S1 GENERAL SURGERY

Total no of packages: 54

Total no: of packages mandated for pre-authorization: 29

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE RATES	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S1	ANTERIOR RESECTION FOR CA	NF	41700	Y			4	N	TC
S1	SPLENECTOMY	NF	45000	Y			6	N	TC
S1	ANEURYSM NOT REQUIRING BYPASS TECHNIQUES T	F	41700	N				N	TC
S1	ANEURYSM RESECTION & GRAFTING	NF	41700	Y				N	TC
S1	ARTERIAL EMBOLECTOMY	NF	41700	Y				N	TC
S1	CAROTID ARTERY ANEURYSM REPAIR	F	31391	N				N	TC
S1	CAROTID BODY TUMOUR – EXCISION	F	41700	N				N	TC
S1	DISSECTING ANEURYSMS	NF	57650	N				N	TC
S1	DISTAL ABDOMINAL AORTA REPAIR	F	41700	N				N	TC
S1	TOTAL THYROIDECTOMY	NF	65900	N				N	TC
S1	REPAIR OF MAIN ARTERIES OF THE LIMBS	F	31391	N			5	N	TC
S1	MEDIASTINAL TUMOUR	NF	57650	N				N	TC

S1	OESOPHAGECTOMY FOR CARCINOMA OESOPHAGUS	F	57650	N			7	N	TC
S1	PARAPHARYNGEAL TUMOUR EXCISION	NF	57650	N				N	TC
S1	PARTIAL/SUBTOTAL GASTRECTOMY FOR CARCINOMA	NF	81300	N				N	TC
S1	PATCH GRAFT ANGIOPLASTY	NF	65900	N				N	TC
S1	PERICARDIOSTOMY	NF	81850	N				N	TC
S1	REMOVAL TUMOURS OF CHEST WALL	NF	65900	N				N	TC
S1	THORACOSCOPIC LOBECTOMY	F	30170	N				N	TC
S1	THORACOSCOPIC PNEUMONECTOMY	F	30170	N				N	TC
S1	THORACOSCOPIC SEGMENTAL RESECTION	F	33500	N				N	TC
S1	THORAX (PENETRATING WOUNDS)	F	33500	N				N	TC
S1	TOTAL THYROIDECTOMY AND BLOCK DISSECTION	F	33500	N				N	TC
S1	ABDOMINO PERINEAL RESECTION (APR) + SACRECTOMY	NF	57100	Y	CBC / COAGULATION PROFILE / RFT / LFT / ECG / CHEST XRAY / BIOPSY / CTSCAN-ABDOMEN / MRI OF THE RECTUM /	REPORT OF TEST DONE	10	N	TC
S1	ANORECTAL MALFORMATIONS STAGE 2	NF	35100	Y	CBC / ABD. X-RAY / ABD.ULTRASOUND / LOWER GI SERIES-BARIUM ENEMA / UPPER GI SERIES-BARIUM SWALLOW / CT/MRI SCAN /	REPORT OF TEST DONE	9	N	TC
S1	ANTERIOR CERVICAL DISSECTOMY	F	31280	Y	ROUTINE BLOOD & URINE ANALYSIS / X-RAY-CHEST / ECG / CTSCAN/MRISCAN-OF THE NECK /	POST OPT INVESTIGATION REPORT & TEST REPORTS	6	N	TC

S1	CENTRAL PANCREATECTOMY	NF	64800	Y	CBC / BIOPSY-FNAC / EUS-ENDOSCOPICALLY GUIEDED ULTRASOUND / CTSCAN-ABD / ERCP / MRCP / MRI SCAN-ABD /	REPORT OF TEST DONE	9	N	TC
S1	DIAPHRAGMATIC EVENTERATION	NF	46100	Y	CBC / CHEST X-RAY / SNIFF TEST / PFT / ULTRASONOGRAPHY-DIAPHRAGM / ELECTROMYOGRAPHY &PHYSIOLOGIC TESTING	REPORT OF TEST DONE	7	N	TC
S1	DISTAL PANCREATECTOMY + SPLENECTOMY	NF	72500	Y	CBC / BLD.FOR THROMBOCYTOSIS/LEUKOCYTOSIS / CHEST X-RAY / CT WITH IV CONTRAST / EUS/ERCP/MRCP / MRI SCAN-ABD.	REPORT OF TEST DONE	10	N	TC
S1	DUODENAL PERFORATION	NF	35100	Y	BLD.TEST FOR H.PYLORI / BLD.FOR LEUKOCYTOSIS/ACIDOSIS/AMYLASE / ERECT CHEST XRAY / DIAGNOSTIC PERITONEAL LAVAGE / ENDOSCOPIC BIOPSY / CTSCAN WITH ORAL/I.V.CONTRAST.	REPORT OF TEST DONE	6	N	TC
S1	EXPLORATORY THOROCOTOMY	F	33500	Y	CBC / SR.CREATININE / COAGULATION PROFILE / CHEST XRAY / CTSCAN-CHEST	POST OPT MRI / INVESTIGATION REPORT	7	N	TC
S1	GASTROCHISIS REPAIR	NF	37300	Y	BLOOD TEST FOR ALPHA FETOPROTEIN / ULATRASOUND-ABDOMEN / OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	5	N	TC
S1	GUNSHOT INJURY	NF	39500	Y	CBC / HB% / ABG / SR.ELECTROLYTES / COAGULATION PROFILES / ECG / CHEST X-RAY / CT SCAN-	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S1	INTRATHORACIC ANEURYSM – ANEURYSM NOT REQUIRING BYPASS TECHNIQUES	F	90000	Y	CBC / CHEST X-RAY / ULTRASOUND OF HEART /ABDOMEN / CTSCAN-CHEST / MR ANGIOGRAPHY /	POST OPT INVESTIGATION REPORT & TEST REPORTS	7	N	TC
S1	INTRATHORACIC ANEURYSM – REQUIRING BYPASS TECHNIQUES	F	125000	Y	CBC / CHEST X-RAY / ULTRASOUND OF HEART /ABDOMEN / CTSCAN-CHEST / MR ANGIOGRAPHY /	POST OPT INVESTIGATION REPORT & TEST REPORTS	7	N	TC

S1	LAP– PANCREATIC NECROSECTOMY	F	46100	Y	CBC / SECRETIN STIMULATION TESTS / FECAL ELASTASE TESTS / ABD ULTRASOUND / ENDOSCOPIC ULTRASOUND / CTSCAN WITH CONSTRAST DYE / ERCP / MRCP /	REPORT OF TEST DONE	12	N	TC
S1	LAPAROSCOPIC PULL THROUGH SURGERIES FOR HIRSHPRUNG DISEASE	NF	37300	Y	CBC / ABDOMINAL X-RAY / CONTRAST ENEMA / RECTAL BIOPSY / ANORECTAL MANOMETRY	REPORT OF TEST DONE	5	N	TC
S1	MALROTATION OF INTESTINES OPERATION	NF	37300	Y	CBC / ABDOMINAL X-RAY / BARIUM SWALLOW UPPER GITEST/IMAGING / BARIUM ENEMA / ULTRASOUND-ABD / CT /MRI SCAN /	REPORT OF TEST DONE	5	N	TC
S1	MECONIUM ILEUS OPERATION	NF	58200	Y	CBC / ABDOMINAL X-RAY / TESTS FOR CYSTIC FIBROSIS /	REPORT OF TEST DONE	8	N	TC
S1	OESOPHAGECTOMY WITH THREE FIELD LYMPHADENECTOMY	NF	68100	Y	PROVEN SQUAMOUS CELL / ECG / PFT / CHEST,ABDOMINAL CTSCAN / UPPER GI BARIUM SWALLOW / UPPER GI ENDOSOPIC ULTRASONOGRAPHY-CERVICAL REGION / LFT:RFT:BONE MARROW SCAN / BRONCHOSCOPY.	REPORT OF TEST DONE	10	N	TC
S1	OESOPHAGECTOMY WITH TWO FIELD LYMPHADENECTOMY	NF	58200	Y	PROVEN SQUAMOUS CELL / DISTAL THIRD OPERABLE LESION / ABDOMINAL CTSCAN / BARIUM SWALLOW / ENDOSOPIC ULTRASONOGRAPHY / KARNOFSKY>80% / ECG / PFT / LFT:RFT:BONE MARROW SCAN /	REPORT OF TEST DONE	8	N	TC
S1	OESOPHAGO GASTRECTOMY FOR MID 1/3 LESION	NF	51600	Y	CBC,COAGULATION PROFILE,LFT/RFT / BARIUM SWALLOW / UPPER ENDOSCOPY / ENDOSCOPIC ULTRASOUND,BRONCHOSCOPY / BIOPSY / MOLECULAR TESTING OF THE TUMOR-HER2TESTING, / CTSCAN/MRISCAN/PETSCAN.	REPORT OF TEST DONE	7	N	TC
S1	OMPHALOCELE 1ST STAGE (HERNIA REPAIR)	NF	72500	Y	CBC / SR.ALPHA FETOPROTEIN LEVEL / ULTRASOUND -ABDOMEN / OTHER ROUTINE TEST	REPORT OF TEST DONE	10	N	TC

S1	OMPHALOCELE 2ND STGE (HERNIA REPAIR)	NF	64800	Y	CBC / SR.ALPHA FETOPROTEIN LEVEL / ULTRASOUND -ABDOMEN / OTHER ROUTINE TEST	REPORT OF TEST DONE	9	N	TC
S1	OPERATIONS FOR HIRSCHSPRUNGS DISEASE (OPEN METHOD)	NF	51600	Y	CBC / ABD-X-RAY / CONTRAST ENEMA / RECTAL BIOPSY / ANORECTAL MANOMETRY /	REPORT OF TEST DONE	7	N	TC
S1	OPERATIONS FOR HYDRONEPHROSIS ENDOPLYELOTOMY RETROGRADE	F	31280	N			4	N	TC
S1	OPERATIONS FOR STENOSIS OF RENAL ARTERIES	F	40000	N			7	N	TC
S1	PANCREATIC RING OPERATION	NF	58200	Y	CBC / SECRETIN STIMULATION TESTS / FECAL ELASTASE TESTS / ABD ULTRASOUND / ENDOSCOPIC ULTRASOUND / CTSCAN WITH CONSTRAST DYE / ERCP / MRCP /	REPORT OF TEST DONE	8	N	TC
S1	PARTIAL PERICARDECTOMY	NF	65900	Y	ECG / CHEST X-RAY / ECHOCARDIOGRAM/ULTRASOUND OF HEART /	POST OPT INVESTIGATION REPORT & TEST REPORTS	8	N	TC
S1	PARTIAL/SUBTOTAL GASTRECTOMY FOR ULCER	F	31835	Y	CBC / BIOPSY & HPE /	POST OPT INVESTIGATION REPORT & TEST REPORTS	7	N	TC
S1	PULL THROUGH ABDOMINAL RESECTION	NF	43900	Y	CBC / PT / PTT / BLD.GP&RH.TYPING / ECG /	REPORT OF TEST DONE	6	N	TC
S1	SURGERY FOR ARTERIAL ANEURSYSM RENAL ARTERY	F	67000	Y	CBC / HB% / COAGULATION PROFILE / ECG / SR.CREATININE / CTSCAN / MRANGIOGRAPHY	POST OPT INVESTIGATION REPORT & TEST REPORTS	8	N	TC
S1	RETRO PERITONEAL LYMPH NODE DISSECTION(RPLND) (FOR RESIDUAL DISEASE)	NF	37300	Y	CBC / COAGULATION PROFILE / ECG / PFT / RFT / LFT / CHEST XRAY / SR.TUMOR MARKERS-AFP /	REPORT OF TEST DONE	5	N	TC

S1	SURGICAL INTERVENTION FOR SEVERE ABDOMINAL INJURIES INVOLVING (PERFORATION/ RUPTURE) OF MULTIPLE ORGANS	NF	54900	Y	CBC / SR.CREATININE / BUN / SR.AMYLASE/LIPASE / URINALYSIS / LFT / ERECT CHEST XRAY / ABD-X-RAY / FAST ULTRASOUND / CTSCAN WITH I.V.CONTRAST / DPL / HEPATIC ARTERIOGRAPHY.	POST OPT INVESTIGATION REPORT & TEST REPORTS	7	N	TC

S2 OTORHINOLARYNGOLOGY

Total no: of packages: 6

Total no: of packages mandated for pre-authorization: 3

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE RATES	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S2	SKULL BASE SURGERY	F	37000	Y			3	N	TC
S2	LARYNGOPHAYRYNGECTOMY	F	30170	N			2	N	TC
S2	SUPERFICIAL PAROTIDECTOMY	F	33500	N			4	N	TC
S2	RADICAL NECK DISSECTION	F	33500	Y	CBC / PT / APTT / INR MESUREMENT / FNAC & HPE / RADIOGRAPHIC STUDIES / CT SCAN/MRI SCAN-NECK	POST OPT INVESTIGATION REPORT & CLINICAL PHOTOGRAPH	8	N	TC
S2	COMPREHENSIVE NECK DISSECTION	F	33500	Y	CBC / PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME / FNAC & HPE / RADIOGRAPHIC	POST OPT INVESTIGATION REPORT & CLINICAL PHOTOGRAPH	8	N	TC

					STUDIES / CT SCAN-NECK / MRI-SCAN				
S2	CSF RHINORRHOEA – REPAIR	F	46100	N			3	N	TC

S5 ORTHOPAEDICS

Total no: of packages: 18
Total no: of packages mandated for pre-authorization: 18
Empanelment classification: Essential/ Minimum criteria
In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for MHIS/PMJAY provider network.
Pre-authorization: Selective packages
Pre-authorization remarks: Prior approval must be taken for all replacement surgeries and others as indicated.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE RATES	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S5	ANTERIOR SPINE FIXATION	F	35000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	6	N	TC
S5	BONE TUMOUR EXCISION + RECONSTRUCTION USING IMPLANT (MALIGNANT/ BENIGN)	F	50,000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	4	N	TC
S5	BONE TUMOUR EXCISION (MALIGNANT/ BENIGN) + JOINT REPLACEMENT (DEPENDING UPON TYPE OF JOINT AND IMPLANT)	F	150,000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS		N	TC
S5	NERVE TRANSPOSITION/RELEASE/ NEUROLYSIS	NF	102310	Y			6	N	TC
S5		F	84600	Y	CLINICAL REPORT	CLINICAL	7	N	TC

	TOTAL HIP REPLACEMENT (CEMENTED)				RADIOLOGICAL INVESTIGATIONS	RADIOLOGICAL INVESTIGATIONS			
S5	TOTAL HIP REPLACEMENT (CEMENTLESS)	F	90,000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	7	N	TC
S5	TOTAL HIP REPLACEMENT (HYBRID)	F	75000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	7	N	TC
S5	BIPOLAR HEMIARTHROPLASTY (HIP & SHOULDER)	F	40000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	7	N	TC
S5	TOTAL KNEE REPLACEMENT	F	80000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	7	N	TC
S5	ELBOW REPLACEMENT	F	40000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	7	N	TC
S5	ARTHRODESIS OF SHOULDER	F	40000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	7	N	TC
S5	ARTHRODESIS OF KNEE (WITH IMPLANT)	F	40000	Y	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	CLINICAL REPORT RADIOLOGICAL INVESTIGATIONS	7	N	TC
S5	ARTHROSCOPIC ACL REPAIR WITH INTERNAL FIXATION OF TIBIAL SPINE + EXCISION OF SPINAL BURGE	NF	40600	Y	LACHMAN/ANTERIOR DRAWER TESTS / RADIOGRAPHIC EVALUATION / CTSCAN-TIBIA / MRISCAN-TIBIA	POST OPT CLINICAL AND RADIOLOGICAL INVESTIGATIONS	4	N	TC
S5	BIPOLAR HEMIARTHROPLASTYOF HIP WITHOUT CEMENT	NF	43900	Y	HHS(HARRIS HIP SCORE) / RADIOGRAPHIC STUDIES-PLAIN X-RAY-AP VIEW	POST OPT CLINICAL AND RADIOLOGICAL INVESTIGATIONS	6	N	TC

S5	CANCELLOUS SCREW/PINS FIXATIONS FOR FRACTURE NECK OF FEMUR	NF	41700	Y	RADIOGRAPHIC STUDIES-PLAIN X-RAY-AP VIEW / ..	POST OPT CLINICAL AND RADIOLOGICAL INVESTIGATIONS	3	N	TC
S5	CURETTAGE & BONE CEMENT IN MALIGNANT CONDITIONS	NF	37300	Y	PLAIN RADIOGRAPH / CHEST X-RAY / FNA CYTOLOGY / OPEN BIOPSY / CT SCAN / MRI SCAN	POST OPT CLINICAL AND RADIOLOGICAL INVESTIGATIONS	4	N	TC
S5	HEMIARTHROPLASTY OF HIP UNCEMENTED	NF	40600	Y	HHS(HARRIS HIP SCORE) / RADIOGRAPHIC STUDIES-PLAIN X-RAY-AP VIEW	POST OPT CLINICAL AND RADIOLOGICAL INVESTIGATIONS	6	N	TC
S5	LAMINECTOMY	NF	101650	Y	X-RAY STUDIES / CT SCAN OF LOWER SPINE / MRI SCAN FOR SPINAL STENOSIS' MYELOGRAM.	POST OPT CLINICAL AND RADIOLOGICAL INVESTIGATIONS	9	N	TC

