	0	0	5025	6280	9815	7850
M207	Pile Banding / Injection	0	0	5025	6280	9815	7850
M208	Flexible Sigmoidoscopy (repeat)	0	0	3520	4400	6875	5500
M301	Sideviewing Duodenoscopy	0	0	5890	7360	11500	9200
M303	Colonoscopy	0	0	5890	7360	11500	9200
M305	Dye Chromoendoscopy (Standard Imaging)	0	0	5890	7360	11500	9200
M306	Jejuno-Enteroscopy (Push Type Limited Exam)	0	0	5890	7360	11500	9200
M309	EUS of Rectum/Sigmoid Colon	0	0	5890	7360	11500	9200
M310	Endosonoprobe Examination	0	0	5890	7360	11500	9200
M311	Endoscopic Naso-gastric Tube Placement (Non-Fluoroscopic)	0	0	5890	7360	11500	9200
M312	Esophageal Dilation (Non-Fluoroscopic)- 1 session	0	0	5890	7360	11500	9200
M313	Foreign Body Removal (Non-Fluoroscopic)	0	0	5890	7360	11500	9200
M314	Hemostasis: Variceal Banding	0	0	5890	7360	11500	9200
M315	Hemostasis: Clipping	0	0	5890	7360	11500	9200
M316	Hemostasis: Glue Injection	0	0	5890	7360	11500	9200
M317	Hemostasis: Bicap Coagulation	0	0	5890	7360	11500	9200
M318	Hemostasis: Injection Therapy	0	0	5890	7360	11500	9200
M323	Diagnostic Upper GI Endoscopy	0	0	5375	6720	10500	8400
M324	Diagnostic Upper GI Endoscopy (repeat)	0	0	4115	5145	8040	6435
M325	Colonoscopy (Repeat)	0	0	4115	5145	8040	6435
M326	Clip Marking	0	0	5890	7360	11500	9200
M327	Dye Chromoendoscopy: Standard Imaging (repeat)	0	0	4115	5145	8040	6435

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M328	Esophageal Dilation (Non-Fluoroscopic) (partial)	0	0	4115	5145	8040	6435
M329	ERCP Diagnostic Non-cholangioscopy (repeat)	0	0	4115	5145	8040	6435
M330	Hemostasis: Argon Plasma Coagulation	0	0	5890	7360	11500	9200
M331	Hemostasis: Sclerotherapy	0	0	5890	7360	11500	9200
M332	Hemostasis: Loop Ligation	0	0	5890	7360	11500	9200
M333	Polypectomy Cold Snare / Hot Biopsy	0	0	5890	7360	11500	9200
M334	Jejunio-Enteroscopy (Push Type Limited Exam- Repeat)	0	0	4115	5145	8040	6435
M401	EUS: Pancreas and Bile Ducts	0	0	7530	9415	14710	11770
M403	Esophageal Stenting	0	0	7530	9415	14710	11770
M404	Percutaneous Endoscopic Gastrostomy	0	0	7530	9415	14710	11770
M405	Percutaneous Endoscopic Jejunostomy	0	0	7530	9415	14710	11770
M406	Achalasia Dilatation	0	0	7530	9415	14710	11770
M407	Gastric or Pyloric Dilation (Non-Fluoroscopic)- 1 session	0	0	7530	9415	14710	11770
M408	Rectal or Colonic Dilation (Non-Fluoroscopic)- 1 session	0	0	7530	9415	14710	11770
M409	Polypectomy (upto 2 polyps and stalked)	0	0	7530	9415	14710	11770
M411	Ablation: Laser Therapy	0	0	7530	9415	14710	11770
M412	Ablation: Argon Plasma Coagulation	0	0	7530	9415	14710	11770
M413	ERCP Sphincterotomy	0	0	7530	9415	14710	11770
M414	Endoscopic Cyst Drainage	0	0	7530	9415	14710	11770
M415	ERCP Naso-Biliary Drainage	0	0	7530	9415	14710	11770
M416	Biliary/ Pancreatic Cytology	0	0	2935	3665	5725	4580
M417	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI)	0	0	7530	9415	14710	11770
M418	Magnification Dye Chromoendoscopy	0	0	7530	9415	14710	11770
M419	Capsule Endoscopy Imaging	0	0	10050	12565	19630	15705
M420	Capsule Endoscopy Imaging (Repeat)	0	0	7040	8795	13745	10995
M421	Clip Application (Non-Hemostatic, Markers)	0	0	4025	5030	7860	6290
M422	Ablation: Cryotherapy/ PDT	0	0	6555	8195	12805	10240
M423	Ablation: Cryotherapy/ PDT (Partial)	0	0	4590	5735	8960	7170
M424	Ablation: Argon Plasma Coagulation (Partial)	0	0	5280	6600	10310	8250
M425	Gastric or Pyloric Dilation- Non-Fluoroscopic (Partial)	0	0	5280	6600	10310	8250
M426	Rectal or Colonic Dilation- Non-Fluoroscopic (Partial)	0	0	5280	6600	10310	8250

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M427	Achalasia Dilatation (Partial)	0	0	5280	6600	10310	8250
M428	ERCP Naso-Pancreatic Drainage	0	0	7530	9415	14710	11770
M429	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI) (Repeat)	0	0	5280	6600	10310	8250
M430	Magnification Dye Chromoendoscopy (Repeat)	0	0	5280	6600	10310	8250
M431	EUS Radial Mediastinum and/ or Upper Abdomen	0	0	6880	8595	13430	10745
M432	Decompression: NJT placement	0	0	5890	7360	11500	9200
M433	Decompression: Colonic tube placement	0	0	5890	7360	11500	9200
M434	Stenting: Enteral	0	0	9590	11990	18730	14985
M435	Stenting: Colonic	0	0	9590	11990	18730	14985
M436	Dilatation Luminal Fluoroscopic	0	0	7530	9415	14710	11770
M437	Hemostasis: Post Endoscopic Resection	0	0	7530	9415	14710	11770
M438	Foreign Body Removal (Fluroscopic)	0	0	7530	9415	14710	11770
M439	Diagnostic ERCP (Non-cholangioscopic)	0	0	5890	7360	11500	9200
M501	ERCP Biliary Stenting (Single)	0	0	10050	12565	19630	15705
M502	ERCP Pancreatic Stenting (Single)	0	0	10050	12565	19630	15705
M503	Multiple Polypectomy (more than 2 polyps and stalked)	0	0	10050	12565	19630	15705
M504	EUS Guided FNA	0	0	10050	12565	19630	15705
M506	Radiofrequency Ablation	0	0	10050	12565	19630	15705
M508	ERCP Biliary Stenting (Multiple Stents)	0	0	10050	12565	19630	15705
M510	ERCP Pancreatic Stenting (Multiple)	0	0	10050	12565	19630	15705
M512	ERCP Biliary Stone extraction	0	0	10050	12565	19630	15705
M514	ERCP Pancreatic Stone extraction	0	0	10050	12565	19630	15705
M516	ERCP Biliary Stricture Dilatation	0	0	10050	12565	19630	15705
M518	ERCP Pancreatic Stricture Dilatation	0	0	10050	12565	19630	15705
M520	ERCP Sphincteroplasty	0	0	10050	12565	19630	15705
M522	ERCP in Bilroth II Anatomy	0	0	10050	12565	19630	15705
M524	ERCP Extraction: Internally migrated stent	0	0	10050	12565	19630	15705
M526	ERCP Mechanical Lithotripsy	0	0	10050	12565	19630	15705
M528	ERCP Minor Papilla therapy	0	0	10050	12565	19630	15705
M530	EUS Guided Colour Doppler	0	0	10050	12565	19630	15705
M532	EUS Miniprobe Luminal examination	0	0	10050	12565	19630	15705

