TATA MEMORIAL CENTRE

Dr. Ernest Borges Marg, Parel, Mumbai - 400 012

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Registration Charges							
A001	Registration Fees (Including SmartCard)	10	100	500	500	500	750
A002	Smart Card for patients (Reissue)	180	180	180	180	180	180
A003	Charges for printing Reports (per Report)	5	5	5	5	5	5
A009	Hydration Charges	15	120	600	720	1140	900
A010	Casualty Consultation Charges	0	0	3000	3000	3000	3000
A012	Second Opinion Consult Referal (RF)	0	0	0	0	0	3500
A100	Charges for Duplicate bill printing (per Bill)	30	30	30	30	30	30
A101	New Registration (Tele Consultation)	0	0	1200	0	0	1200
A102	First Tele Consultation (Indian Nationals)	120	600	3600	0	0	0
A103	Follow-up Tele Consultation (Indian Nationals)	120	600	2400	0	0	0
A104	First Tele Consultation (International Patients- LMICS)	0	0	0	0	0	9000
A105	Follow-up Tele Consultation (International Patients- LMICS)	0	0	0	0	0	6000
A106	First Tele Consultation (International Patients- Non LMICS)	0	0	0	0	0	18000
A107	Follow-up Tele Consultation (International Patients- Non LMICS)	0	0	0	0	0	12000
Administrative Charges							
A201	Evaluation & Planning Charges (Day 1)	0	0	1800	2250	3480	2820
A202	Medical Care Team Charges (Per Day)	0	0	1800	2250	3480	2820
A203	Courier Handling Charges	300	300	300	300	300	300
Room Tariff							
B001	Room/ Bed Tariff per day	50	420	4200	8200	10000	8200
B003	ICU charges per day	90	840	4200	7000	8200	7000
B004	Room/Bed Charges - BMT	4200	4200	4200	4200	4200	4200
B006	Radionuclide Therapy Ward - Short Stay Bed Charges	750	750	750	750	750	750
B007	Radionuclide therapy ward- Bed charges	1500	1500	1500	1500	1500	1500
Deposits							
D004	Deposit - Bone Marrow Transplant Patients	1200000	1200000	1200000	1200000	1200000	1200000
D006	Deposit - Autologous Stem Cell Transplant	600000	600000	600000	600000	600000	600000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	120000	120000	120000	120000	120000	120000
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refun	1200000	1200000	1200000	1200000	1200000	1200000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	4800000	4800000	4800000	4800000	4800000	4800000

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SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
	Day Care						
E003	Day Care Bed Charges	50	420	1980	1980	1980	1980
E010	Filgrastim Injection	115	115	115	115	115	115
	Histopathology						
F307	Outside stained slides only	40	310	1535	1920	3000	2400
F310	Small Biopsy/Cell Block	155	1560	7800	9755	15240	12190
F311	Big Specimen	205	2040	10200	12755	19930	15950
F315	P16 IHC	145	1430	2855	3575	5590	4475
F317	FDA - Cerb B2	95	950	4765	5950	9300	7440
F321	IHC Tests on special request (upto 3 antibodies)	130	1330	2665	3335	5220	4175
F322	Set of Recut slides (H&E / Unstained)	35	360	1800	2255	3530	2820
F323	ALK Amplification IHC Test	190	1945	3890	4860	7595	6070
F334	MSI Immunihistochemistry Testing	230	2250	4495	5620	8780	7025
	Molecular Pathology						
F335	EGFR Mutation Detection	575	5700	11400	14255	22270	17820
F336	DPYD Mutation Detection	625	6265	12530	15660	24470	19570
F337	EBV DNA Detection	275	2735	5470	6840	10690	8555
	Histopathology						
F338	ROS-1 by IHC	120	1235	2470	3095	4850	3875
F339	PDL-1 SP263 - Ventana	220	2170	4340	5430	8490	6790
F340	PDL-1 22C3 - Dako	500	4990	9980	12480	19500	15600
F341	Pituitary Panel by IHC	460	4610	9210	11510	17990	14390
F342	PDL-1 SP142 - Ventana	130	1320	2640	3300	5160	4130
F343	Outside unstained slides/ blocks (1-5 Blocks)	145	1440	7200	9000	14075	11255
F344	Outside unstained slides/ blocks (6-30 Blocks)	230	2280	11400	14255	22270	17820
F345	Outside unstained slides/ blocks (31-50 Blocks)	300	3000	15000	18755	29315	23450
F346	Outside unstained slides/ blocks (More than 50 Blocks)	370	3720	18600	23255	36350	29075
F347	Frozen Section (1-10 sections)	60	600	3000	3755	5870	4690
F348	Frozen Section (11-20 sections)	110	1080	5400	6755	10560	8450
F349	Frozen Section (>20 sections)	170	1680	8400	10500	16415	13130
F350	Large Specimen (Cystectomy/ Radical Prostatectomy/ Pelvic Exenteration)	370	3720	18600	23255	36350	29075

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F351	PDL-1-28-8 (FDA Approved)	180	1800	9000	11255	17590	14075
F352	BRAF V600E by IHC	110	1080	2160	2700	4210	3370
F353	POLE Mutation	500	5000	10000	12500	19540	15630
F354	DICER1 Mutation	190	1940	3880	4850	7580	6060
F355	BCOR alteration	300	3030	6050	7560	11810	9450
F356	HPV in situ hybridisation	188	1880	3760	4700	7345	5875
	Cytopathology						
F401	Cytology (FNA)	50	480	2400	3000	4690	3755
F402	Pap Smear Cytology	25	215	1080	1355	2110	1690
F404	Sputum Cytology	25	215	1080	1355	2110	1690
F405	Cytopathology: Outside Slides (Out-In)	25	215	1080	1355	2110	1690
F411	Bronchial Lavage + Brushings Cytology	25	215	1080	1355	2110	1690
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	25	215	1080	1355	2110	1690
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	25	220	1080	1350	2110	1690
F414	Cerebro Spinal Fluid (CSF) Cytology	25	215	1080	1355	2110	1690
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	25	215	1080	1355	2110	1690
F416	Nipple Discharge Cytology	25	215	1080	1355	2110	1690
F417	Oral Scrapings Cytology	25	215	1080	1355	2110	1690
F418	Bile / CBD Brushing Cytology	25	215	1080	1355	2110	1690
F419	Scrapings From Miscellaneous Sites Cytology	25	215	1080	1355	2110	1690
F423	Liquid-based Cytology (LBC)	35	300	1490	1860	2915	2330
	Molecular Pathology						
F618	EBER In Situ Hybridisation	205	2075	4140	5170	8090	6470
F620	HER2/neu gene amplification test	840	8400	16800	21000	32820	26255
F621	Interphase FISH Test for EGFR	910	9110	18215	22775	35590	28475
F622	Interphase FISH Test for NMYC	710	7045	14075	17590	27490	21995
F623	Interphase FISH Test for 1p19q	910	9110	18215	22775	35590	28475
F624	Interphase FISH Test for ALK1	780	7790	15565	19450	30395	24310
F625	Interphase FISH Test for CMYC	650	6430	12865	16080	25130	20100
F627	Interphase FISH Test for ROS1	590	5830	11665	14580	22790	18230
F628	Interphase FISH Test for MET	635	6410	12815	16020	25030	20030

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F629	MLPA testing in Neuroblastoma	710	7045	14075	17590	27490	21995
F630	MYD88 L265 Mutation Detection Test	410	4055	8110	10140	15840	12670
F631	JAZF1 - Endometrial Stromal Sarcoma Testing	770	7730	15455	19320	30190	24155
F632	YWHAE - Endometrial Stromal Sarcoma Testing	730	7345	14690	18360	28690	22955
F633	Medulloblastoma - molecular Profiling	1560	15600	31200	39000	60950	48755
F634	DDISH for HER2/neu Gene Amplification	840	8400	16800	21000	32820	26255
F635	TERT Promoter Mutation Assay	350	3480	6965	8710	13620	10895
F636	Histone Mutation Detection Assay	550	5570	11130	13910	21730	17390
F637	RHOA Mutation Detection Assay	420	4190	8365	10450	16330	13070
F638	IRFA/DUSP22 gene rearragement by FISH	935	9350	18695	23375	36530	29220
F639	RT-PCR for PAX-FKHR Translocation	600	6000	12000	15000	23450	18755
F654	Clonality Analysis	1320	13250	26495	33120	51755	41400
F655	Mycobacterium Tuberculosis Detection on FFPE	385	3780	7560	9455	14770	11820
F660	GENE SEQUENCING FOR C KIT MUTATIONS	770	7730	15455	19320	30190	24155
F662	RT-PCR for EWS-FLI1 Translocation	370	3710	7415	9275	14495	11590
F663	RT-PCR for EWS-ERG Translocation	370	3710	7415	9275	14495	11590
F664	RT-PCR for EWS-WT1 Translocation	370	3710	7415	9275	14495	11590
F665	RT-PCR for SYT-SSX Translocation	430	4295	8580	10730	16775	13415
F668	MDM2 Gene Amplification by FISH	840	8390	16765	20950	32750	26195
F669	Limited Gene Panel for NGS (Nest Generation Sequencing Platform)	23000	23000	23000	28750	44930	35940
F670	FISH for NTRK	1355	13500	27000	33600	52500	42000
F671	FISH test for CEN 10 loss - on Tissue	250	2490	4980	6230	9730	7790
F672	FISH test for CDKN2A	450	4470	8940	11170	17460	13970
F673	FISH test for MAML2 break-apart analysis - On Tissue	430	4295	8590	10740	16790	13430
F674	FISH test for ETV6 break-apart analysis - On Tissue	420	4180	8365	10450	16330	13070
F682	RAS Mutation Anaysis	745	7390	14785	18480	28870	23100
F683	Interphase FISH Test for EWSR1	600	6000	12000	15000	23450	18755
F684	MGMT Gene Promoter methylation	540	5390	10765	13450	21010	16810
F685	Detection of BRAFV600E Mutation	445	4430	8845	11050	17270	13810
F686	Thyroid Panel (BRAF, KRAS, NRAS, HRAS, TERT)	1105	11050	22110	27635	43190	34550
F688	Gene Sequencing for IDH1/2	420	4140	8280	10355	16190	12950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F690	TFE-3 FISH	720	7250	14495	18120	28320	22655
F691	FISH test for SYT break-apart analysis	910	9130	18270	22835	35690	28550
F692	PDGFRA mutation analysis	470	4645	9275	11590	18120	14495
F693	NGS based Targeted Panel for Solid Tumors	20000	20000	20000	20000	20000	20000
F694	PIK3CA Mutation Testing	90	900	5700	4570	8950	7150
F695	FISH Test for C19MC amplification	640	6380	12750	15940	24910	19930
F696	Interphase FISH test for Chr. 1 copy number variations	540	5350	10700	13380	20910	16730
F697	HRD Testing	71000	71000	71000	71000	71000	71000
	Biochemistry, Tumour Markers, Emergency Laboratory						
F030	24 hours urine excretion rate for kappa and lambda	25	230	1130	1415	2220	1775
F033	Thyroid Function Tests (T3,T4,TSH)	15	130	660	830	1295	1030
F034	Serum T3 (Thyroid Function)	10	50	240	300	470	370
F035	Serum T4 (Thyroid Function)	10	50	240	300	470	370
F036	Serum TSH (Thyroid Function)	10	50	240	300	470	370
F037	Serum Folate	25	240	1175	1475	2315	1850
F038	Serum Vitamin B12	25	240	1175	1475	2315	1850
F039	Serum Parathormone (PTH)	15	145	730	910	1430	1140
F040	Serum Calcitonin	25	240	1175	1475	2315	1850
F041	Serum Free Light Chains Kappa	50	480	2400	3000	4690	3755
F042	Serum Free Light Chains Lambda	50	480	2400	3000	4690	3755
F043	Complete Serum Protein Electrophoresis (SPE) Profile	180	1825	9110	11390	17795	14230
F044	Serum Protein Electrophoresis (SPE)	10	95	480	600	950	755
F045	Serum Immunoglobulins (Ig)	40	360	1800	2255	3530	2820
F046	Immunoglobulin A (IgA)	15	120	600	755	1190	950
F047	Immunoglobulin M (IgM)	15	120	600	755	1190	950
F048	Immunoglobulin G (IgG)	15	120	600	755	1190	950
F049	Serum Light Chains	40	325	1595	1990	3120	2495
F050	Serum Light Chains Kappa	15	155	790	995	1560	1250
F051	Serum Light Chains Lambda	15	155	790	995	1560	1250
F052	Immuno Fixation Electrophoresis (IFE)	155	1500	7500	9370	14640	11710
F053	Urine Free Light Chains Kappa	70	770	3810	4765	7440	5950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F054	Urine Free Light Chains Lambda	70	770	3810	4765	7440	5950
F055	Serum CK	10	50	265	335	530	420
F056	Serum CK-MB	10	95	480	600	950	755
F057	Serum Lactate	25	240	1200	1500	2340	1870
F058	Serum Free T3	10	60	270	335	530	420
F059	Serum Free T4	10	60	270	335	530	420
F060	Serum Vitamin D	40	385	1900	2375	3720	2975
F061	Serum BNP	50	480	2390	2990	4670	3730
F062	Serum Insulin	10	70	385	480	755	600
F063	Magnesium (24 Hrs Urine)	15	130	660	830	1295	1030
F072	CSF Immunoglobulins (Ig)	40	310	1570	1970	3070	2460
F073	CSF Immunoglobulin A (IgA)	15	120	575	720	1130	900
F074	CSF Immunoglobulin M (IgM)	15	120	575	720	1130	900
F075	CSF Immunoglobulin G (IgG)	10	85	420	530	830	660
F076	CSF Light Chains	40	325	1595	1990	3120	2495
F077	CSF Light Chains Kappa	15	155	790	995	1560	1250
F078	CSF Light Chains Lambda	15	155	790	995	1560	1250
F079	CSF AFP	15	170	815	1020	1595	1270
F080	CSF CEA	15	145	745	935	1475	1175
F081	CSF Beta-HCG	15	120	610	770	1200	960
F082	CSF Total PSA	15	170	815	1020	1595	1270
F083	CSF Beta2-Microglobulin	40	395	1990	2495	3900	3120
F084	CSF CA 15.3	40	325	1645	2050	3215	2570
F085	CSF CA 125	40	300	1475	1850	2890	2315
F086	CSF CA 19.9	40	325	1645	2050	3215	2570
F087	Fluid Immunoglobulins (Ig)	25	250	1250	1560	2450	1955
F088	Fluid Immunoglobulin A (IgA)	10	85	420	530	830	660
F089	Fluid Immunoglobulin M (IgM)	10	85	420	530	830	660
F090	Fluid Immunoglobulin G (IgG)	10	85	420	530	830	660
F091	Fluid Light Chains	40	325	1595	1990	3120	2495
F092	Fluid Light Chains Kappa	15	155	790	995	1560	1250

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F093	Fluid Light Chains Lambda	15	155	790	995	1560	1250
F094	Fluid AFP	15	170	815	1020	1595	1270
F095	Fluid CEA	15	145	745	935	1475	1175
F096	Fluid Beta-HCG	15	120	610	770	1200	960
F097	Fluid Total PSA	15	170	815	1020	1595	1270
F098	Fluid Beta2 Microglobulin	40	395	1990	2495	3900	3120
F099	Fluid CA 15.3	40	325	1645	2050	3215	2570
F100	Fluid CA 125	40	300	1475	1850	2890	2315
F108	Fluid CA 19.9	40	325	1645	2050	3215	2570
F109	Urine Immunoglobulins (Ig)	25	265	1295	1620	2530	2030
F110	Urine Immunoglobulin A (IgA)	10	85	420	530	830	660
F111	Urine Immunoglobulin M (IgM)	10	85	420	530	830	660
F112	Urine Immunoglobulin G (IgG)	10	95	455	575	900	720
F113	Urine Light Chains	40	325	1595	1990	3120	2495
F114	Urine Light Chains Kappa	15	155	790	995	1560	1250
F115	Urine Light Chains Lambda	15	155	790	995	1560	1250
F116	Urine AFP	15	170	815	1020	1595	1270
F117	Urine CEA	15	145	745	935	1475	1175
F118	Urine Beta-HCG	15	120	610	770	1200	960
F119	Urine Total PSA	15	170	815	1020	1595	1270
F120	Urine Beta2 Microglobulin	40	395	1990	2495	3900	3120
F121	Urine CA 15.3	40	325	1645	2050	3215	2570
F122	Urine CA 125	40	300	1475	1850	2890	2315
F123	Urine CA 19.9	40	325	1645	2050	3215	2570
F124	Urine Osmolality (Random)	10	70	335	420	660	530
F125	Urine Osmolality (24 Hours)	10	70	335	420	660	530
F126	Serum Osmolality	10	70	335	420	660	530
F127	FSH	10	85	430	540	840	670
F128	Estradiol (E2)	15	120	575	720	1130	900
F129	Troponin-I	25	275	1370	1715	2690	2150
F130	VMA (Urine - Random Sample)	70	660	3310	4140	6470	5170

