

No.2/56/2014-1HB-III

From

The Additional Chief Secretary to Government of Haryana, Health Department.

To

1. All the Heads of Departments
2. The Commissioners, Ambala, Hissar, Rohtak and Gurgaon Division.
3. The Registrar, Punjab and Haryana High Court, Chandigarh.
4. All the Deputy Commissioners in Haryana
5. All Sub-Division Officer (Civil) in Haryana

Dated:- 21-05-2015

**Sub:- 1. Regarding fixing of Package & implants Rates applicable on the State Government Empanelled Private Hospitals.**

**2. Regarding Fixing of ICU and ICU+Ventilator Charges for non package procedures.**

Sir/Madam

I, have been directed to invite your attention to the subject mentioned above and to state that the Government has decided to implement of package/implant rates for providing treatment to the Haryana Government employees/pensioners and their dependents in the approved private hospitals. The package rates have been worked out for common procedures in consultation with various Empanelled Private Hospitals. This has been done for convenience of the employees as well as private Health Institutions. This measure also seeks to rationalize the charges across the various institutions. Under these new guidelines, 152 (Which includes already notified 21 packages/implants) packages major procedures including implants have been fixed. The details are given as under:-

**Guidelines for implementing of Package/Implant rates**

1. The State Government has categorized the approved private hospitals for the purpose of implementing package rates, which are explained as under:-
  - a. There are three types of rates applicable to different types of hospitals which are categorized on the basis of accreditation of hospitals namely Non-NABH/Non-JCI, NABH & JCI.
  - b. All the State Government empanelled private hospitals will charge from the employees as per the fixed package/implant rates mentioned in **Annexure-I&II** and these will be fully reimbursable to the employees/pensioners and their dependents except on few JCI package rates (**Annexure-I**) wherein the reimbursement on some of the amount will be borne by the beneficiary as mentioned against the package rates.
2. Definitions.
  - i) "Hospital": A Private Hospital approved by the State Govt.
  - ii) "Package Rate": A lump sum amount charged by the approved hospitals for packages/procedures.
  - iii) "Day Care": Day Care means indoor stay in the Hospital duly certified by the concerned hospital.
  - iv) "NABH": means hospitals possessing certificate of National Accreditation Board for Hospitals & Healthcare Providers.
  - v) "JCI": means hospitals possessing certificate of Joint Commission International.
  - vi) 1, 2, 3,4, 5, 7,10 and 14 days package rate means the number of days a patient remain in hospital for a particular surgery normally without any complication.
  - vii) "ICU/CCU charges": This is meant for Packages only that includes all charges like ventilator, monitoring, nursing, gas, drugs, etc. during the post operative period in normal situations.
3. The guidelines for the implementations of the package rates are as under:

- a. The empanelled hospitals shall provide treatment on 152 procedures listed in the table below at the prescribed package rates and implants and charge accordingly from the employees/pensioners and their dependents. These package rates are applicable only for given procedures.
- b. A list of fixed 152 package rates/Implants (which includes already notified 21 package/implant) applicable to non NABH/Non JCI Hospitals, NABH accredited and JCI accredited hospitals is attached at **Annexure-I**.
- c. A list of fixed cost of implant applicable to all Government/ empanelled private hospitals is attached at **Annexure-II**. Wherever the cost is not fixed, the actual cost of the implant is fully reimbursable
- d. "The Package rate" shall mean and include lump sum cost of inpatient treatment/day care/ diagnosis procedures for which a patient goes to hospital. This includes all charges pertaining to a particular treatment/ procedure including admission charges, visit fee/consultation fee, patient's diet, monitoring charges, preoperative investigation charges, investigation charges, operation charges, anesthesia charges, operation theater charges, procedural charges/ surgeon's fee, cost of surgical disposals and all sundries used during hospitalization, consumables, gas charges, surgical charges, cost of medicine used during hospitalization/ physiotherapy charges, nursing care charges for its services etc.
- e. The cost of coronary stents shall be allowed up to a maximum of three stents at a time.
- f. The Package rates mentioned in column no. 3, 4, 5 in table (**Annexure-I**) are same both for General ward and Private wards entitlement.
- g. In addition to the chargeable amount mentioned against the package rate, the cost of Room Rent/ ICU/CCU including ventilator Charges shall be charged separately as mentioned in column no. 7 of **Annexure-I**. No extra cost of consumables/ drugs etc. will be allowed during the stay in ICU/CCU or in the room because these are part of the package rates as mentioned para-d above. The room rent/ICU/ICCU charges are according to the number of days a patient stays in the hospital e.g. 1, 2, 3, 4, 5, 7, 10 and 14 days etc as per the prescribed package. If the number of days exceed the numbers of days stays in package rates then the instruction at Para-m shall be applicable.
- h. The cost of implant shall be charged by the approved Hospital separately as per the rates fixed by the Govt. time to time or whichever is less. The cost of implants/ valves etc has been shown separately in column number 6 in **Annexure-I** and also in **Annexure-II**. Stickers/batch No. etc related to items like implants, stents, and valves should be pasted/indicated on the bills of the hospital.
- i. The entitlement for Room Rent for indoor treatment would be as under:-

