

MPMMCC & HBCH, Varanasi (U.P.)

SCHEDULE OF CHARGES

Registration Charges

Service Code	Service Description	NC	C	B	A	D	FN
A001	Registration Fees (Including SmartCard)	10	100	500	500	500	750
A002	Reissue of Smartcard / Case File Charges	150	150	150	150	150	150
A003	Charges for printing Reports (per Report)	3	3	3	3	3	3
A010	Casualty Consultation Charges	0	0	1500	1500	1500	1500
A012	Second Opinion Consult Referral (RF)	0	0	2500	0	0	2500
A100	Charges for Duplicate bill printing (per Bill)	25	25	25	25	25	25
A101	New Registration (Tele Consultation)	0	0	1000	0	0	1000
A102	First Tele Consultation (Indian Nationals)	100	500	3000	0	0	0
A103	Follow-up Tele Consultation (Indian Nationals)	100	500	2000	0	0	0
A104	First Tele Consultation (International Patients- LMICS)	0	0	0	0	0	7500
A105	Follow-up Tele Consultation (International Patients- LMICS)	0	0	0	0	0	5000
A106	First Tele Consultation (International Patients- Non LMICS)	0	0	0	0	0	15000
A107	Follow-up Tele Consultation (International Patients- Non LMICS)	0	0	0	0	0	10000

Administrative Charges

Service Code	Service Description	NC	C	B	A	D	FN
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

Service Code	Service Description	NC	C	B	A	D	FN
B001	Room/ Bed Tariff per day	40	350	3500	8200	10000	8200
B003	ICU charges per day	70	700	3500	7000	8200	7000
B004	Room/Bed Charges - BMT	3500	3500	3500	3500	3500	3500
B006	Radionuclide Therapy Ward - Short Stay Bed Charges	20	180	1750	4100	5000	4100

Deposits

Service Code	Service Description	NC	C	B	A	D	FN
--------------	---------------------	----	---	---	---	---	----

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

Day Care

Service Code	Service Description	NC	C	B	A	D	FN
E003	Day Care Bed Charges	40	350	1650	1650	1650	1650
E010	Filgrastim Injection	95	95	95	95	95	95

Biochemistry, Tumour Markers, Emergency Laboratory

Service Code	Service Description	NC	C	B	A	D	FN
FA01	Sirolimus Drug Level Estimation	90	870	4330	5410	8450	6760
FA02	G6PDH Estimation (Quantitative)	10	140	710	890	1390	1110
FA03	HBA1c Screening Test	10	20	120	150	240	190
FA04	Anti-SARS Cov (Complete Antibodies)	10	80	380	480	750	600
FA05	Anti-SARS Cov (IgG Antibodies)	20	200	980	1230	1930	1540
FA06	IL-6 (interleukin-6)	20	180	880	1100	1730	1380
FA07	NT-Pro BNP	30	270	1360	1700	2660	2130
FA08	IL-6 Level Estimation	30	330	1640	2050	3200	2560
FA09	Total SARS-COV-2 Antibody (Semi quantitative)	20	160	820	1030	1610	1290
FA10	Anti-SARS Cov2 SPIKE (Complete Antibodies)	30	290	1450	1800	2830	2250
FA11	Troponin T	20	210	1050	1310	2050	1640
FA12	ACTH	20	210	1050	1310	2050	1640
FA13	Progesterone	20	150	750	940	1480	1180
FA14	Thyroglobulin	20	180	900	1130	1760	1410
FA15	DHEA-S	30	270	1360	1700	2660	2130
FA16	IGF-1	50	500	2500	3130	4890	3910
FA17	Human Growth Hormone (HGH)	20	160	820	1030	1610	1290
FA18	Ammonia	20	210	1050	1310	2050	1640
FA19	C-Peptide	30	250	1230	1540	2410	1930
FA20	CSF Lactate	10	90	460	575	900	720
F030	24 hours urine excretion rate for kappa and lambda	20	190	940	1180	1850	1480

F033	Thyroid Function Tests (T3,T4,TSH)	10	110	550	690	1080	860
F034	Serum T3 (Thyroid Function)	10	40	200	250	390	310
F035	Serum T4 (Thyroid Function)	10	40	200	250	390	310
F036	Serum TSH (Thyroid Function)	10	40	200	250	390	310
F037	Serum Folate	20	200	980	1230	1930	1540
F038	Serum Vitamin B12	20	200	980	1230	1930	1540
F039	Serum Parathormone (PTH)	10	120	610	760	1190	950
F040	Serum Calcitonin	20	200	980	1230	1930	1540
F041	Serum Free Light Chains Kappa	40	400	2000	2500	3910	3130
F042	Serum Free Light Chains Lambda	40	400	2000	2500	3910	3130
F043	Complete Serum Protein Electrophoresis (SPE) Profile	150	1520	7590	9490	14830	11860
F044	Serum Protein Electrophoresis (SPE)	10	80	400	500	790	630
F045	Serum Immunoglobulins (Ig)	30	300	1500	1880	2940	2350
F046	Immunoglobulin A (IgA)	10	100	500	630	990	790
F047	Immunoglobulin M (IgM)	10	100	500	630	990	790
F048	Immunoglobulin G (IgG)	10	100	500	630	990	790
F049	Serum Light Chains	30	270	1330	1660	2600	2080
F050	Serum Light Chains Kappa	10	130	660	830	1300	1040
F051	Serum Light Chains Lambda	10	130	660	830	1300	1040
F052	Immuno Fixation Electrophoresis (IFE)	130	1250	6250	7810	12200	9760
F053	Urine Free Light Chains Kappa	60	640	3175	3970	6200	4960
F054	Urine Free Light Chains Lambda	60	640	3175	3970	6200	4960
F055	Serum CK	10	40	220	280	440	350
F056	Serum CK-MB	10	80	400	500	790	630
F057	Serum Lactate	20	200	1000	1250	1950	1560
F058	Serum Free T3	10	50	225	280	440	350
F059	Serum Free T4	10	50	225	280	440	350
F060	Serum Vitamin D	30	320	1585	1980	3100	2480
F061	Serum BNP	40	400	1990	2490	3890	3110
F062	Serum Insulin	10	60	320	400	630	500
F063	Magnesium (24 Hrs Urine)	10	110	550	690	1080	860
F072	CSF Immunoglobulins (Ig)	30	260	1310	1640	2560	2050
F073	CSF Immunoglobulin A (IgA)	10	100	480	600	940	750
F074	CSF Immunoglobulin M (IgM)	10	100	480	600	940	750

F075	CSF Immunoglobulin G (IgG)	10	70	350	440	690	550
F076	CSF Light Chains	30	270	1330	1660	2600	2080
F077	CSF Light Chains Kappa	10	130	660	830	1300	1040
F078	CSF Light Chains Lambda	10	130	660	830	1300	1040
F079	CSF AFP	10	140	680	850	1330	1060
F080	CSF CEA	10	120	620	780	1230	980
F081	CSF Beta-HCG	10	100	510	640	1000	800
F082	CSF Total PSA	10	140	680	850	1330	1060
F083	CSF Beta2-Microglobulin	30	330	1660	2080	3250	2600
F084	CSF CA 15.3	30	270	1370	1710	2680	2140
F085	CSF CA 125	30	250	1230	1540	2410	1930
F086	CSF CA 19.9	30	270	1370	1710	2680	2140
F087	Fluid Immunoglobulins (Ig)	20	210	1040	1300	2040	1630
F088	Fluid Immunoglobulin A (IgA)	10	70	350	440	690	550
F089	Fluid Immunoglobulin M (IgM)	10	70	350	440	690	550
F090	Fluid Immunoglobulin G (IgG)	10	70	350	440	690	550
F091	Fluid Light Chains	30	270	1330	1660	2600	2080
F092	Fluid Light Chains Kappa	10	130	660	830	1300	1040
F093	Fluid Light Chains Lambda	10	130	660	830	1300	1040
F094	Fluid AFP	10	140	680	850	1330	1060
F095	Fluid CEA	10	120	620	780	1230	980
F096	Fluid T-HCG	10	100	510	640	1000	800
F097	Fluid Total PSA	10	140	680	850	1330	1060
F098	Fluid Beta2 Microglobulin	30	330	1660	2080	3250	2600
F099	Fluid CA 15.3	30	270	1370	1710	2680	2140
F100	Fluid CA 125	30	250	1230	1540	2410	1930
F108	Fluid CA 19.9	30	270	1370	1710	2680	2140
F109	Urine Immunoglobulins (Ig)	20	220	1080	1350	2110	1690
F110	Urine Immunoglobulin A (IgA)	10	70	350	440	690	550
F111	Urine Immunoglobulin M (IgM)	10	70	350	440	690	550
F112	Urine Immunoglobulin G (IgG)	10	80	380	480	750	600
F113	Urine Light Chains	30	270	1330	1660	2600	2080
F114	Urine Light Chains Kappa	10	130	660	830	1300	1040
F115	Urine Light Chains Lambda	10	130	660	830	1300	1040

F116	Urine AFP	10	140	680	850	1330	1060
F117	Urine CEA	10	120	620	780	1230	980
F118	Urine T-HCG	10	100	510	640	1000	800
F119	Urine Total PSA	10	140	680	850	1330	1060
F120	Urine Beta2 Microglobulin	30	330	1660	2080	3250	2600
F121	Urine CA 15.3	30	270	1370	1710	2680	2140
F122	Urine CA 125	30	250	1230	1540	2410	1930
F123	Urine CA 19.9	30	270	1370	1710	2680	2140
F124	Urine Osmolality (Random)	10	60	280	350	550	440
F125	Urine Osmolality (24 Hours)	10	60	280	350	550	440
F126	Serum Osmolality	10	60	280	350	550	440
F127	FSH	10	70	360	450	700	560
F128	Estradiol (E2)	10	100	480	600	940	750
F129	Troponin-I	20	230	1140	1430	2240	1790
F130	VMA (Urine - Random Sample)	60	550	2760	3450	5390	4310
F131	Serum LH	10	100	490	610	950	760
F132	Serum Prolactin	10	110	540	680	1060	850
F133	Serum Cortisol	10	130	670	840	1310	1050
F134	Serum BNP	30	250	1260	1580	2480	1980
F135	Serum Valproate	20	160	810	1010	1580	1260
F802	Routine Biochemical Test (Consolidated)	50	540	2720	3400	5310	4250
F810	Glucose Tolerance Test	10	40	175	220	350	280
F817	Serum AFP	10	140	680	850	1330	1060
F818	Serum CEA	10	120	620	780	1230	980
F819	Serum THCG	10	100	510	640	1000	800
F820	Serum Total PSA	10	140	680	850	1330	1060
F821	Serum B2-Microglobulin	30	280	1400	1750	2740	2190
F822	Serum CA-15.3	30	250	1250	1560	2440	1950
F823	Serum CA-125	30	300	1500	1880	2940	2350
F824	Serum CA-19.9	20	240	1200	1500	2350	1880
F829	Serum CRP	10	70	370	460	730	580
F830	Serum Ferritin	20	160	800	1000	1560	1250
F831	Serum CYFRA-21	30	320	1590	1990	3110	2490
F832	Serum NSE	30	320	1590	1990	3110	2490

F833	Cyclosporin	70	660	3275	4090	6390	5110
F836	Methotrexate	20	240	1190	1490	2330	1860
F837	Serum Free PSA	20	150	760	950	1490	1190
F838	Serum Testosterone	10	130	650	810	1260	1010
F839	Tacrolimus Drug level estimation	80	790	3930	4910	7680	6140
F841	Random Blood Glucose	10	20	80	100	160	130
F842	Fasting Blood Glucose	10	20	80	100	160	130
F843	Post-Prandial Blood Glucose	10	20	80	100	160	130
F845	Glycosylated Hemoglobin	10	120	575	720	1130	900
F846	Fasting Urine Glucose	10	60	320	400	630	500
F847	Post-Prandial Urine Glucose	10	60	320	400	630	500
F848	Blood Glucose by Glucometer strip method	0	20	50	65	100	80
F849	Lipid Profile	20	170	850	1060	1660	1330
F850	Serum Cholesterol	10	40	220	280	440	350
F851	Serum HDL-Cholesterol	10	40	220	280	440	350
F852	Serum LDL-Cholesterol	10	60	320	400	630	500
F853	Serum Triglycerides	10	50	260	330	510	410
F854	Renal Function Tests	10	130	660	830	1300	1040
F855	Serum Urea	10	40	220	280	440	350
F856	Serum Uric Acid	10	40	220	280	440	350
F857	Serum Creatinine	10	40	220	280	440	350
F860	Serum Electrolytes	20	180	880	1100	1730	1380
F861	Serum Sodium	10	40	220	280	440	350
F862	Serum Potassium	10	40	220	280	440	350
F863	Serum Chlorides	10	40	220	280	440	350
F864	Serum Bicarbonates	10	40	220	280	440	350
F865	Liver Function Tests	40	400	1980	2480	3880	3100
F866	Serum Protein	10	40	220	280	440	350
F867	Serum Albumin	10	40	220	280	440	350
F868	Serum Globulin	10	40	220	280	440	350
F869	Serum Alkaline Phosphatase	10	40	220	280	440	350
F870	Total Bilirubin	10	40	220	280	440	350
F871	Direct Bilirubin	10	40	220	280	440	350
F872	Indirect Bilirubin	10	40	220	280	440	350

F873	Serum AST	10	40	220	280	440	350
F874	Serum ALT	10	40	220	280	440	350
F876	Serum LDH	10	40	220	280	440	350
F880	Pancreatic Enzymes	20	170	860	1080	1690	1350
F881	Serum Amylase	10	90	430	540	850	680
F882	Serum Lipase	10	90	430	540	850	680
F883	Body Fluid Investigations (CSF)	20	220	1120	1400	2190	1750
F884	CSF Glucose	10	40	220	280	440	350
F885	CSF Protein	10	90	460	580	910	730
F886	CSF Chloride	10	40	220	280	440	350
F887	CSF LDH	10	40	220	280	440	350
F888	Serum Calcium	10	40	220	280	440	350
F890	Serum Phosphorus	10	40	220	280	440	350
F891	Serum Magnesium	10	100	505	630	990	790
F893	Serum Iron	10	70	350	440	690	550
F894	Serum TIBC	10	70	350	440	690	550
F895	Serum Acid Phosphatase	10	140	690	860	1350	1080
F896	Serum Prostatic Acid Phosphatase	20	210	1030	1290	2010	1610
F897	VMA (24 Hrs Urine)	60	550	2760	3450	5390	4310
F898	5HIAA (24 Hrs Urine)	30	320	1590	1990	3110	2490
F915	Sodium (24 Hours Urine)	10	40	220	280	440	350
F916	Potassium (24 Hours Urine)	10	40	220	280	440	350
F917	Chloride (24 Hours Urine)	10	40	220	280	440	350
F918	Urea (24 Hours Urine)	10	40	220	280	440	350
F919	Uric Acid (24 Hours Urine)	10	40	220	280	440	350
F920	Urine Creatinine (24 Hours)	10	40	220	280	440	350
F921	Calcium (24 Hours Urine)	10	40	220	280	440	350
F922	Phosphorus (24 Hours Urine)	10	40	220	280	440	350
F923	Protein (24 Hours Urine)	10	100	500	630	990	790
F924	Corrected Creatinine Clearance (24 Hours Urine)	10	40	220	280	440	350
F925	Urea (Random Urine)	10	40	220	280	440	350
F926	Uric Acid (Random Urine)	10	40	220	280	440	350
F927	Creatinine (Random Urine)	10	40	220	280	440	350
F928	Sodium (Random Urine)	10	40	220	280	440	350

F929	Potassium (Random Urine)	10	40	220	280	440	350
F930	Chloride (Random Urine)	10	40	220	280	440	350
F931	Calcium (Random Urine)	10	40	220	280	440	350
F932	Phosphorus (Random Urine)	10	40	220	280	440	350
F933	Protein (Random Urine)	10	90	460	580	910	730
F934	Fluid Urea	10	40	220	280	440	350
F935	Fluid Uric Acid	10	40	220	280	440	350
F936	Fluid Creatinine	10	40	220	280	440	350
F937	Fluid Sodium	10	40	220	280	440	350
F938	Fluid Potassium	10	40	220	280	440	350
F939	Fluid Chloride	10	40	220	280	440	350
F940	Fluid Bilirubin (Total)	10	40	220	280	440	350
F941	Fluid Bilirubin (Direct)	10	40	220	280	440	350
F942	Fluid Bilirubin (Indirect)	10	40	220	280	440	350
F943	Fluid Cholesterol	10	40	220	280	440	350
F944	Fluid Triglycerides	10	50	260	330	510	410
F945	Fluid HDL Cholesterol	10	40	220	280	440	350
F946	Fluid LDL Cholesterol	10	60	320	400	630	500
F962	Fluid Glucose	10	40	220	280	440	350
F963	Fluid Protein	10	40	220	280	440	350
F964	Fluid Albumin	10	40	220	280	440	350
F965	Fluid Globulin	10	40	220	280	440	350
F966	Fluid Alkaline Phosphatase	10	40	220	280	440	350
F967	Fluid AST	10	40	220	280	440	350
F968	Fluid ALT	10	40	220	280	440	350
F969	Fluid Calcium	10	40	220	280	440	350
F970	Fluid Phosphorus	10	40	220	280	440	350
F971	Fluid Amylase	10	50	260	330	510	410
F972	Fluid Lipase	10	90	430	540	850	680
F973	Fluid LDH	10	40	220	280	440	350
F974	Serum Creatinine for CCT	10	40	220	280	440	350
F977	Bence Jones Protein (24 Hours Urine)	20	190	940	1180	1850	1480
F999	Serum Gamma Glutamyl Transferase (GGT)	20	170	830	1040	1630	1300