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F131	Serum LH	15	120	590	730	1140	910
F132	Serum Prolactin	15	130	650	815	1270	1020
F133	Serum Cortisol	15	155	805	1010	1570	1260
F134	Serum BNP	40	300	1510	1895	2975	2375
F135	Serum Valproate	25	190	970	1210	1895	1510
F136	Serum IgG4	70	740	3700	4620	7220	5780
F137	Urine Albumin / Creatinine ratio	10	80	420	525	820	650
F138	Urine Calcium / Creatinine ratio	10	100	520	650	1000	810
F802	Routine Biochemical Test (Consolidated)	60	650	3265	4080	6370	5100
F810	Glucose Tolerance Test	10	50	210	265	420	335
F817	Serum AFP	15	170	815	1020	1595	1270
F818	Serum CEA	15	145	745	935	1475	1175
F819	Serum B-HCG	15	120	610	770	1200	960
F820	Serum Total PSA	15	170	815	1020	1595	1270
F821	Serum B2-Microglobulin	40	335	1680	2100	3290	2630
F822	Serum CA-15.3	40	300	1500	1870	2930	2340
F823	Serum CA-125	40	360	1800	2255	3530	2820
F824	Serum CA-19.9	25	290	1440	1800	2820	2255
F829	Serum CRP	10	85	445	550	875	695
F830	Serum Ferritin	25	190	960	1200	1870	1500
F831	Serum CYFRA-21	40	385	1910	2390	3730	2990
F832	Serum NSE	40	385	1910	2390	3730	2990
F833	Cyclosporin	85	790	3930	4910	7670	6130
F836	Methotrexate	25	290	1430	1790	2795	2230
F837	Serum Free PSA	25	180	910	1140	1790	1430
F838	Serum Testosterone	15	155	780	970	1510	1210
F839	Tacrolimus Drug level estimation	95	950	4715	5890	9215	7370
F841	Random Plasma Glucose	10	25	95	120	190	155
F842	Fasting Plasma Glucose	10	25	95	120	190	155
F843	Post-Prandial Plasma Glucose	10	25	95	120	190	155
F845	Glycosylated Hemoglobin	15	145	690	865	1355	1080

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		NC	C	B	A	D	FN
F846	Fasting Urine Glucose	10	70	385	480	755	600
F847	Post-Prandial Urine Glucose	10	70	385	480	755	600
F848	Blood Glucose by Glucometer strip method	0	25	60	80	120	100
F849	Lipid Profile	25	205	1020	1270	1990	1595
F850	Serum Cholesterol	10	50	265	335	530	420
F851	Serum HDL-Cholesterol	10	50	265	335	530	420
F852	Serum LDL-Cholesterol	10	70	385	480	755	600
F853	Serum Triglycerides	10	60	310	395	610	490
F854	Renal Function Tests	15	155	790	995	1560	1250
F855	Serum Urea	10	50	265	335	530	420
F856	Serum Uric Acid	10	50	265	335	530	420
F857	Serum Creatinine	10	50	265	335	530	420
F860	Serum Electrolytes	25	215	1055	1320	2075	1655
F861	Serum Sodium	10	50	265	335	530	420
F862	Serum Potassium	10	50	265	335	530	420
F863	Serum Chlorides	10	50	265	335	530	420
F864	Serum Bicarbonates	10	50	265	335	530	420
F865	Liver Function Tests	50	480	2375	2975	4655	3720
F866	Serum Protein	10	50	265	335	530	420
F867	Serum Albumin	10	50	265	335	530	420
F868	Serum Globulin	10	50	265	335	530	420
F869	Serum Alkaline Phosphatase	10	50	265	335	530	420
F870	Serum Total Bilirubin	10	50	265	335	530	420
F871	Serum Direct Bilirubin	10	50	265	335	530	420
F872	Serum Indirect Bilirubin	10	50	265	335	530	420
F873	Serum AST	10	50	265	335	530	420
F874	Serum ALT	10	50	265	335	530	420
F876	Serum LDH	10	50	265	335	530	420
F880	Pancreatic Enzymes	25	205	1030	1295	2030	1620
F881	Serum Amylase	15	110	515	650	1020	815
F882	Serum Lipase	15	110	515	650	1020	815

TATA MEMORIAL CENTRE

Dr. Ernest Borges Marg, Parel, Mumbai - 400 012

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F883	Body Fluid Investigations (CSF)	25	265	1345	1680	2630	2100
F884	CSF Glucose	10	50	265	335	530	420
F885	CSF Protein	15	110	550	695	1090	875
F886	CSF Chloride	10	50	265	335	530	420
F887	CSF LDH	10	50	265	335	530	420
F888	Serum Calcium	10	50	265	335	530	420
F890	Serum Phosphorus	10	50	265	335	530	420
F891	Serum Magnesium	15	120	605	755	1190	950
F893	Serum Iron	10	85	420	530	830	660
F894	Serum TIBC	10	85	420	530	830	660
F895	Serum Acid Phosphatase	15	170	830	1030	1620	1295
F896	Serum Prostatic Acid Phosphatase	25	250	1235	1550	2410	1930
F897	VMA (24 Hrs Urine)	70	660	3310	4140	6470	5170
F898	5HIAA (24 Hrs Urine)	40	385	1910	2390	3730	2990
F915	Sodium (24 Hours Urine)	10	50	265	335	530	420
F916	Potassium (24 Hours Urine)	10	50	265	335	530	420
F917	Chloride (24 Hours Urine)	10	50	265	335	530	420
F918	Urea (24 Hours Urine)	10	50	265	335	530	420
F919	Uric Acid (24 Hours Urine)	10	50	265	335	530	420
F920	Urine Creatinine (24 Hours)	10	50	265	335	530	420
F921	Calcium (24 Hours Urine)	10	50	265	335	530	420
F922	Phosphorus (24 Hours Urine)	10	50	265	335	530	420
F923	Protein (24 Hours Urine)	15	120	600	755	1190	950
F924	Corrected Creatinine Clearance (24 Hours Urine)	10	50	265	335	530	420
F925	Urea (Random Urine)	10	50	265	335	530	420
F926	Uric Acid (Random Urine)	10	50	265	335	530	420
F927	Creatinine (Random Urine)	10	50	265	335	530	420
F928	Sodium (Random Urine)	10	50	265	335	530	420
F929	Potassium (Random Urine)	10	50	265	335	530	420
F930	Chloride (Random Urine)	10	50	265	335	530	420
F931	Calcium (Random Urine)	10	50	265	335	530	420

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F932	Phosphorus (Random Urine)	10	50	265	335	530	420
F933	Protein (Random Urine)	10	110	550	695	1090	875
F934	Fluid Urea	10	50	265	335	530	420
F935	Fluid Uric Acid	10	50	265	335	530	420
F936	Fluid Creatinine	10	50	265	335	530	420
F937	Fluid Sodium	10	50	265	335	530	420
F938	Fluid Potassium	10	50	265	335	530	420
F939	Fluid Chloride	10	50	265	335	530	420
F940	Fluid Bilirubin (Total)	10	50	265	335	530	420
F941	Fluid Bilirubin (Direct)	10	50	265	335	530	420
F942	Fluid Bilirubin (Indirect)	10	50	265	335	530	420
F943	Fluid Cholesterol	10	50	265	335	530	420
F944	Fluid Triglycerides	10	60	310	395	610	490
F945	Fluid HDL Cholesterol	10	50	265	335	530	420
F946	Fluid LDL Cholesterol	10	70	385	480	755	600
F962	Fluid Glucose	10	50	265	335	530	420
F963	Fluid Protein	10	50	265	335	530	420
F964	Fluid Albumin	10	50	265	335	530	420
F965	Fluid Globulin	10	50	265	335	530	420
F966	Fluid Alkaline Phosphatase	10	50	265	335	530	420
F967	Fluid AST	10	50	265	335	530	420
F968	Fluid ALT	10	50	265	335	530	420
F969	Fluid Calcium	10	50	265	335	530	420
F970	Fluid Phosphorus	10	50	265	335	530	420
F971	Fluid Amylase	10	60	310	395	610	490
F972	Fluid Lipase	15	110	515	650	1020	815
F973	Fluid LDH	10	50	265	335	530	420
F974	Serum Creatinine for CCT	10	50	265	335	530	420
F977	Bence Jones Protein (24 Hours Urine)	25	230	1130	1415	2220	1775
F999	Serum Gamma Glutamyl Transferase (GGT)	25	205	995	1250	1955	1560
FA01	Sirolimus Drug Level Estimation	110	1045	5195	6490	10140	8110

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
FA02	G6PDH Estimation (Quantitative)	15	170	850	1070	1670	1330
FA03	HbA1c Screening test	10	25	145	180	290	230
FA04	Anti-SARS Cov (Complete Antibodies)	15	95	455	575	900	720
FA05	Anti-SARS Cov (lgG Antibodies)	25	240	1175	1475	2315	1850
FA06	IL-6 (interleukin-6)	25	215	1055	1320	2075	1655
FA07	NT-Pro BNP	40	325	1630	2040	3190	2555
FA08	IL-6 Level Estimation	40	395	1970	2460	3840	3070
FA09	Total SARS-COV-2 Antibody (Semi quantitative)	25	190	985	1235	1930	1550
FA10	Anti-SARS Cov2 SPIKE (Complete Antibodies)	40	350	1740	2160	3395	2700
FA11	Troponin T	25	250	1260	1570	2460	1970
FA12	ACTH	25	250	1260	1570	2460	1970
FA13	Progesterone	25	180	900	1130	1775	1415
FA14	Thyroglobulin	25	215	1080	1355	2110	1690
FA15	DHEA-S	40	325	1630	2040	3190	2555
FA16	IGF-1	60	600	3000	3755	5870	4690
FA17	Human Growth Hormone (HGH)	25	190	985	1235	1930	1550
FA18	Ammonia	25	250	1260	1570	2460	1970
FA19	C-Peptide	40	300	1475	1850	2890	2315
FA20	CSF Lactate	15	110	550	690	1080	865
FA21	IL-1b	15	120	600	755	1190	950
FA22	IL-2	15	120	600	755	1190	950
FA23	IL-2RA	15	120	600	755	1190	950
FA24	IL-8	15	120	600	755	1190	950
FA25	IL-10	15	120	600	755	1190	950
FA26	IL-15	15	120	600	755	1190	950
FA27	IL-17	15	120	600	755	1190	950
FA28	IFN-gamma	15	120	600	755	1190	950
FA29	TNF-alpha	15	120	600	755	1190	950
FA30	GM-CSF	15	120	600	755	1190	950
FA31	MIP-1alpha	15	120	600	755	1190	950
FA32	MCP-1	15	120	600	755	1190	950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
FA33	Hyper glycosylated beta HCG	15	120	600	755	1190	950
FA34	AMH	25	240	1200	1500	2340	1870
FA35	Inhibin B	25	240	1200	1500	2340	1870
FA36	Haptoglobin	25	190	960	1200	1870	1500
FA37	Levitiracetam	60	600	3000	3755	5870	4690
FA38	IgE	15	120	600	755	1190	950
FA39	IFE-IgD&IgE	110	1080	5400	6755	10560	8450
FA40	C3	15	120	600	755	1190	950
FA41	C4	15	120	600	755	1190	950
FA42	ICGC (Indo-Cyanine Green Clearance)	85	865	4320	5400	8450	6755
FA43	PIVKA-II Testing	85	745	3720	4655	7260	5820
FA44	Chromogranin A	85	865	4320	5400	8450	6755
	Microbiology						
	Serology						
G101	Urine Examination	10	25	140	170	275	215
G102	Stool Examination	10	25	140	170	275	215
G103	Culture & Sensitivity (Aerobic)	25	205	1010	1260	1970	1570
G105	Routine Culture (Fungal)	15	170	840	1055	1655	1320
G106	AFB CULTURE & SENSITIVITY	60	610	3050	3815	5975	4775
G107	Routine Culture (Anaerobic)	15	145	700	875	1370	1090
G108	Gene Xpert for Detection of MTB and Rifampicin Resistance	60	550	2760	3455	5400	4320
G111	Cultures for Helicobacter pylori	15	170	840	1055	1655	1320
G113	Mantoux Test	10	25	120	155	240	190
G120	Automated Identification & Antibiotic Susceptibility Testing	25	290	1430	1790	2795	2230
G121	Widal Test	5	20	100	130	200	160
G122	VDRL	10	25	140	170	275	215
G126	Cytomegalovirus IgG Antibodies	15	145	710	890	1390	1115
G129	Hepatitis B Surface Antigen (HBsAg)	15	110	540	670	1055	840
G130	Hepatitis B - e Antigen (HBeAg)	25	190	980	1225	1920	1535
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	25	240	1170	1465	2290	1835
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	15	155	775	970	1510	1210

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
G133	Hepatitis B Surface Antibodies (Anti - HBs)	15	155	775	970	1510	1210
G134	Hepatitis C Antibodies (Anti HCV)	25	275	1350	1690	2640	2110
G136	Hepatitis B 'e' Antibodies (Anti HBe)	25	290	1465	1835	2870	2290
G139	Cryptococcus Antigen by Lateral flow	40	350	1750	2195	3430	2750
G144	HPV DNA/ Genotype	95	995	4970	6215	9720	7775
G151	Automated Fungal Culture & Sensitivity	60	540	2710	3395	5315	4250
G161	RA Test	10	50	210	265	420	335
G162	ASO Titre	10	50	210	265	420	335
G171	HIV Antibodies	15	110	540	670	1055	840
	Microscopic Examination						
G201	Gram's Stain	10	25	120	155	240	190
G202	Ziehl Neelsen (AFB) Stain	10	25	120	155	240	190
G203	Lactophenol Cotton Blue	10	25	120	155	240	190
G204	Giemsa Stain for Tzanck Smear	10	25	120	155	240	190
G205	India Ink Preparation for Cryptococcus	10	25	120	155	240	190
G206	Staining for Cryptosporidium spp	10	25	120	155	240	190
G207	Calcofluor White Stain for Fungus	10	35	205	250	395	310
G208	KOH Mount for Fungus	10	25	120	155	240	190
G209	Staining for Pneumocystis jiroveci	10	35	170	215	350	275
G211	Stool for Cryptosporidium - Giardia - Entamoeba antigen detection	2580	2580	2580	3230	5040	4030
	Other Tests						
G251	Stool for Occult Blood	10	25	145	180	290	230
G252	Fluid for Bile Salts & Bile Pigments	10	25	120	155	240	190
G253	ADA Level	10	95	480	600	950	755
G254	Hepatitis A Virus (IgM Antibodies)	35	360	1825	2280	3575	2855
G255	Hepatitis E Virus (IgM Antibodies)	25	240	1200	1500	2340	1870
G256	Urine Pregnancy Test (UPT)	10	25	130	170	275	215
G259	Automated AFB Culture & Sensitivity	50	505	2520	3155	4930	3950
G260	Automated Blood Culture & Sensitivity	25	265	1345	1680	2630	2100
G261	Serum Procalcitonin Level	50	430	2185	2735	4270	3420
G262	Dengue NS1 Antigen,IgM and IgG Antibodies	10	145	710	890	1390	1115

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
G263	Leptospira lgM Antibody	10	85	420	530	830	660
G264	Chikangunya lgM Antibody	10	70	370	470	730	590
G265	Serum Galactomannan Level by ELISA	25	265	1310	1630	2555	2040
G267	Malaria Antigen Detection	10	50	230	290	455	360
G268	Clostridium difficile Toxin Detection	50	455	2280	2855	4475	3575
G269	Antigen detection for virus in stool	70	730	1450	1810	2830	2270
G270	Galactomannan Lateral Flow Assay	86	860	1720	2150	3360	2688
	Molecular Diagnostics						
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	130	1320	6575	8220	12840	10270
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	130	1320	6575	8220	12840	10270
G404	RT-PCR for CMV DNA	155	1525	7620	9530	14890	11915
G406	Syndromic Multiplex PCR Gastro-intestinal Panel	14000	14000	14000	17500	27340	21900
G407	Syndromic Multiplex PCR Blood Culture -Identification Panel	14000	14000	14000	15800	24690	19750
G408	Syndromic Multiplex PCR Respiratory Panel	14000	14000	14000	15800	24690	19750
G409	Syndromic Multiplex PCR Meningitis -Encephalities Panel	14000	14000	14000	15800	24690	19750
G410	Syndromic Multiplex PCR Pneumonia Panel	20000	20000	20000	24250	37880	30300
G411	Nasal Swab for MRSA	10	35	170	215	275	350
G412	Rectal Swab for MDRO Surveillance	10	35	205	250	310	395
G413	Tru Nat HPV	25	290	1415	1775	2770	2220
G414	Tru Nat MTB	25	240	1200	1500	2340	1870
G416	Carba-R Test	85	865	4320	5400	8450	6755
G417	Detection of MTB/XDR Assay	50	515	2580	3230	5040	4030
G418	Serum Varicella IgG Antibodies	10	70	335	420	660	530
G419	Broth Micro Dilution Testing for Colistin	10	85	430	540	840	670
	Transfusion Medicine						
H001	Blood Grouping	280	280	280	280	280	280
H002	Cross Matching- Semiautomated	120	120	120	120	120	120
H006	Antiglobulin Test (Direct)	360	360	360	360	360	360
H007	Antiglobulin Test (Indirect)	360	360	360	360	360	360
H008	Cold Agglutinins	15	130	250	310	490	395
H009	Secretory Status	40	360	710	890	1390	1115