Sr. No.	Category	Pay (Basic Pay + Grade Pay)	Non -NABH/Non JCI Rate (per day)	NABH Rates	JCI Rates
1.	General Ward	Up to Rs. 19530/-	Rs. 1000/-	Rs. 1150/-	Rs. 1300/-
2.	Private Ward	Rs. 19540/- to Rs.25110 /-	Rs. 2000/-	Rs. 2300/-	Rs. 2600/-
		Rs. 25120/- and above	Rs. 3000/-	Rs. 3450/-	Rs. 3900/-

Room rent will include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges, heater charges, A.C. charges and routine up housekeeping etc.

- j. Day Care Room rent charges are admissible up to Rs. 500/-
- k. During the treatment in ICCU/ICU, no separate room rent will be admissible.
- l. Semi private ward will be treated as General Ward for the purpose of room rent.

- m. In case of complication resulting in over stay in the hospital that means more than the required number of days for a particular surgery then additional expenditure incurred on room rent shall be reimbursed as mentioned above, drugs and consumables are fully reimbursable, the hospital charges of investigation, procedures etc performed during the over stay shall be reimbursed as per the rates under the instructions applicable to the hospital from where the patient has taken treatment i.e. PGI Chandigarh rate or PGI Chandigarh + 75% of the balance as the case may be. The hospital shall issue separate bill for the period of over stay.
- n. The following table shall be the part of the bill of the hospitals in case of package rates:-

SR. No.	Components	Stay period	Rate per day	Total charges of Room Rent and or ICU	Charges as per policy	Grand total
1	Room Rent charges as per para-i. of the policy					
2	ICU/CCU including ventilator Charges etc. as mentioned at Sr. No. 152 of Annexure-I under Miscellaneous Head.					
3	Name of the Package column nos. 3-5 of Annexure-I as the case may be.					
4	Name of implant/pace maker/Mesh etc. as mentioned in column no. 6 of Annexure-I					
5	Name of medicine for which Extra cost is allowed, if any as mentioned in column no. 6 of Annexure-I					
	Total					

Note:- In case of over stay due to complication as mentioned in para-m above, the charges shall be indicated separately in the main bill.

- o. It will be the responsibility of the beneficiary to produce identity card of the Department to the concerned hospital in order to establish the fact that he/she is employee/pensioner of State Government of Haryana
- p. It will be the responsibility of the concerned hospital to ask for ID card from the employee/pensioner and to explain to them is procedure covered under the package rates or non-package. In case the hospital charges over and above the package rate, when there is no complication and patient discharged within the stipulated numbers of days mentioned against each package rate, the balance amount over and above the package rate shall be refunded to the beneficiary and amended bill be issued immediately. In case this is not done within month the hospital will be liable for de-empament.
- q. It will be the responsibility of the hospital to provide accreditation certificate and further renewal certificate well before the expiry date otherwise it will be considered as non-NABH /non-JCI as the case may be for the purpose of charging lump-sum rate charging from patient for the package rate.
- r. **Fixed ICU & ICU+ Ventilator Charges applicable to Non-Package treatment:-** The per day charges related to the ICU and ICU + Ventilator have been fixed as mentioned at Sr. No. 153 & 154 of the Annexure-I, which are applicable for non package treatment i.e. Medical and Surgical Emergencies. 75% of the balance amount will not be allowed for ICU & ICU+ Ventilator charges even the hospital is approved.

- s. All earlier instructions related to fixed package/implant rates stand superseded; however, the notification for 21 packages/implants rates shall remain applicable till this policy will come into force from June 1<sup>st</sup>, 2015, These Rates may be Downloaded from the Health Department Web Site ( <http://haryanahealth.nic.in> ).

This issue with the concurrence of the Finance Department conveyed vide their U.O. No. Principal Secretary/FCF/2012/NIL dated 04-12-2012.

Deputy Secretary Health  
For Additional Chief Secretary to Government  
Haryana, Health Department

A copy is forwarded to all Additional Chief Secretaries/Principal Secretaries/Commissioner and Secretaries for information and necessary.