Histopathology

Service Code	Service Description	NC	C	B	A	D	FN
F307	Outside stained slides only	30	260	1280	1600	2500	2000
F310	Small Biopsy/Cell Block	130	1300	6500	8130	12700	10160
F311	Big Specimen	170	1700	8500	10630	16610	13290
F315	P16 IHC	120	1190	2380	2980	4660	3730
F317	FDA - Cerb B2	80	790	3970	4960	7750	6200
F321	IHC Tests on special request (upto 3 antibodies)	110	1110	2220	2780	4350	3480
F322	Set of Recut slides (H&E / Unstained)	30	300	1500	1880	2940	2350
F323	ALK Amplification IHC Test	160	1620	3240	4050	6330	5060
F334	MSI Immunihistochemistry Testing	190	1860	3720	4650	7260	5810
F338	ROS-1 by IHC	100	1030	2060	2580	4040	3230
F339	PDL-1 SP263 - Ventana	220	2170	4340	5430	8490	6790
F340	PDL-1 22C3 - Dako	500	4990	9980	12480	19500	15600
F341	Pituitary Panel by IHC	460	4610	9210	11510	17990	14390
F342	PDL-1 SP142 - Ventana	130	1320	2640	3300	5160	4130
F343	Outside unstained slides/ blocks (1-5 Blocks)	120	1200	6000	7500	11730	9380
F344	Outside unstained slides/ blocks (6-30 Blocks)	190	1900	9500	11880	18560	14850
F345	Outside unstained slides/ blocks (31-50 Blocks)	250	2500	12500	15630	24430	19540
F346	Outside unstained slides/ blocks (More than 50 Blocks)	310	3100	15500	19380	30290	24230
F347	Frozen Section (1-10 sections)	50	500	2500	3130	4890	3910
F348	Frozen Section (11-20 sections)	90	900	4500	5630	8800	7040
F349	Frozen Section (>20 sections)	140	1400	7000	8750	13680	10940
F350	Large Specimen (Cystectomy/ Radical Prostatectomy/ Pelvic Exenteration)	310	3100	15500	19380	30290	24230
F351	PDL-1-28-8 (FDA Approved)	150	1500	7500	9380	14660	11730
F352	BRAF V600E by IHC	90	900	1800	2250	3510	2810
F353	POLE Mutation	500	5000	10000	12500	19540	15630
F354	DICER1 Mutation	190	1940	3880	4850	7580	6060
F355	BCOR alteration	300	3030	6050	7560	11810	9450

Molecular Pathology

Service Code	Service Description	NC	C	B	A	D	FN
F335	EGFR Mutation Detection	480	4750	9500	11880	18560	14850

F336	DPYD Mutation Detection	520	5220	10440	13050	20390	16310
F337	EBV DNA Detection	230	2280	4560	5700	8910	7130
F618	EBER In Situ Hybridisation	170	1730	3450	4310	6740	5390
F620	HER2/neu gene amplification test	700	7000	14000	17500	27350	21880
F621	Interphase FISH Test for EGFR	760	7590	15180	18980	29660	23730
F622	Interphase FISH Test for NMYC	590	5870	11730	14660	22910	18330
F623	Interphase FISH Test for 1p19q	760	7590	15180	18980	29660	23730
F624	Interphase FISH Test for ALK1	650	6490	12970	16210	25330	20260
F625	Interphase FISH Test for CMYC	540	5360	10720	13400	20940	16750
F627	Interphase FISH Test for ROS1	490	4860	9720	12150	18990	15190
F628	Interphase FISH Test for MET	530	5340	10680	13350	20860	16690
F629	MLPA testing in Neuroblastoma	590	5870	11730	14660	22910	18330
F630	MYD88 L265 Mutation Detection Test	340	3380	6760	8450	13200	10560
F631	JAZF1 - Endometrial Stromal Sarcoma Testing	640	6440	12880	16100	25160	20130
F632	YWHAE - Endometrial Stromal Sarcoma Testing	610	6120	12240	15300	23910	19130
F633	Medulloblastoma - molecular Profiling	1300	13000	26000	32500	50790	40630
F634	DDISH for HER2/neu Gene Amplification	700	7000	14000	17500	27350	21880
F635	TERT Promoter Mutation Assay	290	2900	5805	7260	11350	9080
F636	Histone Mutation Detection Assay	460	4640	9275	11590	18110	14490
F637	RHOA Mutation Detection Assay	350	3490	6970	8710	13610	10890
F638	IRFA/DUSP22 gene rearrangement by FISH	780	7790	15580	19480	30440	24350
F639	RT-PCR for PAX-FKHR Translocation	500	5000	10000	12500	19540	15630
F654	Clonality Analysis	1100	11040	22080	27600	43130	34500
F655	Mycobacterium Tuberculosis Detection on FFPE	320	3150	6300	7880	12310	9850
F660	GENE SEQUENCING FOR C KIT MUTATIONS	640	6440	12880	16100	25160	20130
F662	RT-PCR for EWS-FLI1 Translocation	310	3090	6180	7730	12080	9660
F663	RT-PCR for EWS-ERG Translocation	310	3090	6180	7730	12080	9660
F664	RT-PCR for EWS-WT1 Translocation	310	3090	6180	7730	12080	9660
F665	RT-PCR for SYT-SSX Translocation	360	3580	7150	8940	13980	11180
F668	MDM2 Gene Amplification by FISH	700	6990	13970	17460	27290	21830
F669	Limited Gene Panel for NGS (Nest Generation Sequencing Platform)	23000	23000	23000	28750	44930	35940
F670	FISH for NTRK	1130	11250	22500	28000	43750	35000
F671	FISH test for CEN 10 loss - on Tissue	210	2075	4150	5190	8110	6490
F672	FISH test for CDKN2A	375	3725	7450	9310	14550	11640

F673	FISH test for MAML2 break-apart analysis - On Tissue	360	3580	7160	8950	13990	11190
F674	FISH test for ETV6 break-apart analysis - On Tissue	350	3485	6970	8710	13610	10890
F682	RAS Mutation Anaysis	620	6160	12320	15400	24060	19250
F683	Interphase FISH Test for EWSR1	500	5000	10000	12500	19540	15630
F684	MGMT Gene Promoter methylation	450	4490	8970	11210	17510	14010
F685	Detection of BRAFV600E Mutation	370	3690	7370	9210	14390	11510
F686	Thyroid Panel (BRAF, KRAS, NRAS, HRAS, TERT)	920	9210	18425	23030	35990	28790
F688	Gene Sequencing for IDH1/2	350	3450	6900	8630	13490	10790
F690	TFE-3 FISH	600	6040	12080	15100	23600	18880
F691	FISH test for SYT break-apart analysis	760	7610	15224	19030	29740	23790
F692	PDGFRA mutation analysis	390	3870	7730	9660	15100	12080
F693	NGS based Targeted Panel for Solid Tumors	20000	20000	20000	20000	20000	20000
F694	PIK3CA Mutation Testing	90	900	5700	4570	8950	7150
F695	FISH Test for C19MC amplification	640	6380	12750	15940	24910	19930
F696	FISH Test for 1q gains	540	5350	10700	13380	20910	16730
F697	HRD Testing	71000	71000	71000	71000	71000	71000

Cytopathology

Service Code	Service Description	NC	C	B	A	D	FN
F401	Cytology (FNA)	40	400	2000	2500	3910	3130
F402	Pap Smear Cytology	20	180	900	1130	1760	1410
F404	Sputum Cytology	20	180	900	1130	1760	1410
F405	Cytopathology: Outside Slides (Out-In)	20	180	900	1130	1760	1410
F411	Bronchial Lavage + Brushings Cytology	20	180	900	1130	1760	1410
F412	Pleural / Pericardial / Peritoneal Fluid Cytology / OTHER	20	180	900	1130	1760	1410
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	20	180	900	1130	1760	1410
F414	Cerebro Spinal Fluid (CSF) Cytology	20	180	900	1130	1760	1410
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	20	180	900	1130	1760	1410
F416	Nipple Discharge Cytology	20	180	900	1130	1760	1410
F417	Oral Scrapings Cytology	20	180	900	1130	1760	1410
F418	Bile / CBD Brushing Cytology	20	180	900	1130	1760	1410
F419	Scrapings From Miscellaneous Sites Cytology	20	180	900	1130	1760	1410
F423	Liquid-based Cytology (LBC)	30	250	1240	1550	2430	1940

Microbiology (Serology)

Service Code	Service Description	NC	C	B	A	D	FN
G101	Urine Examination	10	20	115	140	230	180
G102	Stool Examination	10	20	115	140	230	180
G103	Culture & Sensitivity (Aerobic)	20	170	840	1050	1640	1310
G105	Routine Culture (Fungal)	10	140	700	880	1380	1100
G106	AFB CULTURE & SENSITIVITY	50	510	2540	3180	4980	3980
G107	Routine Culture (Anaerobic)	10	120	585	730	1140	910
G108	Gene Xpert for Detection of MTB and Rifampicin Resistance	50	460	2300	2880	4500	3600
G111	Cultures for Helicobacter pylori	10	140	700	880	1380	1100
G113	Mantoux Test	10	20	100	130	200	160
G120	Automated Identification & Antibiotic Susceptibility Testing	20	240	1190	1490	2330	1860
G121	Widal Test	0	15	91	112	140	140
G122	VDRL	10	20	115	140	230	180
G126	Cytomegalovirus IgG Antibodies	10	120	590	740	1160	930
G129	Hepatitis B Surface Antigen (HBsAg)	10	90	450	560	880	700
G130	Hepatitis B - e Antigen (HBeAg)	20	160	815	1020	1600	1280
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	20	200	975	1220	1910	1530
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	10	130	645	810	1260	1010
G133	Hepatitis B Surface Antibodies (Anti - HBs)	10	130	645	810	1260	1010
G134	Hepatitis C Antibodies (Anti HCV)	20	230	1125	1410	2200	1760
G136	Hepatitis B 'e' Antibodies (Anti HBe)	20	240	1220	1530	2390	1910
G139	Cryptococcus Antigen by Latex Agglutination	30	290	1460	1830	2860	2290
G144	HPV DNA/ Genotype	80	830	4140	5180	8100	6480
G151	Automated Fungal Culture & Sensitivity	50	450	2260	2830	4430	3540
G161	RA Test	10	40	175	220	350	280
G162	ASO Titre	10	40	175	220	350	280
G171	HIV Antibodies	10	90	450	560	880	700

Microbiology (Microscopic Examination)

Service Code	Service Description	NC	C	B	A	D	FN
G201	Gram's Stain	10	20	100	130	200	160
G202	Ziehl Neelsen (AFB) Stain	10	20	100	130	200	160
G203	Lactophenol Cotton Blue	0	20	100	130	200	160

G204	Giemsa Stain for Tzanck Smear	10	20	100	130	200	160
G205	India Ink Preparation for Cryptococcus	10	20	100	130	200	160
G206	Staining for Cryptosporidium spp	10	20	100	130	200	160
G207	Calcofluor White Stain for Fungus	10	30	170	210	330	260
G208	KOH Mount for Fungus	0	20	100	130	200	160
G209	Staining for Pneumocystis jiroveci	10	30	140	180	290	230
G211	Stool for Cryptosporidium - Giardia - Entamoeba antigen detection	2150	2150	2150	2690	4200	3360

Microbiology (Other Tests)

Service Code	Service Description	NC	C	B	A	D	FN
G251	Stool for Occult Blood	10	20	120	150	240	190
G252	Fluid for Bile Salts & Bile Pigments	10	20	100	130	200	160
G253	ADA Level	10	80	400	500	790	630
G254	Hepatitis A Virus (IgM Antibodies)	30	300	1520	1900	2980	2380
G255	Hepatitis E Virus (IgM Antibodies)	20	200	1000	1250	1950	1560
G256	Urine Pregnancy Test (UPT)	10	20	110	140	230	180
G259	Automated AFB Culture & Sensitivity	40	420	2100	2630	4110	3290
G260	Automated Blood Culture & Sensitivity	20	220	1120	1400	2190	1750
G261	Serum Procalcitonin Level	40	360	1820	2280	3560	2850
G262	Dengue NS1 Antigen, IgM and IgG Antibodies	10	120	590	740	1160	930
G263	Leptospira IgM Antibody	10	70	350	440	690	550
G264	Chikangunya IgM Antibody	10	60	310	390	610	490
G265	Serum Galactomannan Level by ELISA	20	220	1090	1360	2130	1700
G267	Malaria Antigen Detection	10	40	190	240	380	300
G268	Clostridium difficile Toxin Detection	40	380	1900	2380	3730	2980
G269	Antigen detection for virus in stool	60	610	1210	1510	2360	1890

Microbiology (Molecular Diagnostics)

Service Code	Service Description	NC	C	B	A	D	FN
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	110	1100	5480	6850	10700	8560
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	110	1100	5480	6850	10700	8560
G404	RT-PCR for CMV DNA	130	1270	6350	7940	12410	9930
G405	COVID-19 Testing	60	1120	1120	1120	1120	1120
G406	Syndromic Multiplex PCR Gastro-intestinal Panel	14000	14000	14000	17500	27340	21875

H219	Irradiation of Blood Products	40	380	750	900	1000	1000
H222	Platelet Concentrate (SvSDP)	2750	2750	5500	5500	5500	5500
H224	Processing for Leukoreduction	1000	1000	1000	1000	1000	1000
H225	Leucoagglutinins	30	280	560	700	1100	880
H228	Pediatric Whole Blood	755	755	755	755	755	755
H229	Pediatric Packed Cells	830	830	830	830	830	830
H230	Cryoprecipitate	200	200	200	200	200	200
H231	FFP/FVIII Def. Plasma/PRP	400	400	400	400	400	400
H241	Packed Cells NBC	1050	1050	1050	1050	1050	1050
H242	CLIA-Apheresis Concentrate	25	250	500	500	500	500
H243	Microbial testing -Blood component	20	200	400	400	400	400
H244	Modified Platelet Concentrate-PAS (mSDP)	65	325	650	650	650	650
H245	CLIA-RDP/FFP	100	100	100	100	100	100
H246	CLIA- Packed Cells	15	150	300	300	300	300
H247	CliniMACS TCR a/b	748000	748000	748000	748000	748000	748000
H248	CliniMACS TCR a/b & CD19 Depletion Protocol	1232000	1232000	1232000	1232000	1232000	1232000
H249	CliniMACS TCR a/b & CD45RA Depletion Protocol	1263000	1263000	1263000	1263000	1263000	1263000
H250	CD45RA Naïve Depletion Protocol	645000	645000	645000	645000	645000	645000
H251	CD34 Enrichment Protocol	1006000	1006000	1006000	1006000	1006000	1006000
H252	CD56 Enrichment Protocol	1006000	1006000	1006000	1006000	1006000	1006000
H253	FFP NBC	300	300	300	300	300	300
H254	Platelet Concentrate (RDP) NBC	300	300	300	300	300	300
H255	CLIA - FFP	100	100	100	100	100	100
H256	Manipulated DLI-CD45RA	380000	380000	380000	380000	380000	380000
H257	Granulocytes Concentrates (Full)	5000	10000	20000	24500	24500	24500
H258	Granulocytes Concentrates (Aliquots)	2500	5000	10000	12250	12250	12250
H500	DMSO for Cryopreservation	460	4560	9120	11400	17810	14250

Radiodiagnosis (Ultrasonography)

Service Code	Service Description	NC	C	B	A	D	FN
IA04	USG Guided RF Ablation	360	3620	12060	15080	23560	18850
I420	USG Abdomen	20	240	1200	1500	2350	1880
I460	USG Pelvis	20	240	1200	1500	2350	1880
I461	Transrectal sonography	30	330	1660	2080	3250	2600