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
H010	Irregular Antibody Workup	50	530	1055	1320	2075	1655
H016	Cross Matching- Manual	60	60	60	60	60	60
H206	Whole Blood	930	930	930	930	930	930
H207	Packed Cells	1080	1080	1080	1080	1080	1080
H208	Washed Packed Cells	1440	1440	1440	1440	1440	1440
H210	Platelet Concentrate (RDP)	450	450	450	450	450	450
H211	Platelet Concentrate (SDP)	5500	5500	11000	11000	11000	11000
H212	PBSC/Leukapheresis	1475	14700	29400	36755	57430	45950
H213	Bone Marrow Processing on Cell Separator	925	9190	18385	22980	35915	28730
H214	Bone Marrow Processing HES Red Cell Separation	565	5630	11255	14075	21995	17590
H215	Bone Marrow Processing Plasma Separation	70	710	1405	1750	2750	2195
H217	Leucoreduced Red Cells	155	1585	3170	3960	6190	4955
H218	Leucoreduction of Platelet Concentrates	1500	1500	1500	1500	1500	1500
H219	Irradiation of Blood Products	50	460	900	1000	1000	1000
H222	Platelet Concentrate (SvSDP)	2750	2750	5500	5500	5500	5500
H224	Processing for Leukoreduction	1000	1000	1000	1000	1000	1000
H225	Leucoagglutinins	40	335	670	840	1320	1055
H228	Pediatric Whole Blood	465	465	465	465	465	465
H229	Pediatric Packed Cells	540	540	540	540	540	540
H230	Cryoprecipitate	200	200	200	200	200	200
H231	FFP/FVIII Def. Plasma/PRP	400	400	400	400	400	400
H241	Packed Cells NBC	930	930	930	930	930	930
H242	CLIA-Apheresis Concentrate	500	500	500	500	500	500
H243	Microbial testing -Blood component	400	400	400	400	400	400
H244	Modified Platelet Concentrate-PAS (mSDP)	80	390	780	780	780	780
H245	CLIA-RDP/FFP	100	100	100	100	100	100
H246	CLIA- Packed Cells	300	300	300	300	300	300
H247	CliniMACS TCR a/b	897600	897600	897600	897600	897600	897600
H248	CliniMACS TCR a/b & CD19 Depletion Protocol	1478400	1478400	1478400	1478400	1478400	1478400
H249	CliniMACS TCR a/b & CD45RA Depletion Protocol	1515600	1515600	1515600	1515600	1515600	1515600
H250	CD45RA Naïve Depletion Protocol	774000	774000	774000	774000	774000	774000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
H251	CD34 Enrichment Protocol	1207200	1207200	1207200	1207200	1207200	1207200
H252	CD56 Enrichment Protocol	1207200	1207200	1207200	1207200	1207200	1207200
H253	FFP NBC	300	300	300	300	300	300
H254	Platelet Concentrate (RDP) NBC	300	300	300	300	300	300
H255	CLIA - FFP	100	100	100	100	100	100
H256	Manipulated DLI-CD45RA	456000	456000	456000	456000	456000	456000
H257	Granulocytes Concentrates (Full)	6000	12000	24000	29400	29400	29400
H258	Granulocytes Concentrates (Aliquots)	3000	6000	12000	14700	14700	14700
H259	Platelet Crossmatch	110	360	1200	1440	2250	1800
H260	Platelet Crossmatch for Platelet Refractoriness	540	1800	6000	7200	11400	9000
H261	Platelet Antidbody Screening	145	1440	7200	9000	14400	11400
H262	Therapeutic Phlebotomy	20	120	600	750	1170	940
H263	Therapeutic Leukocyte reduction	1480	14700	29400	36750	17250	45950
H264	Therapeutic Plasma Exchange	1480	14700	29400	36750	17250	45950
H265	Antibody Screen (Donors)	10	60	300	375	590	470
H266	Extended Red Cell Phenotype	10	100	500	630	980	780
H267	Rh, Kell Phenotype matching	10	100	500	630	980	780
H268	Antibody titres	10	100	500	630	980	780
H269	Thrombocytapheresis	1480	14700	29400	36750	17250	45950
H270	Lymphocyte collection by Apheresis	1480	14700	29400	36750	17250	45950
H271	Extended Red cell phenotype	10	100	500	650	980	780
H272	Drug-induced serological discrepancies	20	200	1000	1250	1950	1560
H500	DMSO for Cryoperservation	550	5470	10945	13680	21370	17100
	NAT Testing Facility						
H300	NAT Testing for Packed Cells	720	720	720	720	720	720
H301	NAT RDP	360	360	360	360	360	360
H302	NAT FFP	120	120	120	120	120	120
H303	NAT SDP	1200	1200	1200	1200	1200	1200
H304	NAT Granulocytes	1200	1200	1200	1200	1200	1200
H305	NAT SvSDP	600	600	600	600	600	600
H306	NAT Pediatric Packed Cells	360	360	360	360	360	360

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Radiodiagnosis							
Consultation							
I003	Follow-Up Consultation (Radiodiagnosis)	0	0	1080	1080	1080	1080
Reporting							
I004	Outside Reporting of X-Ray, per Exam	0	0	155	190	300	240
I005	Outside Reporting of X-Ray Special Procedures	0	0	985	1235	1930	1550
I006	Outside Reporting of Mammogram	0	0	610	770	1200	960
I007	Outside Reporting of CT	40	385	1920	2400	3750	3000
I008	Outside Reporting of MRI	50	500	2520	3160	4930	3950
I009	Video Recording of USG / DSA, etc	25	145	685	850	1330	1070
I010	Digital Film per Plate	240	240	240	240	240	240
I011	Outside CD / Film upload for CT	120	120	180	180	180	180
I012	Outside CD / Film upload for MR	120	120	180	180	180	180
I013	Outside CD / Film upload for US	120	120	120	120	120	120
I014	Outside CD / Film upload for XA	120	120	120	120	120	120
I015	Outside CD / Film upload for MG	120	120	120	120	120	120
I016	Outside CD / Film upload for CR	120	120	120	120	120	120
Convential Radiology (Plain)							
I021	X-Ray Skull	15	120	600	755	1190	950
I027	X-Ray OPG / Dental	15	120	600	755	1190	950
I030	X-Ray Spine AP	15	120	600	755	1190	950
I031	X-Ray Spine Lateral	15	120	600	755	1190	950
I038	X-Ray Pelvis	15	120	600	755	1190	950
I042	X-Ray Neck AP	15	120	600	755	1190	950
I043	X-Ray Neck Lateral	15	120	600	755	1190	950
I050	X-Ray Upper Limb	15	120	600	755	1190	950
I070	X-Ray Lower Limb	15	120	600	755	1190	950
I090	X-Ray Chest	15	120	600	755	1190	950
I092	X-Ray Abdomen	15	120	600	755	1190	950
I095	X-Ray KUB	15	120	600	755	1190	950
I099	X-Ray Skeletal Survey	130	1320	6600	8255	12900	10320

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I100	X-Ray Portable	25	190	960	1200	1870	1500
I101	X-Ray PNS	15	145	720	900	1415	1130
I102	X-Ray Sternum AP	15	145	720	900	1415	1130
I103	X-Ray Sternum Oblique	15	145	720	900	1415	1130
I104	X-Ray Sternum Lateral	15	145	720	900	1415	1130
	Convential Radiology (Contrast)						
I121	X-Ray Sialography	50	420	2100	2630	4115	3290
I122	X-Ray Barium Swallow	50	420	2100	2630	4115	3290
I123	X-Ray Conray Swallow	50	420	2100	2630	4115	3290
I124	X-Ray Barium Meal	60	575	2880	3600	5630	4500
I125	X-Ray Barium Meal Follow-Through	180	1800	6000	7500	11710	9370
I126	X-Ray Small Bowel Enema	120	1200	6000	7500	11710	9370
I127	X-Ray Barium Enema for Colon	120	1200	6000	7500	11710	9370
I128	X-Ray Tube Cholangiogram	25	240	1200	1500	2340	1870
I129	X-Ray ERCP	145	1490	7440	9300	14530	11630
I130	X-Ray IVP	85	840	4200	5255	8220	6575
I131	X-Ray Cystogram	50	420	2100	2630	4115	3290
I132	X-Ray MCU	60	610	3070	3840	6000	4800
I133	X-Ray Retrograde Urethrogram	50	420	2100	2630	4115	3290
I134	X-Ray Retrograde Pyelogram	50	420	2100	2630	4115	3290
I141	X-Ray Sinogram	40	300	1525	1910	2990	2390
I142	X-Ray Fistulogram	40	300	1525	1910	2990	2390
I143	X-Ray Cologram	40	300	1525	1910	2990	2390
I144	X-Ray Loopogram	40	300	1525	1910	2990	2390
I145	X-Ray Nephrostogram	40	300	1525	1910	2990	2390
I146	X-Ray Gastrograhpic Enema (Colon)	120	1200	6000	7500	11710	9370
	Consultation						
I150	Consultation- New Case (Radiodiagnosis)	0	0	3000	3000	3000	3000
	Convential Radiology (Contrast)						
I151	Fluoroscopy Guided Biopsy	85	865	2880	3600	5630	4500
I152	Fluoroscopy Guided Block	85	865	2880	3600	5630	4500

TATA MEMORIAL CENTRE

Dr. Ernest Borges Marg, Parel, Mumbai - 400 012

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I153	Fluoroscopy Guided J Needle Bone Biopsy	85	865	2880	3600	5630	4500
I154	Fluoroscopy Guided NGT Insertion	70	755	2520	3155	4930	3950
I155	Fluoroscopy Guided Drainage/ Biopsy	300	2950	9840	12300	19210	15370
I156	Fluoroscopy Guided Indwelling Catheter Placement	130	1260	4200	5255	8220	6575
I159	Lymphangiography	180	1800	6000	7500	11710	9370
I160	Bronchography	145	1440	4800	6000	9370	7500
I161	Myelography	130	1260	4200	5255	8220	6575
I162	Myelography with CT	180	1835	6120	7655	11975	9575
I163	Venography - Upper Limb	180	1800	6000	7500	11710	9370
I164	Venography - Lower Limb	180	1800	6000	7500	11710	9370
I165	Venography - Systemic	360	3600	12000	15000	23450	18755
I170	Angiography	215	2160	7200	9000	14075	11255
I171	Opthalmic Artery Chemo Infusion	205	2040	6780	8470	13250	10595
I172	Calcium scoring	210	2100	7000	8750	13680	10940
I180	Angio Embolization	325	3240	10800	13500	21095	16870
I191	PTBD	180	1800	6000	7500	11710	9370
I192	PTBD Stenting	430	4320	14400	18000	28130	22500
I193	PCN (single kidney)	180	1800	6000	7500	11710	9370
I194	PCN Stenting	215	2160	7200	9000	14075	11255
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	310	3085	10260	12830	20040	16030
I197	Arterial Stenting	310	3085	10260	12830	20040	16030
I198	Thrombolysis / Thrombectomy	310	3085	10260	12830	20040	16030
I199	Angioplasty	310	3085	10260	12830	20040	16030
I200	Vascular Stenting	310	3085	10260	12830	20040	16030
I201	Brush Biopsy	275	2700	9000	11255	17590	14075
I202	Vertebroplasty	275	2700	9000	11255	17590	14075
I203	PCN (B/L)	310	3085	10260	12830	20040	16030
I204	DJ Stenting	240	2340	7800	9755	15240	12190
I205	Abdominal Abscess Drainage	145	1440	4800	6000	9370	7500
I206	Percutaneous Gastrostomy / Jejunostomy	325	3265	10860	13570	21215	16970
I208	Contrast Study	40	310	1020	1270	1990	1595

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I209	Osteoplasty	300	2975	9900	12370	19330	15470
I210	Cerebral Angiography	275	2700	9000	11255	17590	14075
I211	Chemo Embolisation	865	8640	28800	36000	56255	45000
I212	Radio Embolisation	995	9935	33120	41400	64690	51755
I213	Stent-Graft Deployment	995	9935	33120	41400	64690	51755
I214	Central Venous Access	180	1800	6000	7500	11710	9370
I215	IVC Filter Deployment	300	2975	9900	12370	19330	15470
I216	IVC Filter Retrieval	170	1655	5530	6910	10800	8640
I217	SCLEROTHERAPY	205	2005	6670	8340	13030	10430
I218	Test Occlusion	310	3060	10200	12755	19930	15950
I219	3D Rotational Angiography	180	1800	6000	7500	11710	9370
I220	Foreign Body Retrieval	300	2975	9900	12370	19330	15470
I221	Radio Frequency Ablation	430	4320	14400	18000	28130	22500
I222	Closure Device Insertion	865	8640	28800	36000	56255	45000
I223	Tracheo-bronchial stenting	865	8640	28800	36000	56255	45000
I224	Image Guided PICC insertion	300	2975	9900	12370	19330	15470
I225	DSA Port Placement	1320	13175	43920	54900	85790	68630
I226	EBUS guided FNA	430	4320	14400	18000	28130	22500
I227	Image Guided Endovenous Ablation	430	4320	14400	18000	28130	22500
	Mammography						
I321	Mammography Single Breast	15	170	830	1030	1620	1295
I322	Mammography Both Breasts	40	335	1655	2075	3240	2590
I324	Mammography - Biopsy	50	420	2110	2640	4130	3300
I325	Mammography - Localization	60	610	3085	3850	6010	4810
I326	Mammography of Specimen	40	170	830	1030	1620	1295
I327	Tumour Ablation - IRE	650	6480	21600	27000	42190	33755
I328	Non-Ionic Contrast and Consumable Charges	1080	1080	1080	1080	1080	1080
I329	Ionic Oral Contrast and Consumable Charges	215	215	215	215	215	215
I330	Iso-Osmolar Contrast and Consumable Charges	2760	2760	2760	2760	2760	2760
I351	Whole Body, Dual Femur, Wrist	205	1980	6600	8255	12900	10320
I352	DEXA Scan-Whole Body (BFC + Spine)	145	1440	4800	6000	9370	7500

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I353	DEXA Scan- Body Fat Composition (BFC)	70	720	2400	3000	4690	3755
I354	DEXA Scan- Vertebral Assessment	130	1260	4200	5255	7895	6575
I355	DEXA Scan- Duel Femur	70	720	2400	3000	4690	3755
I356	DEXA Scan- Localized (One Region)	70	720	2400	3000	4690	3755
	Ultrasonography						
I420	USG Abdomen	25	290	1440	1800	2820	2255
I460	USG Pelvis	25	290	1440	1800	2820	2255
I461	Transrectal sonography	40	395	1990	2495	3900	3120
I462	TRUS Guided biopsy	60	610	3050	3815	5975	4775
I463	Trans vaginal sonography	40	395	1990	2495	3900	3120
I500	USG Abdomen & Pelvis	50	530	2665	3335	5220	4175
I510	USG Neck	25	275	1405	1750	2750	2195
I550	USG Thorax	25	275	1405	1750	2750	2195
I560	USG Breast	25	275	1405	1750	2750	2195
I565	USG Upper Extremity	25	275	1405	1750	2750	2195
I566	USG Portable Single region	50	430	2160	2700	4210	3370
I567	USG Portable Two region	70	720	3600	4500	7030	5630
I568	USG Guided Procedure	50	490	2485	3110	4860	3890
I569	USG KUB	25	275	1405	1750	2750	2195
I570	USG Lower Extremity	25	275	1405	1750	2750	2195
I571	USG Doppler Upper Extremity	50	455	2290	2870	4490	3590
I572	USG Doppler Lower Extremity	50	455	2290	2870	4490	3590
I573	USG Doppler Hepatoportal	50	455	2290	2870	4490	3590
I574	USG Doppler Renal	50	455	2290	2870	4490	3590
I575	USG Doppler Carotid	50	455	2290	2870	4490	3590
I576	USG Doppler IVC	50	455	2290	2870	4490	3590
I577	USG Targetted	15	145	720	900	1415	1130
I578	USG Doppler - portable Single Region	50	490	2485	3110	4860	3890
I579	USG Doppler - Single Region	50	455	2290	2870	4490	3590
I580	USG Axilla/ Groin/ Scrotum (Small Parts)	25	275	1405	1750	2750	2195
I598	USG Guided FNAC	50	455	2255	2820	4415	3530