Deputy Secretary Health  
For Additional Chief Secretary to Government  
Haryana, Health Department

To  
Additional Chief Secretaries/Principal Secretaries/Commissioner  
To Government of Haryana.

U.No. 2/56/2014-IHB-III

dated 21-05-2015

A copy is forwarded to the Additional Chief Secretary to Government of Haryana, Finance Department for information with reference to their D.O. No. Principal Secretary/FCF/2012/... Dated 04-12-2012

Deputy Secretary Health  
For Additional Chief Secretary to Government  
Haryana, Health Department

To  
Additional Chief Secretary to Govt. of Haryana  
Department of Finance.

U.No. 2/56/2014-IHB-III

Dated 21-05-2015

Endst No. 2/56/2014-IHB-III

Dated 21-05-2015

A copy is forwarded to the Principal Accountant General (A&E and Audit), Haryana, Plot no. 4&5, Sector-33, Chandigarh for information.

Deputy Secretary Health  
For Additional Chief Secretary to Government  
Haryana, Health Department

Endst. No. 2/56/2014-IHB-III

Dated 21-05-2015

A copy is forwarded to the Director General Public Relations, Haryana Chandigarh. He is requested to give vide publicity.

Deputy Secretary Health  
For Additional Chief Secretary to Government  
Haryana, Health Department

Endst. No. 2/56/2014-IHB-III

Dated 21-05-2015

A copy is forwarded to the Director General Health Services Haryana, Sector-6, Panchkula for information and necessary action.

Deputy Secretary Health  
For Additional Chief Secretary to Government  
Haryana, Health Department

## The fixed package rates/implants applicable to Non-NABH/Non-JCI, NABH and JCI Hospital

Sr. No.	Name of Surgery	Non NABH/ Non JCI Package Rate (both for General and Private ward)	Package rates for NABH Hospital (both for General and Private ward)	Package rates for JCI Accredited Hospital (both for General and Private ward)	Cost of Implant/pace maker/Mesh etc. shall be charged mentioned in Annexure-II or original cost is reimbursable wherever is applicable	Room Rent / ICU/CCU including ventilator Charges as per entitlement as mentioned at para g & i
1	2	3	4	5	6	7
<b>DEPARTMENT OF SURGERY</b>						
<b>1 DAY PACKAGE RATES</b>						
1.	Suprapubic Cystostomy	7000	8050	9100	--	Extra
2.	Cystoscopy under LA	3000	3450	3900	--	Extra
<b>2 DAYS PACKAGE RATES</b>						
3.	Cystoscopy with D J Stent (U/L)	4000	4600	6400 (Rs.1200/- will not reimbursed, which will borne by the Beneficiary)	Extra - original cost of DJ Stent is fully reimbursable	Extra
4.	Herniotomy	13000	14950	16900	--	Extra
5.	Inguinal Herniorraphy	12000	13800	15600	--	Extra
6.	Mesh Hernioplasty	15000	17250	19500	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
7.	Haemorrhoidectomy with Stapling	10000	11500	13000	Extra - fixed cost of stapler mentioned at Sr. No. 22 Annexure-II is reimbursable	Extra
8.	Hydrocele	8000	9200	10400	--	Extra
9.	Lumpectomy under GA	12000	13800	15600	--	Extra
10.	Lap ovarian Cyst Removal	20000	23000	26000	--	Extra
11.	Cystoscopy under GA/ Spinal	5000	5750	8000 (Rs. 1500/- will not reimbursed which will borne by the Beneficiary)	--	Extra
12.	Cystoscopy with D J Stent (B/L)	5000	5750	6500	Extra - original cost of DJ Stents are fully reimbursable	Extra
13.	Lap Total extra-peritoneal repair (U/L) for inguinal hernia	20000	23000	26000	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
14.	Lap Total extra-peritoneal repair (B/L)	27000	31050	35100	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
15.	URSL with DJ(s) placement	20000	23000	26000	Extra original cost of DJ Stent is fully reimbursable	Extra
<b>3 DAYS PACKAGE RATES</b>						
16.	Hemi-Thyroidectomy	17000	19550	22100	--	Extra
17.	Open Cholecystectomy	17000	19550	22100	--	Extra
18.	Mastectomy unilateral with axillary clearance	22000	25300	28600	--	Extra
19.	Modified Radical Mastectomy with axillary clearance	22000	25300	28600	--	Extra
20.	Subtotal Thyroidectomy	17000	19550	22100	--	Extra
21.	Ureterolithotomy	17000	19550	22100	--	Extra
22.	Varicose veins unilateral limb(laser)	25000	28750	32500	--	Extra
23.	Varicose Vein Surgery unilateral (stripping)	12000	13800	15600	--	Extra
24.	Abscess Drainage under GA/Spinal	8000	9200	10400	--	Extra
25.	Appendectomy	13000	14950	16900	--	Extra
26.	Gastrostomy	17000	19550	22100	--	Extra
27.	Haemorrhoid	11000	12650	14300	--	Extra
28.	Lap Appendectomy	15000	17250	19500	--	Extra
29.	Lap Ureterolithotomy	25000	28750	32500	--	Extra
30.	Lap Ventral Hernia Repair	17000	19550	22100	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
31.	Lap Pyelolithotomy	25000	28750	40000 (Rs. 7500/- will not reimbursed which	--	Extra