1462	TRUS Guided biopsy	50	510	2540	3180	4980	3980
1463	Trans vaginal sonography	30	330	1660	2080	3250	2600
1500	USG Abdomen & Pelvis	40	440	2220	2780	4350	3480
1510	USG Neck	20	230	1170	1460	2290	1830
1550	USG Thorax	20	230	1170	1460	2290	1830
1560	USG Breast	20	230	1170	1460	2290	1830
1565	USG Upper Extremity	20	230	1170	1460	2290	1830
1566	USG Portable Single region	40	360	1800	2250	3510	2810
1567	USG Portable Two region	60	600	3000	3750	5860	4690
1568	USG Guided Procedure	40	410	2070	2590	4050	3240
1569	USG KUB	20	230	1170	1460	2290	1830
1570	USG Lower Extremity	20	230	1170	1460	2290	1830
1571	USG Doppler Upper Extremity	40	380	1910	2390	3740	2990
1572	USG Doppler Lower Extremity	40	380	1910	2390	3740	2990
1573	USG Doppler Hepatoportal	40	380	1910	2390	3740	2990
1574	USG Doppler Renal	40	380	1910	2390	3740	2990
1575	USG Doppler Carotid	40	380	1910	2390	3740	2990
1576	USG Doppler IVC	40	380	1910	2390	3740	2990
1577	USG Targetted	10	120	600	750	1180	940
1578	USG Doppler - portable Single Region	40	410	2070	2590	4050	3240
1579	USG Doppler - Single Region	40	380	1910	2390	3740	2990
1580	USG Axilla/ Groin/ Scrotum (Small Parts)	20	230	1170	1460	2290	1830
1598	USG Guided FNAC	40	380	1880	2350	3680	2940

Radiodiagnosis (CT Scan)

Service Code	Service Description	NC	C	B	A	D	FN
IB02	CT Guided RF Ablation	360	3620	12060	15080	23560	18850
1600	CT Brain Plain and Contrast	150	1500	5000	6250	9760	7810
1601	CT Brain Plain	90	900	3000	3750	5860	4690
1602	CT PNS	190	1880	6250	7810	12200	9760
1603	CT Nasopharynx	190	1880	6250	7810	12200	9760
1604	CT Sella	190	1880	6250	7810	12200	9760
1605	CT Temporal Bone	190	1880	6250	7810	12200	9760
1606	CT Orbits	190	1880	6250	7810	12200	9760

1607	CT HRCT (Chest)	80	750	2500	2500	2500	2500
1620	CT Neck	190	1880	6250	7810	12200	9760
1630	CT Head & Neck	250	2480	8250	10310	16110	12890
1640	CT Neck & Thorax	300	3000	10000	12500	19540	15630
1650	CT Thorax	210	2100	7000	8750	13680	10940
1670	CT Abdomen	210	2100	7000	8750	13680	10940
1680	CT Thorax & Abdomen	360	3600	12000	15000	23440	18750
1690	CT Pelvic Region	180	1800	6000	7500	11730	9380
1691	S.Creatinine- Point of Care Testing	520	520	520	650	1010	810
1692	Low Dose CT Scan	300	3000	10000	12500	19540	15630
1700	CT Abdomen & Pelvis	360	3600	12000	15000	23440	18750
1710	CT Thorax & Abdomen & Pelvis	420	4200	14000	17500	27350	21880
1720	CT Spine	180	1800	6000	7500	11730	9380
1730	CT Upper Limb	180	1800	6000	7500	11730	9380
1740	CT Lower Limb	180	1800	6000	7500	11730	9380
1741	Digital Scanogram	30	300	1000	1250	1950	1560
1750	CT Angiogram (Additional Charge)	80	750	2500	3130	4890	3910
1760	CT 3D Reconstruction	300	3000	10000	12500	19540	15630
1781	CT Guided Biopsy FNAC	280	2820	9400	11750	18360	14690
1782	CT Guided Truecut Biopsy	280	2820	9400	11750	18360	14690
1783	CT Guided Drainage / Localisation	140	1430	4750	5940	9290	7430
1784	CT Guided Vertebroplasty	260	2570	8570	10710	16740	13390
1785	CT Perfusion (Additional Charge)	110	1070	3570	4460	6980	5580
1786	CT Defusion (Additional Charge)	110	1070	3570	4460	6980	5580
1787	CT DIEP	330	3300	11000	13750	21490	17190
1788	CT Guided RF Ablation	360	3600	12000	15000	23440	18750
1789	CT Dental	150	1500	5000	6250	9760	7810
1790	CT Limited	80	750	2500	3130	4890	3910
1791	CT 'J' Needle Bone Biopsy	330	3300	11000	13750	21490	17190
1792	Planning scan for Hepatic Resection	330	3300	11000	13750	21490	17190

Radiodiagnosis (M R I Scan)

Service Code	Service Description	NC	C	B	A	D	FN
IC01	MRI Abdomen + MR CP	310	3060	10210	12760	19940	15950

1801	MRI BRAIN	210	2100	7000	8750	13680	10940
1802	MRI PNS	210	2100	7000	8750	13680	10940
1810	MRI Neck	210	2100	7000	8750	13680	10940
1820	MRI Head & Neck	300	3000	10000	12500	19540	15630
1830	MRI Upper Limb	210	2100	7000	8750	13680	10940
1840	MRI Thorax	210	2100	7000	8750	13680	10940
1841	MRI Breast	240	2400	8000	10000	15630	12500
1842	MRI guided breast biopsy	530	5290	17620	22030	34430	27540
1860	MRI Abdomen	210	2100	7000	8750	13680	10940
1890	MRI Pelvis	210	2100	7000	8750	13680	10940
1900	MRI Abdomen & Pelvis	210	2100	7000	8750	13680	10940
1910	MRI Spine (One Region)	210	2100	7000	8750	13680	10940
1911	MRI Whole Spine	270	2700	9000	11250	17580	14060
1920	MRI Lower Limb	210	2100	7000	8750	13680	10940
1921	MRI Contrast	110	1050	3500	4380	6850	5480
1930	MRI Angiogram	240	2400	8000	10000	15630	12500
1940	MRI Venography	240	2400	8000	10000	15630	12500
1950	MRI Myelogram	150	1500	5000	6250	9760	7810
1960	MR Cholangio-Pancreatogram (CP) (Additional Charge)	150	1500	5000	6250	9760	7810
1970	MRI Spectroscopy (Additional Charge)	150	1480	4930	6160	9630	7700
1971	MRI Brain Tumor Protocol	350	3450	11500	14380	22480	17980
1972	MRI Extremity with dynamic contrast	330	3290	10960	13700	21410	17130
1973	MRI Extremity with Limb Screening	330	3290	10960	13700	21410	17130
1974	MRI Prostate	230	2250	7500	9380	14660	11730
1975	MRI Cervix	230	2250	7500	9380	14660	11730
1976	MRI Penis	230	2250	7500	9380	14660	11730
1977	MRI DTI	150	1500	5000	6250	9760	7810
1978	MRI Cardiac	230	2250	7500	9380	14660	11730
1979	MRI Spine Screening	150	1480	4930	6160	9630	7700
1980	MRI Temporal Bone (HRCT cuts)	290	2850	9500	11880	18560	14850
1991	MRI Functional (Additional Charge)	150	1500	5000	6250	9760	7810
1992	MRI Diffusion (Additional Charge)	90	910	3020	3780	5910	4730
1993	MRI Perfusion (Additional Charge)	150	1480	4930	6160	9630	7700
1995	MRI Limited	150	1500	5000	6250	9760	7810

1996	Whole body MRI	480	4800	16000	20000	31250	25000
1997	MRI for Therapy Planning	140	1430	4750	5940	9290	7430
1998	DOTAREM 10 ML	850	900	950	950	950	950

Radiodiagnosis (Consultation)

Service Code	Service Description	NC	C	B	A	D	FN
I003	Follow-Up Consultation (Radiodiagnosis)	0	0	900	900	900	900
I150	Consultation- New Case (Radiodiagnosis)	0	0	1500	1500	1500	1500

Radiodiagnosis (Reporting)

Service Code	Service Description	NC	C	B	A	D	FN
I004	Outside Reporting of X-Ray, per Exam	0	0	130	160	250	200
I005	Outside Reporting of X-Ray Special Procedures	0	0	820	1030	1610	1290
I006	Outside Reporting of Mammogram	0	0	510	640	1000	800
I007	Outside Reporting of CT	0	0	1600	2000	3130	2500
I008	Outside Reporting of MRI	0	0	2100	2630	4110	3290
I009	Video Recording of USG / DSA, etc	20	120	570	710	1110	890
I010	Digital Film per Plate	200	200	200	200	200	200
I011	Outside CD / Film upload for CT	100	100	150	150	150	150
I012	Outside CD / Film upload for MR	100	100	150	150	150	150
I013	Outside CD / Film upload for US	100	100	100	100	100	100
I014	Outside CD / Film upload for XA	100	100	100	100	100	100
I015	Outside CD / Film upload for MG	100	100	100	100	100	100
I016	Outside CD / Film upload for CR	100	100	100	100	100	100

Radiodiagnosis (Conventional Radiology (Plain))

Service Code	Service Description	NC	C	B	A	D	FN
I021	X-Ray Skull	10	100	500	630	990	790
I027	X-Ray OPG / Dental	10	100	500	630	990	790
I030	X-Ray Spine AP	10	100	500	630	990	790
I031	X-Ray Spine Lateral	10	100	500	630	990	790
I038	X-Ray Pelvis	10	100	500	630	990	790
I042	X-Ray Neck AP	10	100	500	630	990	790
I043	X-Ray Neck Lateral	10	100	500	630	990	790

I050	X-Ray Upper Limb	10	100	500	630	990	790
I070	X-Ray Lower Limb	10	100	500	630	990	790
I090	X-Ray Chest	10	100	500	630	990	790
I092	X-Ray Abdomen	10	100	500	630	990	790
I095	X-Ray KUB	10	100	500	630	990	790
I099	X-Ray Skeletal Survey	110	1100	5500	6880	10750	8600
I100	X-Ray Portable	20	160	800	1000	1560	1250
I101	X-Ray PNS	10	120	600	750	1180	940
I102	X-Ray Sternum AP	10	120	600	750	1180	940
I103	X-Ray Sternum Oblique	10	120	600	750	1180	940
I104	X-Ray Sternum Lateral	10	120	600	750	1180	940

Radiodiagnosis (Conventional Radiology (Contrast))

Service Code	Service Description	NC	C	B	A	D	FN
I121	X-Ray Sialography	40	350	1750	2190	3430	2740
I122	X-Ray Barium Swallow	40	350	1750	2190	3430	2740
I123	X-Ray Conray Swallow	40	350	1750	2190	3430	2740
I124	X-Ray Barium Meal	50	480	2400	3000	4690	3750
I125	X-Ray Barium Meal Follow-Through	150	1500	5000	6250	9760	7810
I126	X-Ray Small Bowel Enema	100	1000	5000	6250	9760	7810
I127	X-Ray Barium Enema for Colon	100	1000	5000	6250	9760	7810
I128	X-Ray Tube Cholangiogram	20	200	1000	1250	1950	1560
I129	X-Ray ERCP	120	1240	6200	7750	12110	9690
I130	X-Ray IVP	70	700	3500	4380	6850	5480
I131	X-Ray Cystogram	40	350	1750	2190	3430	2740
I132	X-Ray MCU	50	510	2560	3200	5000	4000
I133	X-Ray Retrograde Urethrogram	40	350	1750	2190	3430	2740
I134	X-Ray Retrograde Pyelogram	40	350	1750	2190	3430	2740
I141	X-Ray Sinogram	30	250	1270	1590	2490	1990
I142	X-Ray Fistulogram	30	250	1270	1590	2490	1990
I143	X-Ray Cologram	30	250	1270	1590	2490	1990
I144	X-Ray Loopogram	30	250	1270	1590	2490	1990
I145	X-Ray Nephrostogram	30	250	1270	1590	2490	1990
I146	X-Ray Gastrographic Enema (Colon)	100	1000	5000	6250	9760	7810

I151	Fluoroscopy Guided Biopsy	70	720	2400	3000	4690	3750
I152	Fluoroscopy Guided Block	70	720	2400	3000	4690	3750
I153	Fluoroscopy Guided J Needle Bone Biopsy	70	720	2400	3000	4690	3750
I154	Fluoroscopy Guided NGT Insertion	60	630	2100	2630	4110	3290
I155	Fluoroscopy Guided Drainage/ Biopsy	250	2460	8200	10250	16010	12810
I156	Fluoroscopy Guided Indwelling Catheter Placement	110	1050	3500	4380	6850	5480
I159	Lymphangiography	150	1500	5000	6250	9760	7810
I160	Bronchography	120	1200	4000	5000	7810	6250
I161	Myelography	110	1050	3500	4380	6850	5480
I162	Myelography with CT	150	1530	5100	6380	9980	7980
I163	Venography - Upper Limb	150	1500	5000	6250	9760	7810
I164	Venography - Lower Limb	150	1500	5000	6250	9760	7810
I165	Venography - Systemic	300	3000	10000	12500	19540	15630
I170	Angiography	180	1800	6000	7500	11730	9380
I171	Ophthalmic Artery Chemo Infusion	170	1700	5650	7060	11040	8830
I180	Angio Embolization	270	2700	9000	11250	17580	14060
I191	PTBD	150	1500	5000	6250	9760	7810
I192	PTBD Stenting	360	3600	12000	15000	23440	18750
I193	PCN (single kidney)	150	1500	5000	6250	9760	7810
I194	PCN Stenting	180	1800	6000	7500	11730	9380
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	260	2570	8550	10690	16700	13360
I197	Arterial Stenting	260	2570	8550	10690	16700	13360
I198	Thrombolysis / Thrombectomy	260	2570	8550	10690	16700	13360
I199	Angioplasty	260	2570	8550	10690	16700	13360
I200	Vascular Stenting	260	2570	8550	10690	16700	13360
I201	Brush Biopsy	230	2250	7500	9380	14660	11730
I202	Vertebroplasty	230	2250	7500	9380	14660	11730
I203	PCN (B/L)	260	2570	8550	10690	16700	13360
I204	DJ Stenting	200	1950	6500	8130	12700	10160
I205	Abdominal Abscess Drainage	120	1200	4000	5000	7810	6250
I206	Percutaneous Gastrostomy / Jejunostomy	270	2720	9050	11310	17680	14140
I208	Contrast Study	30	260	850	1060	1660	1330
I209	Osteoplasty	250	2480	8250	10310	16110	12890
I210	Cerebral Angiography	230	2250	7500	9380	14660	11730

I211	Chemo Embolisation	720	7200	24000	30000	46880	37500
I212	Radio Embolisation	830	8280	27600	34500	53910	43130
I213	Stent-Graft Deployment	830	8280	27600	34500	53910	43130
I214	Central Venous Access	150	1500	5000	6250	9760	7810
I215	IVC Filter Deployment	250	2480	8250	10310	16110	12890
I216	IVC Filter Retrieval	140	1380	4610	5760	9000	7200
I217	SCLEROTHERAPY	170	1670	5560	6950	10860	8690
I218	Test Occlusion	260	2550	8500	10630	16610	13290
I219	3D Rotational Angiography	150	1500	5000	6250	9760	7810
I220	Foreign Body Retrieval	250	2480	8250	10310	16110	12890
I221	Radio Frequency Ablation	360	3600	12000	15000	23440	18750
I222	Closure Device Insertion	720	7200	24000	30000	46880	37500
I223	Tracheo-bronchial stenting	720	7200	24000	30000	46880	37500
I224	Image Guided PICC insertion	250	2480	8250	10310	16110	12890
I225	DSA Port Placement	1100	10980	36600	45750	71490	57190
I226	EBUS guided FNA	360	3600	12000	15000	23440	18750
I227	Image Guided Endovenous Ablation	360	3600	12000	15000	23440	18750

Radiodiagnosis (Mammography)

Service Code	Service Description	NC	C	B	A	D	FN
I321	Mammography Single Breast	10	140	690	860	1350	1080
I322	Mammography Both Breasts	30	280	1380	1730	2700	2160
I324	Mammography - Biopsy	40	350	1760	2200	3440	2750
I325	Mammography - Localization	50	510	2570	3210	5010	4010
I326	Mammography of Specimen	10	140	690	860	1350	1080
I328	Non-Ionic Contrast and Consumable Charges	900	900	900	900	900	900
I329	Ionic Oral Contrast and Consumable Charges	180	180	180	180	180	180
I330	Iso-Osmolar Contrast and Consumable Charges	2300	2300	2300	2300	2300	2300
W070	Non-Ionic Contrast and Consumable Charges	900	900	900	900	900	900
W071	Ionic Oral Contrast and Consumable Charges	180	180	180	180	180	180
W072	Iso-Osmolar Contrast and Consumable Charges	2300	2300	2300	2300	2300	2300

Radiodiagnosis (Interventional Radiology)

Service Code	Service Description	NC	C	B	A	D	FN
--------------	---------------------	----	---	---	---	---	----

I327	Tumour Ablation - IRE	540	5400	18000	22500	35160	28130
I351	Whole Body, Dual Femur, Wrist	170	1650	5500	6880	10750	8600
I352	DEXA Scan-Whole Body (BFC + Spine)	120	1200	4000	5000	7810	6250
I353	DEXA Scan- Body Fat Composition (BFC)	60	600	2000	2500	3910	3130
I354	DEXA Scan- Vertebral Assessment	110	1050	3500	4380	6580	5480
I355	DEXA Scan- Duel Femur	60	600	2000	2500	3910	3130
I356	DEXA Scan- Localized (One Region)	60	600	2000	2500	3910	3130

Medical Oncology (Consultation)