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
IA04	USG Guided RF Ablation	430	4345	14470	18095	28270	22620
	CT Scan						
I600	CT Brain Plain and Contrast	180	1800	6000	7500	11710	9370
I601	CT Brain Plain	110	1080	3600	4500	7030	5630
I602	CT PNS	230	2255	7500	9370	14640	11710
I603	CT Nasopharynx	230	2255	7500	9370	14640	11710
I604	CT Sella	230	2255	7500	9370	14640	11710
I605	CT Temporal Bone	230	2255	7500	9370	14640	11710
I606	CT Orbits	230	2255	7500	9370	14640	11710
I607	CT HRCT (Chest)	95	900	3000	3000	3000	3000
I620	CT Neck	230	2255	7500	9370	14640	11710
I630	CT Head & Neck	300	2975	9900	12370	19330	15470
I640	CT Neck & Thorax	360	3600	12000	15000	23450	18755
I650	CT Thorax	250	2520	8400	10500	16415	13130
I670	CT Abdomen	250	2520	8400	10500	16415	13130
I680	CT Thorax & Abdomen	430	4320	14400	18000	28130	22500
I690	CT Pelvic Region	215	2160	7200	9000	14075	11255
I691	S.Creatinine- Point of Care Testing	625	625	625	780	1210	970
I692	Low Dose CT Scan	360	3600	12000	15000	23450	18755
I700	CT Abdomen & Pelvis	430	4320	14400	18000	28130	22500
I710	CT Thorax & Abdomen & Pelvis	505	5040	16800	21000	32820	26255
I713	CT Thorax & Abdomen & Pelvis	290	2850	9500	11880	18570	14850
I720	CT Spine	215	2160	7200	9000	14075	11255
I730	CT Upper Limb	215	2160	7200	9000	14075	11255
I740	CT Lower Limb	215	2160	7200	9000	14075	11255
I741	Digital Scanogram	40	360	1200	1500	2340	1870
I750	CT Angiogram (Additional Charge)	95	900	3000	3755	5870	4690
I760	CT 3D Reconstruction	360	3600	12000	15000	23450	18755
I781	CT Guided Biopsy FNAC	335	3385	11280	14100	22030	17630
I782	CT Guided Truecut Biopsy	335	3385	11280	14100	22030	17630
I783	CT Guided Drainage / Localisation	170	1715	5700	7130	11150	8915

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I784	CT Guided Vertebroplasty	310	3085	10285	12850	20090	16070
I785	CT Perfusion (Additional Charge)	130	1285	4285	5350	8375	6695
I786	CT Defusion (Additional Charge)	130	1285	4285	5350	8375	6695
I787	CT DIEP	395	3960	13200	16500	25790	20630
I788	CT Guided RF Ablation	430	4320	14400	18000	28130	22500
I789	CT Dental	180	1800	6000	7500	11710	9370
I790	CT Limited	95	900	3000	3755	5870	4690
I791	CT 'J' Needle Bone Biopsy	395	3960	13200	16500	25790	20630
I792	Planning scan for Hepatic Resection	395	3960	13200	16500	25790	20630
IB02	CT Guided RF Ablation	430	4345	14470	18095	28270	22620
	M R I Scan						
I801	MRI BRAIN	250	2520	8400	10500	16415	13130
I802	MRI PNS	250	2520	8400	10500	16415	13130
I810	MRI Neck	250	2520	8400	10500	16415	13130
I820	MRI Head & Neck	360	3600	12000	15000	23450	18755
I830	MRI Upper Limb	250	2520	8400	10500	16415	13130
I840	MRI Thorax	250	2520	8400	10500	16415	13130
I841	MRI Breast	290	2880	9600	12000	18755	15000
I842	MRI guided breast biopsy	635	6350	21145	26435	41315	33050
I860	MRI Abdomen	250	2520	8400	10500	16415	13130
I890	MRI Pelvis	250	2520	8400	10500	16415	13130
I900	MRI Abdomen & Pelvis	250	2520	8400	10500	16415	13130
I910	MRI Spine (One Region)	250	2520	8400	10500	16415	13130
I911	MRI Whole Spine	325	3240	10800	13500	21095	16870
I920	MRI Lower Limb	250	2520	8400	10500	16415	13130
I921	MRI Contrast	130	1260	4200	5255	8220	6575
I930	MRI Angiogram	290	2880	9600	12000	18755	15000
I940	MRI Venography	290	2880	9600	12000	18755	15000
I950	MRI Myelogram	180	1800	6000	7500	11710	9370
I960	MR Cholangio-Pancreatogram (CP) (Additional Charge)	180	1800	6000	7500	11710	9370
I970	MRI Spectroscopy (Additional Charge)	180	1775	5915	7390	11555	9240

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		NC	C	B	A	D	FN
I971	MRI Brain Tumor Protocol	420	4140	13800	17255	26975	21575
I972	MRI Extremity with dynamic contrast	395	3950	13150	16440	25690	20555
I973	MRI Extremity with Limb Screening	395	3950	13150	16440	25690	20555
I974	MRI Prostate	275	2700	9000	11255	17590	14075
I975	MRI Cervix	275	2700	9000	11255	17590	14075
I976	MRI Penis	275	2700	9000	11255	17590	14075
I977	MRI DTI	180	1800	6000	7500	11710	9370
I978	MRI Cardic	275	2700	9000	11255	17590	14075
I979	MRI Spine Screening	180	1775	5915	7390	11555	9240
I980	MRI Temporal Bone (HRCT cuts)	350	3420	11400	14255	22270	17820
I991	MRI Functional (Additional Charge)	180	1800	6000	7500	11710	9370
I992	MRI Diffusion (Additional Charge)	110	1090	3625	4535	7090	5675
I993	MRI Perfusion (Additional Charge)	180	1775	5915	7390	11555	9240
I995	MRI Limited	180	1800	6000	7500	11710	9370
I996	Whole body MRI	575	5760	19200	24000	37500	30000
I997	MRI for Therapy Planning	170	1715	5700	7130	11150	8915
I998	DOTAREM 10 ML	1020	1080	1140	1140	1140	1140
IC01	MRI Abdomen + MR CP	370	3670	12250	15310	23930	19140
	Medical Oncology						
	Consultation						
J001	Consultation- New Case (Medical Oncology)	0	0	3000	3000	3000	3000
J003	Follow-Up Consultation (Medical Oncology)	0	0	1080	1080	1080	1080
J101	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Medical Oncology)	0	0	12000	15000	23440	18750
J102	Intravenous Bolus (per Cycle) (Medical Oncology)	25	240	1200	1500	2340	1870
J103	Bone Marrow Aspiration/Biopsy	40	350	1750	2195	3430	2750
J104	Chemotherapy Indoor Charges per Day (Medical Oncology)	0	0	900	1130	1775	1415
J105	Chemotherapy Daycare Charge per Day (Medical Oncology)	0	0	660	830	1295	1030
J107	Intravenous/ Intramuscular/ Subcutaneous Injection	0	0	170	215	350	275
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	49200	61500	96095	76870
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	37800	47255	73850	59075
J110	Lumbar Puncture	25	215	1080	1355	2110	1690

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
J111	Intrathecal Chemotherapy	25	290	1440	1800	2820	2255
J112	Pleural Fluid Tapping	25	290	1440	1800	2820	2255
J113	Ascitic Tapping	25	290	1440	1800	2820	2250
J114	Pericardial Tapping	60	600	3000	3755	5870	4690
J116	Scalp Cooling Procedure	40	410	2015	2520	3950	3155
J117	CAR-T Procedure Charges	730000	730000	2260000	2260000	4600000	4600000
J118	CAR-T Professional Charges	0	0	180000	216000	300000	264000
J119	CAR-T Cell Production Charges (Non-Refundable)	2000000	2000000	2000000	2000000	2000000	2000000
	Bone Marrow Transplant (Bmt) Professioal Charges						
J201	Bone Marrow Transplant (Allogenic)	0	0	179400	179400	179400	179400
J203	Bone Marrow Transplant (Autologous)	0	0	138000	138000	138000	138000
J204	Allogenic Matched Unrelated (MUD)/Cord Transplant	0	0	234600	234600	234600	234600
J402	Consultation- New Case (ACT Clinic)	0	0	1440	1440	1440	1440
J404	Follow-Up Consultation (ACT Clinic)	0	0	1080	1080	1080	1080
	Cathether						
J501	Pre-Insertion + Demonstration	60	600	1200	1500	2340	1870
J502	Dressing	15	120	600	755	1190	950
J503	Insertion of PICC	130	1260	2520	3155	4930	3950
	Academic Hemato - Oncology Lab						
J609	RT-PCR Nested IGH Chain Gene rearrangement	240	2390	4765	5950	9300	7440
J610	RT-PCR Nested, TCR Gene Rearrangement	240	2390	4765	5950	9300	7440
J611	RT-PCR Hot Start	335	3335	6670	8340	13030	10430
J613	Gene rearrangement by Direct Sequencing	575	5710	11425	14280	22320	17855
J614	Mutation analysis by ASO PCR	575	5710	11425	14280	22320	17855
J615	DIRECT SEQUENCING FOR EGFR MUTATION ANALYSIS	480	4765	9515	11890	18590	14870
J616	RT-PCR for RAS / BRAF mutation analysis	770	7620	15240	19055	29770	23820
J617	RT-PCR for EBV analysis	770	7620	15240	19055	29770	23820
J618	Direct Sequencing for RAS mutation analysis	770	7620	15240	19055	29770	23820
J620	Snap shot PCR for EGFR,RAS, and PTEN	970	9730	19450	24310	37990	30395
J621	RT-PCR for EGFR Mutation analysis	770	7620	15240	19055	29770	23820
J622	Direct Sequencing for DPD Testing	770	7620	15240	19055	29770	23820

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
J623	NGS Platform - limited Panel (10 genes)	1080	10800	21600	27000	42190	33755
J624	NGS Platform - extended Panel (> 50 genes)	2160	21600	43200	54000	84370	67500
	General Medicine						
	Consultation						
K002	Cross Consultation (General Medicine)	0	0	1450	1450	1450	1450
K003	Follow-Up Consultation (General Medicine)	0	0	1500	1500	1500	1500
	Other Tests						
K101	Electrocardiogram	15	75	370	470	730	590
K107	PFT (Spirometry)	25	215	1105	1380	2160	1730
K108	Complete PFT with Diffusion and Lung Volume Study	35	360	1800	2255	3530	2820
K112	Diffusion Study	15	155	770	960	1500	1200
K113	Lung Volume Study	25	180	875	1090	1715	1370
K116	Echocardiogram + Color Doppler Bedside (H)	40	335	1680	2100	3290	2630
K117	Echocardiogram + Color Doppler Bedside (P)	0	0	2520	3155	4930	3950
K118	Echocardiogram + Color Doppler (H)	25	240	1200	1500	2340	1870
K119	Echocardiogram + Color Doppler (P)	0	0	1800	2255	3530	2820
K122	Cardiac Stress Test (H)	25	190	960	1200	1870	1500
K123	Cardiac Stress Test (P)	0	0	1380	1730	2700	2160
K124	Cardiopulmonary Stress Test (H)	40	335	1680	2100	3290	2630
K125	Cardiopulmonary Stress Test(P)	0	0	2520	3155	4930	3950
	Psychiatry @ Clinical Psychology						
K301	Cross Consultation (Psychiatry)	0	0	1440	1440	1440	1440
K302	Follow-Up Consultation (Psychiatry)	0	0	1080	1080	1080	1080
K303	Psychometric Testing	25	145	720	900	1440	1140
	Pulmonary Unit						
K401	Cross Consultation (Pulmonary Unit)	0	0	1440	1440	1440	1440
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	1080	1080	1080	1080
K403	Pulmonology Grade - 1	0	0	2400	3000	4500	3600
K404	Pulmonology Grade - 2	0	0	6000	7200	11400	9000
K405	Pulmonology Grade - 3	0	0	12000	15000	22800	18000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Honorary Consultants							
Cardiology							
L001	Cross Consultation (Cardiology)	0	0	1440	1440	1440	1440
L002	Follow-up Consultation (Cardiology)	0	0	1080	1080	1080	1080
Nephrology							
L101	Cross Consultation (Nephrology)	0	0	1440	1440	1440	1440
L102	Follow-Up Consultation (Nephrology)	0	0	1080	1080	1080	1080
Dermatologist							
L103	Cross Consultation (Dermatologist)	0	0	1440	1440	1440	1440
L104	Follow up Consultation (Dermatologist)	0	0	1080	1080	1080	1080
Endocrinologist							
L105	Cross Consultation (Endocrinologist)	0	0	1440	1440	1440	1440
L106	Follow up Consultation (Endocrinologist)	0	0	1080	1080	1080	1080
Opthalmologist							
L107	Cross Consultation (Opthalmologist)	0	0	1440	1440	1440	1440
L108	Follow up Consultation (Opthalmologist)	0	0	1080	1080	1080	1080
L109	Cross Consultation (Opthal Surgery)	0	0	1440	1440	1440	1440
L110	Follow-up Consultation (Opthal Surgery)	0	0	1440	1440	1440	1440
Other Tests							
L111	Peritoneal Dialysis	40	385	1920	2400	3755	3000
L112	Femoral Vein Catheterisation	15	145	710	890	1390	1115
L113	Subclavian Vein Catheterisation	25	215	1055	1320	2075	1655
L114	CAVH	40	325	1645	2050	3215	2570
L115	Renal Biopsy	15	145	710	890	1390	1115
Neurology							
L301	Cross Consultation (Neurology)	0	0	1440	1440	1440	1440
L302	Follow-Up Consultation (Neurology)	0	0	1080	1080	1080	1080
Neurosurgery							
L401	Cross Consultation (Neurosurgery)	0	0	1440	1440	1440	1440
L402	Follow-Up Consultation (Neurosurgery)	0	0	1080	1080	1080	1080
ENT							
L501	Cross Consultation (ENT)	0	0	1440	1440	1440	1440
L502	Follow-Up Consultation (ENT)	0	0	1080	1080	1080	1080

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Clinical Haematology							
L601	Cross Consultation (Clinical Haematology)	0	0	1440	1440	1440	1440
L602	Follow-Up Consultation (Clinical Haematology)	0	0	1080	1080	1080	1080
Hepatology							
L701	Cross Consultation (Hepatology)	0	0	1440	1440	1440	1440
L702	Follow-Up Consultation (Hepatology)	0	0	1080	1080	1080	1080
Digestive Diseases & Clinical Nutrition							
Consultations							
M001	Consultation- New Case (Digestive Diseases)	0	0	1800	1800	1800	1800
M002	Follow-Up Consultation (Digestive Diseases)	0	0	1080	1080	1080	1080
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	1080	1080	1080	1080
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	6900	8630	13490	10790
M005	Intravenous Bolus (per Cycle) (Digestive Diseases)	25	240	1200	1500	2340	1870
Digestive Diseases							
M006	TPN Therapy (New Plan)	0	0	4320	5400	8450	6755
M007	Enteral Nutrition Therapy (New Plan)	0	0	3600	4500	7030	5630
M008	Home Enteral Nutrition Care (New Plan)	0	0	2160	2700	4210	3370
M009	Home TPN Therapy (New Plan)	0	0	4320	5400	8450	6755
M016	Chemotherapy Indoor Charges per Day (Digestive Diseases)	0	0	900	1130	1775	1415
M017	Chemotherapy Daycare Charges per Day (Digestive Diseases)	0	0	660	830	1295	1030
M018	Dietary Counseling Oral (New Plan)	0	0	1440	1800	2820	2255
M019	REE Estimation	0	0	4320	5400	8450	6755
M020	Body Composition	0	0	2160	2700	4210	3370
M022	Inpatient Care (Neutropenia Care/ Hepatitis)	0	0	4560	5700	8915	7130
M023	TPN Therapy (Follow-up/ Replan)	0	0	2880	3600	5630	4500
M024	TPN Daily Monitoring	0	0	1200	1500	2340	1870
M025	Enteral Nutrition Therapy (Follow-up/ Replan)	0	0	2400	3000	4690	3755
M026	Enteral Nutrition Therapy Daily Monitoring	0	0	840	1055	1655	1320
M027	Dietary Counseling Oral (Follow-up)	0	0	1080	1080	1080	1080
M061	Helicobacter Pylori Breath Test	50	430	2160	2700	4210	3370