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M534	EUS Guided Celiac Plexus Neurolysis	0	0	10050	12565	19630	15705
M536	EUS Linear imaging (No FNAC)	0	0	10050	12565	19630	15705
M538	EUS Advanced Imaging: 3D/ Elastography/ CE/ THI	0	0	10050	12565	19630	15705
M540	Nasogastric tube placement Fluoroscopic	0	0	6555	8195	12805	10240
M542	Nasojejunal tube placement	0	0	7530	9415	14710	11770
M544	Stenting: Cervical Esophagus	0	0	10050	12565	19630	15705
M546	Stenting: Gastro-duodenal	0	0	10050	12565	19630	15705
M548	Endotherapy post Bariatric surgery	0	0	10050	12565	19630	15705
M550	Multiple Polypectomy (> 2 polyps and stalked) - partial	0	0	7040	8795	13745	10995
M602	Capsule Biopsy of Small Bowel	0	0	1715	2140	3345	2675
M606	EUS Intraductal (Biliary- pancreatic examination)	0	0	11500	14375	22460	17970
M608	Cholangioscopy	0	0	17250	21565	33690	26955
M610	Device Assisted (Balloon)/ Push Type Enteroscopy	0	0	17250	21565	33690	26955
M612	Endoscopic tumor resection (EMR/ESD/Ampullectomy)	0	0	17250	21565	33690	26955
M614	Endoscopic Pancreatic Necrosectomy	0	0	17250	21565	33690	26955
M616	ERCP Intrahepatic stone removal	0	0	17250	21565	33690	26955
M618	EUS: Endobronchial	0	0	17250	21565	33690	26955
M620	EUS Guided Pseudocyst Drainage	0	0	17250	21565	33690	26955
M622	EUS-ERCP Combined Biliary Drainage	0	0	17250	21565	33690	26955
M624	High resolution Anoscopy (HRA)	0	0	17250	21565	33690	26955
M626	Percutaneous Endoscopic Colostomy	0	0	17250	21565	33690	26955
M628	Myotomy	0	0	17250	21565	33690	26955
ANAESTHESIOLOGY, CRITICAL CARE & PAIN MANAGEMENT							
Consultation							
N001	Consultation (PAC - New case)	0	0	1000	1000	1000	1000
N002	Cross Consultation (Anaesthesiology)	0	0	600	600	600	600
N003	Follow-Up Evaluation (Anaesthesiology)	0	0	600	750	1170	940
N004	Daily Round/Consultation Charges	0	0	300	300	300	300
Anaesthesia Charges							
N101	Anesthesia Fees - Grade I	0	0	3110	3890	6075	4860
N102	Anesthesia Fees - Grade II	0	0	5750	7190	11230	8985

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
N103	Anesthesia Fees - Grade III	0	0	9200	11500	17970	14375
N104	Anesthesia Fees - Grade IV	0	0	11500	14375	22460	17970
N105	Anesthesia Fees - Grade V	0	0	18515	23145	36160	28930
N106	Anesthesia Fees - Grade VI	0	0	23805	29755	46495	37195
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	10580	13225	20665	16530
N108	Minor OT Anaesthesia charges	0	0	1325	1655	2585	2065
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	575	720	1125	900
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	3450	4310	6740	5390
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	9775	12220	19090	15275
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	14375	17970	28075	22460
N113	Anesthesia charges for DL Scopy EUA	0	0	665	835	1305	1040
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	665	835	1305	1040
N115	Anaesthesia charges for Diagnostic CT	0	0	665	835	1305	1040
N116	Sedation charges	0	0	665	835	1305	1040
N117	Lumbar Puncture	15	150	755	945	1475	1180
N118	Anesthesia charges for Interventional Radiology Grade I	0	0	1060	1325	2065	1655
N119	Anesthesia charges for Interventional Radiology Grade II	0	0	1655	2070	3235	2585
N120	Anesthesia charges for Interventional Radiology Grade III	0	0	2645	3305	5165	4135
N121	Anesthesia charges for Interventional Radiology Grade IV	0	0	3310	4140	6470	5175
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	665	835	1305	1040
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	795	990	1550	1240
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	1060	1325	2065	1655
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	1325	1655	2585	2065
N126	Anesthesia charges for Diagnostic endoscopy (GA)	0	0	1585	1985	3100	2480
N127	Anesthesia charges for Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	2645	3305	5165	4135
N128	Sedation and monitoring of Diagnostic endoscopy	0	0	665	835	1305	1040
N129	Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	1060	1325	2065	1655
N130	Anesthesia Fees - Grade VII	0	0	35710	44635	69740	55795
N131	TEG -Kaolin (Plain) Thrombelastograph	15	160	790	990	1545	1235
N132	TEG -Kaolin (Heparinase) Thrombelastograph Coagulation Test	25	255	1275	1595	2490	1990
N133	Anaesthesia charges for Paediatric/Adult patients in MRI	0	0	1060	1235	2065	1655

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
ICU Charges							
N201	ICU Per Day Professional Charges	0	0	1200	1200	1200	1200
N202	CVP Access / Dialysis Catheter Insertion	0	0	830	1035	1615	1295
N203	Swan Ganz Catheter	0	0	1645	2055	3210	2570
N204	Arterial Line	0	0	415	515	810	645
N205	Therapeutic Bronchoscopy	0	0	3310	4140	6470	5175
N206	Transvenous Pacemaker	0	0	1655	2070	3235	2585
N207	Percutaneous Tracheostomy	0	0	1230	1540	2405	1925
N208	CAVH - 1st Day	0	0	1230	1540	2405	1925
N209	Continuous Renal Replacement Therapy Per Day	0	0	795	990	1550	1240
N210	ICU - Intubation and initiation of mechanical ventilation	0	0	530	660	1035	825
N211	Advanced haemodynamic monitoring (FloTrac / PiCCo / Volume View etc) for the duration of 1	0	0	1585	1985	3100	2480
N212	Intermittent Hemodialysis / SLED per session	0	0	795	990	1550	1240
N213	Arterial Blood gas (ABG) Analysis	18	180	360	450	700	560
Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, etc							
N301	Minor (Peripheral Nerve Block)	0	0	585	735	1145	915
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	0	1230	1540	2405	1925
N304	RT SELECTRON	0	0	830	1035	1615	1295
N305	RT Iridium Implant	0	0	975	1220	1910	1525
N311	Acute Pain Services(4days consolidated)	0	0	1990	2485	3885	3110
N312	Patient Controlled Analgesia(PCA)	0	0	1990	2485	3885	3110
N314	Chronic Pain Referral Followup (OPD/Ward)	0	0	575	720	1125	900
N315	Epidural Catheterization	0	0	1645	2055	3210	2570
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)	0	0	1000	1000	1000	1000
O002	Cross Consultation (Surgical Oncology)	0	0	600	600	600	600