Service Code	Service Description	NC	C	B	A	D	FN
J001	Consultation- New Case (Medical Oncology)	0	0	1500	1500	1500	1500
J003	Follow-Up Consultation (Medical Oncology)	0	0	900	900	900	900
J101	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Medical Oncology)	0	0	5750	7190	11240	8990
J102	Intravenous Bolus (per Cycle) (Medical Oncology)	20	200	1000	1250	1950	1560
J103	Bone Marrow Aspiration/Biopsy	30	290	1460	1830	2860	2290
J104	Chemotherapy Indoor Charges per Day (Medical Oncology)	0	0	750	940	1480	1180
J105	Chemotherapy Daycare Charge per Day (Medical Oncology)	0	0	550	690	1080	860
J107	Intravenous/ Intramuscular/ Subcutaneous Injection	0	0	140	180	290	230
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	41000	51250	80080	64060
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	31500	39380	61540	49230
J110	Lumbar Puncture	20	180	900	1130	1760	1410
J111	Intrathecal Chemotherapy	20	240	1200	1500	2350	1880
J112	Pleural Fluid Tapping	20	240	1200	1500	2350	1880
J113	Ascitic Tapping	20	240	1200	1500	2350	1880
J114	Pericardial Tapping	50	500	2500	3130	4890	3910
J116	Scalp Cooling Procedure	30	340	1680	2100	3290	2630

Medical Oncology (Bone Marrow Transplant (Bmt) Professional Charges)

Service Code	Service Description	NC	C	B	A	D	FN
J201	Bone Marrow Transplant (Allogenic)	0	0	149500	149500	149500	149500
J203	Bone Marrow Transplant (Autologous)	0	0	115000	115000	115000	115000
J204	Allogenic Matched Unrelated (MUD)/Cord Transplant	0	0	195500	195500	195500	195500
J402	Consultation- New Case (ACT Clinic)	0	0	1200	1200	1200	1200
J404	Follow-Up Consultation (ACT Clinic)	0	0	900	900	900	900

Medical Oncology (Cathether)

Service Code	Service Description	NC	C	B	A	D	FN
J501	Pre-Insertion + Demonstration	50	500	1000	1250	1950	1560
J502	Dressing	10	100	500	630	990	790
J503	Insertion of PICC	110	1050	2100	2630	4110	3290

Medical Oncology (Academic Hemato - Oncology Lab)

Service Code	Service Description	NC	C	B	A	D	FN
J609	RT-PCR Nested IGH Chain Gene rearrangement	200	1990	3970	4960	7750	6200
J610	RT-PCR Nested, TCR Gene Rearrangement	200	1990	3970	4960	7750	6200
J611	RT-PCR Hot Start	280	2780	5560	6950	10860	8690
J613	Gene rearrangement by Direct Sequencing	480	4760	9520	11900	18600	14880
J614	Mutation analysis by ASO PCR	480	4760	9520	11900	18600	14880
J615	DIRECT SEQUENCING FOR EGFR MUTATION ANALYSIS	400	3970	7930	9910	15490	12390
J616	RT-PCR for RAS / BRAF mutation analysis	640	6350	12700	15880	24810	19850
J617	RT-PCR for EBV analysis	640	6350	12700	15880	24810	19850
J618	Direct Sequencing for RAS mutation analysis	640	6350	12700	15880	24810	19850
J620	Snap shot PCR for EGFR,RAS, and PTEN	810	8110	16210	20260	31660	25330
J621	RT-PCR for EGFR Mutation analysis	640	6350	12700	15880	24810	19850
J622	Direct Sequencing for DPD Testing	640	6350	12700	15880	24810	19850
J623	NGS Platform - limited Panel (10 genes)	900	9000	18000	22500	35160	28130
J624	NGS Platform - extended Panel (> 50 genes)	1800	18000	36000	45000	70310	56250

General Medicine (Consultation)

Service Code	Service Description	NC	C	B	A	D	FN
K002	Cross Consultation (General Medicine)	0	0	1200	1200	1200	1200
K003	Follow-Up Consultation (General Medicine)	0	0	900	900	900	900

General Medicine (Other Tests)

Service Code	Service Description	NC	C	B	A	D	FN
K101	Electrocardiogram	10	60	310	390	610	490
K107	PFT (Spirometry)	20	180	920	1150	1800	1440
K108	Complete PFT with Diffusion and Lung Volume Study	30	300	1500	1880	2940	2350

K112	Diffusion Study	10	130	640	800	1250	1000
K113	Lung Volume Study	20	150	730	910	1430	1140
K116	Echocardiogram + Color Doppler Bedside (H)	30	280	1400	1750	2740	2190
K117	Echocardiogram + Color Doppler Bedside (P)	0	0	2100	2630	4110	3290
K118	Echocardiogram + Color Doppler (H)	20	200	1000	1250	1950	1560
K119	Echocardiogram + Color Doppler (P)	0	0	1500	1880	2940	2350
K122	Cardiac Stress Test (H)	20	160	800	1000	1560	1250
K123	Cardiac Stress Test (P)	0	0	1150	1440	2250	1800
K124	Cardiopulmonary Stress Test (H)	30	280	1400	1750	2740	2190
K125	Cardiopulmonary Stress Test(P)	0	0	2100	2630	4110	3290

General Medicine (Psychiatry @ Clinical Psychology)

Service Code	Service Description	NC	C	B	A	D	FN
K301	Cross Consultation (Psychiatry)	0	0	1200	1200	1200	1200
K302	Follow-Up Consultation (Psychiatry)	0	0	900	900	900	900
K303	Psychometric Testing	20	120	600	750	1200	950

General Medicine (Pulmonary Unit)

Service Code	Service Description	NC	C	B	A	D	FN
K401	Cross Consultation (Pulmonary Unit)	0	0	1200	1200	1200	1200
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	900	900	900	900
K403	Pulmonology Grade - 1	0	0	2000	2500	3750	3000
K404	Pulmonology Grade - 2	0	0	5000	6000	9500	7500
K405	Pulmonology Grade - 3	0	0	10000	12500	19000	15000

Honorary Consultants (Cardiology)

Service Code	Service Description	NC	C	B	A	D	FN
L001	Cross Consultation (Cardiology)	0	0	1200	1200	1200	1200
L002	Follow-up Consultation (Cardiology)	0	0	900	900	900	900

Honorary Consultants (Nephrology)

Service Code	Service Description	NC	C	B	A	D	FN
L101	Cross Consultation (Nephrology)	0	0	1200	1200	1200	1200
L102	Follow-Up Consultation (Nephrology)	0	0	900	900	900	900

Honorary Consultants (Dermatologist)

Service Code	Service Description	NC	C	B	A	D	FN
L103	Cross Consultation (Dermatologist)	0	0	1200	1200	1200	1200
L104	Follow up Consultation (Dermatologist)	0	0	900	900	900	900

Honorary Consultants (Endocrinologist)

Service Code	Service Description	NC	C	B	A	D	FN
L105	Cross Consultation (Endocrinologist)	0	0	1200	1200	1200	1200
L106	Follow up Consultation (Endocrinologist)	0	0	900	900	900	900

Honorary Consultants (Ophthalmologist)

Service Code	Service Description	NC	C	B	A	D	FN
L107	Cross Consultation (Ophthalmologist)	0	0	1200	1200	1200	1200
L108	Follow up Consultation (Ophthalmologist)	0	0	900	900	900	900

Honorary Consultants (Ophthalmologists)

Service Code	Service Description	NC	C	B	A	D	FN
L109	Cross Consultation (Opthal Surgery)	0	0	1200	1200	1200	1200
L110	Follow-up Consultation (Opthal Surgery)	0	0	1200	1200	1200	1200

Honorary Consultants (Other Tests)

Service Code	Service Description	NC	C	B	A	D	FN
L111	Peritoneal Dialysis	30	320	1600	2000	3130	2500
L112	Femoral Vein Catheterisation	10	120	590	740	1160	930
L113	Subclavian Vein Catheterisation	20	180	880	1100	1730	1380
L114	CAVH	30	270	1370	1710	2680	2140
L115	Renal Biopsy	10	120	590	740	1160	930

Honorary Consultants (Neurology)

Service Code	Service Description	NC	C	B	A	D	FN
L301	Cross Consultation (Neurology)	0	0	1200	1200	1200	1200
L302	Follow-Up Consultation (Neurology)	0	0	900	900	900	900

Honorary Consultants (Neurosurgery)

Service Code	Service Description	NC	C	B	A	D	FN
L401	Cross Consultation (Neurosurgery)	0	0	1200	1200	1200	1200
L402	Follow-Up Consultation (Neurosurgery)	0	0	900	900	900	900

Honorary Consultants (ENT)

Service Code	Service Description	NC	C	B	A	D	FN
L501	Cross Consultation (ENT)	0	0	1200	1200	1200	1200
L502	Follow-Up Consultation (ENT)	0	0	900	900	900	900

Honorary Consultants (Clinical Haematology)

Service Code	Service Description	NC	C	B	A	D	FN
L601	Cross Consultation (Clinical Haematology)	0	0	1200	1200	1200	1200
L602	Follow-Up Consultation (Clinical Haematology)	0	0	900	900	900	900

Honorary Consultants (Hepatology)

Service Code	Service Description	NC	C	B	A	D	FN
L701	Cross Consultation (Hepatology)	0	0	1200	1200	1200	1200
L702	Follow-Up Consultation (Hepatology)	0	0	900	900	900	900

Digestive Diseases & Clinical Nutrition (Consultations)

Service Code	Service Description	NC	C	B	A	D	FN
M001	Consultation- New Case (Digestive Diseases)	0	0	1500	1500	1500	1500
M002	Follow-Up Consultation (Digestive Diseases)	0	0	900	900	900	900
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	900	900	900	900
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	5750	7190	11240	8990
M005	Intravenous Bolus (per Cycle) (Digestive Diseases)	20	200	1000	1250	1950	1560

Digestive Diseases & Clinical Nutrition (Digestive Diseases)

Service Code	Service Description	NC	C	B	A	D	FN
M006	TPN Therapy (New Plan)	0	0	3600	4500	7040	5630
M007	Enteral Nutrition Therapy (New Plan)	0	0	3000	3750	5860	4690
M008	Home Enteral Nutrition Care (New Plan)	0	0	1800	2250	3510	2810
M009	Home TPN Therapy (New Plan)	0	0	3600	4500	7040	5630
M016	Chemotherapy Indoor Charges per Day (Digestive Diseases)	0	0	750	940	1480	1180

M017	Chemotherapy Daycare Charges per Day (Digestive Diseases)	0	0	550	690	1080	860
M018	Dietary Counseling Oral (New Plan)	0	0	1200	1500	2350	1880
M019	REE Estimation	0	0	3600	4500	7040	5630
M020	Body Composition	0	0	1800	2250	3510	2810
M022	Inpatient Care (Neutropenia Care/ Hepatitis)	0	0	3800	4750	7430	5940
M023	TPN Therapy (Follow-up/ Replan)	0	0	2400	3000	4690	3750
M024	TPN Daily Monitoring	0	0	1000	1250	1950	1560
M025	Enteral Nutrition Therapy (Follow-up/ Replan)	0	0	2000	2500	3910	3130
M026	Enteral Nutrition Therapy Daily Monitoring	0	0	700	880	1380	1100
M027	Dietary Counseling Oral (Follow-up)	0	0	900	900	900	900
M061	Helicobacter Pylori Breath Test	40	360	1800	2250	3510	2810
M101	Rigid Sigmoidoscopy	0	0	2060	2580	4040	3230
M102	Tissue Sampling- Biopsy	0	0	2060	2580	4040	3230
M103	Oesophageal ILRT Tube Placement- Over wire only	0	0	2060	2580	4040	3230
M104	Peg Tube Removal/ Exchange	0	0	1000	1250	1950	1560
M105	Ryle s Tube Placement	0	0	1800	2250	3510	2810
M106	Nasogastric tube Over wire & Non-Fluoroscopic	0	0	2060	2580	4040	3230
M107	Tissue Sampling- Cytology	0	0	1800	2250	3510	2810
M108	Gastric Lavage/ Decompression	0	0	1000	1250	1950	1560
M109	Ascitic Fluid Aspiration (DDCN)	20	230	1170	1460	2290	1830
M110	Pleural Fluid Tapping (DDCN)	20	240	1200	1500	2350	1880
M111	Pericardial Tapping (DDCN)	50	500	2500	3130	4890	3910
M112	Liver Biopsy	0	0	3020	3780	5910	4730
M113	CSF tapping (DDCN)	20	240	1200	1500	2350	1880
M114	CVP Access (DDCN)	20	200	1000	1250	1950	1560
M115	Indwelling Peritoneal Catheter Placement (DDCN)	0	0	2060	2580	4040	3230
M116	Percutaneous Ethanol Injection	0	0	2800	3500	5480	4380
M117	Needle Aspiration (Non USG Guided)	0	0	1000	1250	1950	1560
M206	Flexible Sigmoidoscopy	0	0	6030	7540	11790	9430
M207	Pile Banding / Injection	0	0	6030	7540	11790	9430
M208	Flexible Sigmoidoscopy (repeat)	0	0	4220	5280	8250	6600
M301	Sideviewing Duodenoscopy	0	0	7100	8880	13880	11100
M303	Colonoscopy	0	0	7100	8880	13880	11100
M305	Dye Chromoendoscopy (Standard Imaging)	0	0	7100	8880	13880	11100

M306	Jejuno-Enteroscopy (Push Type Limited Exam)	0	0	7100	8880	13880	11100
M309	EUS of Rectum/Sigmoid Colon	0	0	7100	8880	13880	11100
M310	Endosonoprobe Examination	0	0	7100	8880	13880	11100
M311	Endoscopic Naso-gastric Tube Placement (Non-Fluroscopic)	0	0	7100	8880	13880	11100
M312	Esophageal Dilation (Non-Fluroscopic)- 1 session	0	0	7100	8880	13880	11100
M313	Foreign Body Removal (Non-Fluroscopic)	0	0	7100	8880	13880	11100
M314	Hemostasis: Variceal Banding	0	0	7100	8880	13880	11100
M315	Hemostasis: Clipping	0	0	7100	8880	13880	11100
M316	Hemostasis: Glue Injection	0	0	7100	8880	13880	11100
M317	Hemostasis: Bicap Coagulation	0	0	7100	8880	13880	11100
M318	Hemostasis: Injection Therapy	0	0	7100	8880	13880	11100
M323	Diagnostic Upper GI Endoscopy	0	0	7100	8880	13880	11100
M324	Diagnostic Upper GI Endoscopy (repeat)	0	0	5000	6250	9760	7810
M325	Colonoscopy (Repeat)	0	0	5000	6250	9760	7810
M326	Clip Marking	0	0	7100	8880	13880	11100
M327	Dye Chromoendoscopy: Standard Imaging (repeat)	0	0	5000	6250	9760	7810
M328	Esophageal Dilation (Non-Fluroscopic) (partial)	0	0	5000	6250	9760	7810
M329	ERCP Diagnostic Non-cholangioscopy (repeat)	0	0	5000	6250	9760	7810
M330	Hemostasis: Argon Plasma Coagulation	0	0	7100	8880	13880	11100
M331	Hemostasis: Sclerotherapy	0	0	7100	8880	13880	11100
M332	Hemostasis: Loop Ligation	0	0	7100	8880	13880	11100
M333	Polypectomy Cold Snare / Hot Biopsy	0	0	7100	8880	13880	11100
M334	Jejuno-Enteroscopy (Push Type Limited Exam- Repeat)	0	0	5000	6250	9760	7810
M401	EUS: Pancreas and Bile Ducts	0	0	9000	11250	17580	14060
M403	Esophageal Stenting	0	0	9000	11250	17580	14060
M404	Percutaneous Endoscopic Gastrostomy	0	0	9000	11250	17580	14060
M405	Percutaneous Endoscopic Jejunostomy	0	0	9000	11250	17580	14060
M406	Achalasia Dilatation	0	0	9000	11250	17580	14060
M407	Gastric or Pyloric Dilation (Non-Fluroscopic)- 1 session	0	0	9000	11250	17580	14060
M408	Rectal or Colonic Dilation (Non-Fluroscopic)- 1 session	0	0	9000	11250	17580	14060
M409	Polypectomy (upto 2 polyps and stalked)	0	0	9000	11250	17580	14060
M411	Ablation: Laser Therapy	0	0	9000	11250	17580	14060
M412	Ablation: Argon Plasma Coagulation	0	0	9000	11250	17580	14060
M413	ERCP Sphincterotomy	0	0	9000	11250	17580	14060