				will borne by the Beneficiary?		
32.	Lap CPD Exploration	25000	28750	40000 (Rs. 7500/- will not reimbursed which will borne by the Beneficiary)	--	Extra
33.	Lap Pyeloplasty	25000	28750	40000 (Rs. 7500/- will not reimbursed which will borne by the Beneficiary)	--	Extra
34.	Laparoscopic Cholecystectomy	17000	19550	22100	--	Extra
35.	TURP	15000	17250	19500	--	Extra
36.	TURP (Laser)	25000	28750	32500	--	Extra
<b>4 DAYS PACKAGE RATES</b>						
37.	Parotidectomy	17000	19550	22100	--	Extra
<b>5 DAYS PACKAGE RATES</b>						
38.	Cholecystectomy with CBD Exploration with T-Tube drainage	17000	19550	22100	--	Extra
39.	Colostomy/Ileostomy	17000	19550	22100	--	Extra
40.	Nephrolithotomy	17000	19550	27200 (Rs. 5100/- will not reimbursed which will borne by the Beneficiary)	--	Extra
41.	Prostatectomy Open	17000	19550	27200 (Rs. 5100/- will not reimbursed which will borne by the Beneficiary)	--	Extra
42.	Pyelolithotomy	17000	19550	27200 (Rs. 5100/- will not reimbursed which will borne by the Beneficiary)	--	Extra
43.	Pyeloplasty	17000	19550	27200 (Rs. 5100/- will not reimbursed which will borne by the Beneficiary)	--	Extra
44.	Colostomy Closure	17000	19550	27200 (Rs. 5100/- will not reimbursed which will borne by the Beneficiary)	--	Extra
45.	Suprapubic Cystolithotomy for urinary bladder stone	15000	17250	19500	--	Extra
<b>7 DAYS PACKAGE RATES</b>						
46.	Laprotomy for perforation or abscess or peritonitis or burst appendix or empyeme gall bladder	25000	28750	32500	--	Extra
47.	Laprotomy for Trauma with repair of viscera or splenectomy	25000	28750	32500	--	Extra
48.	Laprotomy for Trauma with repair of viscera and splenectomy	25000	28750	32500	--	Extra
49.	Lumbar Sympathectomy	19000	21850	30400 (Rs. 5300/- will not reimbursed which will borne by the Beneficiary)	--	Extra
50.	Hemicolectomy	19000	21850	24700	--	Extra
<b>PARTMENT OF CARDIOLOGY</b>						
<b>1 DAY PACKAGE RATES</b>						
51.	EP Study	9000	10350	11700	--	Extra
52.	Coronary Angiography	10000	11500	13000	--	Extra or day care
<b>3 DAYS PACKAGE RATES</b>						
53.	RF Ablation With EPS	35000	40250	45500	--	Extra
54.	Permanent Pace Maker (Single Chamber)	30000	34500	39000	Extra- Fixed Cost At Sr. No. 2 Annexure-II is reimbursable	Extra
55.	Permanent Pace Maker (Dual Chamber)	35000	40250	45500	Extra- Fixed Cost At Sr. No. 3 Annexure-II is reimbursable	Extra
56.	Permanent Pace Maker Biventricular (CRT)	45000	51750	58500	Extra- Fixed Cost At Sr. No. 4 Annexure-II is reimbursable	Extra
57.	AICD Implantation Single Chamber	35000	40250	45500	Extra- Fixed Cost At Sr. No. 5 Annexure-II is reimbursable	Extra
58.	AICD Implantation Dual Chamber	35000	40250	45500	Extra- Fixed Cost At Sr. No. 6	Extra