TATA MEMORIAL CENTRE

Dr. Ernest Borges Marg, Parel, Mumbai - 400 012

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M101	Rigid Sigmoidoscopy	0	0	2470	3095	4850	3875
M102	Tissue Sampling- Biopsy	0	0	2470	3095	4850	3875
M103	Oesophageal ILRT Tube Placement- Over wire only	0	0	2470	3095	4850	3875
M104	Peg Tube Removal/ Exchange	0	0	1200	1500	2340	1870
M105	Ryle s Tube Placement	0	0	2160	2700	4210	3370
M106	Nasogastric tube Over wire & Non-Fluroscopic	0	0	2470	3095	4850	3875
M107	Tissue Sampling- Cytology	0	0	2160	2700	4210	3370
M108	Gastric Lavage/ Decompression	0	0	1200	1500	2340	1870
M109	Ascitic Fluid Aspiration (DDCN)	25	275	1405	1750	2750	2195
M110	Pleural Fluid Tapping (DDCN)	25	290	1440	1800	2820	2255
M111	Pericardial Tapping (DDCN)	60	600	3000	3755	5870	4690
M112	Liver Biopsy	0	0	3625	4535	7090	5675
M113	CSF tapping (DDCN)	25	290	1440	1800	2820	2255
M114	CVP Access (DDCN)	25	240	1200	1500	2340	1870
M115	Indwelling Peritoneal Catheter Placement (DDCN)	0	0	2470	3095	4850	3875
M116	Percutaneous Ethanol Injection	0	0	3360	4200	6575	5255
M117	Needle Aspiration (Non USG Guided)	0	0	1200	1500	2340	1870
M206	Flexible Sigmoidoscopy	0	0	7235	9050	14150	11315
M207	Pile Banding / Injection	0	0	7235	9050	14150	11315
M208	Flexible Sigmoidoscopy (repeat)	0	0	5065	6335	9900	7920
M301	Sideviewing Duodenoscopy	0	0	8520	10655	16655	13320
M303	Colonoscopy	0	0	8520	10655	16655	13320
M305	Dye Chromoendoscopy (Standard Imaging)	0	0	8520	10655	16655	13320
M306	Jejuno-Enteroscopy (Push Type Limited Exam)	0	0	8520	10655	16655	13320
M309	EUS of Rectum/Sigmoid Colon	0	0	8520	10655	16655	13320
M310	Endosonoprobe Examination	0	0	8520	10655	16655	13320
M311	Endoscopic Naso-gastric Tube Placement (Non-Fluroscopic)	0	0	8520	10655	16655	13320
M312	Esophageal Dilation (Non-Fluroscopic)- 1 session	0	0	8520	10655	16655	13320
M313	Foreign Body Removal (Non-Fluroscopic)	0	0	8520	10655	16655	13320
M314	Hemostasis: Variceal Banding	0	0	8520	10655	16655	13320
M315	Hemostasis: Clipping	0	0	8520	10655	16655	13320

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M316	Hemostasis: Glue Injection	0	0	8520	10655	16655	13320
M317	Hemostasis: Bicap Coagulation	0	0	8520	10655	16655	13320
M318	Hemostasis: Injection Therapy	0	0	8520	10655	16655	13320
M323	Diagnostic Upper GI Endoscopy	0	0	8520	10655	16655	13320
M324	Diagnostic Upper GI Endoscopy (repeat)	0	0	6000	7500	11710	9370
M325	Colonoscopy (Repeat)	0	0	6000	7500	11710	9370
M326	Clip Marking	0	0	8520	10655	16655	13320
M327	Dye Chromoendoscopy: Standard Imaging (repeat)	0	0	6000	7500	11710	9370
M328	Esophageal Dilation (Non-Fluroscopic) (partial)	0	0	6000	7500	11710	9370
M329	ERCP Diagnostic Non-cholangioscopy (repeat)	0	0	6000	7500	11710	9370
M330	Hemostasis: Argon Plasma Coagulation	0	0	8520	10655	16655	13320
M331	Hemostasis: Sclerotherapy	0	0	8520	10655	16655	13320
M332	Hemostasis: Loop Ligation	0	0	8520	10655	16655	13320
M333	Polypectomy Cold Snare / Hot Biopsy	0	0	8520	10655	16655	13320
M334	Jejuno-Enteroscopy (Push Type Limited Exam- Repeat)	0	0	6000	7500	11710	9370
M401	EUS: Pancreas and Bile Ducts	0	0	10800	13500	21095	16870
M403	Esophageal Stenting	0	0	10800	13500	21095	16870
M404	Percutaneous Endoscopic Gastrostomy	0	0	10800	13500	21095	16870
M405	Percutaneous Endoscopic Jejunostomy	0	0	10800	13500	21095	16870
M406	Achalasia Dilatation	0	0	10800	13500	21095	16870
M407	Gastric or Pyloric Dilation (Non-Fluroscopic)- 1 session	0	0	10800	13500	21095	16870
M408	Rectal or Colonic Dilation (Non-Fluroscopic)- 1 session	0	0	10800	13500	21095	16870
M409	Polypectomy (upto 2 polyps and stalked)	0	0	10800	13500	21095	16870
M411	Ablation: Laser Therapy	0	0	10800	13500	21095	16870
M412	Ablation: Argon Plasma Coagulation	0	0	10800	13500	21095	16870
M413	ERCP Sphincterotomy	0	0	10800	13500	21095	16870
M414	Endoscopic Cyst Drainage	0	0	10800	13500	21095	16870
M415	ERCP Naso-Biliary Drainage	0	0	10800	13500	21095	16870
M416	Biliary/ Pancreatic Cytology	0	0	4225	5280	8255	6600
M417	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI)	0	0	10800	13500	21095	16870
M418	Magnification Dye Chromoendoscopy	0	0	10800	13500	21095	16870

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M419	Capsule Endoscopy Imaging	0	0	14470	18095	28270	22620
M420	Capsule Endoscopy Imaging (Repeat)	0	0	10200	12755	19930	15950
M421	Clip Application (Non-Hemostatic, Markers)	0	0	6000	7500	11710	9370
M422	Ablation: Cryotherapy/ PDT	0	0	9445	11810	18455	14760
M423	Ablation: Cryotherapy/ PDT (Partial)	0	0	6610	8270	12910	10330
M424	Ablation: Argon Plasma Coagulation (Partial)	0	0	7800	9755	15240	12190
M425	Gastric or Pyloric Dilation- Non-Fluroscopic (Partial)	0	0	7800	9755	15240	12190
M426	Rectal or Colonic Dilation- Non-Fluroscopic (Partial)	0	0	7800	9755	15240	12190
M427	Achalasia Dilatation (Partial)	0	0	7800	9755	15240	12190
M428	ERCP Naso-Pancreatic Drainage	0	0	10800	13500	21095	16870
M429	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI) (Repeat)	0	0	7800	9755	15240	12190
M430	Magnification Dye Chromoendoscopy (Repeat)	0	0	7800	9755	15240	12190
M431	EUS Radial Mediastinum and/ or Upper Abdomen	0	0	9910	12395	19370	15490
M432	Decompression: NJT placement	0	0	8520	10655	16655	13320
M433	Decompression: Colonic tube placement	0	0	8520	10655	16655	13320
M434	Stenting: Enteral	0	0	13810	17270	26990	21590
M435	Stenting: Colonic	0	0	13810	17270	26990	21590
M436	Dilatation Luminal Fluoroscopic	0	0	10800	13500	21095	16870
M437	Hemostasis: Post Endsocopic Resection	0	0	10800	13500	21095	16870
M438	Foreign Body Removal (Fluroscopic)	0	0	10800	13500	21095	16870
M439	Diagnostic ERCP (Non-cholangioscopic)	0	0	8520	10655	16655	13320
M501	ERCP Biliary Stenting (Single)	0	0	14470	18095	28270	22620
M502	ERCP Pancreatic Stenting (Single)	0	0	14470	18095	28270	22620
M503	Multiple Polypectomy (more than 2 polyps and stalked)	0	0	14470	18095	28270	22620
M504	EUS Guided FNA	0	0	14470	18095	28270	22620
M506	Radiofrequency Ablation	0	0	14470	18095	28270	22620
M508	ERCP Biliary Stenting (Multiple Stents)	0	0	14470	18095	28270	22620
M510	ERCP Pancreatic Stenting (Multiple)	0	0	14470	18095	28270	22620
M512	ERCP Biliary Stone extraction	0	0	14470	18095	28270	22620
M514	ERCP Pancreatic Stone extraction	0	0	14470	18095	28270	22620
M516	ERCP Biliary Stricture Dilatation	0	0	14470	18095	28270	22620

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M518	ERCP Pancreatic Stricture Dilatation	0	0	14470	18095	28270	22620
M520	ERCP Sphincteroplasty	0	0	14470	18095	28270	22620
M522	ERCP in Bilroth II Anatomy	0	0	14470	18095	28270	22620
M524	ERCP Extraction: Internally migrated stent	0	0	14470	18095	28270	22620
M526	ERCP Mechanical Lithotripsy	0	0	14470	18095	28270	22620
M528	ERCP Minor Papilla therapy	0	0	14470	18095	28270	22620
M530	EUS Guided Colour Doppler	0	0	14470	18095	28270	22620
M532	EUS Miniprobe Luminal examination	0	0	14470	18095	28270	22620
M534	EUS Guided Celiac Plexus Neurolysis	0	0	14470	18095	28270	22620
M536	EUS Linear imaging (No FNAC)	0	0	14470	18095	28270	22620
M538	EUS Advanced Imaging: 3D/ Elastography/ CE/ THI	0	0	14470	18095	28270	22620
M540	Nasogastric tube placement Fluoroscopic	0	0	9445	11810	18455	14760
M542	Nasojejunal tube placement	0	0	10800	13500	21095	16870
M544	Stenting: Cervical Esophagus	0	0	14470	18095	28270	22620
M546	Stenting: Gastro-duodenal	0	0	14470	18095	28270	22620
M548	Endotherapy post Bariatric surgery	0	0	14470	18095	28270	22620
M550	Multiple Polypectomy (> 2 polyps and stalked) - partial	0	0	10200	12755	19930	15950
M602	Capsule Biopsy of Small Bowel	0	0	2470	3095	4850	3875
M606	EUS Intraductal (Biliary- pancreatic examination)	0	0	16560	20700	32340	25870
M608	Cholangioscopy	0	0	24840	31055	48530	38820
M610	Device Assisted (Balloon)/ Push Type Enteroscopy	0	0	24840	31055	48530	38820
M612	Endoscopic tumor resection (EMR/ESD/Ampullectomy)	0	0	24840	31055	48530	38820
M614	Endoscopic Pancreatic Necrosectomy	0	0	24840	31055	48530	38820
M616	ERCP Intrahepatic stone removal	0	0	24840	31055	48530	38820
M618	EUS: Endobronchial	0	0	24840	31055	48530	38820
M620	EUS Guided Pseudocyst Drainage	0	0	24840	31055	48530	38820
M622	EUS-ERCP Combined Biliary Drainage	0	0	24840	31055	48530	38820
M624	High resolution Anoscopy (HRA)	0	0	24840	31055	48530	38820
M626	Percutaneous Endoscopic Colostomy	0	0	24840	31055	48530	38820
M628	Myotomy	0	0	24840	31055	48530	38820

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Endoscopy Room Charges							
M051	Endoscopy Room Charges Grade I	50	420	2100	2630	4115	3290
M052	Endoscopy Room Charges Grade II	60	600	3000	3755	5870	4690
M053	Endoscopy Room Charges Grade III	85	840	4200	5255	8220	6575
M054	Endoscopy Room Charges Grade IV	120	1200	6000	7500	11710	9370
M055	Endoscopy Room Charges Grade V	170	1680	8400	10500	16415	13130
M056	Endoscopy Room Charges Grade VI	240	2400	12000	15000	23450	18755
M057	Cholangioscopy Probe Charge (Endoscopy)	28800	28800	28800	28800	28800	28800
M058	Endoscopy Room- Sedation (NAAS)	25	190	960	1200	1870	1500
M059	Endoscopy Room- Video Recording	25	170	335	420	660	530
M060	Endoscopy Room- Color Print Images/ Report	25	170	335	420	660	530
Anaesthesiology, Critical Care & Pain Management							
Consultation							
N001	Consultation- New Case (Chronic Pain Management)	0	0	1800	1800	1800	1800
N002	Consultation- New Case (PAC- Pre Anesthesia Checkup)	0	0	1800	1800	1800	1800
N003	Follow-Up Consultation (PAC- Pre Anesthesia Checkup)	0	0	1080	1080	1080	1080
N005	Follow-Up Consultation (Chronic Pain Management)	0	0	1080	1080	1080	1080
Anaesthesia Charges							
N101	Anesthesia Fees - Grade I	0	0	5605	7010	10955	8760
N102	Anesthesia Fees - Grade II	0	0	10355	12950	20230	16190
N103	Anesthesia Fees - Grade III	0	0	16560	20700	32340	25870
N104	Anesthesia Fees - Grade IV	0	0	20700	25870	40430	32340
N105	Anesthesia Fees - Grade V	0	0	33325	41650	65090	52070
N106	Anesthesia Fees - Grade VI	0	0	42850	53570	83700	66960
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	19045	23810	37200	29760
N108	Anesthesia Charges for Laser/Sub-Major Surgery	0	0	2390	2990	4670	3730
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	1030	1295	2030	1620
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	6215	7775	12155	9720
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	17590	21995	34370	27490
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	25870	32340	50530	40430
N113	Anesthesia Charges for Scopies/Minor Surgeries	0	0	1200	1500	2340	1870
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	1800	2250	3530	2820

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
N115	Anaesthesia charges for Diagnostic CT	0	0	1440	1800	2820	2255
N116	Sedation charges	0	0	1200	1500	2340	1870
N117	Lumbar Puncture	25	215	1080	1355	2110	1690
N118	Anesthesia charges for Internventional Radiology Grade I	0	0	1910	2390	3730	2990
N119	Anesthesia charges for Internventional Radiology Grade II	0	0	2975	3720	5820	4655
N120	Anesthesia charges for Internventional Radiology Grade III	0	0	4765	5950	9300	7440
N121	Anesthesia charges for Internventional Radiology Grade IV	0	0	5965	7450	11640	9310
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	1200	1500	2340	1870
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	1430	1790	2795	2230
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	1910	2390	3730	2990
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	2390	2990	4670	3730
N126	Anesthesia Charges for Diagnostic GI Endoscopy under GA	0	0	2855	3575	5590	4475
N127	Anesthesia charges for GI Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	4765	5950	9300	7440
N128	Sedation and monitoring of GI Diagnostic endoscopy	0	0	1200	1500	2340	1870
N129	Anesthesia Charges for GI Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	1910	2390	3730	2990
N130	Anesthesia Fees - Grade VII	0	0	64285	80350	125555	100440
N131	TEG -Kaolin (Plain) Thrombelastograph	25	290	1430	1790	2795	2230
N132	TEG -Kaolin (Heparinase) Thrombelastograph Coagulation Test	50	455	2290	2870	4490	3590
N133	Anaesthesia charges for Paediatric/Adult patients in MRI	0	0	2880	3600	5630	4500
	Icu Charges						
N201	ICU Per Day Professional Charges	0	0	1800	2220	3600	3000
N202	CVP Access / Dialysis Catheter Insertion	50	480	2400	3000	4690	3755
N203	Swan Ganz Catheter Insertion	60	600	3000	3755	5870	4690
N204	Arterial Line Insertion	25	240	1200	1500	2340	1870
N205	Therapeutic Bronchoscopy	120	1190	5965	7450	11640	9310
N206	Transvenous Pacemaker	70	720	3600	4500	7030	5630
N207	Percutaneous Tracheostomy	60	600	3000	3755	5870	4690
N208	CAVH - 1st Day	50	445	2220	2770	4330	3470
N209	Continuous Renal Replacement Therapy Per Day	25	290	1440	1800	2820	2255
N210	ICU - Intubation and initiation of mechanical ventilation	25	190	960	1200	1870	1500
N211	Advanced haemodynamic monitoring (Flotrac / PiCCo / Volume View etc) for the duration of 1	60	575	2855	3575	5590	4475
N212	Intermittent Hemodialysis / SLED per session	25	290	1440	1800	2820	2255