M414	Endoscopic Cyst Drainage	0	0	9000	11250	17580	14060
M415	ERCP Naso-Biliary Drainage	0	0	9000	11250	17580	14060
M416	Biliary/ Pancreatic Cytology	0	0	3520	4400	6880	5500
M417	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI)	0	0	9000	11250	17580	14060
M418	Magnification Dye Chromoendoscopy	0	0	9000	11250	17580	14060
M419	Capsule Endoscopy Imaging	0	0	12060	15080	23560	18850
M420	Capsule Endoscopy Imaging (Repeat)	0	0	8500	10630	16610	13290
M421	Clip Application (Non-Hemostatic, Markers)	0	0	5000	6250	9760	7810
M422	Ablation: Cryotherapy/ PDT	0	0	7870	9840	15380	12300
M423	Ablation: Cryotherapy/ PDT (Partial)	0	0	5510	6890	10760	8610
M424	Ablation: Argon Plasma Coagulation (Partial)	0	0	6500	8130	12700	10160
M425	Gastric or Pyloric Dilation- Non-Fluoroscopic (Partial)	0	0	6500	8130	12700	10160
M426	Rectal or Colonic Dilation- Non-Fluoroscopic (Partial)	0	0	6500	8130	12700	10160
M427	Achalasia Dilatation (Partial)	0	0	6500	8130	12700	10160
M428	ERCP Naso-Pancreatic Drainage	0	0	9000	11250	17580	14060
M429	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI) (Repeat)	0	0	6500	8130	12700	10160
M430	Magnification Dye Chromoendoscopy (Repeat)	0	0	6500	8130	12700	10160
M431	EUS Radial Mediastinum and/ or Upper Abdomen	0	0	8260	10330	16140	12910
M432	Decompression: NJT placement	0	0	7100	8880	13880	11100
M433	Decompression: Colonic tube placement	0	0	7100	8880	13880	11100
M434	Stenting: Enteral	0	0	11510	14390	22490	17990
M435	Stenting: Colonic	0	0	11510	14390	22490	17990
M436	Dilatation Luminal Fluoroscopic	0	0	9000	11250	17580	14060
M437	Hemostasis: Post Endoscopic Resection	0	0	9000	11250	17580	14060
M438	Foreign Body Removal (Fluoroscopic)	0	0	9000	11250	17580	14060
M439	Diagnostic ERCP (Non-cholangioscopic)	0	0	7100	8880	13880	11100
M501	ERCP Biliary Stenting (Single)	0	0	12060	15080	23560	18850
M502	ERCP Pancreatic Stenting (Single)	0	0	12060	15080	23560	18850
M503	Multiple Polypectomy (more than 2 polyps and stalked)	0	0	12060	15080	23560	18850
M504	EUS Guided FNA	0	0	12060	15080	23560	18850
M506	Radiofrequency Ablation	0	0	12060	15080	23560	18850
M508	ERCP Biliary Stenting (Multiple Stents)	0	0	12060	15080	23560	18850
M510	ERCP Pancreatic Stenting (Multiple)	0	0	12060	15080	23560	18850
M512	ERCP Biliary Stone extraction	0	0	12060	15080	23560	18850

M514	ERCP Pancreatic Stone extraction	0	0	12060	15080	23560	18850
M516	ERCP Biliary Stricture Dilatation	0	0	12060	15080	23560	18850
M518	ERCP Pancreatic Stricture Dilatation	0	0	12060	15080	23560	18850
M520	ERCP Sphincteroplasty	0	0	12060	15080	23560	18850
M522	ERCP in Bilroth II Anatomy	0	0	12060	15080	23560	18850
M524	ERCP Extraction: Internally migrated stent	0	0	12060	15080	23560	18850
M526	ERCP Mechanical Lithotripsy	0	0	12060	15080	23560	18850
M528	ERCP Minor Papilla therapy	0	0	12060	15080	23560	18850
M530	EUS Guided Colour Doppler	0	0	12060	15080	23560	18850
M532	EUS Miniprobe Luminal examination	0	0	12060	15080	23560	18850
M534	EUS Guided Celiac Plexus Neurolysis	0	0	12060	15080	23560	18850
M536	EUS Linear imaging (No FNAC)	0	0	12060	15080	23560	18850
M538	EUS Advanced Imaging: 3D/ Elastography/ CE/ THI	0	0	12060	15080	23560	18850
M540	Nasogastric tube placement Fluoroscopic	0	0	7870	9840	15380	12300
M542	Nasojejunal tube placement	0	0	9000	11250	17580	14060
M544	Stenting: Cervical Esophagus	0	0	12060	15080	23560	18850
M546	Stenting: Gastro-duodenal	0	0	12060	15080	23560	18850
M548	Endotherapy post Bariatric surgery	0	0	12060	15080	23560	18850
M550	Multiple Polypectomy (> 2 polyps and stalked) - partial	0	0	8500	10630	16610	13290
M602	Capsule Biopsy of Small Bowel	0	0	2060	2580	4040	3230
M606	EUS Intraductal (Biliary- pancreatic examination)	0	0	13800	17250	26950	21560
M608	Cholangioscopy	0	0	20700	25880	40440	32350
M610	Device Assisted (Balloon)/ Push Type Enteroscopy	0	0	20700	25880	40440	32350
M612	Endoscopic tumor resection (EMR/ESD/Ampullectomy)	0	0	20700	25880	40440	32350
M614	Endoscopic Pancreatic Necrosectomy	0	0	20700	25880	40440	32350
M616	ERCP Intrahepatic stone removal	0	0	20700	25880	40440	32350
M618	EUS: Endobronchial	0	0	20700	25880	40440	32350
M620	EUS Guided Pseudocyst Drainage	0	0	20700	25880	40440	32350
M622	EUS-ERCP Combined Biliary Drainage	0	0	20700	25880	40440	32350
M624	High resolution Anoscopy (HRA)	0	0	20700	25880	40440	32350
M626	Percutaneous Endoscopic Colostomy	0	0	20700	25880	40440	32350
M628	Myotomy	0	0	20700	25880	40440	32350

Digestive Diseases & Clinical Nutrition (Endoscopy Room Charges)

Service Code	Service Description	NC	C	B	A	D	FN
M051	Endoscopy Room Charges Grade I	40	350	1750	2190	3430	2740
M052	Endoscopy Room Charges Grade II	50	500	2500	3130	4890	3910
M053	Endoscopy Room Charges Grade III	70	700	3500	4380	6850	5480
M054	Endoscopy Room Charges Grade IV	100	1000	5000	6250	9760	7810
M055	Endoscopy Room Charges Grade V	140	1400	7000	8750	13680	10940
M056	Endoscopy Room Charges Grade VI	200	2000	10000	12500	19540	15630
M057	Cholangioscopy Probe Charge (Endoscopy)	24000	24000	24000	24000	24000	24000
M058	Endoscopy Room- Sedation (NAAS)	20	160	800	1000	1560	1250
M059	Endoscopy Room- Video Recording	20	140	280	350	550	440
M060	Endoscopy Room- Color Print Images/ Report	20	140	280	350	550	440

Anaesthesiology, Critical Care & Pain Management (Consultation)

Service Code	Service Description	NC	C	B	A	D	FN
N001	Consultation- New Case (Chronic Pain Management)	0	0	1500	1500	1500	1500
N002	Consultation- New Case (PAC- Pre Anesthesia Checkup)	0	0	1500	1500	1500	1500
N003	Follow-Up Consultation (PAC- Pre Anesthesia Checkup)	0	0	900	900	900	900
N005	Follow-Up Consultation (Chronic Pain Management)	0	0	900	900	900	900

Anaesthesiology, Critical Care & Pain Management (Anaesthesia Charges)

Service Code	Service Description	NC	C	B	A	D	FN
N101	Anesthesia Fees - Grade I	0	0	4670	5840	9130	7300
N102	Anesthesia Fees - Grade II	0	0	8630	10790	16860	13490
N103	Anesthesia Fees - Grade III	0	0	13800	17250	26950	21560
N104	Anesthesia Fees - Grade IV	0	0	17250	21560	33690	26950
N105	Anesthesia Fees - Grade V	0	0	27770	34710	54240	43390
N106	Anesthesia Fees - Grade VI	0	0	35710	44640	69750	55800
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	15870	19840	31000	24800
N108	Anesthesia Charges for Laser/Sub-Major Surgery	0	0	1990	2490	3890	3110
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	860	1080	1690	1350
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	5180	6480	10130	8100
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	14660	18330	28640	22910
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	21560	26950	42110	33690

N113	Anesthesia Charges for Scopies/Minor Surgeries	0	0	1000	1250	1950	1560
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	1500	1880	2940	2350
N115	Anaesthesia charges for Diagnostic CT	0	0	1200	1500	2350	1880
N116	Sedation charges	0	0	1000	1250	1950	1560
N117	Lumbar Puncture	20	180	900	1130	1760	1410
N118	Anesthesia charges for Interventional Radiology Grade I	0	0	1590	1990	3110	2490
N119	Anesthesia charges for Interventional Radiology Grade II	0	0	2480	3100	4850	3880
N120	Anesthesia charges for Interventional Radiology Grade III	0	0	3970	4960	7750	6200
N121	Anesthesia charges for Interventional Radiology Grade IV	0	0	4970	6210	9700	7760
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	1000	1250	1950	1560
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	1190	1490	2330	1860
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	1590	1990	3110	2490
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	1990	2490	3890	3110
N126	Anesthesia Charges for Diagnostic GI Endoscopy under GA	0	0	2380	2980	4660	3730
N127	Anesthesia charges for GI Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	3970	4960	7750	6200
N128	Sedation and monitoring of GI Diagnostic endoscopy	0	0	1000	1250	1950	1560
N129	Anesthesia Charges for GI Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	1590	1990	3110	2490
N130	Anesthesia Fees - Grade VII	0	0	53570	66960	104630	83700
N131	TEG -Kaolin (Plain) Thrombelastograph	20	240	1190	1490	2330	1860
N132	TEG -Kaolin (Heparinase) Thrombelastograph Coagulation Test	40	380	1910	2390	3740	2990
N133	Anaesthesia charges for Paediatric/Adult patients in MRI	0	0	2400	3000	4690	3750

Anaesthesiology, Critical Care & Pain Management (ICU Charges)

Service Code	Service Description	NC	C	B	A	D	FN
N201	ICU Per Day Professional Charges	0	0	1500	1850	3000	2500

Anaesthesiology, Critical Care & Pain Management (Icu Charges)

Service Code	Service Description	NC	C	B	A	D	FN
N202	CVP Access / Dialysis Catheter Insertion	40	400	2000	2500	3910	3130
N203	Swan Ganz Catheter Insertion	50	500	2500	3130	4890	3910
N204	Arterial Line Insertion	20	200	1000	1250	1950	1560
N205	Therapeutic Bronchoscopy	100	990	4970	6210	9700	7760
N206	Transvenous Pacemaker	60	600	3000	3750	5860	4690
N207	Percutaneous Tracheostomy	50	500	2500	3130	4890	3910

N208	CAVH - 1st Day	40	370	1850	2310	3610	2890
N209	Continuous Renal Replacement Therapy Per Day	20	240	1200	1500	2350	1880
N210	ICU - Intubation and initiation of mechanical ventilation	20	160	800	1000	1560	1250
N211	Advanced haemodynamic monitoring (Flotrac / PiCCo / Volume View etc) for the duration of 1	50	480	2380	2980	4660	3730
N212	Intermittent Hemodialysis / SLED per session	20	240	1200	1500	2350	1880
N213	Arterial Blood gas (ABG) Analysis	10	70	360	450	700	560
N214	POC Arterial Blood Gases (TMH)	0	30	170	210	330	260

Anaesthesiology, Critical Care & Pain Management (Pain Clinic, Respiratory Therapy, Radiology, Radio)

Service Code	Service Description	NC	C	B	A	D	FN
N301	Minor (Peripheral Nerve Block)	0	0	1000	1250	1950	1560
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	0	5000	6250	9760	7810
N304	RT SELECTRON	0	0	1250	1560	2440	1950
N305	RT Iridium Implant	0	0	1460	1830	2860	2290
N311	Acute Pain Services(4 days consolidated)	0	0	2990	3740	5850	4680
N312	Patient Controlle Analgesia(PCA)	0	0	2000	2500	3910	3130
N314	Chronic Pain Referral/ Followup (Wards)	0	0	1000	1500	2000	2000
N315	Epidural Catheterization	0	0	1000	1250	1950	1560
N350	Injection Verfen	15	15	15	15	15	15
N351	Injection Vermor 10 mg	15	15	15	15	15	15
N352	INJ PETHIDINE	45	45	45	45	45	45
N353	Injection Bupragesic 300 mg	32	32	32	32	32	32

Surgical Oncology (Consultations)

Service Code	Service Description	NC	C	B	A	D	FN
O001	Consultation- New Case (Surgical Oncology)	0	0	1500	1500	1500	1500
O003	Follow-Up Consultation (Surgical Oncology)	0	0	900	900	900	900
O004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Surgical Oncology)	0	0	5750	7190	11240	8990
O005	Intravenous Bolus per Cycle (Surgical Oncology)	20	200	1000	1250	1950	1560
O006	Chemotherapy Indoor Charges per Day (Surgical Oncology)	0	0	750	940	1480	1180
O007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	0	0	550	690	1080	860
O008	Trucut Biopsy of Breast Lesions (OPD)	50	480	2400	3000	4690	3750
O009	Dressing- OPD	20	100	500	630	990	790

Surgical Oncology (Operation Theatre (Hospital Service Charges))

Service Code	Service Description	NC	C	B	A	D	FN
O111	Major OT - Service Charges - Less than 2 Hrs.	240	2400	12000	15000	23440	18750
O112	Major OT - Service Charges - 2 To 4 Hrs	500	5000	25000	31250	48830	39060
O113	Major OT - Service Charges - 4 to 6 Hrs	800	8000	40000	50000	78130	62500
O116	Major OT - Service Charges - 6 to 8 Hrs	1100	11000	55000	68750	107430	85940
O117	Robotic Surgery Consumable Charges	120000	120000	120000	120000	120000	120000
O118	Major OT - Service Charges - More than 8 Hrs	1300	13000	65000	81250	126950	101560
O119	Robotic Surgery Additional Instrument usage Charges	20000	20000	20000	20000	20000	20000
O120	Head & Neck Robotic surgery Consumable	60000	60000	60000	60000	60000	60000
O121	Robotic Surgery Vessel Scaler Charges	43200	43200	43200	43200	43200	43200
O122	Robotic Surgery for Prostate Consumable Charges	150000	150000	150000	150000	150000	150000
O123	Trilumen Filtered Tube Set For Airseal	19200	19200	19200	19200	19200	19200
O124	Access Port 120mm with Bladeless Optical 120mm	19200	19200	19200	19200	19200	19200
O125	Access Port 12mm with Bladeless Optical 100mm	10800	10800	10800	10800	10800	10800
O126	Minor OT Service Charges (Without GA)	70	700	3500	4380	6850	5480
O127	Minor OT Service Charges (with GA)	100	1000	5000	6250	9760	7810
O128	Thoracic Robotic Surgery Consumable	60000	60000	60000	60000	60000	60000

Surgical Oncology (Surgery Charges)

Service Code	Service Description	NC	C	B	A	D	FN
O151	Minor OT - Surgery Charges	0	0	2000	2500	3910	3130
O161	Grade I Surgery	0	0	10000	12500	19540	15630
O162	Grade II Surgery	0	0	20000	25000	39060	31250
O163	Grade III Surgery	0	0	35000	43750	68360	54690
O164	Grade IV Surgery	0	0	50000	62500	97660	78130
O165	Grade V Surgery	0	0	70000	87500	136730	109380
O166	Vascular Surgery Cover (Outsourced)	0	0	50000	62500	97660	78130
O167	Grade VI Surgery	0	0	90000	112500	175790	140630
O168	Prof. charges for Neuro navigation	0	0	20000	25000	39060	31250
O169	Prof. charges for fluorescence guided Neurosurgical procedure	0	0	10000	12500	19540	15630
O171	Intra Operative Neuro Monitoring Grad I I Surgery	0	0	1000	1250	1950	1560
O172	Intra Operative Neuro Monitoring Grad I II Surgery	0	0	2000	2500	3910	3130
O173	Intra Operative Neuro Monitoring Grad I III Surgery	0	0	3500	4380	6850	5480

O174	Intra Operative Neuro Monitoring GradI IV Surgery	0	0	5000	6250	9760	7810
O175	Intra Operative Neuro Monitoring GradI V Surgery	0	0	7000	8750	13680	10940
O177	Intra Operative Neuro Monitoring GradI VI Surgery	0	0	9000	11250	17580	14060
O178	Minor Procedure / Dressing - Ophthal (Eg Dressing for Corneal injuries, ulcers, eye suture	0	0	2500	3000	4000	3500
O179	Minor Ophthal Surgery (Eg: Biopsy, small Lid Tumors, Small Conjunctival Tumors)	0	0	5000	6250	9000	7500
O180	Major Ophthal Surgery. (Eg: Orbitotomy, Lid Reconstruction)	0	0	30000	37500	60000	45000