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
O003	Follow-Up Consultation (Surgical Oncology)	0	0	600	600	600	600
O004	Chemotherapy Consultation Full Protocol (Surgical Oncology)	0	0	5750	7190	11230	8985
O005	Intravenous Bolus per Cycle (Surgical Oncology)	0	0	860	1080	1685	1350
O006	Chemotherapy Indoor Charges per Cycle (Surgical Oncology)	0	0	5175	6470	10105	8085
O007	Chemotherapy Daycare Charges per Cycle Day (Surgical Oncology)	0	0	460	575	900	720
O008	Trucut Biopsy of Breast Lesions (OPD)	0	0	1600	2000	3120	2500
O009	Dressing during follow-up	0	0	335	415	650	520
Operation Theatre (Hospital Service Charges)							
O111	Major OT - Service Charges - Less than 2 Hrs.	150	1495	7475	9345	14600	11680
O112	Major OT - Service Charges - 2 To 4 Hrs	300	2990	14950	18685	29200	23360
O113	Major OT - Service Charges - 4 to 6 Hrs	600	5980	29900	37375	58400	46720
O116	Major OT - Service Charges - 6 to 8 Hrs	750	7475	37375	46720	72995	58400
O117	Robotic Surgery Consumable Charges	110000	110000	110000	110000	110000	110000
O118	Major OT - Service Charges - More than 8 Hrs	805	8050	40250	50315	78610	62890
O119	Robotic Surgery Additional Instrument usage Charges	15000	15000	15000	15000	15000	15000
O120	Head & Neck Robotic surgery Consumable	50000	50000	50000	50000	50000	50000
O121	Robotic Surgery Vessel Scaler Charges	36000	36000	36000	36000	36000	36000
O122	Robotic Surgery for Prostate Consumable Charges	125000	125000	125000	125000	125000	125000
O123	Trilumen Filtered Tube Set For Airseal	16000	16000	16000	16000	16000	16000
O124	Access Port 120mm with Bladeless Optical 120mm	16000	16000	16000	16000	16000	16000
O125	Access Port 12mm with Bladeless Optical 100mm	9000	9000	9000	9000	9000	9000
O126	Minor OT Service Charges (Without GA)	45	450	2250	2815	4395	3515
O127	Minor OT Service Charges (with GA)	50	520	2600	3250	5080	4065
O128	Thoracic Robotic Surgery Consumable	50000	50000	50000	50000	50000	50000
Surgery Charges							
O151	Minor OT - Surgery Charges	0	0	1325	1655	2585	2065
O161	Grade I Surgery	0	0	6610	8265	12915	10330
O162	Grade II Surgery	0	0	14380	17975	28085	22470
O163	Grade III Surgery	0	0	23000	28750	44920	35940
O164	Grade IV Surgery	0	0	33065	41330	64575	51660
O165	Grade V Surgery	0	0	46290	57860	90405	72325

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
O166	Vascular Surgery Cover (Outsourced)	0	0	40250	50315	78610	62890
O167	Grade VI Surgery	0	0	59510	74390	116235	92990
O168	Prof. charges for Neuro navigation	0	0	13225	16530	25830	20665
O169	Prof. charges for fluorescence guided Neurosurgical procedure	0	0	6610	8265	12915	10330
O171	Intra Operative Neuro Monitoring Grad1 I Surgery	0	0	660	825	1290	1035
O172	Intra Operative Neuro Monitoring Grad1 II Surgery	0	0	1440	1800	2810	2245
O173	Intra Operative Neuro Monitoring Grad1 III Surgery	0	0	2300	2875	4490	3595
O174	Intra Operative Neuro Monitoring Grad1 IV Surgery	0	0	3305	4135	6460	5165
O175	Intra Operative Neuro Monitoring Grad1 V Surgery	0	0	4630	5785	9040	7235
O177	Intra Operative Neuro Monitoring Grad1 VI Surgery	0	0	5950	7440	11625	9300
DENTAL AND PROSTHETIC SERVICES							
P102	Cross Consultation (Dental)	0	0	600	600	600	600
P103	Follow-Up Consultation (Dental)	0	0	600	600	600	600
P201	Surgical Maxillary Plate (Temp. Plate)	30	315	1585	1985	3100	2480
P202	Interim Maxillary Prosthesis	85	860	4300	5375	8400	6720
P203	Permanent Maxillary Prosthesis with Teeth	130	1325	6610	8265	12915	10330
P204	Palatal Prosthesis	115	1140	5695	7115	11120	8895
P205	Palatal Ext. Prosthesis with Teeth	115	1140	5695	7115	11120	8895
P206	Guide Plane Prosthesis	85	860	4300	5375	8400	6720
P207	Tongue Prosthesis	165	1640	8200	10250	16015	12810
P208	Partial Denture (1 - 3 Teeth)	40	400	1990	2485	3885	3110
P209	Partial Denture (4 - 6 Teeth)	50	490	2450	3060	4785	3825
P210	Partial Denture (7 - 10 Teeth)	65	660	3310	4140	6470	5175
P211	Upper or Lower Complete Denture	100	980	4900	6125	9570	7655
P212	Upper and Lower Complete Denture	165	1640	8200	10250	16015	12810
P213	Interim Maxillary Prosthesis in Molloplast Cap	165	1640	8200	10250	16015	12810
P214	Permanent Maxillary Prosthesis in Molloplast Cap	195	1955	9785	12235	19115	15290
P216	Extraction per Tooth	5	65	335	415	650	520
P217	Surgical Extraction per Tooth	15	135	665	835	1305	1040
P218	Impaction	40	410	2045	2560	4000	3200
P220	Prophylaxis	15	160	795	990	1550	1240

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
P222	Radiation Protection Pros. (Upper/Lower)	80	820	4105	5130	8020	6415
P225	Repair of Prosthesis	15	165	815	1020	1595	1275
P226	Fluoride Gel Application (per Sitting)	10	105	530	660	1035	825
P227	Inter Maxillary Wiring	30	315	1585	1985	3100	2480
P229	Implant Retained Extra Oral Prosthesis / Consolidated	230	2300	11500	14375	22460	17970
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated Per Tooth	80	820	4105	5130	8020	6415
P231	Implant Retained Intra Oral Removable Dentures/ Consolidated	230	2300	11500	14375	22460	17970
P232	Permanent Max. Pros. with Bite Guide Pros.	110	1110	5555	6945	10850	8680
P233	Permanent Max. Pros. with Teeth & GPP	175	1745	8730	10910	17050	13640
P235	Occlusal Guard	15	160	795	990	1550	1240
P236	Composite Filling	10	125	620	775	1215	970
P237	Temporary Filling (ZNOE Cement)	5	30	160	200	315	250
P238	Ag Filling / GI Filling	10	80	400	505	785	630
P239	Occulasal Guard	55	530	2645	3305	5165	4135
P240	Bilateral GPP (Bite guide Prosthesis)	130	1325	6610	8265	12915	10330
P241	Skull implant (medium) (3cm x 3 cm)	210	2115	10580	13225	20665	16530
P242	Custom made eye conformer	105	1060	5290	6615	10330	8265
P243	Implant retained - nose orbit, ear	210	2115	10580	13225	20665	16530
P244	Mandible Implant (Full)	315	3175	15870	19835	30995	24795
P245	TEP	65	660	3310	4140	6470	5175
P246	Eye Prosthesis (Relining)	40	400	1990	2485	3885	3110
P247	Root canal treatment	55	530	2645	3305	5165	4135
P248	Interim Maxillary Prosthesis with Molloplast Bulb	415	4140	20700	25875	40430	32345
P249	Permanent Maxillary Prosthesis with Molloplast Bulb	505	5060	25300	31625	49415	39530
RADIATION ONCOLOGY							
Consultations							
Q001	Consultation (New Case)	0	0	1000	1000	1000	1000
Q002	Cross Consultation (Radiation Oncology)	0	0	600	600	600	600
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	600	600	600	600
Q004	Chemotherapy Consultation (Full Protocol) (Radiation Oncology)	0	0	5750	7190	11230	8985
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	0	0	860	1080	1685	1350