S6 POLYTRAUMA

Total no: of packages: 12
Total no: of packages mandated for pre-authorization: 0

Pre-authorization remarks: Specific Pre and Post-op Investigations such as pre/ post-op X-ray, CT report, post-op scar photo, electro-diagnostic studies etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

- The minimum length of hospital stay admissible for polytrauma cases would be on a case-by-case depending on the nature, type and vitals (for e.g. coagulation parameters). However weekly submission of clinical-radiological vitals is desired.
- ICU requirement will be Rs.5000 per day (surgical) (beyond 24 hours mandatory pre-authorization)

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S6	NERVE PLEXUS INJURIES, TENDON INJURY REPAIR/RECONSTRUCTION/ TRANSFER	F	50,000	N	NERVE CONDUCTION VELOCITY (NCV)	CLINICAL PHOTOGRAPHS WITH GRAFT SITE + SHOWING SCAR	5-10 DAYS	N	TC
					CT	POST OP ELECTRO DISGNOSTIC STUDY			
S6	PLEXUS INJURY ALONG WITH VASCULAR INJURY REPAIR/ GRAFT	F	60,000	N	PRE-OP. DOPPLER STUDY	POST-OP. DOPPLER STUDY	5-10 DAYS	N	TC
					NERVE CONDUCTION STUDY	CLINICAL PHOTO SHOWING SCAR			
					CT				
S6	INTERNAL FIXATION WITH FLAP COVER SURGERY FOR WOUND IN COMPOUND FRACTURE	F	40,000	N	PRE OP CLINICAL PICTURE	POST- OP. X-RAY,	5-10 DAYS	N	TC
					X-RAY/CT	CLINICAL PHOTOGRAPH SHOWING FLAP COVER			
S6	HEAD INJURY REQUIRING FACIO-MAXILLARY INJURY	F	35,000	N	X-RAY/CT	CLINICAL PHOTOGRAPH SHOWING SCAR	5-10 DAYS	N	TC

	REPAIRS & FIXATIONS (INCLUDING IMPLANTS)					POST OP XRAY			
S6	INTERNAL FIXATION OF PELVIACETABULAR FRACTURE	F	40,000	N	X-RAY/CT	CLINICAL PHOTOGRAPH SHOWING SCAR	5-10 DAYS	N	TC
						POST OP XRAY			
S6	CRANIOTOMY AND EVACUATION OF HAEMATOMA – SUBDURAL/EXTRA DURAL ALONG WITH FIXATION OF FRACTURE OF SINGLE LONG BONE	F	60,000	N	PRE-OP. X-RAY	POST-OP. X-RAY/CT	5-10 DAYS	N	TC
					CT	SCAR PHOTO			
S6	CRANIOTOMY AND EVACUATION OF HAEMATOMA – SUBDURAL/EXTRA DURAL ALONG WITH FIXATION OF FRACTURE OF 2 OR MORE LONG BONE.	F	75,000	N	PRE-OP. X-RAY	POST-OP. X-RAY/CT	5-10 DAYS	N	TC
					CT	SCAR PHOTO			
S6	VISCERAL INJURY REQUIRING SURGICAL INTERVENTION ALONG WITH FIXATION OF FRACTURE OF SINGLE LONG BONE.	F	30,000	N	PRE-OP. X-RAY	POST-OP. X-RAY	5-10 DAYS	N	TC
					CT SCAN	SCAR PHOTO			
					ULTRA SOUND/ X-RAY				
S6	VISCERAL INJURY REQUIRING SURGICAL INTERVENTION ALONG WITH FIXATION OF FRACTURE OF 2 OR MORE LONG BONES.	F	45,000	N	PRE-OP. X-RAY	POST-OP. X-RAY	5-10 DAYS	N	TC
					CT SCAN	SCAR PHOTO			
					ULTRA SOUND/ X-RAY				
S6	CHEST INJURY WITH ONE FRACTURE OF LONG BONE (WITH IMPLANTS)	F	35,000	N	PRE-OP. X-RAY OF FRACTURE	POST-OP. X-RAY	5-10 DAYS	N	TC
					CHEST X- RAY	SCAR PHOTO			
S6	CHEST INJURY WITH FRACTURE OF 2 OR MORE LONG BONES	F	45,000	N	PRE-OP. X-RAY OF FRACTURE	POST-OP. X-RAY	5-10 DAYS	N	TC
						SCAR PHOTO			
S6	EMERGENCY TENDONS REPAIR ± PERIPHERAL	F	30,000	N	CLINICAL	CLINICAL PHOTOGRAPHS WITH GRAFT	5-10 DAYS	N	TC

	NERVE REPAIR/ RECONSTRUCTIVE SURGERY					SITE + SHOWING SCAR			
					ELECTRO/ DIAGNOSTIC REPORTS	MRI			

S7 UROLOGY

Total no: of packages: 41

Total no: of packages mandated for pre-authorization: 10

Pre-authorization: Selective packages

Pre-authorization remarks: Prior approval must be taken for surgeries requiring use of Deflux injection, Botox Injection, inflatable penile prosthesis, urinary sphincter and metallic stents.

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S7	ADRENALECTOMY–BILATERAL, OPEN	F	32,000	N			7	N	TC
S7	PARAGANGLIOMA EXCISION WITH LIVER MOBILIZATION	F	50,000	N				N	TC
S7	NEPHRECTOMY (BENIGN) OPEN	F	31,835	N			5	N	TC
S7	NEPHRECTOMY (BENIGN) LAPAROSCOPIC	F	31,835	N			3	N	TC
S7	NEPHRECTOMY–PARTIAL OR HEMI, LAPAROSCOPIC	F	35,000	N			5	N	TC
S7	NEPHRO URETERECTOMY WITH CUFF OF BLADDER LAPAROSCOPIC	F	35,000	N			3	N	TC
S7	PCNL (PERCUTANEOUS NEPHROLITHOTOMY) – BILATERAL	F	40,000	N			3	N	TC
S7	URETERIC REIMPLANTATION–	F	35,000	N			3	N	TC

	BILATERAL–LAPAROSCOPIC								
S7	ILEAL REPLACEMENT FOR URETERIC STRICTURE	F	40,000	N			5	N	TC
S7	EXTROPHY BLADDER REPAIR INCLUDING OSTEOTOMY IF NEEDED + EPISPADIAS REPAIR + URETERIC REIMPLANT	F	50,000	N			5	N	TC
S7	RADICAL CYSTECTOMY WITH NEOBLADDER–OPEN	F	50,000	N			7	N	TC
S7	RADICAL CYSTECTOMY WITH CONTINENT DIVERSION–OPEN	F	50,000	N			7	N	TC
S7	RADICAL CYSTECTOMY WITH ILEAL CONDUIT–OPEN	F	50,000	N			7	N	TC
S7	RADICAL CYSTECTOMY WITH URETEROSTOMY–OPEN	F	35,000	N			7	N	TC
S7	RADICAL CYSTECTOMY WITH URETEROSIGMOIDOSTOMY–OPEN	F	35,000	N			7	N	TC
S7	Y V PLASTY OF BLADDER NECK/BLADDER NECK RECONSTRUCTION	F	42,250	N			5	N	TC
S7	AUGMENTATION CYSTOPLASTY–LAPAROSCOPIC	F	40,000	N			5	N	TC
S7	HOLMIUM LASER PROSTATECTOMY	F	40,000	N			2	N	TC
S7	TURP/LASER + CYSTOLITHOTOMY–OPEN	F	35,000	N			2	N	TC
S7	TURP/LASER + URS WITH STONE REMOVAL	F	40,000	N			2	N	TC
S7	TURP/LASER + VIU (VISUAL INTERNAL URETEROTOMY)	F	40,000	N			2	N	TC
S7	TURP/LASER + HYDROCELE SURGERY	F	40,000	N			2	N	TC

S7	TURP/LASER + HERNIOPLASTY	F	40,000	N			2	N	TC
S7	TURP/LASER + URETHRAL DILATATION–NON ENDOSCOPIC	F	40,000	N			2	N	TC
S7	TURP/LASER + URETHRAL DILATATION–ENDOSCOPIC	F	40,000	N			2	N	TC
S7	RADICAL PROSTATECTOMY – OPEN	F	50,000	N			5	N	TC
S7	RADICAL PROSTATECTOMY – LAPAROSCOPIC	F	70,000	N			5	N	TC
S7	URETHROPLASTY–SUBSTITUTION–TWO STAGE	F	35,000	N			5	N	TC
S7	URETHRORECTAL FISTULA REPAIR	F	40,000	N			6	N	TC
S7	RETROPERITONEAL LYMPH NODE DISSECTION–OPEN	F	37,300	N			3	N	TC
S7	RETROPERITONEAL LYMPH NODE DISSECTION–LAPAROSCOPIC	F	35,000	N			3	N	TC
S7	CYSTO GASTROSTOMY	F	33500	Y	ENDOSCOPIC ULTRASONOGRAPHY / CTSCAN-ABDOMEN / MRI SCAN-ABDOMEN.	CLINICAL PHOTOGRAPH & TEST REPORTS	4	N	TC
S7	CYSTO JEJUNOSTOMY	F	33500	Y	ENDOSCOPIC ULTRASONOGRAPHY / CTSCAN-ABDOMEN / MR CHOLANGIOPANCREATOGRAPHY.	CLINICAL PHOTOGRAPH & TEST REPORTS	4	N	TC
S7	HYPOSPADIAS REPAIR AND ORCHIOPEXY	NF	42250	Y	CLINICAL EXAMINATION / ULTRASOUND SCAN-TESTES.	POST OPT INVESTIGATION REPORT & CLINICAL PHOTOGRAPH	5	N	TC
S7	OPERATIONS FOR CYST OF THE KIDNEY – OPEN	F	39500	Y	CBC / ECG / BLOOD TEST FOR GFR / SR.ABUMIN / URINE TEST FOR ALBUMIN / SR.CREATININE / BLOOD SUGAR / USG-ABDOMEN.	ULTRA SOUND ABDOMEN	5	N	TC

S7	REIMPLANATION OF URETHRA	NF	42250	Y	X-RAY-KUB / ULTASOUND -KIDNEY / CT-SCAN -KIDNEY / CYSTOGRAPHY / CYSTOMETRY / CYSTOSCOPY.	POST OPT INVESTIGATION REPORT & TEST REPORTS	5	N	TC
S7	REIMPLANTATION OF BLADDER	NF	42250	Y	X-RAY-KUB / ULTASOUND -KIDNEY / CT-SCAN -KIDNEY / CYSTOGRAPHY / CYSTOMETRY / CYSTOSCOPY.	POST OPT INVESTIGATION REPORT & TEST REPORTS	5	N	TC
S7	RENAL TRANSPLANTATION SURGERY	NF	137400	Y	CBC WITH BLD / GP & RH.TYPING / ECG / CHEST X-RAY / PANEL REACTIVE ANTIBODY / DENTAL EXAM / MAMMOGRAM / PAP SMEAR / PROSTATE EXAM & PSA TEST / COLONSCOPY / PFT / RFT / DEXASCAN X-RAY / MRI / STRESS ECHOCARDIOGRAM.	POST OPT INVESTIGATION REPORT & TEST REPORTS	18	N	TC
S7	RETROPERITONEAL FIBROSIS – RENAL	NF	42250	Y	ESR / C-REACTIVE PROTEIN / SR.UREA / CREATININE / CTSCAN/MRI SCAN-KIDNEY / BIOPSY & HPE.	POST OPT INVESTIGATION REPORT & TEST REPORTS	5	N	TC
S7	RETROPUBIC PROSTATECTOMY	F	33500	Y	CBC / HB% / SR.UREA/CREATININE / BT/CT / USG-ABDOMEN /	POST OPT INVESTIGATION REPORT & TEST REPORTS	4	N	TC
S7	TURP + FISTULECTOMY	F	33500	Y	CBC / HB% / SR.UREA/CREATININE / BT/CT / USG-ABDOMEN / RESECTOSCOPE / BIOPSY & HPE /	POST OPT INVESTIGATION REPORT & TEST REPORTS	3	N	TC

S8 NEUROSURGERY

Total no: of packages: 112

No: of packages mandated for pre-authorization: 63

Pre-authorization: Selective packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as pre/ post-op X-ray, neuro-diagnostic studies, post-operative clinical photographs showing scars etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S8	ANTERIOR ENCEPHALOCELE	F	145650	N			8	N	TC
S8	BURR HOLE	F	117050	N			2	N	TC
S8	CARPAL TUNNEL RELEASE INCLUDING PRE AND POST OP. MRI	F	57100	N			3	N	TC
S8	CERVICAL RIBS – BILATERAL	F	79650	N			7	N	TC
S8	CERVICAL RIBS – UNILATERAL	F	57100	N			5	N	TC
S8	CRANIOPLASTY – ENDOGENOUS GRAFT	F	30170	Y	CT BRAIN	CT	7	N	TC
						CLINICAL PHOTOGRAPH SHOWING SCAR			
S8	CRANIOPLASTY – EXOGENOUS GRAFT	F	30170 + COST OF IMPLANT	Y	CT BRAIN	CT	7	N	TC
						CLINICAL PHOTOGRAPH SHOWING SCAR			
S8	CRANIOSTENOSIS	F	102310	N			7	N	TC
S8	DUROPLASTY – ENDOGENOUS	F	73600	N			5	N	TC
S8	DUROPLASTY – EXOGENOUS	F	73600 + COST OF IMPLANT	N			5	N	TC

S8	HAEMATOMA – BRAIN (HEAD INJURIES) (INCLUDING PRE AND POST OP. CT)	F	55,000	N			8	N	TC
S8	HAEMATOMA – BRAIN (HYPERTENSIVE)	F	50,000	N			8	N	TC
S8	HAEMATOMA (CHILD SUBDURAL) INCLUSIVE OF GENERAL ANAESTHESIA, PRE AND POST OP. CT	F	50,000	N			10	N	TC
S8	LAMINECTOMY WITH FUSION AND FIXATION	F	50,000	N				N	TC
S8	LAMINECTOMY WITH FUSION	F	87900	N			6		TC
S8	LUMBAR DISC INCLUDING PRE AND POST OP. MRI	F	73600	N			5	N	TC
S8	MENINGOCELE – ANTERIOR	F	146750	N	BRAIN AND SPINAL CORD MRI	X-RAY/ POST.OP SCAR	10 (2 DAY ICU STAY)	N	TC
S8	MENINGOCELE – LUMBAR	F	117050	N	BRAIN AND SPINAL CORD MRI	X-RAY/ POST.OP SCAR	10 (2 DAY ICU STAY)	N	TC
S8	MENINGOCOCCAL – OCCIPITAL	F	145650	N			10	N	TC
S8	MICRO DISCECTOMY – CERVICAL	F	45000	N			10	N	TC
S8	MICRO DISCECTOMY – LUMBAR	F	45000	N			10	N	TC
S8	BRACHIAL PLEXUS – REPAIR	F	102310	N			7	N	TC
S8	SHUNT (PERITONEAL, VENTRICULO–ATRIAL/ PERITONEAL, THECO PERITONEAL)	F	102310	N			7	N	TC
S8	SPINE – CANAL STENOSIS	F	87900	N			6	N	TC
S8	SPINE – DECOMPRESSION & FUSION	F	87900	N			6	N	TC
S8	SPINE – DECOMPRESSION & FUSION WITH FIXATION	F	97900	N				N	TC
S8	SPINE – EXTRADURAL TUMOUR	F	102310	N			7	N	TC
S8	SPINE – EXTRADURAL TUMOUR WITH FIXATION	F	112310	N				N	TC

S8	SPINE – EXTRADURAL HAEMATOMA WITH FIXATION	F	40000	N				N	TC
S8	SPINE – INTRADURAL TUMOUR	F	102310	N			7	N	TC
S8	SPINE – INTRADURAL TUMOUR WITH FIXATION	F	112310	N				N	TC
S8	SPINE – INTRADURAL HAEMATOMA	F	40000	N			7	N	TC
S8	SPINE – INTRADURAL HAEMATOMA WITH FIXATION	F	50,000	N				N	TC
S8	SPINE – INTRAMEDULLAR TUMOUR	F	102310	N			7		TC
S8	SPINE – INTRAMEDULLAR TUMOUR – FIXATION	F	112310	N				N	TC
S8	TRANS SPHENOIDAL INCLUDING PRE AND POST OP. MRI	F	87900	N			6	N	TC
S8	TUMOURS – SUPRATENTORIAL	F	50000	Y	CT	CT HISTOPATHOLOGICAL REPORT	7	N	TC
S8	TUMOURS MENINGES – GOCUSSA	F	102310	Y	CT	CT HISTOPATHOLOGICAL REPORT	7	N	TC
S8	TUMOURS MENINGES – POSTERIOR	F	102310	Y	CT	CT HISTOPATHOLOGICAL REPORT	7	N	TC
S8	BRAIN BIOPSY	F	73600	N			3	N	TC
S8	CRANIAL NERVE ANASTOMOSIS	F	73600	N			5	N	TC
S8	DEPRESSED FRACTURE	F	102310	N			7	N	TC
S8	PERIPHERAL NEURECTOMY (TRIGEMINAL)	F	73600	N			5	N	TC
S8	TWIST DRILL CRANIOSTOMY	F	44450	N			2	N	TC
S8	EXCISION OF BRAIN TUMORSUPRATENTORIAL– PARASAGITAL	F	79100	Y	CT	CT HISTOPATHOLOGICAL REPORT	10	N	TC
S8		F	79100	Y	CT	CT	10	N	TC