Dental And Prosthetic Services

Service Code	Service Description	NC	C	B	A	D	FN
P102	Cross Consultation (Dental)	0	0	1200	1200	1200	1200
P103	Follow-Up Consultation (Dental)	0	0	900	900	900	900
P201	Surgical Maxillary Plate (Temp. Plate)	40	380	1900	2380	3730	2980
P202	Interim Maxillary Prosthesis	100	1030	5160	6450	10080	8060
P203	Permanent Maxillary Prosthesis with Teeth	160	1590	7930	9910	15490	12390
P204	Palatal Prosthesis	140	1370	6830	8540	13350	10680
P205	Palatal Ext. Prosthesis with Teeth	140	1370	6830	8540	13350	10680
P206	Guide Plane Prosthesis	100	1030	5160	6450	10080	8060
P207	Tongue Prosthesis	200	1970	9840	12300	19230	15380
P208	Partial Denture (1 - 3 Teeth)	50	480	2390	2990	4680	3740
P209	Partial Denture (4 - 6 Teeth)	60	590	2940	3680	5750	4600
P210	Partial Denture (7 - 10 Teeth)	80	790	3970	4960	7750	6200
P211	Upper or Lower Complete Denture	120	1180	5880	7350	11490	9190
P212	Upper and Lower Complete Denture	200	1970	9840	12300	19230	15380
P213	Interim Maxillary Prosthesis in Molloplast Cap	200	1970	9840	12300	19230	15380
P214	Permanent Maxillary Prosthesis in Molloplast Cap	240	2350	11740	14680	22940	18350
P216	Extraction per Tooth	10	90	430	540	850	680
P217	Surgical Extraction per Tooth	30	300	1500	1880	2940	2350
P218	Impaction	60	600	3000	3750	5860	4690
P220	Prophylaxis	20	190	950	1190	1860	1490
P222	Radiation Protection Pros. (Upper/Lower)	100	990	4930	6160	9630	7700
P225	Repair of Prosthesis	20	200	980	1230	1930	1540
P226	Fluoride Gel Application (per Sitting)	10	130	640	800	1250	1000
P227	Inter Maxillary Wiring	40	380	1900	2380	3730	2980
P229	Implant Retained Extra Oral Prosthesis / Consolidated	280	2760	13800	17250	26950	21560

P230	Implant Retained Intra Oral Fixed Dentures / Consolidated Per Tooth	100	990	4930	6160	9630	7700
P231	Implant Retained Intra Oral Removable Dentures/ Consolidated	280	2760	13800	17250	26950	21560
P232	Permanent Max. Pros. with Bite Guide Pros.	130	1330	6670	8340	13040	10430
P233	Permanent Max. Pros. with Teeth & GPP	210	2100	10480	13100	20480	16380
P235	Occlusal Guard	20	190	950	1190	1860	1490
P236	Composite Filling	20	150	740	930	1450	1160
P237	Temporary Filling (ZNOE Cement)	10	50	240	300	480	380
P238	Ag Filling / GI Filling	10	100	480	600	940	750
P242	Custom made eye conformer	130	1270	6350	7940	12410	9930
P243	Implant retained - nose orbit, ear	250	2540	12700	15880	24810	19850
P246	Eye Prosthesis (Relining)	50	480	2390	2990	4680	3740
P247	Root canal treatment	60	630	3170	3960	6190	4950
P248	Interim Maxillary Prosthesis with Molloplast Bulb	500	4970	24840	31050	48510	38810
P249	Permanent Maxillary Prosthesis with Molloplast Bulb	610	6070	30360	37950	59300	47440
P251	CBCT Tooth/Multiple Teeth	30	300	600	750	1175	940
P252	CBCT Single jaw	60	600	1200	1500	2340	1875
P253	CBCT Single Side for both jaws	75	750	1500	1875	2925	2340
P254	CBCT Both jaws/TMJ	100	1000	2000	2500	3905	3125
P255	CBCT Full face	150	1500	3000	3750	5860	4690

Radiation Oncology (Consultations)

Service Code	Service Description	NC	C	B	A	D	FN
Q001	Consultation- New Case (Radiation Oncology)	0	0	1500	1500	1500	1500
Q002	Cross Consultation (Radiation Oncology)	0	0	0	0	0	0
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	900	900	900	900
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	20	200	1000	1250	1950	1560
Q006	Chemotherapy Indoor Charges per Day (Radiation Oncology)	0	0	750	940	1480	1180
Q007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	0	0	550	690	1080	860

Radiation Oncology

Service Code	Service Description	NC	C	B	A	D	FN
Q004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Radiation Oncology)	0	0	5750	7190	11240	8990
Q101	25 or More Fractions (Hosp. Charges)	0	0	0	0	0	0
Q102	11 To 24 Fractions (Hosp. Charges)	0	0	0	0	0	0

Q103	2 To 10 Fractions (Hosp. Charges)	0	0	0	0	0	0
Q104	Single Fraction/HBI (Hosp. Charges)	0	0	0	0	0	0
Q105	SRS/SRT (Hosp. Charges)	0	0	0	0	0	0
Q106	IMRT (Hosp. Charges)	0	0	0	0	0	0
Q107	IMRT with IGRT (Hosp. Charges)	0	0	0	0	0	0
Q108	SRS/SRT with IGRT (Hosp. Charges)	0	0	0	0	0	0
Q109	3D-CRT with IGRT (Hosp. Charges)	0	0	0	0	0	0
Q120	4D-CRT Planning (Hosp. Charges)	0	0	0	0	0	0
Q121	Simulator	0	0	0	0	0	0
Q122	TPS	0	0	0	0	0	0
Q123	Mould/Block/Compensators	0	0	0	0	0	0
Q124	Conformal Block/MLC	0	0	0	0	0	0
Q125	Body Frame	0	0	0	0	0	0
Q126	CT Simulator	0	0	0	0	0	0
Q127	3D-CRT Consolidated (Hosp. Charges)	0	0	0	0	0	0
Q128	TBI / TSET Consolidated (Hosp. Charges)	0	0	0	0	0	0
Q129	Adaptive Radiotherapy (Hosp. Charges)	0	0	0	0	0	0
Q201	25 or More Fractions (Prof. Charges)	0	0	0	0	0	0
Q202	11 To 24 Fractions (Prof. Charges)	0	0	0	0	0	0
Q203	2 To 10 Fractions (Prof. Charges)	0	0	0	0	0	0
Q204	Single Fraction/HBI (Prof. Charges)	0	0	0	0	0	0
Q205	SRS/SRT (Prof. Charges)	0	0	0	0	0	0
Q206	IMRT (Prof. Charges)	0	0	0	0	0	0
Q207	IMRT with IGRT (Prof. Charges)	0	0	0	0	0	0
Q208	SRS/SRT with IGRT (Prof. Charges)	0	0	0	0	0	0
Q209	3D-CRT with IGRT (Prof. Charges)	0	0	0	0	0	0
Q227	3D-CRT Consolidated (Prof. Charges)	0	0	0	0	0	0
Q228	TBI / TSET Consolidated (Prof. Charges)	0	0	0	0	0	0
Q229	Adaptive Radiotherapy (Hosp. Charges)	0	0	0	0	0	0
Q303	LDR - Surface Mould/ Eye Plaque (Hosp. Charges)	0	0	0	0	0	0
Q321	HDR - CVS (Hosp. Charges)	0	0	0	0	0	0
Q322	HDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	0	0	0	0	0	0
Q323	HDR - Surface Mould (Hosp. Charges)	0	0	0	0	0	0
Q324	HDR - Interstitial/Template (Hosp. Charges)	0	0	0	0	0	0

Q325	Radical Brachytherapy HDR (Hosp. Charges)	0	0	0	0	0	0
Q403	LDR - Surface Mould/ Eye Plaque (Prof. Charges)	0	0	0	0	0	0
Q421	HDR - CVS (Prof. Charges)	0	0	0	0	0	0
Q422	HDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	0	0	0	0
Q423	HDR - Surface Mould (Prof. Charges)	0	0	0	0	0	0
Q424	HDR - Interstitial/Template (Prof. Charges)	0	0	0	0	0	0
Q500	Consolidated Charges	50000	500000	1500000	1700000	2500000	2500000

Radiation Oncology (External RT)

Service Code	Service Description	NC	C	B	A	D	FN
Q110	Delivery Charges per fraction	30	300	1000	1250	1950	1560
Q130	Level 6- Radiation Therapy (Hospital Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rapid A	2700	27000	90000	112500	175790	140630
Q131	Level 5- Radiation Therapy (Hospital Charges) (LA IMRT/ Rapid Arc with < 5Gy per fraction	2250	22500	75000	93750	146490	117190
Q132	Level 4- Raiation therapy (Hospital Charges) (LA 3D with IGRT conventional fractionation o	1500	15000	31500	39380	61540	49230
Q133	Level 3- Radiation Therapy (Hospital Charges) (LA 3D with conventional fractionation of 2-	1130	11250	25000	31250	48830	39060
Q134	Level 2- Radiation Therapy (Hospital Charges) (More than 10 fractions on Cobalt OR Upto 10	420	4200	14000	17500	27350	21880
Q135	Level 1- Radiation Therapy (Hospital Charges) (1-10 fractions on Cobalt)	230	2250	7500	9380	14660	11730
Q230	Level 6- Radiation Therapy (Professional Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rap	0	0	90000	112500	175790	140630
Q231	Level 5- Radiation Therapy (Professional Charges) (LA IMRT/ Rapid Arc with < 5Gy per fract	0	0	75000	93750	146490	117190
Q232	Level 4- Raiation therapy (Professional Charges) (LA 3D with IGRT conventional fractionati	0	0	31500	39380	61540	49230
Q233	Level 3- Radiation Therapy (Professional Charges) (LA 3D with conventional fractionation o	0	0	25000	31250	48830	39060
Q234	Level 2- Radiation Therapy (Professional Charges) (More than 10 fractions on Cobalt OR Upt	0	0	14000	17500	27350	21880
Q235	Level 1- Radiation Therapy (Professional Charges) (1-10 fractions on Cobalt)	0	0	7500	9380	14660	11730

Radiation Oncology (Brachytherapy)

Service Code	Service Description	NC	C	B	A	D	FN
Q327	Level 5- Brachytherapy (Hospital Charges) (Complex ICA with interstitial with CT or MR bas	600	6000	20000	25000	39060	31250
Q328	Level 4- Brachytherapy (Hospital Charges) (ICA with CT based Planning)	450	4500	15000	18750	29300	23440
Q329	Level 3- Brachytherapy (Hospital Charges) (Surface Mould, Radical Interstitial BCT, Intrao	380	3750	12500	15630	24430	19540
Q330	Level 2- Brachytherapy (Hospital Charges) (Simple ICA with Xray based 2D planning, ILRT, E	150	1500	5000	6250	9760	7810
Q331	Level 1- Brachytherapy (Hospital Charges) (Eye Plaque or SIVA or CVS per insertion or appl	110	1050	3500	4380	6850	5480
Q425	Radical Brachytherapy HDR (Prof. Charges)	0	0	0	0	0	0
Q426	Brachytherapy with MRI/3D Planning (Prof. charges)	0	0	0	0	0	0
Q427	Level 5- Brachytherapy (Professional Charges) (Complex ICA with interstitial with CT or MR	0	0	20000	25000	39060	31250

Q428	Level 4- Brachytherapy (Professional Charges) (ICA with CT based Planning)	0	0	15000	18750	29300	23440
Q429	Level 3- Brachytherapy (Professional Charges) (Surface Mould, Radical Interstitial BCT, In	0	0	12500	15630	24430	19540
Q430	Level 2- Brachytherapy (Professional Charges) (Simple ICA with Xray based 2D planning, ILR	0	0	5000	6250	9760	7810
Q431	Level 1- Brachytherapy (Professional Charges) (Eye Plaque or SIVA or CVS per insertion or	0	0	3500	4380	6850	5480

Stoma Clinic (Anciliary Services Stoma Clinic)

Service Code	Service Description	NC	C	B	A	D	FN
R101	Only Pre-Op. Counseling & Stoma Marking	0	0	1000	1250	1950	1560
R102	Pre & Post-Op. Counseling of Stoma Care	0	0	1500	1880	2940	2350
R104	Fixing of Drain Pouches	0	0	500	630	990	790
R109	Post Op. Counseling & Single Stoma Care	0	0	1200	1500	2350	1880
R111	Wound/Fistula/Incontinence Care (per Sitting)	10	100	500	630	990	790
R112	Distal Stoma Wash/Irrigation (per Sitting)	0	0	750	940	1480	1180

Physiotherapy (Anciliary Services Physiotherapy)

Service Code	Service Description	NC	C	B	A	D	FN
R203	Physiotherapy General Exercises	10	80	400	500	790	630
R205	Ultrasound Therapy	10	50	260	330	510	410
R208	Continuous Passive Movement Exercises	10	70	350	440	690	550
R209	Pre-Operative Chest Therapy	10	50	240	300	480	380
R210	Post-Operative Chest Therapy	10	90	440	550	860	690
R211	Postural Drainage	10	100	480	600	940	750
R212	Specialised Exercises	10	100	520	650	1010	810
R215	Post operative Breast class	10	80	400	500	790	630
R216	Manual Lymphatic Drainage	10	100	520	650	1010	810
R217	Pulmonary Rehabilitation	10	100	520	650	1010	810
R220	Incontinence Management	10	60	290	360	560	450
R221	Multi-layer Bandaging	10	70	350	440	690	550
R222	Complete Decongestive Therapy	10	120	600	750	1180	940
R223	Ambulation	10	70	350	440	690	550
R224	Moist Heat	10	30	140	180	290	230
R225	Cryotherapy	10	30	140	180	290	230
R227	Active-Passive Trainer	10	100	520	650	1010	810
R228	Cross Consultation (Physiotherapy)	0	0	500	630	990	790

R229	Follow up Consultation (Physiotherapy)	0	0	300	380	600	480
R230	Electrical Stimulation	10	50	260	330	510	410
R231	Manual Mobilization	10	100	500	630	990	790

Occupational Therapy (Anciliary Services Occupational Therapy)

Service Code	Service Description	NC	C	B	A	D	FN
R303	Facial Splint	10	130	260	330	510	410
R304	Counselling	0	0	320	400	630	500
R305	Counselling & Exercise	0	0	400	500	800	630
R306	Follow-Up Consultation (Occupation Therapy)	0	0	300	380	600	480
R307	Splinting Accessories	20	180	350	440	690	550
R308	Manual Lymphatic Drainage	10	100	520	650	1010	810
R309	Multi-layer Bandaging	10	70	350	440	690	550
R310	Complete Decongestive Therapy	10	120	600	750	1180	940
R316	MRM Bras	30	250	500	630	990	790
R324	Lymphedema - Accessories	20	160	310	390	610	490
R326	Dermagrip (Double Stretch - C)	50	500	1000	1250	1950	1560
R327	Dermagrip (Double Stretch - D)	60	610	1220	1530	2390	1910
R328	Dermagrip (Double Stretch - E)	70	670	1340	1680	2630	2100
R329	Dermagrip (Double Stretch - F)	70	720	1430	1790	2800	2240
R331	Vaginal Dilatation Procedure	10	40	210	260	410	330
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	50	500	1000	1250	1950	1560
R333	Thermoplastic splint making charges (Extremities)	30	250	500	630	990	790
R334	Total contact brace (Spinal) 45 x 60 sq cm	430	4320	8630	10790	16860	13490
R335	Total contact brace (Spinal) 90 x 60 sq cm	860	8630	17250	21560	33690	26950
R363	Silicon Mouth Blocks	10	130	260	330	510	410
R372	Modification in Orthosis	10	120	230	290	450	360
R376	Neurocognitive Assessment and Intervention	10	90	440	550	860	690
R377	Lymphapress	10	100	480	600	940	750
R378	Prosthesis / Orthosis Fittings & Measurement	10	70	350	440	690	550

Occupational Therapy

Service Code	Service Description	NC	C	B	A	D	FN
R345	Orfit Splints - Major	205	2055	4105	5130	8020	6415

R346	Orfit Splints - Minor	30	320	645	805	1260	1005
Occupational Therapy (Consultation)							
Service Code	Service Description	NC	C	B	A	D	FN
R350	Cross Consultation (Occupational Therapy)	0	0	500	630	990	790
Speech Therapy (Anciliary Services Speech Therapy)							
Service Code	Service Description	NC	C	B	A	D	FN
R401	Cross Consultation (Speech Therapy)	0	0	500	630	990	790
R402	Follow up Consultation (Speech Therapy))	0	0	300	380	600	480
Tissue Bank (Anciliary Services Tissue Bank)							
Service Code	Service Description	NC	C	B	A	D	FN
R508	Skin 6 x 4 cm	20	160	310	390	620	620
R509	Skin 10 x 4 cm	30	260	520	650	1040	1040
R510	Skin 10 x 8 cm	50	520	1040	1300	2080	2080
R512	Cortico-cancellous Bone Block 2 x 2 x 0.5 cm	90	870	1730	2200	3460	3460
R513	Cortico-cancellous Bone Block 2 x 2 x 1 cm	110	1080	2160	2700	4320	4320
R516	Rib 8 - 16 cm	60	610	1210	1510	2420	2420
R517	Femoral Head >= 20gms	250	2510	5010	6300	10020	10020
R518	Bone Granules per 0.5cc	30	260	520	700	1040	1040
R519	Processing Fess	0	0	0	0	0	5500
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	320	3240	6470	8090	12940	12940
R523	Struts (Humerus, Femur, Tibia) > 10 cm	430	4320	8630	10790	17260	17260
R525	Courier Handling Charges	0	0	0	0	0	1100
R526	Demineralised Bone Granules per 0.5 cc	50	520	1040	1300	2080	2080
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	170	1730	3450	4310	6900	6900
R529	Struts (Fibula, Radius, Ulna) > 10 cm	220	2160	4310	5390	8620	8620
R530	Irradiation of Tissue per Load	0	0	0	0	0	550
R531	Demineralised Cancellous Bone Blocks 2 x 2 x 1 cm	200	1950	3890	4900	7780	7780
R532	Demineralised Cancellous Bone per 10 Strips 2 x 0.5 x 0.5 cm	300	3020	6040	7550	12080	12080
R533	Femoral Head (< 10 gm)	70	650	1290	1700	2580	2580
R534	Femoral Head (10 - 14 gm)	110	1080	2160	2700	4320	4320
R535	Femoral Head (15 - 19 gm)	200	1950	3890	4900	7780	7780