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Biochemistry, Tumour Markers, Emergency Laboratory							
N213	Arterial Blood gas (ABG) Analysis	10	85	430	540	840	670
N214	POC Arterial Blood Gases (TMH)	0	40	200	250	400	310
Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, Etc							
N301	Minor (Peripheral Nerve Block)	0	0	1200	1500	2340	1870
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	0	6000	7500	11710	9370
N304	RT SELECTRON	0	0	1500	1870	2930	2340
N305	RT Iridium Implant	0	0	1750	2195	3430	2750
N311	Acute Pain Services(4 days consolidated)	0	0	3590	4490	7020	5615
N312	Patient Controllre Analgesia(PCA)	0	0	2400	3000	4690	3755
N314	Chronic Pain Referral/ Followup (Wards)	0	0	1200	1800	2400	2400
N315	Epidural Catheterization	0	0	1200	1500	2340	1870
N350	Injection Verfen	20	20	20	20	20	20
N351	Injection Vermor 10 mg	20	20	20	20	20	20
N352	INJ PETHIDINE	55	55	55	55	55	55
N353	Injection Bupragesic 300 mg	40	40	40	40	40	40
N500	Hyperbaric Oxygen Therapy	125	1250	2500	3125	4882	3906
Surgical Oncology							
Consultations							
O001	Consultation- New Case (Surgical Oncology)	0	0	3000	3000	3000	3000
O003	Follow-Up Consultation (Surgical Oncology)	0	0	1080	1080	1080	1080
O004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Surgical Oncology)	0	0	6900	8630	13490	10790
O005	Intravenous Bolus per Cycle (Surgical Oncology)	25	240	1200	1500	2340	1870
O006	Chemotherapy Indoor Charges per Day (Surgical Oncology)	0	0	900	1130	1775	1415
O007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	0	0	660	830	1295	1030
O008	Trucut Biopsy of Breast Lesions (OPD)	60	575	2880	3600	5630	4500
O009	Dressing- OPD	25	120	600	755	1190	950
Operation Theatre (Hospital Service Charges)							
O111	Major OT - Service Charges - Less than 2 Hrs.	290	2880	14400	18000	28130	22500
O112	Major OT - Service Charges - 2 To 4 Hrs	600	6000	30000	37500	58595	46870

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
O113	Major OT - Service Charges - 4 to 6 Hrs	960	9600	48000	60000	93755	75000
O116	Major OT - Service Charges - 6 to 8 Hrs	1320	13200	66000	82500	128915	103130
O117	Robotic Surgery Consumable Charges	144000	144000	144000	144000	144000	144000
O118	Major OT - Service Charges - More than 8 Hrs	1560	15600	78000	97500	152340	121870
O119	Robotic Surgery Additional Instrument usage Charges	24000	24000	24000	24000	24000	24000
O120	Head & Neck Robotic surgery Consumable	72000	72000	72000	72000	72000	72000
O121	Robotic Surgery Vessel Scaler Charges	51840	51840	51840	51840	51840	51840
O122	Robotic Surgery for Prostate Consumable Charges	180000	180000	180000	180000	180000	180000
O123	Trilumen Filtered Tube Set For Airseal	23040	23040	23040	23040	23040	23040
O124	Access Port 120mm with Bladeless Optical 120mm	23040	23040	23040	23040	23040	23040
O125	Access Port 12mm with Bladeless Optical 100mm	12960	12960	12960	12960	12960	12960
O126	Minor OT Service Charges (Without GA)	85	840	4200	5255	8220	6575
O127	Minor OT Service Charges (with GA)	120	1200	6000	7500	11710	9370
O128	Thoracic Robotic Surgery Consumable	72000	72000	72000	72000	72000	72000
O129	Robotic Surgery Consumable for Thoracic Lobectomy	264000	264000	264000	264000	264000	264000
O130	Stapler gun for Robotic surgery 45 tip up	40320	40320	40320	40320	40320	40320
O131	Stapler reoload for Robotic surgery - Whilte	10320	10320	10320	10320	10320	10320
O132	Stapler reload for Robotic Surgery - Green	10320	10320	10320	10320	10320	10320
	Surgery Charges						
O151	Minor OT - Surgery Charges	0	0	2400	3000	4690	3755
O161	Grade I Surgery	0	0	12000	15000	23450	18755
O162	Grade II Surgery	0	0	24000	30000	46870	37500
O163	Grade III Surgery	0	0	42000	52500	82030	65630
O164	Grade IV Surgery	0	0	60000	75000	117190	93755
O165	Grade V Surgery	0	0	84000	105000	164075	131255
O166	Vascular Surgery Cover (Outsourced)	0	0	60000	75000	117190	93755
O167	Grade VI Surgery	0	0	108000	135000	210950	168755
O168	Prof. charges for Neuro navigation	0	0	24000	30000	46870	37500
O169	Prof. charges for fluorescence guided Neurosurgical procedure	0	0	12000	15000	23450	18755
O171	Intra Operative Neuro Monitoring Grad1 I Surgery	0	0	1200	1500	2340	1870
O172	Intra Operative Neuro Monitoring Grad1 II Surgery	0	0	2400	3000	4690	3755

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
O173	Intra Operative Neuro Monitoring Grad1 III Surgery	0	0	4200	5255	8220	6575
O174	Intra Operative Neuro Monitoring Grad1 IV Surgery	0	0	6000	7500	11710	9370
O175	Intra Operative Neuro Monitoring Grad1 V Surgery	0	0	8400	10500	16415	13130
O177	Intra Operative Neuro Monitoring Grad1 VI Surgery	0	0	10800	13500	21095	16870
O178	Minor Procedure / Dressing - Opthal (Eg Dressing for Corneal injuries, ulcers, eye suture	0	0	3000	3600	4800	4200
O179	Minor Opthal Surgery (Eg: Biopsy, small Lid Tumors, Small Conjunctival Tumors)	0	0	6000	7500	10800	9000
O180	Major Opthal Surgery. (Eg: Orbitotomy, Lid Reconstruction)	0	0	30000	37500	60000	45000
	Dental And Prosthetic Services						
P102	Cross Consultation (Dental)	0	0	1440	1440	1440	1440
P103	Follow-Up Consultation (Dental)	0	0	1080	1080	1080	1080
P201	Surgical Maxillary Plate (Temp. Plate)	50	455	2280	2855	4475	3575
P202	Interim Maxillary Prosthesis	120	1235	6190	7740	12095	9670
P203	Permanent Maxillary Prosthesis with Teeth	190	1910	9515	11890	18590	14870
P204	Palatal Prosthesis	170	1645	8195	10250	16020	12815
P205	Palatal Ext. Prosthesis with Teeth	170	1645	8195	10250	16020	12815
P206	Guide Plane Prosthesis	120	1235	6190	7740	12095	9670
P207	Tongue Prosthesis	240	2365	11810	14760	23075	18455
P208	Partial Denture (1 - 3 Teeth)	60	575	2870	3590	5615	4490
P209	Partial Denture (4 - 6 Teeth)	70	710	3530	4415	6900	5520
P210	Partial Denture (7 - 10 Teeth)	95	950	4765	5950	9300	7440
P211	Upper or Lower Complete Denture	145	1415	7055	8820	13790	11030
P212	Upper and Lower Complete Denture	240	2365	11810	14760	23075	18455
P213	Interim Maxillary Prosthesis in Molloplast Cap	240	2365	11810	14760	23075	18455
P214	Permanent Maxillary Prosthesis in Molloplast Cap	290	2820	14090	17615	27530	22020
P216	Extraction per Tooth	15	110	515	650	1020	815
P217	Surgical Extraction per Tooth	40	360	1800	2255	3530	2820
P218	Impaction	70	720	3600	4500	7030	5630
P220	Prophylaxis	25	230	1140	1430	2230	1790
P222	Radiation Protection Pros. (Upper/Lower)	120	1190	5915	7390	11555	9240
P225	Repair of Prosthesis	25	240	1175	1475	2315	1850
P226	Fluoride Gel Application (per Sitting)	15	155	770	960	1500	1200

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
P227	Inter Maxillary Wiring	50	455	2280	2855	4475	3575
P229	Implant Retained Extra Oral Prosthesis / Consolidated	335	3310	16560	20700	32340	25870
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated Per Tooth	120	1190	5915	7390	11555	9240
P231	Implant Retained Intra Oral Removable Dentures/ Consolidated	335	3310	16560	20700	32340	25870
P232	Permanent Max. Pros. with Bite Guide Pros.	155	1595	8005	10010	15650	12515
P233	Permanent Max. Pros. with Teeth & GPP	250	2520	12575	15720	24575	19655
P235	Occlusal Guard	25	230	1140	1430	2230	1790
P236	Composite Filling	25	180	890	1115	1740	1390
P237	Temporary Filling (ZNOE Cement)	10	60	290	360	575	455
P238	Ag Filling / GI Filling	15	120	575	720	1130	900
P242	Custom made eye conformer	155	1525	7620	9530	14890	11915
P243	Implant retained - nose orbit, ear	300	3050	15240	19055	29770	23820
P246	Eye Prosthesis (Relining)	60	575	2870	3590	5615	4490
P247	Root canal treatment	70	755	3805	4750	7430	5940
P248	Interim Maxillary Prosthesis with Molloplast Bulb	600	5965	29810	37260	58210	46570
P249	Permanent Maxillary Prosthesis with Molloplast Bulb	730	7285	36430	45540	71160	56930
P251	CBCT Tooth/Multiple Teeth	40	360	720	900	1410	1130
P252	CBCT Single jaw	70	720	1440	1800	2810	2250
P253	CBCT Single Side for both jaws	90	900	1800	2250	3510	2810
P254	CBCT Both jaws/TMJ	120	1200	2400	3000	4685	3750
P255	CBCT Full face	180	1800	3600	4500	7030	5630
P256	RVG (Per Tooth)	10	85	430	540	840	670
P257	Root Canal - access opening	50	515	2570	3215	5030	4020
P258	Root Canal treatment (Anterior)	85	850	4285	5350	8375	6695
P259	Root Canal treatment (Posterior)	120	1200	6000	7500	11710	9370
P260	Post and Core	70	685	3430	4295	6720	5375
P261	Custom-made Occular Prosthesis	170	1715	8570	10715	16740	13390
P262	Implant Insertion / Re-insertion under LA	205	2050	10285	12850	20090	16070
P263	PRF per Tube	70	685	3430	4295	6720	5375
P264	Ozone Therapy (consolidated)	70	685	3430	4295	6720	5375
P265	Surgical Deridement under LA (MRONJ)	130	1370	6850	8570	13390	10715

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
P266	Implant stent - Partiallly Edentoulous	110	1030	5150	6430	10055	8040
P267	Laser - Soft tissue surgical Procedure	110	1030	5150	6430	10055	8040
P268	Laser - Biostimulation	110	1030	5150	6430	10055	8040
P301	Soft relining of Prosthesis (single arch)	1800	1800	1800	1800	1800	1800
P302	Adhesive 1 bottle for Extra-oral Prosthesis	5400	5400	5400	5400	5400	5400
P303	Adhesive 1/2 bottle for Extra-oral Prosthesis	3000	3000	3000	3000	3000	3000
	Radiation Oncology						
	Consultations						
Q001	Consultation- New Case (Radiation Oncology)	0	0	3000	3000	3000	3000
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	1080	1080	1080	1080
Q004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Radiation Oncology)	0	0	6900	8630	13490	10790
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	25	240	1200	1500	2340	1870
Q006	Chemotherapy Indoor Charges per Day (Radiation Oncology)	0	0	900	1130	1775	1415
Q007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	0	0	660	830	1295	1030
Q009	RT OT service charges	80	840	4200	5250	8200	6600
	External RT						
Q130	Level 6- Radiation Therapy (Hospital Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rapid Arc with >10 IGRT (CBCT or MVCT or EPID) OR LA IMRT/ Rapid Arc with <5Gy per fraction and >10 IGRT (CBCT or MVCT or EPID) OR Adaptive RT OR CSI OR Multisite treatment outside one FOV or one plan OR SBRT OR SRS OR SRT (per fraction dose >5Gy))	2700	27000	90000	112500	175790	140630
Q131	Level 5- Radiation Therapy (Hospital Charges) (LA IMRT/ Rapid Arc with < 5Gy per fraction and <10 IGRT (CBCT or MVCT or EPID) OR Cobalt Radical with LA boost including electron boost OR TSET OR TBI)	2250	22500	75000	93750	146490	117190
Q132	Level 4- Raiation therapy (Hospital Charges) (LA 3D with IGRT conventional fractionation of 2- 5 Gy OR Weekly hypofractionation >5 Gy with 3D CRT plan in 1-2 fractions. with IGRT)	1800	18000	37800	47255	73850	59075
Q133	Level 3- Radiation Therapy (Hospital Charges) (LA 3D with conventional fractionation of 2-5 Gy OR Weekly hypofractionation of >5 Gy with 3D CRT plan in 1-2 fractions. No IGRT allowed.)	1355	13500	30000	37500	58595	46870
Q134	Level 2- Radiation Therapy (Hospital Charges) (More than 10 fractions on Cobalt OR Upto 10 fractions on LA clinical (without CT or TPS planning) without IGRT OR Hemibody palliative RT (1-2 fractions weekly))	505	5040	16800	21000	32820	26255
Q135	Level 1- Radiation Therapy (Hospital Charges) (1-10 fractions on Cobalt)	275	2700	9000	11255	17590	14075