	EXCISION OF BRAIN TUMORSUPRATENTORIAL–BASAL					HISTOPATHOLOGICAL REPORT			
S8	EXCISION OF BRAIN TUMORSUPRATENTORIAL–BRAINSTEM	F	79100	Y	CT	CT HISTOPATHOLOGICAL REPORT	10	N	TC
S8	EXCISION OF BRAIN TUMORSUPRATENTORIAL–CP ANGLE	F	79100	Y	CT	CT HISTOPATHOLOGICAL REPORT	10	N	TC
S8	EXCISION OF BRAIN TUMOR SUPRATENTORIAL & OTHERS	F	79101	Y	CT	CT HISTOPATHOLOGICAL REPORT	10	N	TC
S8	ABSCESS TAPPING SINGLE	F	20000	N			7	N	SC
S8	ABSCESS TAPPING MULTIPLE	F	30000	N			7	N	SC
S8	EXCISION OF BRAIN ABSCESS	F	36000	Y	CT BRAIN 	CT CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
S8	ANEURYSM CLIPPING INCLUDING ANGIOGRAM	F	65000	Y	MRA/ DSA REPORT 	CT/ X-RAY CLINICAL PHOTOGRAPH SHOWING SCAR	12	N	TC
S8	EXTERNAL VENTRICULAR DRAINAGE (EVD) INCLUDING ANTIBIOTICS	F	46100	Y	CT BRAIN 	POST.OP CT CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
S8	SPINAL FUSION PROCEDURE WITH IMPLANT	F	40000	Y	MRI	POST.OP X-RAY		N	TC
S8	SPINA BIFIDA SURGERY	F	145650	N			10	N	TC
S8	STEREOTACTIC LESIONING	F	60000	Y	CT/ MRI BRAIN 	CT/ MRI BRAIN CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
S8	POSTERIOR CERVICAL FUSION WITH IMPLANT (LATERAL MASS FIXATION)	F	50000	Y	MRI SPINE 	X-RAY CERVICAL SPINE CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
S8	CERVICAL DISC MULTIPLE LEVEL WITHOUT FUSION	F	40000	Y	MRI SPINE	X-RAY CERVICAL SPINE		N	TC

						CLINICAL PHOTOGRAPH SHOWING SCAR			
S8	THORACIC/LUMBAR CORPECTOMY WITH FUSION INCLUSIVE OF IMPLANT	F	60000	Y	CT/ MRI	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
						X RAY			
S8	TRANSORAL SURGERY (ANTERIOR) AND CV JUNCTION (POSTERIOR STERLIZATION)	F	55,000 + COST OF IMPLANT	Y	MRI SPINE	POST.OP MRI	12 (2 DAY ICU STAY)	N	TC
					X RAY	X RAY			
S8	TRANS ORAL SURGERY	F	40,000	N				N	TC
S8	FORAMEN MAGNUM DECOMPRESSION	F	45,000	N				N	TC
S8	ENDOSCOPIC CSF RHINORRHEA REPAIR	F	46100 + COST OF GLUE	N				N	TC
S8	PERIPHERAL NERVE SURGERY MAJOR	F	102310	Y	NEURO-DIAGNOSTIC STUDIES (NCV/ EMG)	CLINICAL PHOTOGRAPH SHOWING SCAR	5	N	TC
S8	PERIPHERAL NERVE SURGERY MINOR	F	102310	Y	NEURO-DIAGNOSTIC STUDIES (NCV/ EMG)	CLINICAL PHOTOGRAPH SHOWING SCAR	3	N	TC
S8	EPILEPSY SURGERY	F	50,000	Y	CT/ MRI	CT		N	TC
					NEURO-DIAGNOSTIC STUDIES (EEG)	CLINICAL PHOTOGRAPH SHOWING SCAR			
S8	ARTERIO VENOUS MALFORMATION (AVM) EXCISION (WHATEVER SIZE AND LOCATION)	F	50000	Y	MRA/ DSA REPORT	X-RAY		N	TC
						CLINICAL PHOTOGRAPH SHOWING SCAR			
S8	SUPERFICIAL TEMPORAL ARTERY (STA): MIDDLE CEREBRAL ARTERY (MCA) OR (OTHER EC – IC) BYPASS PROCEDURE	F	60,000	Y	MRA/ DSA REPORT	X-RAY		N	TC
						CLINICAL PHOTOGRAPH SHOWING SCAR			
S8		F	40,000	Y	CT/ MRI	CT		N	TC

	EXCISION OF ORBITAL TUMOUR					HISTOPATHOLOGICAL REPORT			
						CLINICAL PHOTOGRAPH SHOWING SCAR			
S8	GAMMA KNIFE RADIOSURGERY (GKRS)/ SRS FOR TUMOURS/ ARTERIOVENOUS MALFORMATION (AVM)	F	75,000	Y	CT/ MRI	CLINICAL PHOTOGRAPHS		N	TC
S8	ANNEURYSM	NF	145650	Y	BLOOD TESTS / LP FOR CSF / CT ANGIOGRAPHY / MRANGIOGRAPHY.	POST OPT INVESTIGATION REPORT & TEST REPORTS	10		TC
S8	CAROTID ENDARTRECTOMY	NF	147300	Y	CHOLESTEROL SCREENING / CHEST XRAY / CTSCAN / ULTRASOUND / EHOCARDIOGRAM / STRESS TESTS / ECG / MRISCAN / ANGIOGRAM	CLINICAL PHOTOGRAPH & TEST REPORTS	10		TC
S8	CERVICAL SYMPATHECTOMY	NF	35100	Y	ROUTINE BLD / AND URINE ANALYSIS / CHEST X RAY / ECG / BLOOD SUGAR / RFT /	CLINICAL PHOTOGRAPH & TEST REPORTS	5		TC
S8	CONSERVATIVE MANAGEMENT HEAD INJURY	NF	53800	Y	X-RAY-SKULL / CT SCANNING-SKULL	TEST REPORTS / INVESTIGATION REPORTS	5		TC
S8	CONSERVATIVE MANAGEMENT SPINAL INJURY	NF	53800	Y	X-RAY-SPINE / - CT SCANNING/ MRI SCANNING	TEST REPORTS / INVESTIGATION REPORTS	5		TC
S8	CORRECTIVE SURGERY FOR CRANIOSYNOSTOSIS	NF	57100	Y	CLINICAL EXAMINATION / 3D CT SCAN-SKULL / .	POST OPT INVESTIGATION REPORT & TEST REPORTS	7		TC
S8	CRANIO VENTRICAL	NF	131350	Y	LP FOR CSF ANALYSIS / MRI SCAN.	POST OPT INVESTIGATION REPORT & TEST REPORTS	9		TC
S8	CRANIOPLASTY WITH IMPANTS	NF	49400	Y	CBC / COAGULATION PROFILE / BLD.GP & RH.TYPING / URINALYSIS / ECG / CT SCAN	CLINICAL PHOTOGRAPH & TEST REPORTS	6		TC
S8	CRANIOTOMY AND EVACUATION OF HAEMATOMA –EXTRADURAL	NF	46100	Y	CBC / COAGULATION PROFILE / BLD.GP & RH.TYPING / URINALYSIS / ECG / CTSCAN-SKULL	CLINICAL PHOTOGRAPH & TEST REPORTS	6		TC

S8	CRANIOTOMY AND EVACUATION OF HAEMATOMA –SUBDURAL	NF	71400	Y	CBC / COAGULATION PROFILE / BLD.GP & RH.TYPING / URINALYSIS / ECG / CTSCAN-SKULL	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S8	CRANIOTOMY WITH EXCISION OF BRAIN TUMOUR	NF	46100	Y	CBC / COAGULATION PROFILE / BLD.GP & RH.TYPING / URINALYSIS / ECG / BIOPSY & HPE / X-RAY SKULL / CTSCAN-SKULL	POST OPT INVESTIGATION REPORT & TEST REPORTS	8		TC
S8	DECOMPRESSION/EXCISION OF OPTIC NERVE LESIONS	NF	51600	Y	CLINICAL EXAM / CT/MRI SCANNING / OTHER ROUTINE TESTS.	POST OPT INVESTIGATION REPORT & TEST REPORTS	4		TC
S8	DECOMPRESSIVE CRANECTOMY FOR HEMISHPHERICAL ACUTE SUBDURAL HAEMATOMA/BRAIN SWELLING/LARGE INFARCT	F	46100	Y	CBC / COAGULATION PROFILE / BLD.GP & RH.TYPING / URINALYSIS / ECG / BIOPSY & HPE / X-RAY SKULL / CTSCAN-SKULL	POST OPT INVESTIGATION REPORT & TEST REPORTS	9		TC
S8	DECOMPRESSIVE CRANIECTOMY (NON TRAUMATIC)	F	68100	Y	CBC / COAGULATION PROFILE / BLD.GP & RH.TYPING / URINALYSIS / ECG / X-RAY SKULL / CTSCAN-SKULL	POST OPT INVESTIGATION REPORT & TEST REPORTS	9		TC
S8	DVT – IVC (INFERIOR VENA CAVA) FILTER	F	105500	Y	CBC / COAGULATION PROFILE / X-RAY / ULTRASOUND.	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC
S8	ENCEPHALOCELE REPAIR	NF	46100	Y	CBC / CSF ANALYSIS / MRI SCAN	POST OPT INVESTIGATION REPORT & TEST REPORTS	6		TC
S8	EXCISION OF BASAL BRAIN TUMOUR	NF	68100	Y	CBC / EEG / LP FOR CSF / BIOPSY & HPE / NEUROLOGICAL/VISION/HEARING TESTS / MRI-BRAIN / CT SCAN / CEREBRAL ARTERIOGRAM / NEUROCOGNITIVE ASSESSMENT.	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S8	EXCISION OF BRAIN TUMORS –SUBTENTORIAL	NF	54900	Y	CBC / EEG / LP FOR CSF / BIOPSY & HPE / NEUROLOGICAL/VISION/HEARING TESTS / MRI-BRAIN / CT SCAN / CEREBRAL ARTERIOGRAM / NEUROCOGNITIVE ASSESSMENT.	CLINICAL PHOTOGRAPH & TEST REPORTS	7		TC

S8	EXCISION OF LOBE (FRONTAL,TEMPORAL,CEREBELLUM ETC.)	NF	71400	Y	CBC / AUDIOMETRY/VISUAL FIELD ACUITY TESTS / LP FOR CSF / BIOPSY & HPE / CTSCAN / MRISCAN.	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S8	EXCISION OF PARASAGITAL BRAIN TUMOUR	NF	57100	Y	CBC / AUDIOMETRY/VISUAL FIELD ACUITY TESTS / LP FOR CSF / BIOPSY & HPE / CTSCAN / MRISCAN.	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S8	MICROSURGICAL EXCISION OF ACOUSTIC TUMOUR	NF	39500	Y	CBC / AUDIOMETRY/VISUAL FIELD ACUITY TESTS / LP FOR CSF / BIOPSY & HPE / CTSCAN / MRISCAN.	CLINICAL PHOTOGRAPH & TEST REPORTS	3		TC
S8	NEURO VASCULAR REPAIR WITH CRUSH INJURY	F	33500	Y	CBC / RFT/LFT / COAGULATION PROFILE / SR.ELECTROLYTES/CALCIUM/POTASSIUM/CPK/CK / CT SCAN-SPINE.	CLINICAL PHOTOGRAPH & TEST REPORTS	7		TC
S8	NEUROLYSIS	NF	102310	Y	CBC / ULTRASOUND / ECG / CTSCAN	TEST REPORTS / INVESTIGATION REPORTS	7		TC
S8	OPERATIONS FOR NEUROBLASTOMA	NF	46100	Y	CBC / URINE ANALYSIS / / BIOPSY & HPE / CTSCAN / BONE MARROW BIOPSY.	CLINICAL PHOTOGRAPH & TEST REPORTS	4		TC
S8	OTHER NEUROPATHY (GB SYNDROME, MONONEURITIS, OTHER CRANIAL NERVE DISORDERS ETC.)	NF	47200	Y	CBC / BLD.GLUCOSE / TSH / BUN / SR.CREATININE / URINE PORPHYRIN / SR.B12 / B6 / B1 / VIT-E / SR.FOLATE.	POST OPT INVESTIGATION REPORT & TEST REPORTS	6		TC
S8	POSTERIOR FOSSA – DECOMPRESSION	NF	117050	Y	CBC / BIOPSY & HPE / CT SCAN-	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S8	REPAIR & TRANSPOSITION NERVE	NF	44450	Y	NERVE CONDUCTION STUDIES/ELECTROMYOGRAPHYEMG / CHEST XRAY / CTSCAN/MRISCAN.	CLINICAL PHOTOGRAPH & TEST REPORTS	3		TC
S8	SPINE – ANTERIOR DECOMPRESSION	F	117050	Y	BLOOD SAMPLING / LP-CSF / X-RAY-SPINE / BONE SCAN / ELECTROMYOGRAM / DISCOGRAM / CTSCAN/MRISCAN / MYELOGRAM.	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S8	SPINE – DISC CERVICAL/LUMBER	F	87900	Y	BLOOD SAMPLING / LP-CSF / X-RAY-SPINE / BONE SCAN / ELECTROMYOGRAM / DISCOGRAM / CTSCAN/MRISCAN / MYELOGRAM.	CLINICAL PHOTOGRAPH & TEST REPORTS	6		TC
S8	SUBDURAL ASPIRATION	NF	44450	Y	PLAIN XRAY -SKULL / CTSCAN-NONCONTRAST / MRISCAN /	TEST REPORTS / INVESTIGATION REPORTS	3		TC

S8	SUBTOTAL TEMPORAL BONE RESECTION	NF	57100	Y	PLAIN XRAY -SKULL / CTSCAN-NONCONTRAST / MRISCAN / LP-FOR CSF / CAROTID EVALUATION / OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC
S8	SURGICAL MANAGEMENT OF C.S.F. RHINORRHOEA	NF	46100	Y	GLUCOSE OXIDASE PAPER TEST FOR CSF / CT CISTERNOGRAM / PLUS OTHER ROUTINE TESTS.	POST OPT INVESTIGATION REPORT & TEST REPORTS	4		TC
S8	SYRINGOMYELIA DECOMPRESSION SURGERY	NF	51600	Y	CTSCAN-SPINE & SPINAL CORD / MRISCAN-SPINE & SPINAL CORD / OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	4		TC
S8	TEMPORAL LOBECTOMY PLUS DEPTH ELECTRODES	NF	89000	Y	MRI-SCAN /MEG-MAGNETOENCEPHALOGRAPHY /EEG-ELECTROENCEPHALOGRAPHY / OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	7		TC
S8	TEMPORAL RHIZOTOMY	NF	73600	Y	GAIT ANALYSIS / SENSORY TESTING / MOTOR TESTING / OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC
S8	TOTAL TEMPORAL BONE RESECTION	NF	68100	Y	CTSCAN-NON-CONTRAST TEMPORAL BONE / /MRISCAN-WITH WITHOUT GADOLINIUM / CAROTID EVALUATION / OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	6		TC
S8	VAGOTOMY – HIGHLY SELECTIVE	NF	16961	N			5		SC
S8	VAGOTOMY – SELECTIVE	NF	16961	N			5		SC
S8	VAGOTOMY WITH GASTROJEJUNOSTOMY	NF	27950	N			6		SC
S8	VAGOTOMY WITH PYELOROPLASTY	NF	27950	N			6		SC
S8	VERTEBRAL ANGIOPLASTY	NF	84600	Y	VERTEBRAL ARTERY TEST / CEREBRAL ANGIOGRAPHY / CTSCAN/ MR ANGIOGRAPHY. OTHER ROUTINE TESTS	TEST REPORTS / INVESTIGATION REPORTS	4		TC

S9 INTERVENTIONAL NEURORADIOLOGY

Total no: of packages: 11

No: of packages mandated for pre-authorization: 11

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as pre/ post-op X-ray, CT/ ultrasound report, pre and post-op blood tests, post op clinical photographs with scar etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S9	COIL EMBOLIZATION FOR ANEURYSMS (INCLUDES COST OF FIRST 3 COILS + BALLOON AND/ OR STENT IF USED) 1 TO 20 COILS MAY BE REQUIRED AS PER NEED.	F	1,00,000	Y				N	TC
S9	DURAL AVMS/AVFS (PER SITTING) WITH GLUE	F	70,000	Y				N	TC
S9	DURAL AVMS/AVFS (PER SITTING) WITH ONYX	F	1,50,000	Y				N	TC
S9	CAROTICO-CAVERNOUS FISTULA (CCF) EMBOLIZATION WITH COILS. [INCLUDES 5 COILS, GUIDE CATHETER, MICRO-CATHETER, MICRO-GUIDEWIRE, GENERAL ITEMS]	F	1,50,000	Y				N	TC
S9	CAROTID-CAVERNOUS FISTULA (CCF) EMBOLIZATION WITH BALLOON (INCLUDES ONE BALLOON, GUIDE CATHETER, MICRO-	F	75,000	Y				N	TC

	CATHETER, MICRO-GUIDEWIRE, GENERAL ITEMS)								
S9	CEREBRAL & SPINAL AVM EMBOLIZATION (PER SITTING). USING HISTOACRYL	F	1,00,000	Y				N	TC
S9	BALLOON TEST OCCLUSION	F	70,000	Y				N	TC
S9	INTRACRANIAL BALLOON ANGIOPLASTY WITH STENTING	F	1,60,000	Y				N	TC
S9	INTRACRANIAL THROMBOLYSIS / CLOT RETRIEVAL	F	1,60,000	Y				N	TC
S9	PRE-OPERATIVE TUMOUR EMBOLIZATION (PER SESSION)	F	40,000	Y				N	TC
S9	VERTEBROPLASTY	F	40,000	Y				N	TC

S10 PLASTIC & RECONSTRUCTIVE SURGERY

Total no: of packages: 4
No: of packages mandated for pre-authorization: 4
Empanelment classification: Advanced criteria
Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for MHIS/PMJAY provider network.
Pre-authorization: Mandatory for all packages
Pre-authorization remarks: Specific Pre and Post-op Investigations such as clinical and/or relevant imaging photographs of the patient are essential.