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
Q006	Chemotherapy Indoor Charges per Cycle (Radiation Oncology)	0	0	5175	6470	10105	8085
Q007	Chemotherapy Daycare Charges per Cycle (Radiation Oncology)	0	0	1760	2200	3435	2750
External RT (Hospital Service Charges)							
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
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
External RT (Professional Charges)							
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

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
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
	Brachytherapy (Irrespective of number of Fractions) Hospital Service Charges						
Q229	Adaptive Radiotherapy (Hosp. Charges)	0	0	92640	138960	162120	162120
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
	Brachytherapy (Irrespective of number of Fractions) Professional Charges						
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
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
	REHABILITATION SERVICES						
	Anciliary Services Stoma Clinic						
R101	Only Pre-Op. Counseling & Stoma Marking	0	0	335	415	650	520
R102	Pre & Post-Op. Counseling of Stoma Care	0	0	1290	1610	2515	2015
R103	Two Stoma Care Including Pre & Post Op. Counseling	0	0	1310	1640	2560	2050
R104	Fixing of Drain Pouches	5	65	320	405	630	505
R109	Post Op. Counseling & Single Stoma Care	0	0	1195	1495	2335	1870
R110	Post Op. Counseling & Two Stoma Care	0	0	1520	1895	2965	2370
R111	Wound/Fistula/Incontinence Care (per Sitting)	5	65	335	415	650	520
R112	Distal Stoma Wash/Irrigation (per Sitting)	5	65	335	415	650	520
	Anciliary Services Physiotherapy						
R202	Physiotherapy - Electrical Stimulation	5	35	175	215	335	270

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R203	Physiotherapy General Exercises	5	55	265	330	515	415
R204	Transcutaneous Nerve Stimulation	5	35	175	215	335	270
R205	Ultrasound Therapy	5	35	175	215	335	270
R206	Infrared Rays Therapy	0	15	80	100	155	125
R207	Interference Therapy	5	35	175	215	335	270
R208	Continuous Passive Movement Exercises	5	45	230	285	450	360
R209	Pre-Operative Chest Therapy	5	30	160	200	315	250
R210	Post-Operative Chest Therapy	5	60	290	360	560	450
R211	Postural Drainage	5	65	320	405	630	505
R212	Specialised Exercises	5	70	345	430	675	540
R213	Bio Feedback	5	50	240	300	470	375
R214	Long Wave Diathermy	5	30	160	200	315	250
R215	Post operative Breast class	5	55	265	330	515	415
R216	Manual Lymphatic Drainage	5	70	345	430	675	540
R217	Pulmonary Rehabilitation	5	70	345	430	675	540
R218	Manual Mobilization (Major)	5	65	335	415	650	520
R219	Manual Mobilization (Minor)	5	55	265	330	515	415
R220	Incontinence Management	5	40	195	245	380	305
R221	Multi-layer Bandaging	5	45	230	285	450	360
R222	Complete Decongestive Therapy	10	80	400	505	785	630
R223	Ambulation	5	45	230	285	450	360
R224	Moist Heat	0	20	90	115	180	145
R225	Cryotherapy	0	20	90	115	180	145
R226	Traction	0	25	115	145	225	180
R227	Active-Passive Trainer	5	70	345	430	675	540
R228	Consultation (New Case)	0	0	230	230	230	460
R229	Follow-Up Consultation	0	0	115	115	115	230
	Ancillary Services Occupational Therapy						
R303	Facial Splint	10	85	175	215	335	270
R304	Counselling	0	0	230	285	450	360
R305	Counselling & Exercise	0	0	260	325	505	405

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R306	Follow-Up Counselling	0	0	230	285	450	360
R307	Splinting Accessories	10	115	230	285	450	360
R308	Manual Lymphatic Drainage	5	70	345	430	675	540
R309	Multi-layer Bandaging	5	45	230	285	450	360
R310	Complete Decongestive Therapy	10	80	400	505	785	630
R316	MRM Bras	15	165	335	415	650	520
R324	Lymphedema - Accessories	10	105	205	260	405	325
R326	Dermagrip (Double Stretch - C)	35	335	665	835	1305	1040
R327	Dermagrip (Double Stretch - D)	40	410	815	1020	1595	1275
R328	Dermagrip (Double Stretch - E)	45	450	895	1120	1750	1400
R329	Dermagrip (Double Stretch - F)	50	475	955	1195	1865	1490
R331	Vaginal Dilatation Procedure	5	30	140	175	270	215
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	35	335	665	835	1305	1040
R333	Thermoplastic splint making charges (Extremities)	15	165	335	415	650	520
R334	Total contact brace (Spinal) 45 x 60 sq cm	290	2875	5750	7190	11230	8985
R335	Total contact brace (Spinal) 90 x 60 sq cm	575	5750	11500	14375	22460	17970
R345	Orfit Splints - Major	205	2055	4105	5130	8020	6415
R346	Orfit Splints - Minor	30	320	645	805	1260	1005
R363	Silicon Mouth Blocks	10	85	175	215	335	270
R372	Modification in Orthosis	5	75	150	185	290	235
R376	Neurocognitive Assessment and Intervention	5	60	290	360	560	450
R377	Lymphapress	5	65	320	405	630	505
R378	Prosthesis / Orthosis Fittings & Measurement	5	45	230	285	450	360
Anciliary Services Speech Therapy							
R401	Speech Therapy First Consultation	0	0	400	400	400	400
R402	Speech Therapy Follow-up Consultation	0	0	140	140	140	140
Anciliary Services Tissue Bank							
R508	Skin 6 x 4 cm	10	105	205	260	405	410
R509	Skin 10 x 4 cm	15	175	345	430	675	690
R510	Skin 10 x 8 cm	35	345	690	865	1350	1380
R512	Cortico-cancellous Bone Block 2 x 2 x 0.5 cm	60	575	1150	1440	2245	2300

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R513	Cortico-cancellous Bone Block 2 x 2 x 1 cm	70	720	1440	1795	2810	2880
R516	Rib 8 - 16 cm	40	400	805	1005	1570	1610
R517	Femoral Head >= 20gms	165	1665	3335	4170	6515	6670
R518	Bone Granules per 0.5cc	15	175	345	430	675	690
R519	Processing Fess	0	0	0	0	0	4600
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	215	2155	4315	5390	8425	8630
R523	Struts (Humerus, Femur, Tibia) > 10 cm	290	2875	5750	7190	11230	11500
R525	Courier Handling Charges	0	0	0	0	0	920
R526	Demineralised Bone Granules per 0.5 cc	35	345	690	690	690	1380
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	115	1150	2300	2875	4490	4600
R529	Struts (Fibula, Radius, Ulna) > 10 cm	145	1440	2875	3595	5615	5750
R530	Irradiation of Tissue per Load	0	0	0	0	0	460
R531	Demineralised Cancellous Bone Blocks 2 x 2 x 1 cm	130	1295	2590	3235	5055	5180
R532	Demineralised Cancellous Bone per 10 Strips 2 x 0.5 x 0.5 cm	200	2010	4025	5030	7860	8050
R533	Femoral Head (< 10 gm)	45	430	860	1080	1685	1720
R534	Femoral Head (10 - 14 gm)	70	720	1440	1795	2810	2880
R535	Femoral Head (15 - 19 gm)	130	1295	2590	3235	5055	5180
R536	Tibial Slices (< 10 gm)	30	290	575	720	1125	1150
R537	Tibial Slices (10 - 14 gm)	60	575	1150	1440	2245	2300
R538	Tibial Slices (15 - 19 gm)	115	1150	2300	2875	4490	4600
R539	Tibial Slices (>= 20 gm)	150	1495	2990	3735	5840	5980
R540	Metatarsal	40	385	770	965	1505	1540
R541	Calcaneum	160	1610	3220	4025	6290	6440
R542	Talus	80	790	1575	1970	3075	3150
R543	Amnion 4-9 sq cm	5	60	115	145	225	230
R544	Amnion 10-45 sq cm	10	85	175	215	335	350
R545	Amnion 46-99 sq cm	10	120	240	300	470	480
R546	Amnion > 100 sq cm	15	160	320	405	630	640
R547	Demineralised Cancellous Bone Block 2 x 1 x 1	85	860	1725	2155	3370	3450
R549	Demineralised Bone Block 0.5x0.5x0.5	30	315	635	790	1235	1270
R550	Chorion 4-9 sqcm	5	60	115	145	225	230