					Annexure-II is reimbursable.	
60	Combo device (CRTD)	45000	51750	58500	Extra- Fixed Cost At Sr. No. 7 Annexure-II is reimbursable	Extra
61	Balloon Coronary Angioplasty/PTCA, Intra Coronary Stenting, Direct Stenting	75000	86250	97500	Extra- Fixed cost of three stents at Sr. No. 8 Annexure-II is/are reimbursable Plus injection Eptifibatid/Abeiximab/Tirofiban Plus +Thermo suction catheter (wherever applicable)  Note.-Pasc stickers/batch No etc on the bill for the for the items like stents, injections and catheter as mentioned above.  Reasoning why they are required. items like stents, injection, catheter  It includes cost of angiography if performed in the same admission.	Extra
<b>10 DAYS PACKAGE RATE</b>						
62	C.A.B.G.	110000	126500	143000	--	Extra
63	C.A.B.G.+IABP	110000	126500	143000	Extra- original cost of IABP is fully reimbursable	Extra
64	AVR	100000	115000	130000	Extra- original Cost of Valve is fully reimbursable	Extra
65	MVR	100000	115000	130000	Extra- original Cost of Valve is fully reimbursable	Extra
66	DVR	110000	126500	143000	Extra- original Cost of 2 Valves are fully reimbursable	Extra
<b>DEPARTMENT OF GYNAECOLOGY &amp; OBS.</b>						
<b>4 DAYS PACKAGE RATES</b>						
67	Caesarean Section	15000	17250	19500	--	Extra
68	Caesarean Hysterectomy	20000	23000	26000	--	Extra
69	Rupture Uterus Closure & Repair with Tubal Ligation	20000	23000	26000	--	Extra
70	Laparotomy for ectopic Rupture	20000	23000	26000	--	Extra
71	Ovarian Cystectomy	20000	23000	26000	--	Extra
72	Myxomectomy	25000	28750	32500	--	Extra
73	Vaginoplasty	25000	28750	32500	--	Extra
74	Manchester operations	20000	23000	26000	--	Extra
75	Slmg operation	15000	17250	24000 (Rs. 4500/- will not reimbursed which will borne by the Beneficiary)	--	Extra
<b>5 DAYS PACKAGE CHARGES</b>						
76	Hysterectomy (Abdominal and vaginal)	15000	17250	19500	--	Extra
77	Lap Hysterectomy	20000	23000	26000	--	Extra
<b>7 DAYS PACKAGE RATES</b>						
78	VVF repair /RVF	25000	28750	32500	--	Extra
<b>DEPARTMENT OF EYE</b>						
<b>DAY CARE PACKAGE RATES</b>						
79	Phacoemulsification with Foldable IOL	10000	11500	16000 (Rs. 3000/- will not reimbursed which will borne by the Beneficiary)	Fixed cost of lens as mentioned at Sr. No. 9-12 Annexure-II is reimbursable  Plus cost of inj. Balanced Salt	Day Care

					solution, chondroitin Sulphate and or Inj Sodium hyaluronate	
79.	Trabeculectomy	7500	8625	9750	--	Day Care
80.	Trabeculectomy with Valve	7500	8625	9750	Extra-Fixed cost as mentioned at Sr No. 13 Annexure-II is reimbursable	Day Care
81.	Pterygium with Conjunctival Autograft	5000	5750	6500	--	Day Care
82.	Yag laser Capsulotomy	1050	1207.5	1680 (Rs. 315/- will not reimbursed which will borne by the Beneficiary)	--	Day Care
83.	Retinal Detachment Surgeries	15000	17250	24000 (Rs. 4500/- will not reimbursed which will borne by the Beneficiary)	--	Day Care
84.	Retinal Detachment Surgeries with Scleral Buckling	17000	19550	27200 (Rs. 5100/- will not reimbursed which will borne by the Beneficiary)	--	Day Care
<b>DEPARTMENT OF ONCOLOGY</b>						
<b>DAY CARE</b>						
85.	Chemotherapy	1500 excluding Medicines which are fully reimbursable	1725 excluding Medicines which are fully reimbursable	2400 (Rs. 450/- will not reimbursed which will borne by the Beneficiary) excluding Medicines which are fully reimbursable	--	Day Care
<b>DEPARTMENT OF ENT</b>						
<b>3 DAYS PACKAGE RATES</b>						
86.	Tympanoplasty	10000	11500	16000 (Rs. 3000/- will not reimbursed which will borne by the Beneficiary)	--	Extra
87.	Tonsillectomy	10000	11500	13000	--	Extra
88.	Adenotonsillectomy	12000	13800	15600	--	Extra
89.	FESS	20000	23000	26000	--	Extra
90.	Septoplasty	20000	23000	26000	--	Extra
<b>5 DAYS PACKAGE RATES</b>						
91.	Modified Radical Mastoidectomy	30000	34500	39000	--	Extra
92.	Modified Radical Mastoidectomy with Tympanoplasty	35000	40250	45500	--	
<b>10 DAY PACKAGE RATES</b>						
93.	Cochlear Implant	60000	69000	78000	Extra - fixed cost cochlear implant mentioned at Sr. no 16 Annexure-II is reimbursable	Extra
<b>DEPARTMENT OF ORTHOPAEDIC</b>						
<b>14 DAYS PACKAGE RATES</b>						
94.	Forequarter Amputation	25000	28750	32500	--	Extra
95.	Hindquarter Amputation	25000	28750	32500	--	Extra
<b>10 DAY PACKAGE RATES</b>						
96.	Hip Transplant (single)	70000	80500	105000 (Rs. 1 4000/- will not reimbursed which will borne by the Beneficiary)	Extra - Fixed cost of implant + Bone Cement mentioned at Sr No. 15 Annexure-II are reimbursable	Extra
97.	Knee Transplant (Single)	70000	80500	105000 (Rs. 1 4000/- will not reimbursed which will borne by the Beneficiary)	Extra - Fixed cost of implant + Bone Cement mentioned at Sr No. 14 Annexure-II are reimbursable	Extra
98.	Bilateral hip joint replacement/bilateral knee joint Transplantation (both)	105000	120750	178500 (Rs. 42000/- will not reimbursed which will borne by the Beneficiary)	Extra - Fixed cost of implant + Bone Cement mentioned at Sr. No. 14-15 Annexure-II are reimbursable as the case maybe	Extra
<b>7 DAYS PACKAGE RATES</b>						