- In case of emergency/life-saving/ limb saving operative procedures, preauthorization may not be required. However, formal intimation should be done within 24 hours of admission.
- Procedures are predominantly available only in Specialty care centers across India

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE

S10	HEMANGIOMA – SCLEROTHERAPY (UNDER GA)	F	35,000	Y	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	3	N	TC
S10	HEMANGIOMA – DEBULKING/ EXCISION	F	35,000	Y	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	4	N	TC
S10	TISSUE EXPANDER FOR DISFIGUREMENT FOLLOWING BURNS/ TRAUMA/ CONGENITAL DEFORMITY (INCLUDING COST OF EXPANDER / IMPLANT)	F	50,000	Y	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	5	N	TC
S10	SCALP AVULSION RECONSTRUCTION	F	50,000	Y	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	CLINICAL AND/OR RELEVANT IMAGING PHOTOGRAPHS	5	N	TC

S11 BURNS MANAGEMENT

Total no: of packages: 11

No: of packages mandated for pre-authorization: 11 (**Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone-gel sheet and physiotherapy): Excluding Neck contracture**; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG)/ Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover & **Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone-gel sheet and physiotherapy): Neck contracture;** Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG)/ Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover needs pre-auth to initiate treatment, for the rest documentation could be retrospectively sent)

Pre-authorization remarks: Specific Pre and Post-op Investigations such as clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns at the time of admission and follow up clinical photographs on days 5, 10, 15, 20 as per requirements on the basis of pre-authorization would need to be submitted during claims.

- Admission Criteria to be followed for selecting packages for burn injured patients:

1. Second- and third-degree burns greater than 10% of the total body surface area in patients under 10 or over 60 years of age
2. Second- and third-degree burns greater than 20% of the total body surface area in other age groups
3. Significant burns of face, hands, feet, genitalia, or perineum and those that involve skin overlying major joints
4. Third-degree burns greater than 5% of the total body surface area in any age group
5. Inhalation injury
6. Significant electric injury including lightning injury
7. Significant chemical injury
8. Burns with significant pre-existing medical disorders that could complicate management, prolong recovery, or affect mortality (e.g. diabetes mellitus, cardiopulmonary disease)
9. Burns with significant concomitant trauma

Burn injury in patients who will require special social and emotional or long-term rehabilitative support, including cases of suspected child abuse and neglect.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S11	% TOTAL BODY SURFACE AREA BURNS (TBSA) (THERMAL/ SCALD/ FLAME BURNS) - ANY % (NOT REQUIRING ADMISSION). NEEDS AT LEAST 5-6 DRESSING	F	7,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	D	N	SC
S11	% TOTAL BODY SURFACE AREA BURNS (TBSA) (THERMAL/ SCALD/ FLAME BURNS): UPTO 40 %; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL	F	40,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND	N	TC

	PROCEDURES ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.						THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS		
S11	% TOTAL BODY SURFACE AREA BURNS (TBSA) (THERMAL/ SCALD/ FLAME BURNS): 40 % - 60 %; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL PROCEDURES ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.	F	76900	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS	N	TC
S11	% TOTAL BODY SURFACE AREA BURNS (TBSA) (THERMAL/ SCALD/ FLAME BURNS): > 60 %; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL PROCEDURES ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.	F	80,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS	N	TC

S11	ELECTRICAL CONTACT BURNS: LOW VOLTAGE-WITH PART OF LIMB/LIMB LOSS; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL PROCEDURES ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.	F	40,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS	N	TC
S11	ELECTRICAL CONTACT BURNS: HIGH VOLTAGE-WITHOUT PART OF LIMB/LIMB LOSS; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL PROCEDURES ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.	F	50,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS	N	TC
S11	ELECTRICAL CONTACT BURNS: HIGH VOLTAGE-WITH PART OF LIMB/LIMB LOSS; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL PROCEDURES	F	60,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND	N	TC

	ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.						THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS		
S11	CHEMICAL BURNS: WITHOUT SIGNIFICANT FACIAL SCARRING AND/OR LOSS OF FUNCTION; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL PROCEDURES ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.	F	40,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS	N	TC
S11	CHEMICAL BURNS: WITH SIGNIFICANT FACIAL SCARRING AND/OR LOSS OF FUNCTION; INCLUDES % TBSA SKIN GRAFTED, FLAP COVER, FOLLOW-UP DRESSINGS ETC. AS DEEMED NECESSARY; SURGICAL PROCEDURES ARE REQUIRED FOR DEEP BURNS THAT ARE NOT AMENABLE TO HEAL WITH DRESSINGS ALONE.	F	60,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH	MODERATE TO SEVERE BURNS NEED INITIAL ICU STAY RANGING FROM 2 – 5 DAYS AND THEN 10 - 14 DAYS OF WARD STAY WITH ALTERNATE DAY DRESSINGS	N	TC

S11	POST BURN CONTRACTURE SURGERIES FOR FUNCTIONAL IMPROVEMENT (PACKAGE INCLUDING SPLINTS, PRESSURE GARMENTS, SILICONE-GEL SHEET AND PHYSIOTHERAPY): EXCLUDING NECK CONTRACTURE; CONTRACTURE RELEASE WITH - SPLIT THICKNESS SKIN GRAFT (STSG) / FULL THICKNESS SKIN GRAFT (FTSG)/ FLAP COVER IS DONE FOR EACH JOINT WITH POST-OPERATIVE REGULAR DRESSINGS FOR STSG / FTSG / FLAP COVER.	F	50,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH		N	TC
S11	POST BURN CONTRACTURE SURGERIES FOR FUNCTIONAL IMPROVEMENT (PACKAGE INCLUDING SPLINTS, PRESSURE GARMENTS, SILICONE-GEL SHEET AND PHYSIOTHERAPY): NECK CONTRACTURE; CONTRACTURE RELEASE WITH - SPLIT THICKNESS SKIN GRAFT (STSG) / FULL THICKNESS SKIN GRAFT (FTSG)/ FLAP COVER IS DONE FOR EACH JOINT WITH POST-OPERATIVE REGULAR DRESSINGS FOR STSG / FTSG / FLAP COVER.	F	50,000	Y	CLINICAL PHOTOGRAPH AND DIAGRAM WITH RULE OF 9/ L & B CHART FOR EXTENT OF BURNS	CLINICAL PHOTOGRAPH		N	TC

S12 CARDIOLOGY

Total no: of packages: 26
No: of packages mandated for pre-authorization: 26
Empanelment classification: Advanced criteria
Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for MHIS/PMJAY provider network.
Pre-authorization: Mandatory for all packages
Pre-authorization remarks: Specific Pre and Post-op Investigations such as ECHO, ECG, pre/ post-op X-ray, label/ carton of stents used, pre and post-op blood tests (USG, clotting time, prothrombin time, international normalized ratio, Hb, Serum Creatinine), angioplasty stills showing stents & post stent flow, CAG report showing blocks (pre) and balloon and stills showing flow (post) etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

- It is prescribed as standard practice to use medicated stents (approved by FDA/DCGI) where necessary. Further the carton/ sticker detailing the stent particulars needs to be submitted as part of claims filing by providers.
- It is also advised to perform cardiac catheterization as part of the treatment package for congenital heart defects.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE / NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S12	VERTEBRAL ANGIOPLASTY WITH SINGLE STENT (MEDICATED)	F	50,000	Y	2D ECHO	POST OP. ANGIOGRAM REPORT	2	N	TC
					ANGIOGRAM REPORT	CARTON OF THE STENT USED APPROVED BY FDA/DCGI ONLY			
S12	VERTEBRAL ANGIOPLASTY WITH DOUBLE STENT(MEDICATED)	F	65,000	Y	2D ECHO	POST OP. ANGIOGRAM REPORT	2	N	TC
					ANGIOGRAM REPORT	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
S12	CAROTID ANGIOPLASTY WITH STENT (MEDICATED)	F	130,000	Y	ANGIOGRAM REPORT & FILM SHOWING THE LESION	POST LESION	2	N	TC
						X RAY			
						DOPPLER			

						CARTON OF THE STENT USED APPROVED BY FDA/DCGI ONLY			
S12	RENAL ANGIOPLASTY WITH SINGLE STENT (MEDICATED)	F	50,000	Y	ECG	POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW	2	N	TC
					2D ECHO	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
					CAG STILLS SHOWING BLOCKS & REPORTS				
S12	RENAL ANGIOPLASTY WITH DOUBLE STENT (MEDICATED)	F	65,000	Y	ECG	POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW	2	N	TC
					2D ECHO	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
					CAG STILLS SHOWING BLOCKS & REPORTS				
S12	PERIPHERAL ANGIOPLASTY WITH STENT (MEDICATED)	F	50,000	Y	2D ECHO	POST PROCEDURE ANGIO STILLS	2	N	TC
					ANGIOGRAM REPORT & STILLS	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
S12	ASD DEVICE CLOSURE	F	80,000	Y	2D ECHO REPORT - TRPG	2D ECHO STILLS SHOWING THE DEVICE + REPORT		N	TC
S12	VSD DEVICE CLOSURE	F	80,000	Y	2D ECHO REPORT - TRPG	2D ECHO STILLS SHOWING THE		N	TC

						DEVICE + REPORT			
S12	PDA DEVICE CLOSURE	F	40,000	Y	2D ECHO REPORT	2D ECHO STILLS SHOWING THE DEVICE + REPORT		N	TC
S12	PDA STENTING	F	84,600	Y	2D ECHO	POST PROCEDURE ANGIO STILLS		N	TC
					ANGIOGRAM REPORT & STILLS				
S12	PERMANENT PACEMAKER IMPLANTATION (ONLY VVI) INCLUDING PACEMAKER VALUE/PULSE GENERATOR REPLACEMENT (DOUBLE CHAMBER)	F	60,000	Y	ECG	X RAY SHOWING THE PACEMAKER IN SITU	7 (2-DAY ICU STAY)	N	TC
					REPORT BY CARDIOLOGIST				
					ANIGIOGRAM REPORT IF DONE				
S12	PERMANENT PACEMAKER IMPLANTATION (ONLY VVI) INCLUDING PACEMAKER VALUE/PULSE GENERATOR REPLACEMENT (SINGLE CHAMBER)	F	50,000	Y	ECG	X RAY SHOWING THE PACEMAKER IN SITU	7 (2-DAY ICU STAY)	N	TC
					REPORT BY CARDIOLOGIST				
					ANIGIOGRAM REPORT IF DONE				
S12	PTCA – SINGLE STENT (MEDICATED, INCLUSIVE OF DIAGNOSTIC ANGIOGRAM)	F	65,000	Y	ECG	POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW	3	N	TC
					2D ECHO	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
					CAG STILLS SHOWING BLOCKS & REPORTS				
S12	PTCA – DOUBLE STENT (MEDICATED, INCLUSIVE OF DIAGNOSTIC ANGIOGRAM)	F	90,000	Y	ECG	POST OP. ANGIOGRAM REPORT,	3	N	TC

						SHOWING STENT & POST STENT FLOW			
					2D ECHO	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
					CAG STILLS SHOWING BLOCKS & REPORTS				
S12	PULMONARY ARTERY STENTING	F	40,000	Y	2D ECHO	POST PROCEDURE ANGIO STILLS		N	TC
					ANGIOGRAM REPORT & STILLS				
S12	PULMONARY ARTERY STENTING (DOUBLE)	F	65,000	Y	2D ECHO	POST PROCEDURE ANGIO STILLS		N	TC
					ANGIOGRAM REPORT & STILLS				
S12	RIGHT VENTRICULAR OUTFLOW TRACT (RVOT) STENTING	F	40,000	Y	2D ECHO	POST PROCEDURE ANGIO STILLS		N	TC
					ANGIOGRAM REPORT & STILLS				
S12	ROTABLATION+ BALLOON ANGIOPLASTY	F	65,000	Y	CAG REPORT WITH STILLS SHOWING BLOCKS	CAG STILLS WITH BALLOON AND STILLS WITH POST FLOW		N	TC
S12	ROTABLATION+ BALLOON ANGIOPLASTY + 1 STENT (MEDICATED)	F	100,000	Y	ECG	POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW		N	TC
					2D ECHO	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
					CAG STILLS SHOWING BLOCKS & REPORTS				

S12	ROTABLATION+ BALLOON ANGIOPLASTY + 2 STENT (MEDICATED)	F	125,000	Y	ECG	POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW		N	TC
					2D ECHO	CARTON OF THE STENTS USED APPROVED BY FDA/DCGI ONLY			
					CAG STILLS SHOWING BLOCKS & REPORTS				
S12	COILING – PSEUDOANEURYSMS OF ABDOMEN	F	55,000	Y	PROTHROMBIN TIME (PT)	CT	2	N	TC
					INTERNATIONAL NORMALIZED RATIO (INR)	PROTHROMBIN TIME (PT)			
					HB	INTERNATIONAL NORMALIZED RATIO (INR)			
					SERUM CREATININE	HB			
						SERUM CREATININE			
S12	EMBOLIZATION – ARTERIOVENOUS MALFORMATION (AVM) IN THE LIMBS	F	40,000	Y	ULTRASOUND	ULTRASOUND	2	N	TC
					CT	CT			
					PROTHROMBIN TIME (PT)	PROTHROMBIN TIME (PT)			
					INR	INR			
					HB	HB			
					SERUM CREATININE	SERUM CREATININE			
S12	CATHETER DIRECTED THROMBOLYSIS FOR: DEEP VEIN THROMBOSIS (DVT), MESENTERIC THROMBOSIS & PERIPHERAL VESSELS	F	50,000	Y	CT/MRI	CT/MRI	2	N	TC
					PROTHROMBIN TIME (PT)	PROTHROMBIN TIME (PT)			
					INTERNATIONAL NORMALIZED RATIO (INR)	INTERNATIONAL NORMALIZED RATIO (INR)			
					HB	HB			
					SERUM CREATININE	SERUM CREATININE			

S12	ACUTE AND SUBACUTE ENDOCARDITIS	NF	33500	Y	ECG / ECHO / BLOOD CULTURE/SENSITIVITY TEST / CLINICAL PHOTO	POST OPT INVESTIGATION REPORT & TEST REPORTS	9	N	TC
S12	MYOCARDIAL INFARCTION	NF	51600	Y	CREATINE KINASE / ECG / ECHOCARDIOGRAPHY / CHEST X-RAY	TEST REPORTS / INVESTIGATION REPORTS	9	N	TC
S12	MYOCARDITIS	NF	61500	Y			7	N	TC

S13 CARDIO-THORACIC & VASCULAR SURGERY

Total no: of packages: 100
No: of packages mandated for pre-authorization: 99
Empanelment classification: Advanced criteria
Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for MHIS/PMJAY provider network.
Pre-authorization remarks: Specific Pre and Post-op Investigations such as ECHO, ECG, pre/ post-op X-ray, post-op scar photo, CAG/ CT/ MRI reports etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

- It is also advised to perform cardiac catheterization as part of the treatment package for congenital heart defects.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S13	CORONARY ARTERY BYPASS GRAFTING (CABG)	F	101100	Y	2D ECHO CAG REPORT	ECHO POST OP X RAY SCAR PHOTO	5 TO 7	N	TC
S13	CORONARY ARTERY BYPASS GRAFTING (CABG) WITH INTRA–AORTIC BALLOON PUMP (IABP)	F	110,000	Y	2D ECHO CAG REPORT	ECHO POST OP X RAY SCAR PHOTO	5 TO 7	N	TC