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R551	Chorion 10-45 sq cm	10	85	175	215	335	350
R552	Demineralised Cancellous Bone Block 1x1x1 cm	60	575	1150	1440	2245	2300
R553	Cortico- Cancellous Bone Block 0.5 X 0.5 X 0.5 cm	15	175	345	430	675	690
R554	Cortico- Cancellous Bone Block 1 X 1 X 0.5 cm	35	345	690	865	1350	1380
R555	Cortico- Cancellous Bone Block 1 X 1 X 1 cm	45	430	860	1080	1685	1720
R556	Tendon 0-15 cm	45	430	860	1080	1685	1720
R557	Tendon 15-30 cm	70	720	1440	1795	2810	2880
	Anciliary Services Prosthetics						
R611	Nose Prosthesis	240	2380	4760	5950	9300	9520
R612	Nose Implant	240	2380	4760	5950	9300	9520
R613	Ear Prosthesis	240	2380	4760	5950	9300	9520
R614	Ear Implant	240	2380	4760	5950	9300	9520
R615	Skull Implant (Small)	240	2380	4760	5950	9300	9520
R616	Skull Implant (Large)	340	3375	6750	8440	13185	13500
R617	Orbital Prosthesis	240	2380	4760	5950	9300	9520
R618	Occular Implant (Conformer)	165	1655	3310	4140	6470	6620
R619	Chin Implant	240	2380	4760	5950	9300	9520
R620	Mandible Implant	240	2380	4760	5950	9300	9520
R621	Testicular Implant	240	2380	4760	5950	9300	9520
R622	Vaginal Mould 3 Sizes (Each)	240	2380	4760	5950	9300	9520
R623	Breast Prosthesis	325	3245	6485	8105	12670	12970
R624	Breast Impressions	65	625	1255	1565	2450	2510
R625	Finger and Toe Prosthesis	225	2250	4495	5620	8780	8990
R626	Finger Joint Implants (10 Size 0 - 3)	140	1390	2785	3480	5435	5570
R627	Finger Joint Implants (10 Size 4 - 8)	240	2380	4760	5950	9300	9520
R628	Metacarpal Small	125	1260	2520	3150	4920	5040
R629	Metacarpal Large	200	1985	3965	4960	7750	7930
R630	Silastic Tendon Rod	200	1985	3965	4960	7750	7930
R631	Silastic Block	250	2515	5025	6280	9815	10050
R632	Sternum	350	3505	7015	8770	13700	14030
R633	Trachea Implant	250	2515	5025	6280	9815	10050

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R634	Face Mask	65	625	1255	1565	2450	2510
R635	Ear Impression	65	625	1255	1565	2450	2510
R636	Skull Impression	65	625	1255	1565	2450	2510
R637	Orbital Impression	65	625	1255	1565	2450	2510
R638	Finger Impression	65	625	1255	1565	2450	2510
R639	Conformer Impression	35	350	700	875	1370	1400
R640	Custom-Made Nasal Implant	505	5025	10050	12565	19630	20100
R641	Custom-Made Maxillary Implant	505	5025	10050	12565	19630	20100
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	505	5025	10050	12565	19630	20100
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	230	2315	4635	5795	9050	9270
R644	Silastic Ring	80	795	1585	1985	3100	3170
Palliative & Home Care							
R701	Consultation (New Case)	0	0	1000	1000	1000	1000
R702	Cross Consultation	0	0	600	600	600	600
R703	Follow-Up Consultation	0	0	600	600	600	600
PREVENTIVE ONCOLOGY							
S001	Routine Examination of Female Patients	70	690	1380	1725	2695	2155
S002	Routine Examination of Male Patients	60	575	1150	1440	2245	1795
MEDICAL GENETICS							
T001	Consultation (New Case)	0	0	1000	1000	1000	1000
T002	Cross Consultation	0	0	600	600	600	600
T003	Follow-Up Consultation	0	0	600	600	600	600
T004	GENETIC COUNSELLING	0	0	1725	1725	1725	1725
T005	PCR + Sanger Sequencing per Amplicon	150	425	850	1300	1300	1300
T006	Fluorescent PCR + fragment length analysis per Amplicon	100	175	350	525	525	525
T007	MLPA per gene	750	2000	4000	5000	5000	5000
T008	Multigene NGS Germline Panel	6000	12000	18000	20000	20000	20000
CENCER CYTOGENETICS							
Conventional Karyotyping							
T246	NGS HLA Typing	10000	10000	10000	12500	19530	15625
T250	A, B, DR Molecular Typing PCR - SSP	515	5160	10315	12895	20145	16120

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T251	HLA C, DQB Molecular Typing PCR - SSP	370	3685	7370	9215	14395	11520
T252	Donor Specific Antibodies (DSA)	400	4000	8000	10000	15625	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	20315
T256	Single Antigen Class II	650	6500	13000	16250	25390	20315
T257	HLA-A, B, DRB1 (Sequence Based Typing - SBT)	500	5000	10000	12500	19530	15625
T258	HLA-A, B, C, DRB1, DQB1, DPB1 (Sequence Based Typing - SBT)	750	7500	15000	18750	29295	23440
T259	HLA-A, B, DRB1(Sequence Specific Oligonucleotide - SSO)	390	3900	7800	9750	15235	12190
T260	HLA-C, DQB1(Seuence Specific Oligonucleotide - SSO)	260	2600	5200	6500	10155	8125
T261	KIR Typing	5000	5000	5000	6250	9765	7812
T301	Ph: t(9;22) karyotyping	200	1980	3955	4945	7725	6180
T302	CML Blast Crisis karyotyping	275	2770	5545	6930	10825	8660
T303	Acute Myeloid Leukemia karyotyping	275	2770	5545	6930	10825	8660
T304	Lymphoproliferative disorders karyotyping	275	2770	5545	6930	10825	8660
T305	Myelodysplastic Syndromes karyotypin g	275	2770	5545	6930	10825	8660
T306	Myeloproliferative Neoplasms karyotyping	425	4255	8510	10640	16620	13295
T307	Acute Lymphoblastic leukemia karyotyping	275	2770	5545	6930	10825	8660
T308	Lymphoma karyotyping	355	3570	7140	8925	13950	11160
T309	Ploidy analysis	200	1980	3955	4945	7725	6180
T310	Clinical Genetic disorder	275	2770	5545	6930	10825	8660
T311	Constitutional karyotyping	275	2770	5545	6930	10825	8660
T312	Cell line karyotyping	555	5550	11100	13870	21675	17340
T313	Karyotyping in Bone and soft tissue sarcomas	475	4755	9510	11890	18575	14860
T314	Chromosomal breakage (fragility) studies in Fanconi's Anemia/Aplastic Anemia	275	2770	5545	6930	10825	8660
T315	Acute Leukemia karyotyping	275	2770	5545	6930	10825	8660
	FISH Tests						
T401	BCR/ABL Ph: t(9;22)	175	1740	3485	4355	6805	5445
T402	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	305	3045	6095	7620	11905	9525
T403	PML-RARA : t(15;17)	175	1740	3485	4355	6805	5445
T404	PML-RARA t(15;17), variants	260	2615	5235	6540	10220	8175