R536	Tibial Slices (< 10 gm)	40	440	870	1100	1740	1740
R537	Tibial Slices (10 - 14 gm)	90	870	1730	2200	3460	3460
R538	Tibial Slices (15 - 19 gm)	115	1150	2300	2875	4490	4600
R539	Tibial Slices (>= 20 gm)	230	2250	4490	5700	8980	8980
R540	Metatarsal	60	580	1160	1450	2320	2320
R541	Calcaneum	240	2420	4830	6040	9660	9660
R542	Talus	120	1180	2360	2950	4720	4720
R543	Amnion 4-9 sq cm	10	90	180	300	360	360
R544	Amnion 10-45 sq cm	10	140	270	400	540	540
R545	Amnion 46-99 sq cm	20	180	360	500	720	720
R546	Amnion > 100 sq cm	20	240	480	600	960	960
R547	Demineralised Cancellous Bone Block 2 x 1 x 1	130	1300	2590	3300	5180	5180
R549	Demineratlised Bone Block 0.5x0.5x0.5	50	480	960	1200	1920	1920
R550	Chorion 4-9 sqcm	10	90	180	300	360	360
R551	Chorion 10-45 sq cm	10	140	270	400	540	540
R552	Demineralised Cancellous Bone Block 1x1x1 cm	90	870	1730	2200	3460	3460
R553	Cortico- Cancellous Bone Block 0.5 X 0.5 X 0.5 cm	30	260	520	700	1040	1040
R554	Cortico- Cancellous Bone Block 1 X 1 X 0.5 cm	50	520	1040	1300	2080	2080
R555	Cortico- Cancellous Bone Block 1 X 1 X 1 cm	70	650	1290	1700	2580	2580
R556	Tendon 0-15 cm	70	650	1290	1610	2580	2580
R557	Tendon 15-30 cm	110	1080	2160	2700	4320	4320

Prosthetics (Anciliary Services Prosthetics)

Service Code	Service Description	NC	C	B	A	D	FN
R611	Nose Prosthesis	360	3570	7140	8930	13950	11160
R612	Nose Implant	360	3570	7140	8930	13950	11160
R613	Ear Prosthesis	360	3570	7140	8930	13950	11160
R614	Ear Implant	360	3570	7140	8930	13950	11160
R615	Skull Implant (Small)	360	3570	7140	8930	13950	11160
R616	Skull Implant (Large)	510	5070	10130	12660	19790	15830
R617	Orbital Prosthesis	360	3570	7140	8930	13950	11160
R618	Ocular Implant (Conformer)	250	2490	4970	6210	9700	7760
R619	Chin Implant	360	3570	7140	8930	13950	11160
R620	Mandible Implant	360	3570	7140	8930	13950	11160

R805	Abdominal Binder Small- Spinal Braces	600	600	600	600	600	600
R806	Abdominal Binder Medium- Spinal Braces	600	600	600	600	600	600
R807	Abdominal Binder Large- Spinal Braces	850	850	850	850	850	850
R808	Brace Repair- Spinal Braces	100	100	100	100	100	100
R809	Functional A K Pylon- Orthosis (Material & Making)	2200	2200	2200	2200	2200	2200
R810	B K Pylon- Orthosis (Material & Making)	1000	1000	1000	1000	1000	1000
R811	Conventional A K Pylon- Orthosis (Material & Making)	1950	1950	1950	1950	1950	1950
R812	Dynamic Cock Up- Orthosis (Material & Making)	750	750	750	750	750	750
R813	Cheese Splint- Orthosis (Material & Making)	500	500	500	500	500	500
R814	A K FDS HDP- Orthosis (Material & Making)	3500	3500	3500	3500	3500	3500
R815	A K FDS HDP D rotn- Orthosis (Material & Making)	3500	3500	3500	3500	3500	3500
R816	B K FDS HDP- Orthosis (Material & Making)	2500	2500	2500	2500	2500	2500
R817	B K FDS HDP D rotn- Orthosis (Material & Making)	2500	2500	2500	2500	2500	2500
R818	A K FDS Metal- Orthosis (Material & Making)	1500	1500	1500	1500	1500	1500
R819	B K FDS Metal- Orthosis (Material & Making)	950	950	950	950	950	950
R820	B K FDS Metal D rotn- Orthosis (Material & Making)	2500	2500	2500	2500	2500	2500
R821	Push Knee+Cap- Orthosis (Material & Making)	850	850	850	850	850	850
R822	Posterior Knee Guard- Orthosis (Material & Making)	2050	2050	2050	2050	2050	2050
R823	Hinge Knee Brace- Orthosis (Material & Making)	3050	3050	3050	3050	3050	3050
R824	Knee Cage With Cap- Orthosis (Material & Making)	3200	3200	3200	3200	3200	3200
R825	Elbow Guard- Orthosis (Material & Making)	1000	1000	1000	1000	1000	1000
R826	Elbow Hinge- Orthosis (Material & Making)	3000	3000	3000	3000	3000	3000
R827	Shoe Insert- Orthosis (Material & Making)	2200	2200	2200	2200	2200	2200
R828	Static Cock Up- Orthosis (Material & Making)	750	750	750	750	750	750
R829	Hip Abduction Pillow- Orthosis (Material & Making)	1650	1650	1650	1650	1650	1650
R830	Hip Disarticulation Prosthesis (Material & Making)	14950	14950	14950	14950	14950	14950
R831	A K Prosthesis (Material & Making)	13450	13450	13450	13450	13450	13450
R832	B K Prosthesis (Material & Making)	10300	10300	10300	10300	10300	10300
R833	Rotationplasty Metal Prosthesis- (Material & Making)	15900	15900	15900	15900	15900	15900
R834	Rotationplasty Prosthesis Lamination- (Material & Making)	15900	15900	15900	15900	15900	15900
R835	Mastectomy Brassieres- Assistive Devices	250	250	250	250	250	250
R836	Jaw Stretcher Key- Assistive Devices	500	500	500	500	500	500
R837	Silicon Mouth Block- Assistive Devices	150	150	150	150	150	150
R838	Silicon Cap (Pair)- Assistive Devices	50	50	50	50	50	50

R839	Jaw Stretcher Key Filing- Assistive Devices	100	100	100	100	100	100
R840	Jaw Stretcher Key Repair- Assistive Devices	100	100	100	100	100	100
R841	Lymphedema Kit for Upper Limb 4 cm- Lymphedema Accessories	2150	2150	2150	2150	2150	2150
R842	Lymphedema Kit for Upper Limb 6 cm- Lymphedema Accessories	2250	2250	2250	2250	2250	2250
R843	Lymphedema Kit for Lower Limb 8 cm- Lymphedema Accessories	3100	3100	3100	3100	3100	3100
R844	Stockinett LL 125 cm- Lymphedema Accessories	150	150	150	150	150	150
R845	Stockinett UL 90 cm- Lymphedema Accessories	100	100	100	100	100	100
R846	Soft Touch bandages- Lymphedema Accessories	20	20	20	20	20	20
R847	Foam Roll- Lymphedema Accessories	100	100	100	100	100	100
R848	Dermagrip C- Lymphedema Accessories	350	350	350	350	350	350
R849	Dermagrip D- Lymphedema Accessories	450	450	450	450	450	450
R850	Dermagrip E- Lymphedema Accessories	500	500	500	500	500	500
R851	Dermagrip F- Lymphedema Accessories	600	600	600	600	600	600
R852	Indian Hand Gloves (S,M,L,XL)- Lymphedema Accessories	600	600	600	600	600	600
R853	Compression Thigh Length Stockings (DVT)(S,M,L,XL)- Lymphedema Accessories	2200	2200	2200	2200	2200	2200
R854	Relaxsan Armsleeve with Strap (S,M,L,XL)- Lymphedema Accessories	2600	2600	2600	2600	2600	2600
R855	Relaxsan Thigh Length Stockings (5,4,3,2,1)- Lymphedema Accessories	4200	4200	4200	4200	4200	4200
R856	Compression Pubic Panty (S,M,L,XL)- Lymphedema Accessories	1400	1400	1400	1400	1400	1400
R857	Artiflex Upper Limb- Lymphedema Accessories	100	100	100	100	100	100
R858	Artiflex Lower Limb- Lymphedema Accessories	150	150	150	150	150	150
R859	Exercise Ball- Lymphedema Accessories	20	20	20	20	20	20
R860	Rubber Hand Gloves- Lymphedema Accessories	100	100	100	100	100	100
R861	Exercise Pulley- Lymphedema Accessories	350	350	350	350	350	350

Preventive Oncology

Service Code	Service Description	NC	C	B	A	D	FN
S004	Routine Cancer Screening	100	900	900	900	900	900

Medical Genetics

Service Code	Service Description	NC	C	B	A	D	FN
T002	Cross Consultation (Medical Genetics)	0	0	1200	1200	1200	1200
T003	Follow-Up Consultation (Medical Genetics)	0	0	900	900	900	900
T004	GENETIC COUNSELLING	0	0	2000	2500	4000	3130
T005	PCR + Sanger Sequencing per Amplicon	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

Transplant Immunology & Immuogenetics Laboratory

Service Code	Service Description	NC	C	B	A	D	FN
T246	NGS HLA Typing	10000	10000	10000	12500	19530	15625
T250	A, B, DR Molecular Typing PCR - SSP	520	5160	10315	12890	20140	16110
T251	HLA C, DQB Molecular Typing PCR - SSP	370	3690	7370	9210	14390	11510
T252	Donor Specific Antibodies (DSA)	400	4000	8000	10000	15630	12500
T253	Panel Reactive Antibodies (PRA) class I	150	1500	3000	3750	5860	4690
T254	Panel Reactive Antibodies (PRA) class II	150	1500	3000	3750	5860	4690
T255	Single Antigen Class I	650	6500	13000	16250	25390	20310
T256	Single Antigen Class II	650	6500	13000	16250	25390	20310
T257	HLA-A, B, DRB1 (Sequence Based Typing - SBT)	500	5000	10000	12500	19540	15630
T258	HLA-A, B, C, DRB1, DQB1, DPB1 (Sequence Based Typing - SBT)	750	7500	15000	18750	29300	23440
T259	HLA-A, B, DRB1(Sequence Specific Oligonucleotide - SSO)	390	3900	7800	9750	15240	12190
T260	HLA-C, DQB1(Sequence Specific Oligonucleotide - SSO)	260	2600	5200	6500	10160	8130
T261	KIR Typing	5800	5800	5800	7250	11325	9060
T262	C3d Single Allele Antibody for HLA Class I (C3dLSA Class I)	17500	17500	17500	21875	34200	27345
T263	C3d Single Allele Antibody for HLA Class II (C3dLSA Class II)	17500	17500	17500	21875	34200	27345
T264	PRA Screen	3000	3000	3000	3750	5680	4690
T265	HLA Drug Hypersensitivity Typing HLA-A/B/DRB1	4800	4800	4800	6000	9375	7500
T266	HLA Drug Hypersensitivity Next Generation Sequencing HLA-A/B/DRB1 HLA-A/B/DRB1/G	4700	4700	4700	5875	9180	7345
T267	HLA Disease Association Sequence based Typing HLA A/B/DRB1	4800	4800	4800	6000	9375	7500
T268	HLA Disease Association Next Generation Sequencing HLA-A/B/DRB1/G	4700	4700	4700	5875	9180	7345
T269	HLA Loss Chimerism	12000	12000	12000	15000	23440	18750

Cancer Cytogenetics (Conventional Karyotyping)

Service Code	Service Description	NC	C	B	A	D	FN
T301	Ph: t(9;22) karyotyping	200	1980	3955	4940	7730	6180
T302	CML Blast Crisis karyotyping	280	2770	5545	6930	10830	8660
T303	Acute Myeloid Leukemia karyotyping	280	2770	5545	6930	10830	8660
T304	Lymphoproliferative disorders karyotyping	0	0	0	0	0	0

T305	Myelodysplastic Syndromes karyotyping	280	2770	5545	6930	10830	8660
T306	Myeloproliferative Neoplasms karyotyping	0	0	0	0	0	0
T307	Acute Lymphoblastic leukemia karyotyping	280	2770	5545	6930	10830	8660
T308	Lymphoma karyotyping	360	3570	7140	8930	13950	11160
T309	Ploidy analysis	200	1980	3955	4940	7730	6180
T310	Clinical Genetic disorder	0	0	0	0	0	0
T311	Constitutional karyotyping	280	2770	5545	6930	10830	8660
T312	Cell line karyotyping	560	5550	11100	13880	21690	17350
T313	Karyotyping in Bone and soft tissue sarcomas	0	0	0	0	0	0
T314	Chromosomal breakage (fragility) studies in Fanconi's Anemia/Aplastic Anemia	280	2770	5545	6930	10830	8660
T315	Acute Leukemia karyotyping	280	2770	5545	6930	10830	8660

Cancer Cytogenetics (FISH Tests)

Service Code	Service Description	NC	C	B	A	D	FN
T401	BCR/ABL Ph: t(9;22)	170	1740	3485	4360	6810	5450
T402	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	310	3050	6095	7620	11910	9530
T403	PML-RARA : t(15;17)	170	1740	3485	4360	6810	5450
T404	PML-RARA t(15;17), variants	260	2620	5235	6540	10230	8180
T405	RUNX1-RUNX1T1 (AML1-ETO): t(8;21)	170	1740	3485	4360	6810	5450
T406	MLL-MLLT3: t(9;11)	170	1740	3485	4360	6810	5450
T407	MLL-MLLT2: t(4;11)	170	1740	3485	4360	6810	5450
T408	MLL-MLLT4: t(6;11)	170	1740	3485	4360	6810	5450
T409	MLL-MLLT1: t(11;19)	170	1740	3485	4360	6810	5450
T410	MLL Characterization for B-ALL: t(4;11), t(9;11), t(11;19)	310	3050	6095	7620	11910	9530
T411	MLL Characterization for AML: (4;11), t(6;11), t(9;11), t(11;19)	394	3947	7895	9868	15418	12335
T412	ETO-AML1, MLL translocation	0	0	0	0	0	0
T413	ETO-AML1, PML-RARA	0	0	0	0	0	0
T414	BCR-ABL, MLL translocation	0	0	0	0	0	0
T415	MYH11/CBFB: inv(16)(p13q22)/t(16;16)	170	1740	3485	4360	6810	5450
T416	KMT2A (MLL) rearrangement: 11q23	170	1740	3485	4360	6810	5450
T417	Inversion(16)), MLL translocations	0	0	0	0	0	0
T418	MECOM (EVI1) rearrangement: inv(3)(q21.3q26.2)/t(3;3)	240	2350	4690	5860	9160	7330
T419	DEK/NUP214: t(6;9)	170	1740	3485	4360	6810	5450
T420	AML Panel 1	0	0	0	0	0	0

T421	AML Panel 2	0	0	0	0	0	0
T422	PDGFRA rearrangement: 4q12	240	2350	4690	5860	9160	7330
T423	PDGFRB rearrangement: 5q33	240	2350	4690	5860	9160	7330
T424	PDGFRA (4q12), PDGFRB (5q33), FGFR1 (8p11.2) rearrangement	310	3050	6095	7620	11910	9530
T425	Monosomy 5/deletion 5q	170	1740	3485	4360	6810	5450
T426	Monosomy 7/deletion 7q	170	1740	3485	4360	6810	5450
T427	Trisomy 8	120	1210	2425	3030	4740	3790
T428	PTPRT: Deletion 20q	240	2350	4690	5860	9160	7330
T429	TP53/D17Z1: Monosomy 17/deletion 17p13	170	1740	3485	4360	6810	5450
T430	MDS Panel	350	3490	6970	8710	13610	10890
T431	ETV6-RUNX1:t(12;21)	170	1740	3485	4360	6810	5450
T432	PBX1-TCF3: t(1;19)	170	1740	3485	4360	6810	5450
T433	E2A rearrangement: 19p13	170	1740	3485	4360	6810	5450
T434	Trisomy 21	120	1210	2425	3030	4740	3790
T435	Trisomy 4, 10 & 17	170	1740	3485	4360	6810	5450
T436	B-ALL Panel 1	0	0	0	0	0	0
T437	B-ALL Panel 2	0	0	0	0	0	0
T438	TCR-A rearrangement: 14q11	240	2350	4690	5860	9160	7330
T439	TCR-B rearrangement: 7q34	170	1740	3485	4360	6810	5450
T440	TLX1 rearrangement :10q24	170	1740	3485	4360	6810	5450
T441	TLX3 rearrangement :5q35	170	1740	3485	4360	6810	5450
T442	CDKN2A/D9Z1: Monosomy 9/deletion 9p	170	1740	3485	4360	6810	5450
T443	T-ALL Panel 1	0	0	0	0	0	0
T444	T-ALL Panel 2	0	0	0	0	0	0
T445	Acute Leukemia Panel I (2 markers)	0	0	0	0	0	0
T446	Acute Leukemia Panel II (3-4 markers)	0	0	0	0	0	0
T447	IGH rearrangement: 14q32	170	1740	3485	4360	6810	5450
T448	MYC rearrangement: 8q24	170	1740	3485	4360	6810	5450
T449	i(7q) analysis	0	0	0	0	0	0
T450	CCND1/IgH: t(11;14)	240	2350	4690	5860	9160	7330
T451	IgH/BCL2 :t(14;18)	240	2350	4690	5860	9160	7330
T452	BCL6 rearrangement: 3q27	170	1740	3485	4360	6810	5450
T453	BIRC3/MALT1: t(11;18)	170	1740	3485	4360	6810	5450
T454	MYC/IgH: t(8;14)	170	1740	3485	4360	6810	5450