S13	CORONARY ARTERY BYPASS GRAFTING (CABG) + ONE MECHANICAL VALVE REPLACEMENT + INTRA–AORTIC BALLOON PUMP (IABP)	F	150,000	Y	2D ECHO CAG REPORT	ECHO POST OP X RAY SCAR PHOTO	5 TO 7	N	TC
S13	CORONARY ARTERY BYPASS GRAFTING (CABG) WITH LV ANEURYSMAL REPAIR	F	100,000	Y	2D ECHO CAG REPORT	ECHO POST OP X RAY SCAR PHOTO	5 TO 7	N	TC
S13	CORONARY ARTERY BYPASS GRAFTING (CABG) WITH MITRAL VALVE REPAIR WITHOUT RING	F	100,000	Y	2D ECHO CAG REPORT	ECHO POST OP X RAY SCAR PHOTO	5 TO 7	N	TC
S13	CORONARY ARTERY BYPASS GRAFTING (CABG) WITH MITRAL VALVE REPAIR WITH RING	F	125,000	Y	2D ECHO CAG REPORT	ECHO POST OP X RAY SCAR PHOTO	5 TO 7	N	TC
S13	CORONARY ARTERY BYPASS GRAFTING (CABG) WITH POST MI VENTRICULAR SEPTAL DEFECT (VENTRICULAR SEPTAL DEFECT) REPAIR	F	100,000	Y	2D ECHO CAG REPORT	ECHO POST OP X RAY SCAR PHOTO	5 TO 7	N	TC
S13	OPEN MITRAL VALVOTOMY	F	75,000	Y	2D ECHO	ECHO POST OP X RAY SCAR PHOTO	7	N	TC
S13	OPEN PULMONARY VALVOTOMY	F	75,000	Y	2D ECHO	ECHO POST OP X RAY SCAR PHOTO	7	N	TC
S13	MITRAL VALVE REPAIR	F	91,200	Y	2D ECHO	ECHO POST OP X RAY SCAR PHOTO	7	N	TC
S13	TRICUSPID VALVE REPAIR	F	80,000	Y	2D ECHO	ECHO POST OP X RAY SCAR PHOTO	7	N	TC
S13	AORTIC VALVE REPAIR	F	80,000	Y	2D ECHO	ECHO	7	N	TC

						POST OP X RAY			
						SCAR PHOTO			
S13	MITRAL VALVE REPLACEMENT (MECHANICAL VALVE)	F	120,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	MITRAL VALVE REPLACEMENT (BIOLOGICAL VALVE)	F	125,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	AORTIC VALVE REPLACEMENT (MECHANICAL VALVE)	F	120,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	AORTIC VALVE REPLACEMENT (BIOLOGICAL VALVE)	F	125,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	TRICUSPID VALVE REPLACEMENT (MECHANICAL VALVE)	F	120,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	TRICUSPID VALVE REPLACEMENT (BIOLOGICAL VALVE)	F	125,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	DOUBLE VALVE REPLACEMENT (MECHANICAL VALVE)	F	150,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	DOUBLE VALVE REPLACEMENT (BIOLOGICAL VALVE)	F	155,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	ROSS PROCEDURE	F	105,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	ATRIAL SEPTAL DEFECT (ASD)	F	75,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	VENTRICULAR SEPTAL DEFECT (VSD)	F	75,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	ATRIOVENTRICULAR SEPTAL DEFECT/	F	100,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			

	ATRIOVENTRICULAR (AV) CANAL DEFECT					SCAR PHOTO			
S13	INTRACARDIAC REPAIR (ICR) FOR TETRALOGY OF FALLOT (TOF)	F	100,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	PULMONARY VALVOTOMY + RIGHT VENTRICULAR OUTFLOW TRACT (RVOT) RESECTION	F	90,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	AORTOPULMONARY WINDOW (AP WINDOW)	F	90,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	SURGERY FOR HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY (HOCM)	F	90,000	Y	2D ECHO/TEE	ECHO	10	N	TC
					CHEST XRAY AP VIEW	POST OP X RAY			
					CARDIAC MRI	SCAR PHOTO			
S13	EBSTEINS	F	90,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	FONTAN	F	90,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (TAPVC)	F	105,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	ANY RV TO PA CONDUIT (VALVED)	F	115,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	ARTERIAL SWITCH OPERATION	F	120,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	DOUBLE SWITCH OPERATION	F	120,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	SENNINGS	F	104,400	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			

						SCAR PHOTO			
S13	MUSTARDS	F	105,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	TRUNCUS ARTERIOSUS SURGERY	F	115,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	ROOT REPLACEMENT (AORTIC ANEURYSM/ AORTIC DISSECTION) / BENTAL PROCEDURE	F	145,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	AORTIC ARCH REPLACEMENT	F	160,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	AORTIC ANEURYSM REPAIR USING CARDIOPULMONARY BYPASS (CPB)	F	150,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	AORTIC ANEURYSM REPAIR WITHOUT USING CARDIOPULMONARY BYPASS (CPB)	F	75,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	PULMONARY EMBOLECTOMY	F	90,000	Y	2D ECHO	ECHO	5	N	TC
					ABG REPORT	POST OP X RAY			
					CT CHEST REPORT	SCAR PHOTO			
S13	SURGERY FOR CARDIAC TUMOUR/ LEFT ATRIAL (LA) MYXOMA/ RIGHT ATRIAL (RA) MYXOMA	F	95,000	Y	2D ECHO	ECHO		N	TC
					CT CHEST REPORT	POST OP X RAY			
						SCAR PHOTO			
S13	COARCTATION REPAIR WITH INTERPOSTION GRAFT	F	38,000	Y	2D ECHO	DOPPLER REPORT WITH STILLS		N	TC
					CAG REPORT				
S13	GLENN SHUNT (WITHOUT CARDIOPULMONARY BYPASS)	F	35,000	Y	2D ECHO	ECHO		N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	CENTRAL SHUNT	F	50,000	Y	2D ECHO	ECHO		N	TC
						POST OP X RAY			

						SCAR PHOTO			
S13	PERICARDIECTOMY	F	35,100	Y	2D ECHO	ECHO		N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	PULMONARY AV FISTULA SURGERY	F	45,000	Y	CT CHEST	ECHO		N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	LUNG CYST	F	45,000	Y	CT CHEST	ECHO	7	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	SPACE–OCCUPYING LESION (SOL) MEDIASTINUM	F	45,000	Y	CT CHEST	ECHO		N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	SURGICAL CORRECTION OF BRONCHOPLEURAL FISTULA	F	50,000	Y	CT CHEST	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	DIAPHRAGMATIC EVENTERATION	F	40,000	Y	CT CHEST	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	OESOPHAGEAL DIVERTICULA /ACHALASIA CARDIA	F	35,000	Y	BARIUM STUDY	ECHO	10	N	TC
					CT CHEST	POST OP X RAY			
						SCAR PHOTO			
S13	DIAPHRAGMATIC INJURIES/REPAIR	F	35,000	Y	CT CHEST	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13	BRONCHIAL REPAIR SURGERY FOR INJURIES DUE TO FB	F	35,000	Y	CT CHEST	ENDOSCOPY PICTURE	7	N	TC
					BRONCHOSCOPY REPORT				
S13	LUNG INJURY REPAIR	F	35,000	Y	CT CHEST	POST OP X RAY	7	N	TC
						SCAR PHOTO			
S13	THYOMECTOMY	F	35,000	Y	CT CHEST	POST OP X RAY		N	TC
						SCAR PHOTO			
S13	PULMONARY VALVE REPLACEMENT	F	120,000	Y	2D ECHO	ECHO	10	N	TC
						POST OP X RAY			
						SCAR PHOTO			
S13		F	40,000	Y	PRE-OP X-RAY / CT SCAN	POST OP X-RAY / CT SCAN	7	N	TC

	PULMONARY SEQUESTRATION RESECTION					SCAR PHOTO			
S13	PULMONARY ARTERO VENOUS MALFORMATION	F	40,000	Y	PRE-OP X-RAY / CT SCAN	POST OP X-RAY / CT SCAN	7	N	TC
						SCAR PHOTO			
S13	SURGERY FOR ARTERIAL ANEURSYSM – UPPER/DISTAL ABDOMINAL AORTA	F	90,000	Y	CT ANGIO REPORT	SCAR PHOTO	10	N	TC
						POST OP CT ANGIO			
S13	INTRATHORACIC ANEURYSM–ANEURYSM NOT REQUIRING BYPASS TECHNIQUES	F	90,000	Y	CT ANGIO REPORT	SCAR PHOTO	10	N	TC
						POST OP CT ANGIO			
S13	INTRATHORACIC ANEURYSM–REQUIRING BYPASS TECHNIQUES	F	125,000	Y	CT ANGIO REPORT	SCAR PHOTO	10	N	TC
						POST OP CT ANGIO			
S13	SURGERY FOR ARTERIAL ANEURYSM RENAL ARTERY	F	76,000	Y	RENAL ARTERIAL DOPPLER	DOPPLER REPORT		N	TC
					ANGIOGRAM	SCAR PHOTO			
S13	OPERATIONS FOR STENOSIS OF RENAL ARTERIES	F	40,000	Y	RENAL ARTERIAL DOPPLER	DOPPLER REPORT		N	TC
					ANGIOGRAM & STILLS	SCAR PHOTO			
S13	AORTO BI–LLIAC / BI FEMORAL /AXILLO BI FEMORAL BYPASS WITH SYNTHETIC GRAFT	F	90,000	Y	ANGIOGRAM/SPIRAL CT ANGIOGRAM REPORTS	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						SCAR PHOTO			
S13	FEMORO DISTAL / FEMORAL – FEMORAL / FEMORAL INFRA POPLITEAL BYPASS WITH VEIN GRAFT	F	68,100	Y	ANGIOGRAM/SPIRAL CT ANGIOGRAM REPORTS	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						DUPLEX ULTRASOUND			
						SCAR PHOTO			
S13	FEMORO DISTAL / FEMORAL – FEMORAL / FEMORAL INFRA POPLITEAL BYPASS WITH SYNTHETIC GRAFT	F	70,000	Y	ANGIOGRAM/SPIRAL CT ANGIOGRAM REPORTS	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						DUPLEX ULTRASOUND			
						SCAR PHOTO			

S13	AXILLO BRACHIAL BYPASS USING WITH SYNTHETIC GRAFT	F	65,000	Y	ANGIOGRAM/SPIRAL CT ANGIOGRAM REPORTS	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						DUPLEX ULTRASOUND			
						SCAR PHOTO			
S13	EXCISION OF BODY TUMOR WITH VASCULAR REPAIR	F	35,000	Y	ANGIOGRAM/SPIRAL CT ANGIOGRAM REPORTS	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						DUPLEX ULTRASOUND			
						SCAR PHOTO			
S13	CAROTID ARTERY BYPASS WITH SYNTHETIC GRAFT	F	60,000	Y	ANGIOGRAM/SPIRAL CT ANGIOGRAM REPORTS	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						DUPLEX ULTRASOUND			
						SCAR PHOTO			
S13	EXCISION OF ARTERIO VENOUS MALFORMATION – LARGE	F	50,000	Y	ANGIOGRAM/SPIRAL CT ANGIOGRAM REPORTS	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						SCAR PHOTO			
S13	DEEP VEIN THROMBOSIS (DVT) – INFERIOR VENA CAVA (IVC) FILTER	F	80,000	Y	COLOR DOPPLER	X-RAY ABDOMEN SHOWING THE FILTER	7	N	TC
						SCAR PHOTO			
S13	CAROTID ENDARTERECTOMY	F	147,300	Y	ANGIOGRAM	STILLS SHOWING THE PROCEDURE WITH GRAFT	7	N	TC
						SCAR PHOTO			
S13	AORTIC ANGIOPLASTY WITH TWO STENTS / ILIAC ANGIOPLASTY WITH STENT BILATERAL	F	90,000	Y	ECG	ANGIOPLASTY STILLS SHOWING BALLOON & POST FLOW	7	N	TC
					2D ECHO	SCAR PHOTO			
					CAG STILLS SHOWING BLOCKS				

S13	AORTO–UNI–ILIAC/UNI–FEMORAL BYPASS WITH SYNTHETIC GRAFT	F	70,000	Y	ANGIOGRAM/ COMPUTED TOMOGRAPHY ANGIOGRAPHY (3D-CTA)/MAGNETIC RESONANCE ANGIOGRAPHY	DUPLEX ULTRASOUND	7	N	TC
						SCAR PHOTO			
S13	ANNULUS AORTIC ECTASIA WITH VALVED CONDUITS	NF	91200	Y	CHEST X-RAY / PLAIN ABDOMINAL X-RAY / ABDOMINAL ULTRASOUND / CT SCAN-AORTA / MRI-SCAN.	TEST REPORTS / INVESTIGATION REPORTS	7		TC
S13	AORTA – FEMORAL BYPASS	NF	91200	Y	URINE ANALYSIS / ANKLE BRACHIAL TEST / DOPPLER ULTRASOUND.	CLINICAL PHOTOGRAPH & TEST REPORTS	7		TC
S13	AORTO–AORTO BYPASS WITH GRAFT	NF	68100	Y	BLOOD TESTS / ECG / ECHO / CHEST X-RAY / CARDIAC CATHERIZATION	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S13	BALLOON VALVOTOMY/PTMC (PERCUTANEOUS MITRAL BALLOON VALVOTOMY)	NF	30170	Y	BLOOD TESTS / ECG / ECHO / CHEST X-RAY	CLINICAL PHOTOGRAPH & TEST REPORTS	4		TC
S13	CARDIAC RADIOFREQUENCY ABLATION	NF	52700	Y	CHEST X-RAY / ECHOCARDIOGRAM / CTSCAN-CHEST / MRI-SCAN-CHEST	TEST REPORTS / INVESTIGATION REPORTS	4		TC
S13	CAROTID EMBOLECTOMY	NF	57100	Y	CHOLESTEROL SCREENING / CHEST X-RAY / ECG / CARDIAC STRESS TEST / ULTRASOUND CAROTID / ECHO / CT ANGIOGRAM	CLINICAL PHOTOGRAPH & TEST REPORTS	7		TC

S13	COARCTATION OF AORTA – WITH STENT	NF	68100	Y	ECG / ECHOCARDIOGRAPHY / CARDIAC CATHERIZATION / CTSCAN-CHEST / CHEST X-RAY / MRISCAN-CHEST	CLINICAL PHOTOGRAPH & TEST REPORTS	5		TC
S13	COARCTATION OF AORTA – WITHOUT STENT	NF	35100	Y	ECG / ECHOCARDIOGRAM / CHEST X-RAY / CARDIAC CATHERIZATION / CT-ANGIOGRAM / MRISCAN-CHEST	CLINICAL PHOTOGRAPH & TEST REPORTS	5		TC
S13	CONDUIT REPAIR FOR COMPLEX CONGENITAL HEART DISEASE	NF	129700	Y	ECG / CHEST X-RAY / ECHOCARDIOGRAPHY / CARDIC CATHERIZATION / CT ANGIOGRAPHY / CARDIAC MRI.	CLINICAL PHOTOGRAPH & TEST REPORTS	10		TC
S13	CORONARY BALLOON ANGIOPLASTY	NF	40600	Y	CHOLESTEROL SCREENING / CHEST X-RAY / ECG / CARDIAC STRESS TEST / ULTRASOUND CAROTID / ECHO / CT ANGIOGRAM	CLINICAL PHOTOGRAPH & TEST REPORTS	3		TC
S13	DIRECTIONAL CORONARY ATHERECTOMY	NF	65900	Y	QUANTITATIVE CORONARY ANGIOGRAPHY /	POST OPT INVESTIGATION REPORT & CLINICAL PHOTOGRAPH	5		TC

S13	EMBOLIZATION	NF	65900	Y	D-DIMER BLOOD TESTS / CHEST X-RAY / ULTRSOUND / PULMONARY ANGIOGRAM/CT PUL.ANGIOGRAPHY / MRISCAN	ULTRASOUND, CT PT, INR, HB, SERUM CREATININE	5		TC
S13	EXCISION OF VASCULAR TUMOR	NF	46100	Y	CBC / ULTRASOUND / CT SCAN / MRI SCAN	ULTRA SOUND ,CBC	4		TC
S13	INTRA CARDIAC REPAIR OF ASD INCLUDING COST OF IMPLANTS	NF	91200	Y	CHEST X-RAY / ECG / ECHOCARDIOGRAM / CARDIAC CATHERIZATION / CTSCAN / MRI	CLINICAL PHOTOGRAPH & TEST REPORTS	7		TC
S13	INTRA CARDIAC REPAIR OF VSD INCLUDING COST OF IMPLANTS	NF	91200	Y	CHEST X-RAY / ECG / ECHOCARDIOGRAM / CARDIAC CATHERIZATION / PULSE OXIMETRY	CLINICAL PHOTOGRAPH & TEST REPORTS	7		TC
S13	PERIPHERAL ANGIOPLASTY	NF	52700	Y	ANKLE BRACHIAL INDEX / DOPPLER-ULTRASOUND / ANGIOGRAPHY-CONTRAST / BLOOD TESTS-TRIGLYCERIDES / BLD SUGAR.	CLINICAL PHOTOGRAPH & TEST REPORTS	1		TC
S13	PERMANENT PACEMAKER IMPLANTATION – BIVENTRICULAR INCLUDING COST OF IMPLANTS	NF	51600	Y	ECG / CHEST X-RAY / CBC / SR.ELECTROLYTES / SR.CREATININE / BLD.UREA NITROGEN / PROTHROMBIN & PARTIAL PROTHROMBIN TIME.	X RAY SHOWING THE PACEMAKER IN SITU	4		TC