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T405	RUNX1-RUNX1T1 (AML1-ETO): t(8;21)	175	1740	3485	4355	6805	5445
T406	MLL-MLLT3: t(9;11)	175	1740	3485	4355	6805	5445
T407	MLL-MLLT2: t(4;11)	175	1740	3485	4355	6805	5445
T408	MLL-MLLT4; t(6;11)	175	1740	3485	4355	6805	5445
T409	MLL-MLLT1: t(11;19)	175	1740	3485	4355	6805	5445
T410	MLL Characterization for B-ALL: t(4;11), t(9;11), t(11;19)	305	3045	6095	7620	11905	9525
T411	MLL Characterization for AML: (4;11), t(6;11), t(9;11), t(11;19)	305	3045	6095	7620	11905	9525
T412	ETO-AML1, MLL translocation	260	2615	5235	6540	10220	8175
T413	ETO-AML1, PML-RARA	260	2615	5235	6540	10220	8175
T414	BCR-ABL, MLL translocation	260	2615	5235	6540	10220	8175
T415	MYH11/CBFB: inv(16)(p13q22)/t(16;16)	175	1740	3485	4355	6805	5445
T416	KMT2A (MLL) rearrangement: 11q23	175	1740	3485	4355	6805	5445
T417	Inversion(16)), MLL translocations	260	2615	5235	6540	10220	8175
T418	MECOM (EVI1) rearrangement: inv(3)(q21.3q26.2)/t(3;3)	235	2345	4690	5865	9165	7330
T419	DEK/NUP214: t(6;9)	175	1740	3485	4355	6805	5445
T420	AML Panel 1	305	3045	6095	7620	11905	9525
T421	AML Panel 2	275	2735	5475	6845	10690	8555
T422	PDGFRA rearrangement: 4q12	235	2345	4690	5865	9165	7330
T423	PDGFRB rearrangement: 5q33	235	2345	4690	5865	9165	7330
T424	PDGFRA (4q12), PDGFRB (5q33), FGFR1 (8p11.2) rearrangement	305	3045	6095	7620	11905	9525
T425	Monosomy 5/deletion 5q	175	1740	3485	4355	6805	5445
T426	Monosomy 7/deletion 7q	175	1740	3485	4355	6805	5445
T427	Trisomy 8	120	1215	2425	3035	4740	3790
T428	PTPRT: Deletion 20q	235	2345	4690	5865	9165	7330
T429	TP53/D17Z1: Monosomy 17/deletion 17p13	175	1740	3485	4355	6805	5445
T430	MDS Panel	350	3485	6970	8710	13610	10890
T431	ETV6-RUNX1:t(12;21)	175	1740	3485	4355	6805	5445
T432	PBX1-TCF3: t(1;19)	175	1740	3485	4355	6805	5445
T433	E2A rearrangement: 19p13	175	1740	3485	4355	6805	5445
T434	Trisomy 21	120	1215	2425	3035	4740	3790
T435	Trisomy 4, 10 & 17	175	1740	3485	4355	6805	5445

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T436	B-ALL Panel 1	275	2735	5475	6845	10690	8555
T437	B-ALL Panel 2	305	3045	6095	7620	11905	9525
T438	TCR-A rearrangement: 14q11	235	2345	4690	5865	9165	7330
T439	TCR-B rearrangement: 7q34	175	1740	3485	4355	6805	5445
T440	TLX1 rearrangement: 5q35	175	1740	3485	4355	6805	5445
T441	TLX3 rearrangement: 10q24	175	1740	3485	4355	6805	5445
T442	CDKN2A/D9Z1: Monosomy 9/deletion 9p	175	1740	3485	4355	6805	5445
T443	T-ALL Panel 1	275	2735	5475	6845	10690	8555
T444	T-ALL Panel 2	305	3045	6095	7620	11905	9525
T445	Acute Leukemia Panel I (2 markers)	275	2735	5475	6845	10690	8555
T446	Acute Leukemia Panel II (3-4 markers)	305	3045	6095	7620	11905	9525
T447	IGH rearrangement: 14q32	175	1740	3485	4355	6805	5445
T448	MYC rearrangement: 8q24	175	1740	3485	4355	6805	5445
T449	i(7q) analysis	175	1740	3485	4355	6805	5445
T450	CCND1/IgH: t(11;14)	235	2345	4690	5865	9165	7330
T451	IgH/BCL2 :t(14;18)	235	2345	4690	5865	9165	7330
T452	BCL6 rearrangement: 3q27	175	1740	3485	4355	6805	5445
T453	BIRC3/MALT1: t(11;18)	175	1740	3485	4355	6805	5445
T454	MYC/IgH: t(8;14)	175	1740	3485	4355	6805	5445
T455	IgH/BCL3: t(14;19)	175	1740	3485	4355	6805	5445
T456	Lymphoma Panel	350	3485	6970	8710	13610	10890
T457	ALK rearrangement: 2p23	235	2345	4690	5865	9165	7330
T458	CLL Panel 1	305	3045	6095	7620	11905	9525
T459	CLL Panel 2	275	2735	5475	6845	10690	8555
T460	DLEU/LAMP: Monosomy 13/deletion 13q	175	1740	3485	4355	6805	5445
T461	MYB/D6Z1: Monosomy 6/deletion 6q	175	1740	3485	4355	6805	5445
T462	Trisomy 12	120	1215	2425	3035	4740	3790
T463	FGFR3/IgH: t(4;14)	175	1740	3485	4355	6805	5445
T464	IgH/MAF: t(14;16)	175	1740	3485	4355	6805	5445
T465	MAF-B/IgH: t(14;20)	175	1740	3485	4355	6805	5445
T466	1p deletion,1q Amplification	175	1740	3485	4355	6805	5445