99	Fracture Trochanteric Femur	20000	23000	26000	Extra	Extra
100	Nailing/Plating of Fracture SOF / Subcondylar/Intercondylar/Single Condyle/Hoffas Fracture of Femur	20000	23000	26000	Extra	Extra
101	Bicondylar Fracture of Tibia	20000	23000	26000	--	Extra
102	Disarticulation Hip	20000	23000	26000	--	Extra
103	Disarticulation Shoulder	20000	23000	26000	--	Extra
104	Hemiarthroplasty Hip	35000	40250	32500	Extra	Extra
105	Cervical Spine Discectomy			63500 (Rs.18000/- will not reimbursed which will borne by the Beneficiary	--	Extra
106	Lumber decompression/ Laminectomy for Canalstenosis	20000	23000	16000 (Rs.10000/- will not reimbursed which will borne by the Beneficiary	Extra	Extra
<b>5 DAYS PACKAGE RATES</b>						
107	Subcondylar/Intra Condylar Fracture of Humerus	20000	23000	26000	Extra	Extra
108	Percutaneous Screw fixation of Fracture of Neck of Femur	20000	23000	26000	Extra	Extra
109	Fixation of Fracture Calcaneum	15000	17250	19500	Extra	Extra
110	Fixation of Fracture Talus	15000	17250	19500	Extra	Extra
111	Amputation above Knee	20000	23000	26000	--	Extra
112	Amputation above Elbow	20000	23000	26000	--	Extra
<b>4 DAYS PACKAGE RATES</b>						
113	Plating of Fracture Proximal Humerus	20000	23000	26000	Extra	Extra
114	Open Reduction of dislocation of Elbow	15000	17250	19500	--	Extra
115	Open Reduction of dislocation of Shoulder	15000	17250	19500	--	Extra
116	Open Reduction of dislocation of HIP	15000	17250	19500	--	Extra
117	Open Reduction of dislocation of Knee	15000	17250	19500	--	Extra
118	Single bone(Monteggia or Galeazzi)/both bones forearm plating	18000	20700	23400	Extra	Extra
119	Fracture both bones forearm plating	20000	23000	26000	Extra	Extra
120	Unicondylar Fracture of Tibia	15000	17250	19500	Extra	Extra
121	Fracture shaft of humerus	20000	23000	26000	Extra	Extra
122	Nailing/plating of Fracture Tibia	15000	17250	19500	Extra	Extra
123	Pott's Fracture Ankle	15000	17250	19500	Extra	Extra
124	Lisfrancs Fracture dislocation	15000	17250	19500	--	Extra
125	Amputation below Elbow	15000	17250	19500	--	Extra
126	Amputation below Knee	15000	17250	19500	--	Extra
127	Lumber Discectomy	20000	23000	32000 (Rs. 6000/- will not reimbursed which will borne by the Beneficiary	--	Extra
128	Lumber Microdiscectomy	25000	28750	40000 (Rs. 7500/- will not reimbursed which will borne by the Beneficiary	--	Extra
<b>3 DAYS PACKAGE RATES</b>						
129	Fixation of Fracture Distal radius	15000	17250	19500	Extra	Extra
130	Fixation of Fracture Scaphoid	15000	17250	19500	Extra	Extra
131	ACL Reconstruction	20000	23000	26000	Extra	Extra
132	PCI Reconstruction	20000	25000	26000	Extra	Extra
<b>2 DAYS PACKAGE RATES</b>						
133	Pinning of Fracture Proximal Humerus	15000	17250	19500	Extra	Extra
134	Fracture of Greater Tuberosity Humerus	12000	13800	15600	Extra	Extra
135	Lateral Condylar/ Subcondylar Fracture of Humerus in case of Child	12000	13800	15600	Extra	Extra
136	Close Reduction Fracture Clavicle	12000	13800	15600	--	Extra
137	Excision of Fracture Radial Head	12000	13800	15600	--	Extra
138	Open reduction/close reduction/Pinning of fracture /dislocation Metacarpals + Phalanges	8000	9200	10400	Extra (if any)	Extra
139	Fixation of Fracture Metatarsals/Phalanges	10000	11500	13000	Extra	Extra
140	Diagnostic Arthroscopy	10000	11500	13000	--	Extra
141	Meniscectomy	15000	17250	19500	--	Extra