S13	ROTABLATION	NF	40600	Y	ANGIOGRAPHY / CORONARY ANGIOGRAM / BLOOD FOR CREATINE KINASE AND TROPONIN / COAGULATION PROFILE.	CAG /POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW + CARTON OF THE STENTS USED APPROVED BY GOI	3		TC
S13	RUPTURED SINUS OF VALSALVA CORRECTION	NF	91200	Y	MRI SCAN / TRANSESOPHAGEAL ECHOCARDIOGRAPHY/ TRANSTHORACIC TWO DIMENSIONAL ECHOCARDIOGRAPHY.	TEST REPORTS / INVESTIGATION REPORTS	7		TC
S13	SURGERY FOR INTRACARDIAC TUMOURS	NF	84600	Y	ECHOCARDIOGRAPHY / CT CORONARY ANGIOGRAPHY / MRI SCAN / BIOPSY & HPE	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S13	SYSTEMIC PULMONARY SHUNTS WITH GRAFT	NF	40600	Y	2D-ECHOCARDIOGRAPHY / ANGIOGRAPHY / CARDIAC CATHERIZATION	POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW + CARTON OF THE STENTS USED APPROVED BY GOI	9		TC
S13	SYSTEMIC PULMONARY SHUNTS WITHOUT GRAFT	NF	40600	Y	2D-ECHOCARDIOGRAPHY / ANGIOGRAPHY / CARDIAC CATHERIZATION	POST OP. ANGIOGRAM REPORT, SHOWING STENT & POST STENT FLOW + CARTON OF THE STENTS USED APPROVED BY GOI	9		TC

S13	TOF/ TAPVC/ TCPC/ REV/ VSOV REPAIR (TETRALLOGY OF FALLOT/ TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION / TOTAL CAVO–PULMONARY CONNECTION / REPARATION L'ETAGE VENTRICULAIRE	NF	112100	Y	ECG / ECHOCARDIOGRAPHY / CARDIAC CATHERIZATION / CTSCAN / MRI SCAN.	CLINICAL PHOTOGRAPH & TEST REPORTS	8		TC
S13	VALVULAR HEART DISEASE WITH LVF	NF	65350	N					TC

S14 PEDIATRIC SURGERY

Total no: of packages: 7

No. of packages mandated for pre-authorization: 7

Specialty code	Package name	PACKAGE RATES INDICATIVE/ NOT FIXED	Package Amount	Preauth Required or Not (Y/N)	Mandatory investigations for pre-auth	Post-Op investigations for claims submission	Average length of Stay (Including Days in intensive care units)	Govt Reserved Procedure (Y/N)	TREATMENT TYPE
S14	ABDOMINO PERIONEAL (EXOMPHALOS)	NF	41700	Y	ULTRASOUND / BIOPSY & HPE / OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC
S14	GASTROCHISIS REPAIR	NF	37300	Y	BLOOD TEST FOR ALPHA FETOPROTEIN / ULATRASOUND-ABDOMEN / OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC
S14	MENISCECTOMY	NF	34550	Y	MCMURRAY TEST/ APLEY TEST / MRI SCANNING / OTHER ROUTINE TESTS.	POST OPT INVESTIGATION REPORT & TEST REPORTS	3		TC
S14	PAEDIATRIC SPLENECTOMY (NON TRAUMATIC)	NF	40600	Y	BLOOD TEST FOR HEREDITARY SPHEROCYTOSIS/ SICKLE	POST OPT INVESTIGATION	9		TC

					CELL DISEASE/HEMOGLOBIN SS / SC / S-BETA THALASSEMIA / AUTOHEMOLYTIC ANEMIA / ULTRSOUND OF THE ABDOMEN-ENLARGED SPLEEN /	REPORT & TEST REPORTS			
S14	URETEROTOMY	NF	41700	Y	CBC / X-RAY-KIDNEY / 24HR.URINE COLLECTION / ANTEGRADE PYELOGRAM / CTSCAN-KIDNEY / RFT: OTHER ROUTINE TESTS	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC
S14	URETHROPLASTY	NF	41700	Y	URINE ANALYSIS / URINARY FLOW TESTS / URETHRAL ULTRASOUND / RETROGRADE URETHROGRAM / CYSTOSCOPY / PELVIC ULTRASOUND / PELVIC MRI SCAN.	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC
S14	VESICOSTOMY	NF	41700	Y	BLADDER ENDOSCOPE/URODYNAMIC / BLOOD TESTS/BLOOD CULTURE/BLOOF FOR SUGAR /	POST OPT INVESTIGATION REPORT & TEST REPORTS	5		TC

S15 SURGRICAL ONCOLOGY

Total no: of packages: 42

No: of packages mandated for pre-authorization: 41

Pre-authorization remarks: Prior approval must be taken for Selected treatments/ malignancies.

- The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last longer than a year. Relapse/recurrence may sometimes occur.
- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.
- There should be pre-authorization at each step for cancer care.
- Packages under surgical oncology might not be exhaustive, since there are significant overlaps with packages under other specialty domains. Such packages may be used as deemed necessary.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
S15	STERNOTOMY WITH SUPERIOR MEDIASTINAL DISSECTION	F	40,000	Y	CECT	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					BIOPSY	HPE REPORT			
S15	RESECTION OF NASOPHARYNGEAL TUMOUR	F	40,000	Y	BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT/ MRI	HPE REPORT			
S15	MICROVASCULAR RECONSTRUCTION	F	45,000	Y	BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
S15	COMPOSITE RESECTION	F	40,000	Y	BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT/ MRI	HPE REPORT			
S15	COMPOSITE RESECTION WITH RECONSTRUCTION(EXCLUDING MICROVASCULAR)	F	60,000	Y	BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT/ MRI	HPE REPORT			
S15	LUNG METASTECTOMY– MULTIPLE (< FOUR)	F	50,000	Y	FNAC/ BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT	HPE REPORT			
						X RAY CHEST			

S15	LUNG METASTECTOMY– MULTIPLE (> FOUR)	F	60,000	Y	FNAC/ BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT	HPE REPORT			
						X RAY CHEST			
S15	SLEEVE RESECTION OF LUNG CANCER	F	70,000	Y	FNAC/ BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT	HPE REPORT			
						X RAY CHEST			
S15	OESOPHAGECTOMY WITH TWO FIELD LYMPHADENECTOMY	F	60,000	Y	UGI ENDOSCOPY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					BIOPSY	HPE REPORT			
					CECT	X RAY CHEST			
S15	OESOPHAGECTOMY WITH THREE FIELD LYMPHADENECTOMY	F	60,000	Y	UGI ENDOSCOPY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					BIOPSY	HPE REPORT			
					CECT	X RAY CHEST			
S15	ABDOMINAL WALL TUMOUR RESECTION WITH RECONSTRUCTION	F	35,000	Y	CECT	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
						HPE REPORT			
S15	OESOPHAGEAL STENTING INCLUDING STENT COST	F	40,000	Y	CECT	STENT INVOICE		N	TC
S15	SEGMENTECTOMY– HEPATOBILIARY SYSTEM	F	50,000	Y	CECT/MRI	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
						HPE REPORT			
S15	RADICAL HYSTERECTOMY + BILATERAL PELVIC LYMPH NODE DISSECTION + BILATERAL SALPINGO	F	50,000	Y	CECT	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC

	OPHORECTOMY (BSO)/ OVARIAN TRANSPOSITION				BIPOSY	HPE REPORT			
S15	RADICAL VAGINECTOMY + RECONSTRUCTION	F	51600	Y	CECT	HPE REPORT		N	TC
					BIPOSY				
S15	RADICAL TRACHELECTOMY	F	40,000	Y	CECT	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					BIPOSY	HPE REPORT			
S15	VULVECTOMY WITH BILATERAL GROIN DISSECTION	F	45,000	Y	BIOPSY	HPE REPORT		N	TC
S15	LIMB SALVAGE SURGERY FOR BONE TUMOR WITH PROSTHESIS	F	70,000	Y	BIOPSY	CLINICAL PHOTOGRAPH		N	TC
					CECT/MRI - LOCAL	XRAY SHOWING PROSTHESIS			
					CT-THORAX	HPE REPORT			
					BONE SCAN				
S15	HEMIPELVECTOMY	F	45,000	Y	BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT/ MRI –LOCAL	HPE REPORT			
S15	SACRAL RESECTION	F	40,000	Y	BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CECT/ MRI –PELVIS	HPE REPORT			
S15	CHEST WALL RESECTION WITH RECONSTRUCTION FOR SOFT TISSUE / BONE TUMORS	F	40,000	Y	BIOPSY	CLINICAL PHOTOGRAPH SHOWING SCAR		N	TC
					CT/ XRAY -THORAX	HPE REPORT			
S15	ADRENALECTOMY – BILATERAL	NF	30170	Y	CBC / URINALYSIS / SR.ELECTROLYTE/CORTISOL/ANDROGEN/SR.FREE METANEPHRINE / USG-ABDOMEN / ADRENAL CT-GUIDED NEEDLE BIOPSY FOR HPE	CLINICAL PHOTOGRAPH & TEST REPORTS	7	N	TC

S15	RADICAL MASTECTOMY	NF	30170	Y	MAMMOGRAM / BREAST BIOPSY & HPE / BREAST ULTRASOUND / MRISCANNING-BREAST.OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S15	MASTECTOMY	NF	51600	N			3	N	TC
S15	CARCINOMA LIP – WEDGE EXCISION	NF	41700	Y	CBC / COAGULATION PROFILE / BLOOD SUGAR / BIOPSY & HPE / ULTRASONOGRAPHY / CTSCAN/MRI SCAN /	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S15	EXCISION CARTOID BODY TUMOUR	NF	41700	Y	CBC / COAGULATION PROFILE / 24HR URINE METANAPHRINE / SR.FREE CATECHOLAMINES' / ULTRASOUND DOPPLER COLOR-NECK / CT-NECK WITH IV CONTRAST / CT ANGIOGRAPHY/MRANGIOGRAPHY.	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S15	FULL THICKNESS BUCCAL MUCOSA RECONSTRUCTION (MOUTH/CHEEK)	NF	30170	Y	CBC / COAGULATION PROFILE / X-RAY-CHEST / FNA BIOPSY & HPE / CTSCAN/MRI SCAN/PET SCAN	CLINICAL PHOTOGRAPH & TEST REPORTS	7	N	TC
S15	LARYNGOPHARYNGECTOMY (THROAT)	NF	30170	Y	CBC / URINE TEST / BIOPSY & HPE / FNA-LYMPH NODE / X-RAY-THROAT / CT SCAN/MRI SCAN/PET SCAN	CLINICAL PHOTOGRAPH & TEST REPORTS	7	N	TC
S15	MODIFIED RADICAL NECK DISSECTION (THROAT)	NF	33500	Y	CBC / COAGULATION PROFILE / X-RAY-CHEST / FNA BIOPSY & HPE AND OF LYMPH NODES / LFT/RFT / CTSCAN/MRI SCAN/PET SCAN	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S15	PARAPHARYNGEAL TUMOR EXCISION (THROAT)	NF	41700	Y	CBC / COAGULATION PROFILE / X-RAY-CHEST / FNA BIOPSY & HPE / LFT/RFT / CTSCAN/MRI SCAN.	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S15	DECORTICATION LUNG	NF	57100	Y	X-RAY-CHEST / PULMONARY FUNCTION TEST / BRONCHOSCOPY / OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	8	N	TC
S15	HEPATO CELLULAR CARCINOMA(ADVANCED) RADIO FREQUENCY ABLATION	NF	35100	Y	CBC / LFT / SR.ELECTROLYTES / COAGULATION PROFILE / PTT:AFP-ALPHA FETOPROTEIN DETERMINATION / ULTRASONOGRAPHY / CT/MRI SCAN	DATA OF RT TREATMENT PLAN & DOSE	5	N	TC
S15	LOBECTOMY (LUNG CANCER)	NF	57100	Y	CBC / CHEST X-RAY / SPUTUM CYTOLOGY / TISSUE SAMPLING-BIOPSY & HPE /	CLINICAL PHOTOGRAPH	7	N	TC

					CTSCAN-LUNG/ / MRI/PET SCAN-LUNG / BONE SCAN	& TEST REPORTS			
S15	PARTIAL/SUBTOTAL GASTRECTOMY FOR CARCINOMA	NF	81300	Y	CBC / ENDOSCOPIC BIOPSY / ULTRASONOGRAPHY / CTSCAN-ABDOMEN / OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	8	N	TC
S15	PNEUMONECTOMY FOR CARCINOMA LUNG	NF	57100	Y	CBC / PULMONARY FUNCTION TESTS / BRONCHOSCOPY/BIOPSY & HPE / ECG / BONE SCAN / CTSCAN-BRAIN / USG-ABDOMEN / OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	7	N	TC
S15	POSTERIOR EXENTERATION	NF	57100	Y	CBC / ECG / PFT / USG-ABDOMEN / BIOPSY & HPE / RFT/LFT / CT SCAN-ABDOMEN/MRI SCAN-ABDOMEN / OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	8	N	TC
S15	RADICAL CYSTECTOMY	NF	51600	Y	CBC / ECG / PFT / USG-ABDOMEN / BIOPSY & HPE / RFT/LFT / CHEST X-RAY / CT SCAN-ABDOMEN/MRI SCAN-ABDOMEN / OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S15	RADICAL PROSTATECTOMY	NF	51600	Y	CBC / ECG / TRANSURETHRAL ULTRASOUND / BONE SCAN / BIOPSY & HPE / CT SCAN / MRISCAN / RFT/LFT / OTHER ROUTINE TESTS.	CLINICAL PHOTOGRAPH & TEST REPORTS	5	N	TC
S15	RADICAL SURGERY FOR GASTRIC CANCER	NF	71400	Y	CBC / CHEST XRAY / ENDOSCOPIC BIOPSY & HPE AND LYMPH NODES / CEA MARKER TESTS / BARIUM MEAL X-RAY / BONE SCAN / CTSCAN/MRISCAN /	CLINICAL PHOTOGRAPH & TEST REPORTS	7	N	TC
S15	RADICAL VAGINECTOMY WITH OR WITHOUT PROSTHESIS	NF	46100	Y	CBC.COAGULATION PROFILE / USG-ABDOMEN / RFT / LFT / URINALYSIS. / BIOPSY & HPE	TEST REPORTS / INVESTIGATION REPORTS	6	N	TC
S15	RESECTION OF NASOPHARYNGEAL TUMOR IN MALIGNANT CONDITIONS	NF	57100	Y	CBC / NASAL ENDOSCOPY / ENDOSCOPIC BIOPSY & HPE AND BIOPSY FROM LYMPH NODES / X-RAY NECK / CTSCAN/MRISCAN/PETSCAN	CLINICAL PHOTOGRAPH & TEST REPORTS	7	N	TC
S15	SUPRA LEVATOR EXENTERATION	NF	81300	Y	CBC / ECG / PFT / USG-ABDOMEN / BIOPSY & HPE / RFT/LFT / CT SCAN-ABDOMEN/MRI SCAN-ABDOMEN / OTHER ROUTINE TESTS	CLINICAL PHOTOGRAPH & TEST REPORTS	8	N	TC