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T467	Hyperdiploidy panel in MM	275	2735	5475	6845	10690	8555
T468	MM Panel 1	350	3485	6970	8710	13610	10890
T469	MM Panel 2	305	3045	6095	7620	11905	9525
T470	XX/XY (Chimerism Studies) in Sex mismatch Bone Marrow Transplantation (BMT)	120	1215	2425	3035	4740	3790
T471	Miscellaneous Profile I(1 marker)	175	1740	3485	4355	6805	5445
T472	Miscellaneous profile II(2 markers)	275	2735	5475	6845	10690	8555
T473	Hematolymphoid Malignancy At diagnosis- Cancer Cytogenetics testing	855	8550	17115	25665	29945	29945
T474	Hematolymphoid Malignancy Follow up -Cancer Cytogenetics testing	655	6530	13065	19595	22860	22860
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)	270	2650	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)	270	2650	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)	160	1520	3030	3790	5930	4740
T481	Sample Processing for Cancer Cytogenetics Study	50	500	1000	1250	1950	1560
T482	Acute Myeloid Leukemia (AML) Panel	580	5780	11570	17350	20250	20250
T483	B-cell Acute Lymphoblastic Leukemia (B-ALL) Panel	580	5780	11570	17350	20250	20250
T484	T-cell Acute Lymphoblastic Leukemia (T-ALL) Panel	580	5780	11570	17350	20250	20250
T485	Chronic Lymphocytic Leukemia (CLL) Panel	580	5780	11570	17350	20250	20250
T486	Multiple Myeloma (MM) Panel	660	6530	13070	19600	22860	22860
T487	Slide / Images for Second Opinion- Cancer Cytogenetics	46	460	920	1150	1800	1440
FISH Tests on Archival FFPE Sections							
T501	t(8;21) on archival BM biopsy/granulocytic sarcoma	305	3045	6095	7620	11905	9525
T502	PDGFRA on archival BM biopsy	305	3045	6095	7620	11905	9525
T503	BCR-ABL on archival BM biopsy	305	3045	6095	7620	11905	9525
T504	MLL translocation on archival BM biopsy	305	3045	6095	7620	11905	9525
T505	t(11;14) on archival	305	3045	6095	7620	11905	9525
T506	t(14;18)	305	3045	6095	7620	11905	9525
T507	t(3;14)	305	3045	6095	7620	11905	9525
T508	t(8;14)	305	3045	6095	7620	11905	9525
T509	FISH on Bone marrow Smear(1 marker)	175	1740	3485	4355	6805	5445

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
T510	FISH on bone marrow smear(2 markers)	275	2735	5475	6845	10690	8555
T601	Amikacin	60	600	3000	3750	5900	4700
T602	Vancomycin	60	600	3000	3750	5900	4700
T603	Meropenem	60	600	3000	3750	5900	4700
T604	Posaconazole	60	600	3000	3750	5900	4700
T605	Voriconazole	60	600	3000	3750	5900	4700
T606	Sunitinib	150	1500	3000	3750	5900	4700
T607	Imatinib	150	1500	3000	3750	5900	4700
T608	5 - Fluorouracil	150	1500	3000	3750	5900	4700
T609	Mycophenolate mofetil	150	1500	3000	3750	5900	4700
T610	L- Asparaginase	10	100	500	625	980	790
T611	Colistin	60	600	3000	3750	5900	4700
HEMATOPATHOLOGY LABORATORY							
U706	Erythrocyte Sedimentation Rate (ESR)	0	20	105	130	200	160
U708	Prothrombin Time (PT)	10	85	425	530	830	665
U709	Coagulation Profile (PT & PTTK)	15	145	725	905	1415	1130
U710	Partial Thromboplastin Time with Kaolin (PTTK)	5	60	300	375	585	465
U712	Coagulation Profile with FDP (D-Dimer), Fibrinogen	25	275	1370	1710	2675	2140
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	5	60	290	435	565	455
U714	FDP (D-Dimer)	5	65	320	405	630	505
U715	Fibrinogen	5	65	320	405	630	505
U718	Cerebrospinal Fluid (CSF) Analysis	5	65	335	415	650	520
U722	Haemogram (Hb, TLC, DLC, Platelets)	5	60	300	375	585	465
U724	Reticulocyte Count	0	15	80	100	155	125
U725	Ascitic Fluid Analysis	5	65	335	415	650	520
U726	Pleural Fluid Analysis	5	65	335	415	650	520
U727	Pericardial Fluid Analysis	5	65	335	415	650	520
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	10	115	575	720	1125	900
U753	Surface Marker Complete Panel	610	6085	12165	15210	23765	19010
U754	Surface Marker Individual	80	795	1585	1985	3100	2480
U755	V Beta Repertoire Analysis by Flow Cytometry for T-Cell Clonality	610	6085	12165	15210	23765	19010

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
U756	Extended Immune subset for Post Allogenic Stem Cell Transplant Monitoring	250	2500	5000	6250	10000	7800
	Molecular Diagnostics						
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	265	2645	5290	6615	10330	8265
U102	RT-PCR Nested, BCR-ABL for Follow-Up	265	2645	5290	6615	10330	8265
U103	RQ-PCR BCR-ABL (P210)	455	4565	9130	11415	17835	14265
U104	RT-PCR Multiplex, Acute Leukaemia Panel	305	3040	6085	7605	11880	9505
U105	RQ-PCR PML-RARA	455	4565	9130	11415	17835	14265
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	190	1920	3840	4800	7500	6000
U107	RT-PCR Nested, TCR Gene Rearrangement	190	1920	3840	4800	7500	6000
U108	Acute Lymphoblastic Leukemia Transcript Identification	125	1260	2520	3150	4920	3935
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1,	405	4035	8075	10090	15765	12615
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation	315	3175	6350	7935	12400	9920
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio	225	2250	4495	5620	8780	7025
U112	Acute Myeloid Leukemia NPM1 gene mutation	190	1920	3840	4800	7500	6000
U113	Acute Myeloid Leukemia CEBPA gene mutation	210	2115	4230	5290	8265	6615
U114	High Sensitivity JAK2 Mutation Detection (V617F)	190	1920	3840	4800	7500	6000
U115	JAK2 Exon 12 Mutation Detection	190	1920	3840	4800	7500	6000
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection	285	2845	5695	7115	11120	8895
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection	145	1455	2910	3635	5685	4545
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detecti	145	1455	2910	3635	5685	4545
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection	265	2645	5290	6615	10330	8265
U120	Chronic Lymphoproliferative disorder IGVH Mutation Detection	265	2645	5290	6615	10330	8265
U121	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistan	340	3375	6750	8440	13185	10550
U122	Acute Myeloid Leukemia Comprehensive Mutation Profile (FLT3, NPM1, CEBPA, TET2, TP53, IDH1	2515	25125	50255	62820	98155	78525
U123	Chronic Lymphocytic Leukemia Comprehensive Mutation Profile (IGVH Gene Mutation & Usage, T	1390	13885	27770	34715	54240	43395
U124	Acute Leukemia ASXL1 mutation detection	225	2250	4495	5620	8780	7025
U125	Acute Leukemia DNMT3A mutation detection	225	2250	4495	5620	8780	7025
U126	Acute Leukemia TET2 mutation detection	960	9590	19180	23980	37465	29970
U127	Acute Leukemia IDH1 and IDH2 mutation detection	225	2250	4495	5620	8780	7025
U128	Acute Leukemia TP53 mutation detection	960	9590	19180	23980	37465	29970
U129	Acute Leukemia K RAS and N RAS mutation detection	225	2250	4495	5620	8780	7025