T455	IgH/BCL3: t(14;19)	170	1740	3485	4360	6810	5450
T456	Lymphoma Panel	350	3490	6970	8710	13610	10890
T457	ALK rearrangement: 2p23	240	2350	4690	5860	9160	7330
T458	CLL Panel 1	0	0	0	0	0	0
T459	CLL Panel 2	0	0	0	0	0	0
T460	DLEU/LAMP: Monosomy 13/deletion 13q	170	1740	3485	4360	6810	5450
T461	MYB/D6Z1: Monosomy 6/deletion 6q	170	1740	3485	4360	6810	5450
T462	Trisomy 12	120	1210	2425	3030	4740	3790
T463	FGFR3/IgH: t(4;14)	170	1740	3485	4360	6810	5450
T464	IgH/MAF: t(14;16)	170	1740	3485	4360	6810	5450
T465	MAF-B/IgH: t(14;20)	170	1740	3485	4360	6810	5450
T466	1p deletion, 1q Amplification	0	0	0	0	0	0
T467	Hyperdiploidy panel in MM	0	0	0	0	0	0
T468	MM Panel 1	0	0	0	0	0	0
T469	MM Panel 2	0	0	0	0	0	0
T470	XX/XY (Chimerism Studies) in Sex mismatch Bone Marrow Transplantation (BMT)	120	1210	2425	3030	4740	3790
T471	Miscellaneous Profile I(1 marker)	170	1740	3485	4360	6810	5450
T472	Miscellaneous profile II(2 markers)	270	2740	5475	6840	10690	8550
T473	Hematolymphoid Malignancy At Diagnosis- Cancer Cytogenetics Testing	860	8560	17115	21390	33430	26740
T474	Hematolymphoid Malignancy Follow-up- Cancer Cytogenetics Testing	750	7500	15000	18750	29300	23440
T475	FISH on FFPE - Block /Slide (2 markers)	240	2380	4760	5950	9300	7440
T476	IgH Characterization IgH/CCND1:t(11;14), IgH/BCL2:t(14;18),BCL6(3q27), MYC(8q24) (4markers)	5300	5300	5300	6630	10360	8290
T477	Multiple Myeloma High Risk Markers (4 Markers)	270	2650	5300	6630	10360	8290
T478	Ph-like ALL Panel (4 Markers)	5300	5300	5300	6630	10360	8290
T479	t(1;22) and Trisomy 21 in Acute Megakaryoblastic Leukemia (AML -M7) (2 Markers)	240	2380	4760	5950	9300	7440
T480	RARA Variant - PLZF / RARA : t(11;17) (1 marker)	150	1520	3030	3790	5930	4740
T481	Sample Processing for Cancer Cytogenetics Study	50	500	1000	1250	1950	1560
T482	Acute Myeloid Leukemia (AML) Panel	668	6685	13370	16712	26112	20890
T483	B-cell Acute Lymphoblastic Leukemia (B-ALL) Panel	580	5790	11570	14460	22600	18080
T484	T-cell Acute Lymphoblastic Leukemia (T-ALL) Panel	758	7585	15170	18962	29627	23702
T485	Chronic Lymphocytic Leukemia (CLL) Panel	580	5790	11570	14460	22600	18080
T486	Multiple Myeloma (MM) Panel	14870	14870	14870	18587	29041	23233
T487	Slide / Images for Second Opinion- Cancer Cytogenetics	50	460	920	1150	1800	1440

Cancer Cytogenetics

Service Code	Service Description	NC	C	B	A	D	FN
T488	FISH for t(11;19)(q23;p13.1)/KMT2A/ELL	249	2490	4980	6225	9726	7781
T489	FISH for t(5;11)(q35;p15.5) NUP98/NSD1	249	2490	4980	6225	9726	7781
T490	FISH for t(10;11)(p12;q14)/MLLT10(AF10)/PICALM	249	2490	4980	6225	9726	7781
T491	FISH for 1p33/TAL1 deletion	249	2490	4980	6225	9726	7781
T492	FISH for t(6;14)(p21;q32) IGH/CCND3	249	2490	4980	6225	9726	7781

Cancer Cytogenetics (FISH Tests On Archival Ffpe Sections)

Service Code	Service Description	NC	C	B	A	D	FN
T501	t(8;21) on archival BM biopsy/granulocytic sarcoma	0	0	0	0	0	0
T502	PDGFRA on archival BM biopsy	0	0	0	0	0	0
T503	BCR-ABL on archival BM biopsy	0	0	0	0	0	0
T504	MLL translocation on archival BM biopsy	0	0	0	0	0	0
T505	t(11;14) on archival	0	0	0	0	0	0
T506	t(14;18)	0	0	0	0	0	0
T507	t(3;14)	0	0	0	0	0	0
T508	t(8;14)	0	0	0	0	0	0
T509	FISH on Bone marrow Smear(1 marker)	170	1740	3485	4360	6810	5450
T510	FISH on bone marrow smear(2 markers)	270	2740	5475	6840	10690	8550

Clinical Pharmacology

Service Code	Service Description	NC	C	B	A	D	FN
T601	Amikacin	60	600	3000	3750	5860	4690
T602	Vancomycin	60	600	3000	3750	5860	4690
T603	Meropenem	60	600	3000	3750	5860	4690
T604	Posaconazole	60	600	3000	3750	5860	4690
T605	Voriconazole	60	600	3000	3750	5860	4690
T606	Sunitinib	150	1500	3000	3750	5860	4690
T607	Imatinib	150	1500	3000	3750	5860	4690
T608	5 - Fluorouracil	150	1500	3000	3750	5860	4690
T609	Mycophenolate mofetil	150	1500	3000	3750	5860	4690
T610	L- Asparaginase	10	100	500	630	990	790

T611	Colistin	60	600	3000	3750	5860	4690
T612	TDM for Isoniazid	178	1787	3575	4468	6981	5585
T613	TDM for Rifampicin	178	1787	3575	4468	6981	5585

Hematopathology Laboratory (Molecular Diagnostics)

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

U129	Acute Leukemia K RAS and N RAS mutation detection	270	2700	5390	6740	10540	8430
U130	Acute Leukemia c-KIT mutation detection	270	2700	5390	6740	10540	8430
U131	Acute Leukemia RUNX1 mutation detection	270	2700	5390	6740	10540	8430
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation	270	2700	5390	6740	10540	8430
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation	270	2700	5390	6740	10540	8430
U134	Chronic Lymphoproliferative disorder TP53 mutation	1150	11510	23020	28780	44980	35980
U135	Chronic Lymphoproliferative disorder SF3B1 mutation	270	2700	5390	6740	10540	8430
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, I	410	4050	8100	10130	15830	12660
U137	Custom Sequencing Assay	550	5520	11040	13800	21560	17250
U138	Acute Lymphoblastic Leukemia Mutation Detection	550	5520	11040	13800	21560	17250
U139	Comprehensive Molecular Testing	970	9660	19320	24150	37740	30190
U140	Next generation sequencing assay for Hematolymphoid malignancies	800	8000	16000	20000	31250	25000
U141	Sample collection and archival for molecular testing	10	120	240	300	480	380
U801	Chimerism Analysis	150	1500	3000	3750	5890	4690
U802	STR Panel studies	450	4500	9000	11250	18000	14000
U803	Lineage specific Chimerism - B Cell, T Cell and NK Cells	800	8000	16000	20000	31250	25000

Hematopathology Laboratory

Service Code	Service Description	NC	C	B	A	D	FN
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

Hematopathology Laboratory (Hematopathology Laboratory)

Service Code	Service Description	NC	C	B	A	D	FN
U706	Erythrocyte Sedimentation Rate (ESR)	10	30	130	160	250	200
U708	Prothrombin Time (PT)	10	100	510	640	1000	800
U709	Coagulation Profile (PT & PTTK)	20	170	870	1090	1700	1360
U710	Partial Thromboplastin Time with Kaolin (PTTK)	10	70	360	450	700	560
U712	Coagulation Profile with D-Dimer, Fibrinogen	20	240	1200	1500	2350	1880
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	10	60	290	360	560	450
U714	D-Dimer	10	80	380	480	750	600
U715	Fibrinogen	10	80	380	480	750	600

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 Pertechnate 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	14900	14900	14900	14900	14900	14900
W036	Radiopharmaceutical charges for I131 MIBG Scan (Adult)	12250	12250	12250	12250	12250	12250
W037	Radiopharmaceutical charges for I131 MIBG scan (paed)	16200	16200	16200	16200	16200	16200
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	570000	570000	570000	570000	570000	570000
W042	Radiopharmaceutical Charge for Gallium 68 Peptide	11500	11500	11500	11500	11500	11500
W043	Radiopharmaceutical Charge Gallium 68 PSMA	7000	7000	7000	7000	7000	7000
W044	Radiopharmaceutical charge for Large Dose Scan	5400	5400	5400	5400	5400	5400
W045	Radiopharmaceutical charge for Low Dose Therapy	10700	10700	10700	10700	10700	10700
W046	Radiopharmaceutical charge for 188 Rhenium Lipiodol for TARE	90000	90000	90000	90000	90000	90000
W047	Radiopharmaceutical charge for 188 Re-HEDP Therapy	10000	10000	10000	10000	10000	10000
W048	Radiopharmaceutical charges for the Theraspehre	761250	761250	761250	761250	761250	761250
W049	Sequential Treatment - 90Y Therasphere Radio Pharmaceutical	131250	131250	131250	131250	131250	131250
W057	Ga 68- PSMA PET/CT Scan	430	4310	14375	17970	28080	22460
W060	Radiopharmaceutical Charge - 225 Actinium PSMA 617 (330 qci)	500000	500000	500000	500000	500000	500000
W061	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy	225000	225000	225000	225000	225000	225000
W062	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy (Imported)	330000	330000	330000	330000	330000	330000
W063	Radiopharmaceutical Charge - 225 Ac-DOTATATE (330 qCi)	500000	500000	500000	500000	500000	500000
W067	Radiopharmaceutical Charge- 225 Actinium for Therapy (per micro-curie)	2300	2300	2300	2300	2300	2300
W068	Radiopharmaceutical Charge- PSMA Peptide for Therapy	38080	38080	38080	38080	38080	38080
W069	Radiopharmaceutical Charge- DOTATATE Peptide for Therapy	8600	8600	8600	8600	8600	8600
W699	Radiopharmaceutical Charge - 177Lu-DOTA-TATE (100 mci)	56400	56400	56400	56400	56400	56400
W700	Radiopharmaceutical Charge- 177 Lu-DOTA-TATE	82800	82800	82800	82800	82800	82800
W701	Radiopharmaceutical Charge for 177 Lu-DOTA-TATE (Imported 177 Lu)	250000	250000	250000	250000	250000	250000

W702	Radiopharmaceutical Charge for 177 Lu-PSMA1 using BRIT 177 Lu (n.c.a)	75000	75000	75000	75000	75000	75000
W703	Radiopharmaceutical Charge for 177 Lu-PSMA1 using Imported 177 Lu (n.c.a)	250000	250000	250000	250000	250000	250000
W704	Radiopharmaceutical Charge - 177Lu-PSMA (200 mci)	63600	63600	63600	63600	63600	63600

PET-Scan

Service Code	Service Description	NC	C	B	A	D	FN
W050	PET CT Scan Whole Body (Non Contrast)	430	4310	14375	17970	28080	22460
W051	PET Scan Brain (FDG)	50	520	1725	2160	3380	2700
W052	PET CT Scan Whole Body (IV Contrast)	470	4660	15525	19410	30330	24260
W053	PET-CT (Fluoride)	430	4310	14375	17970	28080	22460
W054	FDG Cardiac Viability	50	520	1725	2160	3380	2700
W055	Coronary Angiography	200	1980	6610	8260	12910	10330
W056	Ga 68- DOTA PET/CT Scan	430	4310	14375	17970	28080	22460
W064	PET-CT for F18 PSMA Whole Body Scan	430	4310	14375	17970	28080	22460
W065	PET-CT for F18 DOPA Whole Body Scan	430	4310	14375	17970	28080	22460
W066	Ga 69- PSMA PET/CT Scan	430	4310	14375	17970	28080	22460

CT SCAN

Service Code	Service Description	NC	C	B	A	D	FN
W101	CT Brain Plain	30	270	900	1130	1760	1410
W102	CT PNS	60	560	1880	2350	3680	2940
W103	CT Nasopharynx	60	560	1880	2350	3680	2940
W104	CT Sella	60	560	1880	2350	3680	2940
W105	CT Temporal Bone	60	560	1880	2350	3680	2940
W106	CT Orbits	60	560	1880	2350	3680	2940
W107	HRCT	80	750	2500	2500	2500	2500
W120	CT Neck	60	560	1880	2350	3680	2940
W130	CT Head & Neck	250	2480	8250	10310	16110	12890
W140	CT Neck & Thorax	300	3000	10000	12500	19540	15630
W150	CT Thorax	60	630	2100	2630	4110	3290
W170	CT Abdomen	60	630	2100	2630	4110	3290
W180	CT Thorax & Abdomen	360	3600	12000	15000	23440	18750
W190	CT Pelvic Region	50	540	1800	2250	3510	2810
W200	CT Abdomen & Pelvis	360	3600	12000	15000	23440	18750

W210	CT Thorax & Abdomen & Pelvis	360	3600	12000	15000	23440	18750
W220	CT Spine	50	540	1800	2250	3510	2810
W230	CT Upper Limb	50	540	1800	2250	3510	2810
W240	CT Lower Limb	50	540	1800	2250	3510	2810
W241	Digital Scanogram	10	90	300	380	600	480
W250	CT Angiogram (Additional Charge)	20	230	750	940	1480	1180
W260	CT 3D Reconstruction	90	900	3000	3750	5860	4690
W281	CT Guided Biopsy FNAC	90	850	2820	3530	5510	4410
W282	CT Guided Truecut Biopsy	90	850	2820	3530	5510	4410
W291	CT 'J' Needle Bone Biopsy	100	990	3300	4130	6450	5160

SPECT-CT Scan

Service Code	Service Description	NC	C	B	A	D	FN
W501	99M-TC-MDP Bone Scan Planar	60	600	1990	2490	3890	3110
W512	99M-TC-ECD Brain SPECT	80	790	2645	3310	5180	4140
W513	99M-TC-Salivary Scan	60	600	1990	2490	3890	3110
W514	99M-TC-Thyroid Scan	60	600	1990	2490	3890	3110
W530	99M-TC-Oesophageal Transit Time	20	240	795	990	1550	1240
W531	99M-TC-SC / Phytate Liver Scan	40	400	1325	1660	2600	2080
W532	99M-TC-Gastric Emptying Time	20	240	795	990	1550	1240
W540	99M-TC-MAA Lung Perfusion Scan	60	600	1990	2490	3890	3110
W550	99M-TC-MIBI Myocardial Perfusion Scan	80	790	2645	3310	5180	4140
W551	Regional PET/CT	220	2180	7280	9100	14230	11380
W552	PET-CT Guided Biopsy	580	5750	19180	23980	37480	29980
W553	PET-CT Based RT Planning	540	5360	17860	22330	34890	27910
W554	Fluoride PET/CECT	400	3970	13225	16530	25830	20660
W555	Meckel Scan	40	400	1325	1660	2600	2080
W556	GI Bleed Scan	70	740	2450	3060	4790	3830
W560	99M-TC-EC Renogram	20	240	795	990	1550	1240
W561	99M-TC-DTPA Renogram with GFR	30	320	1060	1330	2080	1660
W562	99M-TC-DMSA Renal Cortical Scan	30	320	1060	1330	2080	1660
W563	99M-TC-DTPA GFR	20	200	665	830	1300	1040
W570	99M-TC-MIBI Tumor Imaging	100	990	3310	4140	6480	5180
W572	99M-TC-DTPA Aerosol Scan	60	600	1990	2490	3890	3110