S17 FOLLOW-UP CARE: SURGICAL

Total no: of packages: 72

No: of packages mandated for pre-authorization: 72

SL NO	FOLLOW-UP CARE AFTER 30 DAYS FROM THE DATE OF DISCHARGED: SURGICAL	PACKAGE RATES INDICATIVE/NOT FIXED	1st Visit	2nd Visit	3rd Visit	4th Visit	Preauth Required or Not (Y/N)	TREATMENT TYPE
S17	TOTAL THYROIDECTOMY	F	1,540	880	880	880	Y	TC
S17	PORTOCAVAL ANASTOMOSIS	F	4,620	2,420	2,420	2,420	Y	TC
S17	OPERATION OF ADERNAL GLANDS BILATERAL	F	1,980	1,100	1,100	1,100	Y	TC
S17	SPLENORENAL ANASTOMOSIS	F	4,620	2,420	2,420	2,420	Y	TC
S17	WARREN SHUNT	F	4,620	2,420	2,420	2,420	Y	TC
S17	SPLEENECTOMY + DEVASCULARISATION + SPLENO RENAL SHUNT	F	4,620	2,420	2,420	2,420	Y	TC
S17	LAP- PANCREATIC NECROSECTOMY	F	4,070	1,870	1,870	1,870	Y	TC
S17	PANCREATIC NECROSECTOMY (OPEN)	F	4,070	1,870	1,870	1,870	Y	TC
S17	CORONARY BALLOON ANGIOPLASTY	F	4,620	2,420	2,420	2,420	Y	TC
S17	RENAL ANGIOPLASTY	F	4,620	2,420	2,420	2,420	Y	TC
S17	PERIPHERAL ANGIOPLASTY	F	4,620	2,420	2,420	2,420	Y	TC
S17	VERTEBRAL ANGIOPLASTY	F	4,620	2,420	2,420	2,420	Y	TC
S17	CORONARY BYPASS SURGERY	F	4,620	2,420	2,420	2,420	Y	TC
S17	CORONARY BYPASS SURGERY-POST ANGIOPLASTY	F	4,620	2,420	2,420	2,420	Y	TC
S17	CABG WITH IABP PUMP	F	4,620	2,420	2,420	2,420	Y	TC
S17	CABG WITH ANEURISMAL REPAIR	F	4,620	2,420	2,420	2,420	Y	TC
S17	WITH PROSTHETIC RING	F	4,620	2,420	2,420	2,420	Y	TC
S17	WITHOUT PROSTHETIC RING	F	4,620	2,420	2,420	2,420	Y	TC
S17	OPEN PULMONARY VALVOTOMY	F	4,620	2,420	2,420	2,420	Y	TC
S17	CLOSED MITRAL VALVOTOMY	F	4,620	2,420	2,420	2,420	Y	TC
S17	MITRAL VALVOTOMY (OPEN)	F	4,620	2,420	2,420	2,420	Y	TC
S17	MITRAL VALVE REPLACEMENT (WITH VALVE)	F	4,620	2,420	2,420	2,420	Y	TC
S17	AORTIC VALVE REPLACEMENT (WITH VALVE)	F	4,620	2,420	2,420	2,420	Y	TC
S17	TRICUSPID VALVE REPLACEMENT	F	4,620	2,420	2,420	2,420	Y	TC
S17	DOUBLE VALVE REPLACEMENT (WITH VALVE)	F	4,620	2,420	2,420	2,420	Y	TC

S17	CAROTID EMBOLECTOMY	F	4,620	2,420	2,420	2,420	Y	TC
S17	ENCEPHALOCELE	F	1,980	1,100	1,100	1,100	Y	TC
S17	SURGERIES ON ADRENAL GLAND IN CHILDREN	F	1,980	1,100	1,100	1,100	Y	TC
S17	OPEN PYELOLITHOTOMY	F	1,100	660	660	660	Y	TC
S17	OPEN NEPHROLITHOTOMY	F	1,100	660	660	660	Y	TC
S17	OPEN CYSTOLITHOTOMY	F	1,100	660	660	660	Y	TC
S17	LAPAROSCOPIC PYELOLITHOTOMY	F	1,100	660	660	660	Y	TC
S17	CYSTOLITHOTRIPSY	F	1,100	660	660	660	Y	TC
S17	PCNL	F	1,100	660	660	660	Y	TC
S17	ESWL	F	1,100	660	660	660	Y	TC
S17	URSL	F	1,100	660	660	660	Y	TC
S17	ENDOSCOPE REMOVAL OF STONE IN BLADDER	F	1,100	660	660	660	Y	TC
S17	TRANSURETHRAL RESECTION OF PROSTATE (TURP)	F	1,100	660	660	660	Y	TC
S17	TURP CYST LITHOTRIPSY	F	1,100	660	660	660	Y	TC
S17	OPEN PROSTATECTOMY	F	1,100	660	660	660	Y	TC
S17	CRANIOTOMY AND EVACUATION OF HAEMATOMA(SUBDURAL)	F	3,740	1,980	1,980	1,980	Y	TC
S17	CRANIOTOMY AND EVACUATION OF HAEMATOMA (EXTRA DURAL)	F	3,740	1,980	1,980	1,980	Y	TC
S17	EVACUATION OF BRAIN ABSCESS-BURR HOLE	F	3,740	1,980	1,980	1,980	Y	TC
S17	EXCISION OF LOBE (FRONTAL,TEMPORAL,CEREBELLUM ETC.)	F	3,740	1,980	1,980	1,980	Y	TC
S17	EXCISION OF BRAIN TUMOR SUPRATENTORIAL	F	3,740	1,980	1,980	1,980	Y	TC
S17	PARASAGITAL	F	3,740	1,980	1,980	1,980	Y	TC
S17	BASAL	F	3,740	1,980	1,980	1,980	Y	TC
S17	BRAIN STEM	F	3,740	1,980	1,980	1,980	Y	TC
S17	C P ANGLE TUMOR	F	3,740	1,980	1,980	1,980	Y	TC
S17	OTHER TUMORS	F	3,740	1,980	1,980	1,980	Y	TC
S17	EXCISION OF BRAIN TUMORS (SUBTENTORIAL)	F	3,740	1,980	1,980	1,980	Y	TC
S17	VENTRICULOATRIAL /VENTRICULOPERITONEAL SHUNT	F	3,740	1,980	1,980	1,980	Y	TC
S17	SUBDURAL TAPPING	F	3,740	1,980	1,980	1,980	Y	TC

S17	VENTRICULAR TAPPING	F	3,740	1,980	1,980	1,980	Y	TC
S17	ABSCESS TAPPING	F	3,740	1,980	1,980	1,980	Y	TC
S17	VASCULAR MALFORMATIONS	F	3,740	1,980	1,980	1,980	Y	TC
S17	PERITONEAL SHUNT	F	3,740	1,980	1,980	1,980	Y	TC
S17	ATRIAL SHUNT	F	3,740	1,980	1,980	1,980	Y	TC
S17	MENINGO ENCEPHALOCELE	F	3,740	1,980	1,980	1,980	Y	TC
S17	MENINGOMYELOCELE	F	3,740	1,980	1,980	1,980	Y	TC
S17	VENTRICULO-ATRIAL SHUNT	F	3,740	1,980	1,980	1,980	Y	TC
S17	EXCISION OF BRAIN ABCESS	F	3,740	1,980	1,980	1,980	Y	TC
S17	ANEURYSM CLIPPING	F	3,740	1,980	1,980	1,980	Y	TC
S17	EXTERNAL VENTRICULAR DRAINAGE (EVD)	F	3,740	1,980	1,980	1,980	Y	TC
S17	TRANS SPHENOIDAL SURGERY	F	3,740	1,980	1,980	1,980	Y	TC
S17	TRANS ORAL SURGERY	F	3,740	1,980	1,980	1,980	Y	TC
S17	ENDOSCOPY PROCEDURES	F	3,740	1,980	1,980	1,980	Y	TC
S17	INTRA-CEREBRAL HEMATOMA EVACUATION	F	3,740	1,980	1,980	1,980	Y	TC
S17	TEMPORAL LOBECTOMY	F	3,740	1,980	1,980	1,980	Y	TC
S17	LESIONECTOMY TYPE 1	F	3,740	1,980	1,980	1,980	Y	TC
S17	LESIONECTOMY TYPE 2	F	3,740	1,980	1,980	1,980	Y	TC
S17	TEMPORAL LOBECTOMY PLUS DEPTH ELECTRODES	F	3,740	1,980	1,980	1,980	Y	TC

M1 GENERAL MEDICINE

Total no: of packages: 25

No: of packages mandated for pre-authorization: 24 (extensions only)

- Separate package for high end radiologic diagnostic (CT, MRI, Imaging including nuclear imaging,) relevant to the illness only (no standalone diagnostics allowed) - subject to pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Separate package for high end histopathology (Biopsies) and advanced serology investigations relevant to the illness only (no standalone diagnostics allowed) - after pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Blood or Blood components transfusion if required, payable separately subject to pre-authorization. Blood can be procured only through licensed blood banks as per National Blood Transfusion Council Guidelines.
- Endoscopy for therapeutic purpose subject to pre-authorization with a cap of Rs.5000 per family per annum

Pre-authorization: Mandatory for all packages for progressive extension of treatment/ hospital stay

Pre-authorization remarks: Prior approval must be taken for all medical conditions/ packages under this domain for progressive extension of therapeutic treatments (i.e. for extending stay at 1,5,10 days stay and beyond)

- All clinical test reports, diagnosis, TPR charting, case sheet/ clinical notes and discharge summary need to be submitted for extension of packages and during claims submission.

Length of bed day charges:

Admission Type	Per day rate (NABH)	Per day rate (non-NABH)	PHC/CHC
Routine ward	Rs 1,400/ day	Rs 1,200/ day	Rs 1,000/day
HDU	Rs 1,800/ day	Rs 1,500/ day	0
ICU (no ventilation)	Rs 3,000/ day	Rs 2,500/ day	0
ICU (ventilation support)	Rs 4,000/ day	Rs 3,500/ day	0

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT PER DAY (DROP DOWN) FOR ADMISSION TYPE: ROUTINE WARD (RS 1200)/ HDU (RS 1500)/ ICU (WITHOUT VENTILATOR RS 2500)/ ICU (WITH VENTILATOR RS 3500)	PREAUTH REQUIRED OR NOT (Y/N): AFTER 1ST DAY, 5TH DAY, 10 TH DAY AND EVERY 5 DAY INTERVALS	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
M1	CEREBROVASCULAR ACCIDENT	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	CONGESTIVE HEART FAILURE	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	LIVER ABSCESS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	SYSTEMATIC LUPUS ERYTHEMATOSUS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	NEUROMUSCULAR DISORDERS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	SEVERE PNEUMONIA	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC

M1	SEVERE SEPSIS/SEPTIC SHOCK	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	IMMUNE MEDIATED CNS DISORDERS SUCH AS AUTOIMMUNE ENCEPHALITIS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	ACUTE TRANSVERSE MYELITIS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	GUILLIAN BARRE SYNDROME	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	HYDROCEPHALUS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	CEREBRAL SINO-VENOUS THROMBOSIS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	AKI/ RENAL FAILURE(DIALYSIS PAYABLE SEPARATELY AS AN ADD ON PACKAGE FOR)	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	STATUS EPILEPTICUS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	STATUS ASTHMATICUS	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	BLOOD AND BLOOD COMPONENT TRANSFUSION (ADMISSION FOR A DIAGNOSTIC PROCEDURE LEADING TO TREATMENT REQUIRING ADMISSION, E.G.	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC

	BONE MARROW AND BONE BIOPSY, ENDOSCOPY, LIVER BIOPSY, BRONCHOSCOPY, CT/MRI UNDER GA, BRONCHO-ALVEOLAR LAVAGE, LUMBAR PUNCTURE, MUSCLE BIOPSY, PLEURAL ASPIRATION, ASCITIC TAPPING ETC.)								
M1	PLASMAPHERESIS (PRE-AUTH)	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	HAEMODIALYSIS/PERITONEAL DIALYSIS (ONLY FOR ARF)	F		Y	CLINICAL NOTES	CLINICAL NOTES		N	TC
M1	ACUTE RENAL FAILURE	NF	33500	Y	CBC / RFT/LFT / SR.ELECTROLYTES / USG-KIDNEY / URINE ANALYSIS / CHEST X RAY /	POST OPT INVESTIGATION REPORT & TEST REPORTS	9		TC
M1	ARDS (ACUTE RESPIRATORY DISTRESS SYNDROME)	NF	60400	Y	CBC / ABG / CHEST X RAY / 'ECHO / ECG / CULTURE-BLOOD & TRACHEAL SWAB / CTSCAN-CHEST /	REPORT OF TEST DONE	7		TC
M1	ENCEPHALOPATHY	NF	50500	Y	CBC / SR.ELETROLYTES/ SR.BILIRUBIN / SR.AMMONIA / LFT/RFT / EEG / USG-ABDOMEN / CT SCAN-BRAIN	POST OPT INVESTIGATION REPORT & TEST REPORTS	9		TC

M1	HEPATIC ENCEPHALOPATHY	NF	31835	Y	CBC & HB% / LFT/RFT / SR.AMMONIA/SR.ELECTROLYTES/BLD.SUGAR/COAGULATIONPROFILE /SR.BILIRUBIN / ECG / EEG / USG-ABD / CT SCAN-BRAIN.	POST OPT INVESTIGATION REPORT & TEST REPORTS	12		TC
M1	MEDICAL MANAGEMENT OF MENINGO–ENCEPHALITIS(VENTILATED)	NF	50500	Y	CBC / BLD.GLUCOSE / BLOOD FOR CULTURE/SENSITIVITY / LP FOR CSF-CULTURE/SENSITIVITY / ULTRASOUND / EEG / CT-BRAIN/MRI-BRAIN	POST OPT INVESTIGATION REPORT & TEST REPORTS	9		TC
M1	PULMONARY, EMBOLISM	NF	47200	Y	CBC / D-DIMER BLOOD TEST / TROPONIN BLOOD TEST / BNP BLOOD TEST / CHEST X RAY / PULMONARY ANGIOGRAM / ULTRASOUND / SPIRAL CT SCAN / MRISCAN /	REPORT OF TEST DONE	6		TC

M1	STROKE SYNDROME	NF	67000	N			8		TC

M2 PEDIATRICS MEDICAL MANAGEMENT

Total no: of packages: 7

No: of packages mandated for pre-authorization: 7 (extensions only)

- Separate package for high end radiological diagnostic (CT, MRI, Imaging including nuclear imaging,) relevant to the illness only (no standalone diagnostics allowed) - subject to pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Separate package for high end histopathology (Biopsies) and advanced serology investigations relevant to the illness only after pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Blood or Blood components transfusion if required, payable separately subject to pre-authorization. Blood can be procured only through licensed blood banks as per National Blood Transfusion Council Guidelines.

Pre-authorization: Mandatory for all packages for progressive extension of treatment/ hospital stay

Pre-authorization remarks: Prior approval must be taken for all medical conditions/ packages under this domain for progressive extension of therapeutic treatments (i.e. for extending stay at 1,5,10 days stay and beyond)

- All clinical test reports, diagnosis, TPR charting, case sheet/ clinical notes and discharge summary need to be submitted for extension of packages and during claims submission.
- Length of bed day charges:

Admission Type	Per day rate (NABH)	Per day rate (non-NABH)	PHC/CHC
Routine ward	Rs 1,400/ day	Rs 1,200/ day	Rs 1,000/day
HDU	Rs 1,800/ day	Rs 1,500/ day	0
ICU (no ventilation)	Rs 3,000/ day	Rs 2,500/ day	0
ICU (ventilation support)	Rs 4,000/ day	Rs 3,500/ day	0

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT PER DAY (DROP DOWN) FOR ADMISSION TYPE: ROUTINE WARD (RS 1200)/ HDU (RS 1500)/ ICU (WITHOUT VENTILATOR RS 2500)/ ICU (WITH VENTILATOR RS 3500)	PREAUTH REQUIRED OR NOT (Y/N): AFTER 1ST DAY, 5TH DAY, 10 TH DAY AND EVERY 5 DAY INTERVALS	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
M2	EXCHANGE TRANSFUSION	NF	38400	Y	CBC / LFT / SR.BILIRUBIN / SR.FERRITIN / BLOOD CULTURES / BLOOD GAS / BLOOD GLUCOSE / PRE-TRANSFUDION TESTING /	TEST REPORTS / INVESTIGATION REPORTS	4	N	TC
M2	PRETERM BABY/ CLINICAL SEPSIS/ HYPERBILIRUBINEMIA (NON–VENTILATED)	F	45000	Y	CBC / URINE TEST / WEIGHING / ROP-RETINOPATHY OF PREMATURITY / HEARING TEST / NEWBORN SCREENING TEST / ECHOCARDIOGRAM / ULTRASOUND ABDOMEN.	TEST REPORTS / INVESTIGATION REPORTS	9	N	TC

M2	PRETERM BABY/ HYALINE MEMBRANE DISEASE CLINICAL/CULTURE POSITIVE SEPSIS/HYPERBILIRUBINEMIA MECHANICAL VENTILATION	NF	39500	Y	CBC / URINE TEST / WEIGHING / ROP-RETINOPATHY OF PREMATURITY / HEARING TEST / NEWBORN SCREENING TEST / ECHOCARDIOGRAM / ULTRASOUND ABDOMEN. / UMI-URINARY MECONIAL INDEX.	TEST REPORTS / INVESTIGATION REPORTS	9	N	TC
M2	TERM BABY WITH SEVERE PERINATAL ASPHYXIA – NON–VENTILATED CLINICAL SEPSIS WITH OR WITHOUT HYPERBILIRUBINEMIA	F	39500	Y	BLOOD SUGAR / SR.ELECTROLYTES / ABG / SP02 / AEEG / COAGULATION PROFILE / RFT/LFT / CRANIAL ULTRSOUND / CTSCAN.	TEST REPORTS / INVESTIGATION REPORTS	9	N	TC
M2	TERM BABY WITH PERSISTENT PULMONARY HYPERTENSION/MECONIUM ASPIRATION SYNDROME/MECHANICAL VENTILATION/WITH OR WITHOUT– CLINICAL SEPSIS/WITH OR WITHOUT– HYPERBILIRUBINEMIA/	F	39500	Y	BLOOD TESTS / PULSE OXIMETRY / CHEST X RAY / ECHOCARDIOGRAM	TEST REPORTS / INVESTIGATION REPORTS	8	N	TC
M2	TERM BABY WITH SEIZURES VENTILATED	NF	42800	Y	BLOOD SUGAR / SR.SODIUM/CALCIUM / / EEG / RFT/LFT / CRANIAL ULTRSOUND / MRISCAN.LP FOR CSF.	TEST REPORTS / INVESTIGATION REPORTS	5	N	TC
M2	TERM BABY, SEPTIC SHOCK, VENTILATED, HYPERBILIRUBINEMIA,WITH OR WITHOUT RENAL FAILURE	NF	39500	Y	BLOOD FOR CULTURE / CBC / BLOOD SUGAR / SR.C-REACTIVE PROTEIN /	TEST REPORTS / INVESTIGATION REPORTS	8	N	TC

					ECG / CSF FOR CULTURE / RFT				

M4 PEDIATRIC CANCER

Total no: of packages: 18
No: of packages mandated for pre-authorization: 18
Pre-authorization: Mandatory for all packages
Pre-authorization remarks: Prior approval must be taken for all treatments/ malignancies.