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
U130	Acute Leukemia c-KIT mutation detection	225	2250	4495	5620	8780	7025
U131	Acute Leukemia RUNX1 mutation detection	225	2250	4495	5620	8780	7025
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation	225	2250	4495	5620	8780	7025
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation	225	2250	4495	5620	8780	7025
U134	Chronic Lymphoproliferative disorder TP53 mutation	960	9590	19180	23980	37465	29970
U135	Chronic Lymphoproliferative disorder SF3B1 mutation	225	2250	4495	5620	8780	7025
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, I	340	3375	6750	8440	13185	10550
U137	Custom Sequencing Assay	460	4600	9200	11500	17970	14375
U138	Acute Lymphoblastic Leukemia Mutation Detection	460	4600	9200	11500	17970	14375
U139	Comprehensive Molecular Testing	805	8050	16100	20125	31445	25155
U140	Next generation sequencing assay for Hematolymphoid malignancies	500	5000	10000	12500	20000	15600
U141	Sample collection and archival for molecular testing	10	100	200	250	390	315
U142	Next generation RNA sequencing assay for Chimeric Transcript in Hematolymphoid malignancies	17000	17000	17000	21250	33200	26560
U143	Comprehensive Next Generation sequencing assay for Hematolymphoid malignancies	27000	27000	27000	33750	52740	42190
U144	Next Generation sequencing assay for Minimal residual disease(MRD) for NPM mutated AML	27000	27000	27000	33750	52740	42190
U145	RQ PCR based assay for MRD monitoring of Acute Leukaemia	9500	9500	9500	11880	18560	14850
U801	Chimerism Analysis	55	530	1060	1325	2065	1655
U802	STR Panel studies	185	1850	3705	4630	7230	5785
U803	Lineage specific Chimerism - B Cell, T Cell and NK Cells	300	3000	6000	7500	11720	9375
NUCLEAR MOLECULAR IMAGING MEDICINE							
Reporting							
W004	Outside Reporting of PET / PET-CT	1990	1990	1990	1990	1990	1990
W005	Nuclear Medicine CD/Film Upload	50	50	50	50	50	50
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

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
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 Pertechnatate 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
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	RP Charge for Gallium 68 Peptide	11500	11500	11500	11500	11500	11500
W043	RP 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 Theraspex	577500	577500	577500	577500	577500	577500
	PET Scan						
W050	PET CT Scan Whole Body (Non Contrast)	430	4310	14375	17970	28075	22460
W051	PET Scan Brain (FDG)	50	515	1725	2155	3370	2695
W052	PET CT Scan Whole Body (IV Contrast)	465	4655	15525	19405	30320	24260

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
W053	PET-CT (Fluoride)	430	4310	14375	17970	28075	22460
W054	FDG Cardiac Viability	50	515	1725	2155	3370	2695
W055	Coronary Angiography	200	1985	6610	8265	12915	10330
W056	Ga 68- DOTA PET/CT Scan	430	4310	14375	17970	28075	22460
W057	Ga 68- PSMA PET/CT Scan	430	4310	14375	17970	28075	22460
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
W064	PET-CT for F18 PSMA Whole Body Scan	430	4310	14375	17970	28075	22460
W065	PET-CT for F18 DOPA Whole Body Scan	430	4310	14375	17970	28075	22460
W066	Ga 69- PSMA PET/CT Scan	430	4310	14375	17970	28075	22460
	CT Scan						
W101	CT Brain Plain	75	755	2520	3150	4920	3935
W102	CT PNS	135	1350	4500	5625	8790	7030
W103	CT Nasopharynx	135	1350	4500	5625	8790	7030
W104	CT Sella	135	1350	4500	5625	8790	7030
W105	CT Temporal Bone	135	1350	4500	5625	8790	7030
W106	CT Orbits	135	1350	4500	5625	8790	7030
W107	HRCT	135	1350	4500	5625	8790	7030
W120	CT Neck	125	1270	4230	5290	8265	6615
W130	CT Head and Neck	205	2025	6750	8440	13185	10545
W140	CT Neck and Thorax	200	1985	6610	8265	12915	10330
W150	CT Thorax	150	1500	5000	6250	9765	7815
W170	CT Abdomen	150	1500	5000	6250	9765	7815
W180	CT Thorax and Abdomen	225	2250	7500	9375	14650	11720
W190	CT Pelvic Region	145	1470	4900	6125	9570	7655
W200	CT Abdomen and Pelvis	225	2250	7500	9375	14650	11720
W210	CT Thorax and Abdomen and Pelvis	315	3175	10580	13225	20665	16530

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
W220	CT Spine	150	1500	5000	6250	9765	7815
W230	CT Upper Limb	150	1500	5000	6250	9765	7815
W240	CT Lower Limb	150	1500	5000	6250	9765	7815
W241	Digital Scanogram	25	245	815	1020	1595	1275
W250	CT Angiogram (Additional Charge)	245	2460	8200	10250	16015	12810
W260	CT 3D Reconstruction	245	2460	8200	10250	16015	12810
W281	CT Guided Biopsy FNAC	270	2700	9000	11250	17580	14065
W282	CT Guided Truecut Biopsy	270	2700	9000	11250	17580	14065
W291	CT - J - Needle Bone Biopsy	315	3175	10580	13225	20665	16530
	SPECT - CT Scan						
W501	99M-TC-MDP Bone Scan Planar	60	595	1990	2485	3885	3110
W512	99M-TC-ECD Brain SPECT	80	795	2645	3305	5165	4135
W513	99M-TC-Salivary Scan	60	595	1990	2485	3885	3110
W514	99M-TC-Thyroid Scan	60	595	1990	2485	3885	3110
W530	99M-TC-Oesophageal Transit Time	25	240	795	990	1550	1240
W531	99M-TC-SC / Phytate Liver Scan	40	395	1325	1655	2585	2065
W532	99M-TC-Gastric Emptying Time	25	240	795	990	1550	1240
W540	99M-TC-MAA Lung Perfusion Scan	60	595	1990	2485	3885	3110
W550	99M-TC-MIBI Myocardial Perfusion Scan	80	795	2645	3305	5165	4135
W551	Regional PET/CT	220	2185	7280	9100	14220	11375
W552	PET-CT Guided Biopsy	575	5755	19180	23980	37465	29970
W553	PET-CT Based RT Planning	535	5360	17860	22325	34880	27905
W554	Fluoride PET/CECT	395	3970	13225	16530	25830	20665
W555	Meckel Scan	40	395	1325	1655	2585	2065
W556	GI Bleed Scan	75	735	2450	3060	4785	3825
W560	99M-TC-EC Renogram	25	240	795	990	1550	1240
W561	99M-TC-DTPA Renogram with GFR	30	315	1060	1325	2065	1655
W562	99M-TC-DMSA Renal Cortical Scan	30	315	1060	1325	2065	1655
W563	99M-TC-DTPA GFR	20	200	665	835	1305	1040
W570	99M-TC-MIBI Tumor Imaging	100	995	3310	4140	6470	5175
W572	99M-TC-DTPA Aerosol Scan	60	595	1990	2485	3885	3110

CODE	SERVICE DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
W573	99M-TC-DTPA Clearance	60	595	1990	2485	3885	3110
W574	99M-TC-RBC Gated Pool (Muga)	50	475	1585	1985	3100	2480
W575	99M-TC-Sentinel Node Imaging	25	240	795	990	1550	1240
W576	99M-TC-Merbrofenin Scan	40	395	1325	1655	2585	2065
W578	Whole Body Scan (Low Energy)	120	1190	3970	4960	7750	6200
W579	Whole Body Scan (Higher Energy)	160	1585	5290	6615	10330	8265
W699	Radiopharmaceutical Charge - 177Lu-DOTATETE (100 mci)	43650	43650	43650	43650	43650	43650
W700	177 Lu-DOTA-TATE	75000	75000	75000	75000	75000	75000
W701	177 Lu-DOTA-TATE (Imported 177 Lu)	250000	250000	250000	250000	250000	250000
W702	177 Lu-PSMA1 using BRIT 177 Lu (n.c.a)	75000	75000	75000	75000	75000	75000
W703	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
	Radio Iodine therapy						
W600	Radio Iodine Therapy for Thyrotoxicosis	40	400	1990	2485	3885	3110
	MISCELLANEOUS						
Z005	Issue of LIC Certificates	860	860	860	860	860	860