TATA MEMORIAL CENTRE

Dr. Ernest Borges Marg, Parel, Mumbai - 400 012

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Q230	Level 6- Radiation Therapy (Professional Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rapid Arc with >10 IGRT (CBCT or MVCT or EPID) OR LA IMRT/ Rapid Arc with <5Gy per fraction and >10 IGRT (CBCT or MVCT or EPID) OR Adaptive RT OR CSI OR Multisite treatment outside one FOV or one plan OR SBRT OR SRS OR SRT (per fraction dose >5Gy))	0	0	90000	112500	175790	140630
Q231	Level 5- Radiation Therapy (Professional Charges) (LA IMRT/ Rapid Arc with < 5Gy per fraction and <10 IGRT (CBCT or MVCT or EPID) OR Cobalt Radical with LA boost including electron boost OR TSET OR TBI)	0	0	75000	93750	146900	117190
Q232	Level 4- Raiation therapy (Professional Charges) (LA 3D with IGRT conventional fractionation of 2- 5 Gy OR Weekly hypofractionation >5 Gy with 3D CRT plan in 1-2 fractions. with IGRT)	0	0	37800	47255	73850	59075
Q233	Level 3- Radiation Therapy (Professional Charges) (LA 3D with conventional fractionation of 2-5 Gy OR Weekly hypofractionation of >5 Gy with 3D CRT plan in 1-2 fractions. No IGRT allowed.)	0	0	30000	37500	58595	46870
Q234	Level 2- Radiation Therapy (Professional Charges) (More than 10 fractions on Cobalt OR Upto 10 fractions on LA clinical (without CT or TPS planning) without IGRT OR Hemibody palliative RT (1-2 fractions weekly))	0	0	16800	21000	32820	26255
Q235	Level 1- Radiation Therapy (Professional Charges) (1-10 fractions on Cobalt)	0	0	9000	11255	17590	14075
	Brachytherapy						
Q110	Delivery Charges, Brachytherapy	40	360	1200	1500	2340	1870
Q327	Level 5- Brachytherapy (Hospital Charges) (Complex ICA with interstitial with CT or MR based planning)	360	3600	12000	15000	23440	18750
Q328	Level 4- Brachytherapy (Hospital Charges) (ICA with CT based Planning)	270	2700	9000	11250	17580	14050
Q329	Level 3- Brachytherapy (Hospital Charges) (Surface Mould, Radical Interstitial BCT, Intraoperative Template or interstitial brachytherapy catheter insertion)	455	4500	15000	18755	29315	23450
Q330	Level 2- Brachytherapy (Hospital Charges) (Simple ICA with Xray based 2D planning, ILRT, Endobilliary BCT)	90	900	3000	3750	5860	4690
Q331	Level 1- Brachytherapy (Hospital Charges) (Eye Plaque or SIVA or CVS per insertion or application)	130	1260	4200	5255	8220	6575
Q427	Level 5- Brachytherapy (Professional Charges) (Complex ICA with interstitial with CT or MR based planning)	0	0	12000	15000	23440	18750
Q428	Level 4- Brachytherapy (Professional Charges) (ICA with CT based Planning)	0	0	9000	11250	17580	14060
Q429	Level 3- Brachytherapy (Professional Charges) (Surface Mould, Radical Interstitial BCT, Intraoperative Template or interstitial brachytherapy catheter insertion)	0	0	15000	18755	29315	23450
Q430	Level 2- Brachytherapy (Professional Charges) (Simple ICA with Xray based 2D planning, ILRT, Endobilliary BCT)	0	0	3000	3750	5860	4690
Q431	Level 1- Brachytherapy (Professional Charges) (Eye Plaque or SIVA or CVS per insertion or application)	0	0	4200	5255	8220	6575
	PROTON THERAPY						
Q500	Proton Therapy (Consolidated Charges)	50000	500000	1500000	1700000	2500000	2500000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Stoma Clinic							
Anciliary Services Stoma Clinc							
R101	Only Pre-Op. Counseling & Stoma Marking	0	0	1200	1500	2340	1870
R102	Pre & Post-Op. Counseling of Stoma Care	0	0	1800	2255	3530	2820
R104	Fixing of Drain Pouches	0	0	600	755	1190	950
R109	Post Op. Counseling & Single Stoma Care	0	0	1440	1800	2820	2255
R111	Wound/Fistula/Incontinence Care (per Sitting)	15	120	600	760	1190	950
R112	Distal Stoma Wash/Irrigation (per Sitting)	0	0	900	1130	1770	1420
Physiotherapy							
Anciliary Services Physiotherapy							
R203	Physiotherapy General Exercises	10	95	480	600	950	755
R205	Ultrasound Therapy	10	60	310	395	610	490
R208	Continuous Passive Movement Exercises	10	85	420	530	830	660
R209	Pre-Operative Chest Therapy	10	60	290	360	575	455
R210	Post-Operative Chest Therapy	15	110	530	660	1030	830
R211	Postural Drainage	15	120	575	720	1130	900
R212	Specialised Exercises	15	120	625	780	1210	970
R215	Post operative Breast class	10	95	480	600	950	755
R216	Manual Lymphatic Drainage	15	120	625	780	1210	970
R217	Pulmonary Rehabilitation	15	120	625	780	1210	970
R220	Incontenence Management	10	70	350	430	670	540
R221	Multi-layer Bandaging	10	85	420	530	830	660
R222	Complete Decongestive Therapy	15	145	720	900	1415	1130
R223	Ambulation	10	85	420	530	830	660
R224	Moist Heat	10	35	170	215	350	275
R225	Cryotherapy	10	35	170	215	350	275
R227	Active-Passive Trainer	15	120	625	780	1210	970
R228	Cross Consultation (Physiotherapy)	0	0	600	755	1190	950
R229	Follow up Consultation (Physiotherapy)	0	0	360	455	720	575
R230	Electrical Stimulation	15	60	310	395	610	490
R231	Manual Mobilization	15	120	600	755	1190	950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Occupational Therapy							
Anciliary Services Occupational Therapy							
R303	Facial Splint	15	155	310	395	610	490
R304	Counselling	0	0	385	480	755	600
R305	Counselling & Exercise	0	0	480	600	960	755
R306	Follow-Up Consultation (Occupation Therapy)	0	0	360	455	720	575
R307	Splinting Accessories	25	215	420	530	830	660
R308	Manual Lymphatic Drainage	15	120	625	780	1210	970
R309	Multi-layer Bandaging	15	85	420	530	830	660
R310	Complete Decongestive Therapy	15	145	720	900	1415	1130
R316	MRM Bras	40	300	600	755	1190	950
R324	Lymphedema - Accessories	25	190	370	470	730	590
R326	Dermagrip (Double Stretch - C)	60	600	1200	1500	2340	1870
R327	Dermagrip (Double Stretch - D)	70	730	1465	1835	2870	2290
R328	Dermagrip (Double Stretch - E)	85	805	1610	2015	3155	2520
R329	Dermagrip (Double Stretch - F)	85	865	1715	2150	3360	2690
R331	Vaginal Dilatation Procedure	10	50	250	310	490	395
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	60	600	1200	1500	2340	1870
R333	Thermoplastic splint making charges (Extremities)	40	300	600	755	1190	950
R334	Total contact brace (Spinal) 45 x 60 sq cm	515	5185	10355	12950	20230	16190
R335	Total contact brace (Spinal) 90 x 60 sq cm	1030	10355	20700	25870	40430	32340
R345	Orfit Splints - Major	245	2465	4925	6155	9625	7700
R346	Orfit Splints - Minor	40	385	775	965	1510	1205
R363	Silicon Mouth Blocks	15	155	310	395	610	490
R372	Modification in Orthosis	15	145	275	350	540	430
R376	Neurocognitive Assessment and Intervention	15	110	530	660	1030	830
R377	Lymphapress	15	120	575	720	1130	900
R378	Prosthesis / Orthosis Fittings & Measurement	10	85	420	530	830	660
Consultation							
R350	Cross Consultation (Occupational Therapy)	0	0	600	755	1190	950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
	Anciliary Services Speech Therapy						
	Consultation						
R401	Cross Consultation (Speech Therapy)	0	0	600	755	1190	950
R402	Follow up Consultation (Speech Therapy))	0	0	360	455	720	575
	Tissue Bank						
	Anciliary Services Tissue Bank						
R508	Skin 6 x 4 cm	25	190	370	470	745	745
R509	Skin 10 x 4 cm	40	310	625	780	1250	1250
R510	Skin 10 x 8 cm	60	625	1250	1560	2495	2495
R512	Cortico-cancellous Bone Block 2 x 2 x 0.5 cm	110	1045	2075	2640	4150	4150
R513	Cortico-cancellous Bone Block 2 x 2 x 1 cm	130	1295	2590	3240	5185	5185
R516	Rib 8 - 16 cm	70	730	1450	1810	2905	2905
R517	Femoral Head >= 20gms	300	3010	6010	7560	12025	12025
R518	Bone Granules per 0.5cc	40	310	625	840	1250	1250
R519	Processing Fess	0	0	0	0	0	6600
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	385	3890	7765	9710	15530	15530
R523	Struts (Humerus, Femur, Tibia) > 10 cm	515	5185	10355	12950	20710	20710
R525	Courier Handling Charges	0	0	0	0	0	1320
R526	Demineralised Bone Granules per 0.5 cc	60	625	1250	1560	2495	2495
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	205	2075	4140	5170	8280	8280
R529	Struts (Fibula, Radius, Ulna) > 10 cm	265	2590	5170	6470	10345	10345
R530	Irradiation of Tissue per Load	0	0	0	0	0	660
R531	Demineralised Cancellous Bone Blocks 2 x 2 x 1 cm	240	2340	4670	5880	9335	9335
R532	Demineralised Cancellous Bone per 10 Strips 2 x 0.5 x 0.5 cm	360	3625	7250	9060	14495	14495
R533	Femoral Head (< 10 gm)	85	780	1550	2040	3095	3095
R534	Femoral Head (10 - 14 gm)	130	1295	2590	3240	5185	5185
R535	Femoral Head (15 - 19 gm)	240	2340	4670	5880	9335	9335
R536	Tibial Slices (< 10 gm)	50	530	1045	1320	2090	2090
R537	Tibial Slices (10 - 14 gm)	110	1045	2075	2640	4150	4150
R538	Tibial Slices (15 - 19 gm)	140	1380	2760	3450	5390	5520
R539	Tibial Slices (>= 20 gm)	275	2700	5390	6840	10775	10775
R540	Metatarsal	70	695	1390	1740	2785	2785

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R541	Calcaneum	290	2905	5795	7250	11590	11590
R542	Talus	145	1415	2830	3540	5665	5665
R543	Amnion 4-9 sq cm	15	110	215	360	430	430
R544	Amnion 10-45 sq cm	15	170	325	480	650	650
R545	Amnion 46-99 sq cm	25	215	430	600	865	865
R546	Amnion > 100 sq cm	25	290	575	720	1150	1150
R547	Demineralised Cancellous Bone Block 2 x 1 x 1	155	1560	3110	3960	6215	6215
R549	Demineratlised Bone Block 0.5x0.5x0.5	60	575	1150	1440	2305	2305
R550	Chorion 4-9 sqcm	15	110	215	360	430	430
R551	Chorion 10-45 sq cm	15	170	325	480	650	650
R552	Demineralised Cancellous Bone Block 1x1x1 cm	110	1045	2075	2640	4150	4150
R553	Cortico- Cancellous Bone Block 0.5 X 0.5 X 0.5 cm	40	310	625	840	1250	1250
R554	Cortico- Cancellous Bone Block 1 X 1 X 0.5 cm	60	625	1250	1560	2495	2495
R555	Cortico- Cancellous Bone Block 1 X 1 X 1 cm	85	780	1550	2040	3095	3095
R556	Tendon 0-15 cm	85	780	1550	1930	3095	3095
R557	Tendon 15-30 cm	130	1295	2590	3240	5185	5185
	Prosthetics						
	Anciliary Services Prosthetics						
R611	Nose Prosthesis	430	4285	8570	10715	16740	13390
R612	Nose Implant	430	4285	8570	10715	16740	13390
R613	Ear Prosthesis	430	4285	8570	10715	16740	13390
R614	Ear Implant	430	4285	8570	10715	16740	13390
R615	Skull Implant (Small)	430	4285	8570	10715	16740	13390
R616	Skull Implant (Large)	610	6085	12155	15190	23750	18995
R617	Orbital Prosthesis	430	4285	8570	10715	16740	13390
R618	Occular Implant (Conformer)	300	2990	5965	7450	11640	9310
R619	Chin Implant	430	4285	8570	10715	16740	13390
R620	Mandible Implant	430	4285	8570	10715	16740	13390
R621	Testicular Implant	430	4285	8570	10715	16740	13390
R622	Vaginal Mould 3 Sizes (Each)	430	4285	8570	10715	16740	13390
R623	Breast Prosthesis	590	5845	11675	14590	22800	18240

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R624	Breast Impressions	110	1130	2255	2820	4415	3530
R625	Finger and Toe Prosthesis	410	4045	8090	10115	15815	12650
R626	Finger Joint Implants (10 Size 0 - 3)	250	2510	5015	6275	9815	7850
R627	Finger Joint Implants (10 Size 4 - 8)	430	4285	8570	10715	16740	13390
R628	Metacarpal Small	230	2270	4535	5675	8870	7090
R629	Metacarpal Large	360	3575	7140	8930	13955	11160
R630	Silastic Tendon Rod	360	3575	7140	8930	13955	11160
R631	Silastic Block	455	4525	9050	11315	17690	14150
R632	Sternum	635	6310	12625	15780	24660	19730
R633	Trachea Implant	455	4525	9050	11315	17690	14150
R634	Face Mask	110	1130	2255	2820	4415	3530
R635	Ear Impression	110	1130	2255	2820	4415	3530
R636	Skull Impression	110	1130	2255	2820	4415	3530
R637	Orbital Impression	110	1130	2255	2820	4415	3530
R638	Finger Impression	110	1130	2255	2820	4415	3530
R639	Conformer Impression	60	635	1260	1570	2460	1970
R640	Custom-Made Nasal Implant	900	9050	18095	22620	35340	28270
R641	Custom-Made Maxillary Implant	900	9050	18095	22620	35340	28270
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	900	9050	18095	22620	35340	28270
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	420	4175	8340	10430	16295	13030
R644	Silastic Ring	145	1430	2855	3575	5590	4475
	Palliative And Home Care						
	Consultation						
R701	Cross Consultation (Palliative and Home Care)	0	0	1800	1800	1800	1800
R703	Follow-Up Consultation (Palliative and Home Care)	0	0	1080	1080	1080	1080
R800	Taylors Brace without Axillary Support- Spinal Braces	1980	1980	1980	1980	1980	1980
R801	Taylors Brace with Axillary Support- Spinal Braces	2160	2160	2160	2160	2160	2160
R802	Lumbosacral Frame- Spinal Braces	1680	1680	1680	1680	1680	1680
R803	Lumbosacral Belt- Spinal Braces	600	600	600	600	600	600
R804	SOMI Brace- Spinal Braces	3000	3000	3000	3000	3000	3000
R805	Abdominal Binder Small- Spinal Braces	720	720	720	720	720	720

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R806	Abdominal Binder Medium- Spinal Braces	720	720	720	720	720	720
R807	Abdominal Binder Large- Spinal Braces	1020	1020	1020	1020	1020	1020
R808	Brace Repair- Spinal Braces	120	120	120	120	120	120
R809	Functional A K Pylon- Orthosis (Material & Making)	2640	2640	2640	2640	2640	2640
R810	B K Pylon- Orthosis (Material & Making)	1200	1200	1200	1200	1200	1200
R811	Conventional A K Pylon- Orthosis (Material & Making)	2340	2340	2340	2340	2340	2340
R812	Dynamic Cock Up- Orthosis (Material & Making)	900	900	900	900	900	900
R813	Cheese Splint- Orthosis (Material & Making)	600	600	600	600	600	600
R814	A K FDS HDP- Orthosis (Material & Making)	4200	4200	4200	4200	4200	4200
R815	A K FDS HDP D rotn- Orthosis (Material & Making)	4200	4200	4200	4200	4200	4200
R816	B K FDS HDP- Orthosis (Material & Making)	3000	3000	3000	3000	3000	3000
R817	B K FDS HDP D rotn- Orthosis (Material & Making)	3000	3000	3000	3000	3000	3000
R818	A K FDS Metal- Orthosis (Material & Making)	1800	1800	1800	1800	1800	1800
R819	B K FDS Metal- Orthosis (Material & Making)	1140	1140	1140	1140	1140	1140
R820	B K FDS Metal D rotn- Orthosis (Material & Making)	3000	3000	3000	3000	3000	3000
R821	Push Knee+Cap- Orthosis (Material & Making)	1020	1020	1020	1020	1020	1020
R822	Posterior Knee Guard- Orthosis (Material & Making)	2460	2460	2460	2460	2460	2460
R823	Hinge Knee Brace- Orthosis (Material & Making)	3660	3660	3660	3660	3660	3660
R824	Knee Cage With Cap- Orthosis (Material & Making)	3840	3840	3840	3840	3840	3840
R825	Elbow Guard- Orthosis (Material & Making)	1200	1200	1200	1200	1200	1200
R826	Elbow Hinge- Orthosis (Material & Making)	3600	3600	3600	3600	3600	3600
R827	Shoe Insert- Orthosis (Material & Making)	2640	2640	2640	2640	2640	2640
R828	Static Cock Up- Orthosis (Material & Making)	900	900	900	900	900	900
R829	Hip Abduction Pillow- Orthosis (Material & Making)	1980	1980	1980	1980	1980	1980
R830	Hip Disarticulation Prosthesis (Material & Making)	17940	17940	17940	17940	17940	17940
R831	A K Prosthesis (Material & Making)	16140	16140	16140	16140	16140	16140
R832	B K Prosthesis (Material & Making)	12360	12360	12360	12360	12360	12360
R833	Rotationplasty Metal Prosthesis- (Material & Making)	19080	19080	19080	19080	19080	19080
R834	Rotationplasty Prosthesis Lamination- (Material & Making)	19080	19080	19080	19080	19080	19080
R835	Mastectomy Brassieres- Assistive Devices	300	300	300	300	300	300
R836	Jaw Stretcher Key- Assistive Devices	600	600	600	600	600	600

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R837	Silicon Mouth Block- Assistive Devices	180	180	180	180	180	180
R838	Silicon Cap (Pair)- Assistive Devices	60	60	60	60	60	60
R839	Jaw Stretcher Key Filing- Assistive Devices	120	120	120	120	120	120
R840	Jaw Stretcher Key Repair- Assistive Devices	120	120	120	120	120	120
R841	Lymphedema Kit for Upper Limb 4 cm- Lymphedema Accessories	2580	2580	2580	2580	2580	2580
R842	Lymphedema Kit for Upper Limb 6 cm- Lymphedema Accessories	2700	2700	2700	2700	2700	2700
R843	Lymphedema Kit for Lower Limb 8 cm- Lymphedema Accessories	3720	3720	3720	3720	3720	3720
R844	Stockinett LL 125 cm- Lymphedema Accessories	180	180	180	180	180	180
R845	Stockinett UL 90 cm- Lymphedema Accessories	120	120	120	120	120	120
R846	Soft Touch bandages- Lymphedema Accessories	25	25	25	25	25	25
R847	Foam Roll- Lymphedema Accessories	120	120	120	120	120	120
R848	Dermagrip C- Lymphedema Accessories	420	420	420	420	420	420
R849	Dermagrip D- Lymphedema Accessories	540	540	540	540	540	540
R850	Dermagrip E- Lymphedema Accessories	600	600	600	600	600	600
R851	Dermagrip F- Lymphedema Accessories	720	720	720	720	720	720
R852	Indian Hand Gloves (S,M,L,XL)- Lymphedema Accessories	720	720	720	720	720	720
R853	Compression Thigh Length Stockings (DVT)(S,M,L,XL)- Lymphedema Accessories	2640	2640	2640	2640	2640	2640
R854	Relaxsan Armsleeve with Strap (S,M,L,XL)- Lymphedema Accessories	3120	3120	3120	3120	3120	3120
R855	Relaxsan Thigh Length Stockings (5,4,3,2,1)- Lymphedema Accessories	5040	5040	5040	5040	5040	5040
R856	Compression Pubic Panty (S,M,L,XL)- Lymphedema Accessories	1680	1680	1680	1680	1680	1680
R857	Artiflex Upper Limb- Lymphedema Accessories	120	120	120	120	120	120
R858	Artiflex Lower Limb- Lymphedema Accessories	180	180	180	180	180	180
R859	Exercise Ball- Lymphedema Accessories	25	25	25	25	25	25
R860	Rubber Hand Gloves- Lymphedema Accessories	120	120	120	120	120	120
R861	Exercise Pulley- Lymphedema Accessories	420	420	420	420	420	420
	Preventive Oncology						
S004	Routine Cancer Screening	120	1080	1080	1080	1080	1080
T002	Cross Consultation (Medical Genetics)	0	0	1440	1440	1440	1440
T003	Follow-Up Consultation (Medical Genetics)	0	0	1080	1080	1080	1080
T004	GENETIC COUNSELLING	0	0	2400	3000	4800	3755
T005	PCR + Sanger Sequencing per Amplicon	180	510	1020	1560	1560	1560