142	Close reduction of fracture/dislocation under General Anaesthesia	4000	4600	5200	--	Extra
143	Fracture Patella	12000	13800	15600	Extra	Extra
144	Fracture Olecranon	12000	13800	15600	Extra	Extra
DEPARTMENT OF NEPHROLOGY						
10 DAYS PACKAGE						
145	Renal Transplant without donor charges	172000	197800	275200 (Rs. 51000/- will not reimbursed which will borne by the Beneficiary)	+Cost of Inj. simulect, is fully reimbursable if required	Extra
6 DAYS PACKAGE						
146	Lap Nephrectomy of donor or otherwise	45000	51750	58500	--	Extra
147	Open nephrectomy of donor or otherwise	28000	32200	41800	--	
DAY CARE						
148	Dialysis per sitting	1000	1150	1300	+Cost of dialyzer is fully reimbursable	Extra
OPD:- PER DAY OPD CHARGES						
149	Dialysis per sitting as OPD Procedure	1000	1150	1300	+Cost of dialyzer is fully reimbursable	NA
150	MRI Angiography (Include cost of dye)	5500	6325	7150	--	NA
151	CT Coronary Angiography (Include cost of dye)	7200	8280	9360	--	NA
MISC. PER DAY						
152	ICU/CCU including ventilator Charges/drugs/consumables etc. applied for package rates only.	3000	3450	3900	--	Extra

**Fixed cost of ICU/ICU+ ventilator for non-package treatment**

PER DAY RATES				
Sr. No.	Name of Surgery	Lump sum Package Rate (both for General and Private ward)	Package rates for NABH Hospital	Package rates for JCI Accredited Hospital
1	2	3	4	5
153	ICU	Rs. 3000/- per day excluding Medicines Only. For non package treatment i.e. Medical/Surgical Emergencies	3450/-	3900
154	ICU+ Ventilator	Rs. 8000/- Per day excluding Medicines Only. For non package treatment i.e. Medical/Surgical Emergencies	Rs. 8000/- Per day excluding Medicines Only. For non package treatment i.e. Medical/Surgical Emergencies	Rs. 8000/- Per day excluding Medicines Only. For non package treatment i.e. Medical/Surgical Emergencies