- The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last for up to 3 years. For certain cancers like Chronic Myeloid Leukemia (CML) the treatment is lifelong.
- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.
- Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Pediatric Oncologist/ tumor board with prior approval and pre-authorization of treatment.
- Chemotherapy is given per weight (body surface area). Clinical treatment approval/ pre-authorization and communication is necessary to ensure each child receives the recommended dose of medicines. Under or over dosing is dangerous. So, dosing will differ in young children and older children.
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SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE / NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
M4	ACUTE LYMPHOBLASTIC LEUKEMIA (CHEMOTHERAPY INCLUDING DIAGNOSTICS): INDUCTION	F	55,000	Y				N	TC
M4	ACUTE LYMPHOBLASTIC LEUKEMIA (CHEMOTHERAPY	F	35,000	Y				N	TC

	INCLUDING DIAGNOSTICS): CONSOLIDATION								
M4	ACUTE MYELOID LEUKEMIA (CHEMOTHERAPY INCLUDING DIAGNOSTICS): INDUCTION	F	55,000	Y				N	TC
M4	ACUTE MYELOID LEUKEMIA (CHEMOTHERAPY INCLUDING DIAGNOSTICS): CONSOLIDATION	F	35,000	Y				N	TC
M4	HODGKIN LYMPHOMA (FAVORABLE GROUP) (CHEMOTHERAPY INCLUDING DIAGNOSTICS): INDUCTION	F	45,000	Y				N	TC
M4	HODGKIN LYMPHOMA (UNFAVORABLE GROUP): CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	70,000	Y				N	TC
M4	NON-HODGKIN LYMPHOMA: CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	100,000	Y				N	TC
M4	NON-HODGKIN LYMPHOMA: SUPPORTIVE CARE/ REHABILITATION	F	50,000	Y				N	TC
M4	RETINOBLASTOMA (INTRAOCULAR): CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	45,000	Y				N	TC

M4	RETINOBLASTOMA (EXTRAOCULAR): CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	65,000	Y				N	TC
M4	RETINOBLASTOMA (EXTRAOCULAR): SUPPORTIVE CARE/ REHABILITATION	F	35,000	Y				N	TC
M4	BRAIN TUMORS: CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	40,000	Y				N	TC
M4	BRAIN TUMORS: SURGERY	F	40,000	Y				N	TC
M4	HISTIOCYTOSIS: CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	45,000	Y				N	TC
M4	BONE TUMORS/SOFT TISSUE SARCOMAS : CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	80,000	Y				N	TC
M4	BONE TUMORS/SOFT TISSUE SARCOMAS : SURGERY (INLCUDING PROSTHESIS)	F	80,000	Y				N	TC
M4	BONE TUMORS/SOFT TISSUE SARCOMAS : SUPPORTIVE CARE/ REHABILITATION	F	50,000	Y				N	TC
M4	CHRONIC MYELOID LEUKEMIA : CHEMOTHERAPY INCLUDING DIAGNOSTICS	F	80,000	Y				N	TC

M5 MEDICAL ONCOLOGY

Total no: of packages: 5

No: of packages mandated for pre-authorization: 5

Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for MHIS/PMJAY provider network.

Pre-authorization: Mandatory for all packages
Pre-authorization remarks: Prior approval must be taken for all treatments/ malignancies.

- The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last longer than a year. Relapse/recurrence may sometimes occur.
- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.
- There should be pre-authorization at each step for cancer care.
- Packages under surgical oncology might not be exhaustive, since there are significant overlaps with packages under other specialty domains. Such packages may be used as deemed necessary.
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SPECIALTY CODE	SITE	PACKAGE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	MANDATORY INVESTIGATIONS FOR PRE-AUTH	POST-OP INVESTIGATIONS FOR CLAIMS SUBMISSION	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
M5	ACUTE MYELOID LEUKEMIA	INDUCTION PHASE, UP TO	F	DAUNOMYCIN AND CYTOSINE ARABINOSIDE (3:7) 100,000	Y	HEMATOLOGY	CHEMOTHERAPY DRUG BATCH NUMBER WITH BAR CODE		N	TC
						BONE MARROW ASPIRATION REPORT				
M5	ACUTE MYELOID LEUKEMIA	CONSOLIDATION PHASE, UP TO	F	HIGH DOSE CYTOSINE ARABINOSIDE 75000 X 3-4 CYCLES	Y	HEMATOLOGY	CHEMOTHERAPY DRUG BATCH NUMBER WITH BAR CODE		N	TC
						BONE MARROW ASPIRATION REPORT				
M5	ACUTE LYMPHATIC LEUKEMIA	INDUCTION	F	50000	Y	HEMATOLOGY	CHEMOTHERAPY DRUG BATCH NUMBER WITH BAR CODE		N	TC

						BONE MARROW ASPIRATION REPORT				
M5	ACUTE LYMPHATIC LEUKEMIA	CONSOLIDATION PHASE	F	50000	Y	HEMATOLOGY	CHEMOTHERAPY DRUG BATCH NUMBER WITH BAR CODE		N	TC
						BONE MARROW ASPIRATION REPORT				
M5	GALL BLADDER CANCER	GEMCITABINE + CISPLATIN	F	10,000 PER CYCLE FOR 6 CYCLE	Y		CHEMOTHERAPY DRUG BATCH NUMBER WITH BAR CODE		N	TC

M6 RADIATION ONCOLOGY

Total no: of packages: 8
No: of packages mandated for pre-authorization: 8
Empanelment classification: Advanced criteria
Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for MHIS/PMJAY provider network.
Pre-authorization: Mandatory for all packages
Pre-authorization remarks: Prior approval must be taken for all treatments/ malignancies.

- The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last longer than a year. Relapse/recurrence may sometimes occur.
- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.
- There should be pre-authorization at each step for cancer care.
- For Radiotherapy, generic packages have been listed irrespective of primary tumor site. However, cost of packages may differ depending upon the technique of radiotherapy used like 3DCRT/IMRT/IGRT etc.
- Packages under surgical oncology might not be exhaustive, since there are significant overlaps with packages under other specialty domains. Such packages may be used as deemed necessary.

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE / NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N)	PRE-AUTH DOCUMENTS	POST-OP DOCUMENTS	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	GOVT RESERVED PROCEDURE (Y/N)	TREATMENT TYPE
M6	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY 3D CRT/2D PLANNING (RADICAL/ADJUVANT/ NEOADJUVANT)	F	50,000	Y	BLOOD TEST	DATA OF RT TREATMENT PLAN & DOSE		N	TC
					CT				
					BIOPSY				
M6	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY IMRT (INTENSITY MODULATED RADIOTHERAPY) (RADICAL/ADJUVANT/NEOADJUVANT)	F	75,000	Y	BLOOD TEST	DATA OF RT TREATMENT PLAN & DOSE		N	TC
					CT				
					BIOPSY				
M6	LINEAR ACCELERATOR EXTERNAL BEAM RADIOTHERAPY IGRT (IMAGE GUIDED RADIOTHERAPY) (RADICAL/ADJUVANT/NEOADJUVENT)	F	120,000	Y	BLOOD TEST	DATA OF RT TREATMENT PLAN & DOSE		N	TC
					CT				
					BIOPSY				
M6	SRT(STEREOTACTIC RADIOTHERAPY)	F	70,000	Y	BLOOD TEST	DATA OF RT TREATMENT PLAN & DOSE		N	TC
					CT				
					BIOPSY				
M6	SRS (STREOTACTIC RADIOSURGERY)	F	70,000	Y	BLOOD TEST	DATA OF RT TREATMENT PLAN & DOSE		N	TC
					CT				
					BIOPSY				
M6	RESPIRATORY GATING ALONG WITH LINEAR ACCELERATOR PLANNING	F	70,000	Y	BLOOD TEST	DATA OF RT TREATMENT		N	TC

						PLAN & DOSE			
					CT				
					BIOPSY				
M6	ELECTRON BEAM WITH LINEAR ACCELERATOR (RADICAL)	F	50,000	Y	BLOOD TEST	DATA OF RT TREATMENT PLAN & DOSE		N	TC
					CT				
					BIOPSY				
M6	TOMOTHERAPY(RADICAL/ADJUVANT/NEOADJUVANT)	F	75,000	Y	BLOOD TEST	DATA OF RT TREATMENT PLAN & DOSE		N	TC
					CT				
					BIOPSY				

M9 FOLLOW-UP CARE: MEDICAL

Total no: of packages: 50

No: of packages mandated for pre-authorization: 50

SPECIALITY CODE	PROCEDURE NAME	PACKAGE RATES INDICATIVE/ NOT FIXED	1ST VISIT (CONSULTATION/ NECESSARY DIAGNOSTIC INVESTIGATION/ MEDICINE & REFFERAL AS AND WHEN REQUIRED TO TC INSTITUTES)	2ND VISIT (CONSULTATION/MEDICINE & COUNSELLING)	3RD VISIT (CONSULTATION/ NECESSARY DIAGNOSTIC INVESTIGATION (WHENEVER REQUIRED) MEDICINE & COUNSELLING)	4TH VISIT (CONSULTATION/ NECESSARY DIAGNOSTIC INVESTIGATION (WHENEVER REQUIRED) MEDICINE & COUNSELLING)	PREAUTH REQUIRED OR NOT (Y/N)	TREATMENT TYPE
M9	ACUTE SEVERE ASTHMA WITH ACUTE RESPIRATORY FAILURE	F	4,620	2,420	2,420	2,420	Y	TC
M9	COPD RESPIRATORY FAILURE (INFECTIVE EXACERBATION)	F	4,620	2,420	2,420	2,420	Y	TC

M9	TERM BABY WITH PERSISTENT PULMONARY HYPERTENSION VENTILATION-HFO HYPERBILIRUBINEMIA CLINICAL SEPSIS	F	3,520	1,320	1,320	1,320	Y	TC
M9	TERM BABY WITH SEIZURES VENTILATED	F	2,420	1,320	1,320	1,320	Y	TC
M9	ACUTE SEVERE ASTHMA	F	1,980	1,100	1,100	1,100	Y	TC
M9	ACUTE SEVERE ASTHMA WITH VENTILATION	F	2,200	1,320	1,320	1,320	Y	TC
M9	INFECTIVE ENDOCARDITIS	F	4,620	2,420	2,420	2,420	Y	TC
M9	MENINGO - ENCEPHALITIS	F	2,420	1,870	1,870	1,870	Y	TC
M9	MENINGO- ENCEPHALITIS WITH VENTILATION	F	2,640	2,090	2,090	2,090	Y	TC
M9	STATUS EPILEPTICUS	F	2,420	1,870	1,870	1,870	Y	TC
M9	INTRA CRANIAL BLEED	F	2,420	1,870	1,870	1,870	Y	TC
M9	CONGENITAL HEART DISEASE WITH CONGESTIVE CARDIAC FAILURE	F	2,420	1,320	1,320	1,320	Y	TC
M9	ACQUIRED HEART DISEASE WITH CONGESTIVE CARDIAC FAILURE	F	2,420	1,320	1,320	1,320	Y	TC
M9	STEROID RESISTANT NEPHRITIC SYNDROME	F	2,420	1,320	1,320	1,320	Y	TC
M9	STEROID RESISTANT NEPHRITIC SYNDROME WITH COMPLICATED OR RESISTANT	F	2,640	1,540	1,540	1,540	Y	TC
M9	ANAEMIA OF UNKNOWN CAUSE	F	2,420	1,320	1,320	1,320	Y	TC
M9	NEURO TUBERCULOSIS	F	2,420	1,320	1,320	1,320	Y	TC
M9	NEURO TUBERCULOSIS WITH VENTILATION	F	2,420	1,320	1,320	1,320	Y	TC
M9	CONVULSIVE DISORDERS/STATUS EPILEPTICUS (FITS)	F	2,420	1,320	1,320	1,320	Y	TC
M9	ENCEPHALITIS / ENCEPHALOPATHY	F	2,420	1,320	1,320	1,320	Y	TC

M9	ACUTE MI (CONSERVATIVE MANAGEMENT WITHOUT ANGIOGRAM)	F	4,620	2,420	2,420	2,420	Y	TC
M9	ACUTE MI (CONSERVATIVE MANAGEMENT WITH ANGIOGRAM)	F	4,620	2,420	2,420	2,420	Y	TC
M9	ACUTE MI WITH CARDIOGENIC SHOCK	F	4,620	2,420	2,420	2,420	Y	TC
M9	ACUTE MI REQUIRING IABP PUMP	F	4,620	2,420	2,420	2,420	Y	TC
M9	REFRACTORY CARDIAC FAILURE	F	4,620	2,420	2,420	2,420	Y	TC
M9	COMPLEX ARRHYTHMIAS	F	4,620	2,420	2,420	2,420	Y	TC
M9	NEPHROTIC SYNDROME	F	2,420	1,320	1,320	1,320	Y	TC
M9	ADEM OR RELAPSE IN MULTIPLE SCLEROSIS	F	2,420	1,320	1,320	1,320	Y	TC
M9	CIDP	F	2,420	1,320	1,320	1,320	Y	TC
M9	HEMORRHAGIC STROKE/STROKES	F	2,420	1,320	1,320	1,320	Y	TC
M9	ISCHEMIC STROKES	F	2,420	1,320	1,320	1,320	Y	TC
M9	NEUROINFECTIONS - FUNGAL MENINGITIS	F	2,420	1,320	1,320	1,320	Y	TC
M9	NEUROINFECTIONS - PYOGENIC MENINGITIS	F	2,420	1,320	1,320	1,320	Y	TC
M9	NEUROINFECTIONS -VIRAL MENINGOENCEPHALITIS (INCLUDING HERPES ENCEPHALITIS)	F	2,420	1,320	1,320	1,320	Y	TC
M9	NEUROMUSCULAR (MYASTHENIA GRAVIS)	F	1,980	1,100	1,100	1,100	Y	TC
M9	INTERSTITIAL LUNG DISEASES	F	4,620	2,420	2,420	2,420	Y	TC
M9	PNEUMOCONIOSIS	F	4,620	2,420	2,420	2,420	Y	TC
M9	PEMPHIGUS / PEMPHIGOID	F	1,760	990	990	990	Y	TC
M9	SLE (SYSTEMIC LUPUS ERYTHEMATOSIS)	F	2,860	1,540	1,540	1,540	Y	TC
M9	SCLERODERMA	F	2,860	1,540	1,540	1,540	Y	TC
M9	MCTD MIXED CONNECTIVE TISSUE DISORDER	F	2,860	1,540	1,540	1,540	Y	TC

M9	VASCULITIS	F	2,860	1,540	1,540	1,540	Y	TC
M9	HYPOPITUTARISM	F	4,070	1,870	1,870	1,870	Y	TC
M9	PITUITARY – ACROMEGALY	F	2,420	1,870	1,870	1,870	Y	TC
M9	DELAYED PUBERTY HYPOGONADISM	F	2,970	1,870	1,870	1,870	Y	TC
M9	DELAYED PUBERTY HYPOGONADISM (EX.TURNERS SYND, KLEINFELTER SYND)	F	3,190	2,090	2,090	2,090	Y	TC
M9	GASTRIC VARICES	F	2,970	1,870	1,870	1,870	Y	TC
M9	CHRONIC PANCREATITIS WITH SEVERE PAIN	F	2,970	1,870	1,870	1,870	Y	TC
M9	CIRRHOSIS WITH HEPATIC ENCEPHALOPATHY	F	2,970	1,870	1,870	1,870	Y	TC
M9	CIRRHOSIS WITH HEPATO RENAL SYNDROME	F	2,970	1,870	1,870	1,870	Y	TC

U1 UNSPECIFIED SURGRICAL

Total no: of packages: 1

No: of packages mandated for pre-authorization: 1

SPECIALTY CODE	PACKAGE NAME	PACKAGE RATES INDICATIVE / NOT FIXED	PACKAGE AMOUNT	PREAUTH REQUIRED OR NOT (Y/N): ONLY FOR EXTENSIONS AS MENTIONED IN THE PACKAGE DETAILS	PRE-AUTH DOCUMENTS	POST-OP DOCUMENTS	AVERAGE LENGTH OF STAY (INCLUDING DAYS IN INTENSIVE CARE UNITS)	MEDICAL (M) OR SURGICAL (S)	TREATMENT TYPE
U1	UNSPECIFIED SURGICAL PACKAGE	NF	to be negotiated (UPTO Rs. 1,00,000)	Y				S	TC