## Amended rate list of various implants

Sr. No.	Item	Maximum Ceiling Rate
<b>A. REIMBURSEMENT OF CARDIOLOGICAL IMPLANTATION DEVICES AND CORONARY STENTS</b>		
1	Rotablator	Rs. 50,000/- or the actual cost whichever is less.
2	Pacemaker (Single Chamber)-	
	i. Without rate response.	Rs. 37,000/- or the actual cost, whichever is less.
	ii. With rate response.	Rs. 65,000/- or the actual cost, whichever is less.
3	Pacemaker (Dual chamber)	Rs. 1,15,000/- or the actual cost whichever is less.
4	Permanent Pace Maker Biventricular (CRT)	Rs. 3,00,000/- or the actual cost whichever is less.
5	AICD Implant Single Chamber	Rs. 3,00,000/- or the actual cost whichever is less.
6	AICD Implant Dual Chamber	Rs. 4,50,000/- or the actual cost whichever is less.
7	Combo device (CRTD)	Rs. 5,50,000/- or the actual cost whichever is less.
8	Coronary Stents	<p>a. Bio-Absorbable Stents :- Rs. 1,30,000/-</p> <p>b. Drug Eluting Coronary Stents namely:- cipher Stent, Taxus Stent, Endeavor, Sience V.BECSS, Yukon choice, Bare Metal Stents etc.</p> <p>(i) All DGCI and FDA approved drug Eluting Stents = Rs 65000/-</p> <p>(ii) All DGCI and CE approved drug Eluting Stents = Rs 50000/-</p> <p>(iii) All DGCI approved drug Eluting Stents = Rs 40000/-</p> <p>c. Bare Metal Coronary Stents</p> <p>(i) Stainless Steel Stents = Rs 12000/-</p> <p>(ii) Cobalt Stents</p> <p>(a) All DGCI and FDA approved = 20000/-</p> <p>(b) All DGCI and CE approved = 18000/-</p> <p>(c) All DGCI approved = Rs. 15000</p> <p>(iii) Coated/ Other Stents = Rs 25000/-</p> <p>d. Bare Metal Vascular (Non Coronary) Stents</p> <p>(i) Stainless Steel Stents = Rs 20000/-</p> <p>(ii) Cobalt Stents = 22000/-</p> <p>(iii) Nitinol/ Other Stents = 25000/-</p>
<b>B. REIMBURSEMENT OF COST OF INTRA OCULAR LENS (IOL)/VALVE FOR GLAUCOMA</b>		
9.	Hydrophobic Foldable IOL	Rs. 5,000/-
10.	Silicon Foldable IOL	Rs. 3,600/-
11.	Hydrophilic Acrylic Lens	Rs. 5,800/-
12.	PMMA IOL	Rs. 490/-
13.	Valve For Glaucoma Surgery	Rs. 10,000/-
<b>C. REIMBURSEMENT OF COST OF TOTAL KNEE AND TOTAL HIP IMPLANTS</b>		
14.	Total Knee implant	1. Knee implant cemented (unilateral) = Rs. 60,000/-+the cost of Bone cement Rs. 5,000/-
15.	Total Hip implant	<p>2. Hip implant cemented (unilateral) = Rs. 35,000/-+the cost of Bone cement Rs. 5,000/-</p> <p>3. Hybrid Hip Implant One component cemented and other uncemented (Unilateral) = Rs. 45000/- / +Cost bone cement ic Rs. 5000/-</p> <p>4. Hip Implant Uncemented (Unilateral) = Rs. 60000/-</p> <p>5. Surface replacement Hip Implant (Unilateral) = Rs. 120000/-</p> <p>6. Bipolar Modular Cemented Implant =Rs. 30000/-+ the cost of Bone cement Rs. 5,000/-</p> <p>7. Bipolar Modular Uncemented Implant =Rs. 45000/-</p>
<b>D. REIMBURSEMENT OF COST OF COCHLEAR IMPLANTS</b>		
16.	Cochlear Implant	Rs. 5,35,000/- (for implant with 12 channels/24 electrodes with behind the ear speech processor). Reimbursement shall be allowed @ 100% in case of children between 1 to 5 years, @ 80% in case of children between 5 to 10 years and @ 50% in case of children between 10 to 16 years. 50% of the cost of wearable components

		e.g. Speech Processor, Microphone etc. (excluding cords, batteries) for the purpose of upgradation and/or replacement every 3 years, on the advice of two ENT surgeons of Government /Approved Private Hospitals.		
<b>E. REIMBURSEMENT OF COST OF CPAP/BIPAP MACHINES</b>				
17.	CPAP Machine	Rs. 50,000/- on the advice of concerned specialist of Government /Approved Private Hospitals.		
18.	BIPAP Machine	Rs. 1,00,000/- on the advice of concerned specialists of Government /Approved Private Hospitals.		
<b>F. REIMBURSEMENT OF COST OF NEURO-IMPLANT</b>				
	Item	Ceiling Rate	Life of battery	Cost of battery
19.	DBS Implants	Rs. 3,60,000/-	3-5 years	Rs. 2,50,000/-
20.	Intra-thecal Pumps	Rs. 2,62,000/-	7 years	Rs. 2,25,000/-
21.	Spinal Cord stimulators	Rs. 2,62,000/-	3-5 years	Rs. 2,00,000/-
a. On prescribing by the Neurologist of the Govt./Approval Hospitals.				
b. Replacement of battery before 4 years may be permitted in exceptional cases on the basis of justification by the treating specialist and shall be considered on a case-to case basis by Department of Health & Family Welfare				
<b>G. OTHER ITEMS</b>				
22.	Stapler	Rs. 12000/-		