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T006	Fluorescent PCR + fragment length analysis per Amplicon	120	210	420	630	630	630
T007	MLPA per gene	900	2400	4800	6000	6000	6000
T008	Multigene NGS Germline Panel	7200	14400	21600	24000	24000	24000
	Transplant Immunology & Immuogenetics Laboratory						
T246	NGS HLA Typing	12000	12000	12000	15000	23435	18750
T250	A, B, DR Molecular Typing PCR - SSP	625	6190	12380	15470	24170	19330
T251	HLA C, DQB Molecular Typing PCR - SSP	445	4430	8845	11050	17270	13810
T252	Donor Specific Antibodies (DSA)	480	4800	9600	12000	18755	15000
T253	Panel Reactive Antibodies (PRA) class I	180	1800	3600	4500	7030	5630
T254	Panel Reactive Antibodies (PRA) class II	180	1800	3600	4500	7030	5630
T255	Single Antigen Class I	780	7800	15600	19500	30470	24370
T256	Single Antigen Class II	780	7800	15600	19500	30470	24370
T257	HLA-A, B, DRB1 (Sequence Based Typing - SBT)	600	6000	12000	15000	23450	18755
T258	HLA-A, B, C, DRB1, DQB1, DPB1 (Sequence Based Typing - SBT)	900	9000	18000	22500	35160	28130
T259	HLA-A, B, DRB1(Sequence Specific Oligonucleotide - SSO)	470	4680	9360	11700	18290	14630
T260	HLA-C, DQB1(Seuence Specific Oligonucleotide - SSO)	310	3120	6240	7800	12190	9755
T261	KIR Typing	6960	6960	6960	8700	13590	10870
T262	C3d Single Allele Antibody for HLA Class I (C3dLSA Class I)	21000	21000	21000	26250	41040	32815
T263	C3d Single Allele Antibody for HLA Class II (C3dLSA Class II)	21000	21000	21000	26250	41040	32815
T264	PRA Screen	3600	3600	3600	4500	6815	5630
T265	HLA Drug Hypersensitivity Typing HLA-A/B/DRB1	5760	5760	5760	7200	11250	9000
T266	HLA Drug Hypersensitivity Next Generation Sequencing HLA-A/B/DRB1 HLA-A/B/DRB1/G	5640	5640	5640	7050	11015	8815
T267	HLA Disease Association Sequence based Typing HLA A/B/DRB1	5760	5760	5760	7200	11250	9000
T268	HLA Disease Association Next Generation Sequencing HLA-A/B/DRB1/G	5640	5640	5640	7050	11015	8815
T269	HLA Loss Chimerism	14400	14400	14400	18000	28130	22500
	Cancer Cytogenetics						
	Conventional Karyotyping						
T301	Ph: t(9;22) karyotyping	240	2375	4745	5930	9275	7415
T302	CML Blast Crisis karyotyping	335	3325	6655	8315	12995	10390
T303	Acute Myeloid Leukemia karyotyping	335	3325	6655	8315	12995	10390
T305	Myelodysplastic Syndromes karyotypin g	335	3325	6655	8315	12995	10390

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T307	Acute Lymphoblastic leukemia karyotyping	335	3325	6655	8315	12995	10390
T308	Lymphoma karyotyping	430	4285	8570	10715	16740	13390
T309	Ploidy analysis	240	2375	4745	5930	9275	7415
T311	Constitutional karyotyping	335	3325	6655	8315	12995	10390
T312	Cell line karyotyping	670	6660	13320	16655	26030	20820
T314	Chromosomal breakage (fragility) studies in Fanconi's Anemia/Aplastic Anemia	335	3325	6655	8315	12995	10390
T315	Acute Leukemia karyotyping	335	3325	6655	8315	12995	10390
	FISH Tests						
T401	BCR/ABL Ph: t(9;22)	205	2090	4180	5230	8170	6540
T402	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	370	3660	7315	9145	14290	11435
T403	PML-RARA : t(15;17)	205	2090	4180	5230	8170	6540
T404	PML-RARA t(15;17), variants	310	3145	6280	7850	12275	9815
T405	RUNX1-RUNX1T1 (AML1-ETO): t(8;21)	205	2090	4180	5230	8170	6540
T406	KMT2A/MLLT3: t(9;11)	205	2090	4180	5230	8170	6540
T407	KMT2A/MLLT2: t(4;11)	205	2090	4180	5230	8170	6540
T408	KMT2A/MLLT4; t(6;11)	205	2090	4180	5230	8170	6540
T409	KMT2A/MLLT1: t(11;19)	205	2090	4180	5230	8170	6540
T410	KMT2A Characterization for B-ALL	370	3660	7315	9145	14290	11435
T411	KMT2A Characterization for AML	475	4735	9475	11840	18500	14800
T415	MYH11/CBFB: inv(16)(p13q22)/t(16;16)	205	2090	4180	5230	8170	6540
T416	KMT2A (MLL) rearrangement: 11q23	205	2090	4180	5230	8170	6540
T418	MECOM (EVI1) rearrangement: inv(3)(q21.3q26.2)/t(3;3)	290	2820	5630	7030	10990	8795
T419	DEK/NUP214: t(6;9)	205	2090	4180	5230	8170	6540
T422	PDGFRA rearrangement: 4q12	290	2820	5630	7030	10990	8795
T423	PDGFRB rearrangement: 5q33	290	2820	5630	7030	10990	8795
T424	PDGFRA (4q12), PDGFRB (5q33), FGFR1 (8p11.2) rearrangement	370	3660	7315	9145	14290	11435
T425	Monosomy 5/deletion 5q	205	2090	4180	5230	8170	6540
T426	Monosomy 7/deletion 7q	205	2090	4180	5230	8170	6540
T427	Trisomy 8	145	1450	2910	3635	5690	4550
T428	PTPRT: Deletion 20q	290	2820	5630	7030	10990	8795
T429	TP53/D17Z1: Monosomy 17/deletion 17p13	205	2090	4180	5230	8170	6540

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T430	MDS Panel	420	4190	8365	10450	16330	13070
T431	ETV6-RUNX1:t(12;21)	205	2090	4180	5230	8170	6540
T432	PBX1-TCF3: t(1;19)	205	2090	4180	5230	8170	6540
T433	TCF3 rearrangement: 19p13	205	2090	4180	5230	8170	6540
T434	Trisomy 21	145	1450	2910	3635	5690	4550
T435	Trisomy 4, 10 & 17	205	2090	4180	5230	8170	6540
T438	TCR-A rearrangement: 14q11	290	2820	5630	7030	10990	8795
T439	TCR-B rearrangement: 7q34	205	2090	4180	5230	8170	6540
T440	TLX1 rearrangement :10q24	205	2090	4180	5230	8170	6540
T441	TLX3 rearrangement :5q35	205	2090	4180	5230	8170	6540
T442	CDKN2A/D9Z1: Monosomy 9/deletion 9p	205	2090	4180	5230	8170	6540
T447	IGH rearrangement: 14q32	205	2090	4180	5230	8170	6540
T448	MYC rearrangement: 8q24	205	2090	4180	5230	8170	6540
T450	CCND1/IGH: t(11;14)	290	2820	5630	7030	10990	8795
T451	IGH/BCL2 :t(14;18)	290	2820	5630	7030	10990	8795
T452	BCL6 rearrangement: 3q27	205	2090	4180	5230	8170	6540
T453	BIRC3/MALT1: t(11;18)	205	2090	4180	5230	8170	6540
T454	MYC/IGH: t(8;14)	205	2090	4180	5230	8170	6540
T455	BCL3 rearrangement 19q13.3	205	2090	4180	5230	8170	6540
T456	Lymphoma Panel	420	4190	8365	10450	16330	13070
T457	ALK rearrangement: 2p23	290	2820	5630	7030	10990	8795
T460	DLEU/LAMP: Monosomy 13/deletion 13q	205	2090	4180	5230	8170	6540
T461	MYB/D6Z1: Monosomy 6/deletion 6q	205	2090	4180	5230	8170	6540
T462	Trisomy 12	145	1450	2910	3635	5690	4550
T463	FGFR3/IgH: t(4;14)	205	2090	4180	5230	8170	6540
T464	IGH/MAF: t(14;16)	205	2090	4180	5230	8170	6540
T465	MAF-B/IGH: t(14;20)	205	2090	4180	5230	8170	6540
T470	XX/XY (Chimerism Studies) in Sex mismatch Bone Marrow Transplantation (BMT)	145	1450	2910	3635	5690	4550
T471	Miscellaneous Profile I(1 marker)	205	2090	4180	5230	8170	6540
T472	Miscellaneous profile II(2 markers)	325	3290	6570	8210	12830	10260
T473	Hematolymphoid Malignancy At Diagnosis- Cancer Cytogenetics Testing	1030	10270	20540	25670	40115	32090

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T474	Hematolymphoid Malignancy Follow-up- Cancer Cytogenetics Testing	900	9000	18000	22500	35160	28130
T475	FISH on FFPE - Block /Slide (2 markers)	290	2855	5710	7140	11160	8930
T476	IGH Characterization IGH/CCND1:t(11;14), IGH/BCL2:t(14;18),BCL6(3q27), MYC(8q24) (4markers	6360	6360	6360	7955	12430	9950
T477	Multiple Myeloma High Risk Markers (4 Markers)	325	3180	6360	7955	12430	9950
T478	Ph-like ALL Panel (4 Markers)	6360	6360	6360	7955	12430	9950
T479	t(1;22) and Trisomy 21 in Acute Megakaryoblastic Leukemia (AML -M7) (2 Markers)	290	2855	5710	7140	11160	8930
T480	RARA Variant - ZBTB16 / RARA : t(11;17) (1 marker)	180	1825	3635	4550	7115	5690
T481	Sample Processing for Cancer Cytogenetics Study	60	600	1200	1500	2340	1870
T482	Acute Myeloid Leukemia (AML) Panel	800	8020	16045	20055	31335	25070
T483	B-cell Acute Lymphoblastic Leukemia (B-ALL) Panel	695	6950	13885	17350	27120	21695
T484	T-cell Acute Lymphoblastic Leukemia (T-ALL) Panel	910	9100	18205	22755	35550	28440
T485	Chronic Lymphocytic Leukemia (CLL) Panel	695	6950	13885	17350	27120	21695
T486	Multiple Myeloma (MM) Panel	17845	17845	17845	22305	34850	27880
T487	Slide / Images for Second Opinion- Cancer Cytogenetics	60	550	1105	1380	2160	1730
T488	FISH for t(11;19)(q23;p13.1)/KMT2A/ELL	300	2990	5975	7470	11670	9335
T489	FISH for t(5;11)(q35;p15.5) NUP98/NSD1	300	2990	5975	7470	11670	9335
T490	FISH for t(10;11)(p12;q14)/MLLT10(AF10)/PICALM	300	2990	5975	7470	11670	9335
T491	FISH for 1p33/TAL1 deletion	300	2990	5975	7470	11670	9335
T492	FISH for t(6;14)(p21;q32) IGH/CCND3	300	2990	5975	7470	11670	9335
	FISH Tests On Archival Ffpe Sections						
T509	FISH on Bone marrow Smear(1 marker)	205	2090	4180	5230	8170	6540
T510	FISH on bone marrow smear(2 markers)	325	3290	6570	8210	12830	10260
	Clinical Pharmacology						
T601	Amikacin	70	720	3600	4500	7030	5630
T602	Vancomycin	70	720	3600	4500	7030	5630
T603	Meropenem	70	720	3600	4500	7030	5630
T604	Posaconazole	70	720	3600	4500	7030	5630
T605	Voriconazole	70	720	3600	4500	7030	5630
T606	Sunitinib	180	1800	3600	4500	7030	5630
T607	Imatinib	180	1800	3600	4500	7030	5630
T608	5 - Fluorouracil	180	1800	3600	4500	7030	5630

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T609	Mycophenolate mofetil	180	1800	3600	4500	7030	5630
T610	L- Asparginase	10	120	600	755	1190	950
T611	Colistin	70	720	3600	4500	7030	5630
T612	TDM for Isoniazid	215	2145	4290	5360	8375	6700
T613	TDM for Rifampicin	215	2145	4290	5360	8375	6700
	Hematopathology Laboratory						
	Molecular Diagnostics						
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	385	3815	7620	9530	14890	11915
U102	RT-PCR Nested, BCR-ABL for Follow-Up	385	3815	7620	9530	14890	11915
U103	RQ-PCR BCR-ABL (P210)	660	6575	13150	16440	25690	20555
U104	RT-PCR Multiplex, Acute Leukaemia Panel	445	4380	8760	10955	17110	13690
U105	RQ-PCR PML-RARA	660	6575	13150	16440	25690	20555
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	275	2770	5530	6910	10800	8640
U107	RT-PCR Nested, TCR Gene Rearrangement	275	2770	5530	6910	10800	8640
U108	Acute Lymphoblastic Leukemia Transcript Identification	180	1810	3625	4535	7090	5675
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1,	590	5820	11630	14530	22715	18170
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation	455	4570	9145	11435	17870	14290
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio	325	3240	6470	8090	12650	10115
U112	Acute Myeloid Leukemia NPM1 gene mutation	275	2770	5530	6910	10800	8640
U113	Acute Myeloid Leukemia CEBPA gene mutation	300	3050	6095	7620	11915	9530
U114	High Sensitivity JAK2 Mutation Detection (V617F)	275	2770	5530	6910	10800	8640
U115	JAK2 Exon 12 Mutation Detection	275	2770	5530	6910	10800	8640
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection	410	4105	8195	10250	16020	12815
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection	215	2100	4190	5230	8170	6540
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detecti	215	2100	4190	5230	8170	6540
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection	385	3815	7620	9530	14890	11915
U120	Chronic Lymphoproliferative disorder IGVH Mutation Detection	385	3815	7620	9530	14890	11915
U121	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistan	490	4860	9720	12155	18995	15190
U122	Acute Myeloid Leukemia Comprehensive Mutation Profile (FLT3, NPM1, CEBPA, TET2, TP53, IDH	3625	36190	72370	90470	141360	113090
U123	Chronic Lymphocytic Leukemia Comprehensive Mutation Profile (IGVH Gene Mutation & Usage, T	2005	19990	39985	49980	78095	62470
U124	Acute Leukemia ASXL1 mutation detection	325	3240	6470	8090	12650	10115

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
U125	Acute Leukemia DNMT3A mutation detection	325	3240	6470	8090	12650	10115
U126	Acute Leukemia TET2 mutation detection	1380	13810	27625	34535	53975	43175
U127	Acute Leukemia IDH1 and IDH2 mutation detection	325	3240	6470	8090	12650	10115
U128	Acute Leukemia TP53 mutation detection	1380	13810	27625	34535	53975	43175
U129	Acute Leukemia K RAS and N RAS mutation detection	325	3240	6470	8090	12650	10115
U130	Acute Leukemia c-KIT mutation detection	325	3240	6470	8090	12650	10115
U131	Acute Leukemia RUNX1 mutation detection	325	3240	6470	8090	12650	10115
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation	325	3240	6470	8090	12650	10115
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation	325	3240	6470	8090	12650	10115
U134	Chronic Lymphoproliferative disorder TP53 mutation	1380	13810	27625	34535	53975	43175
U135	Chronic Lymphoproliferative disorder SF3B1 mutation	325	3240	6470	8090	12650	10115
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, I	490	4860	9720	12155	18995	15190
U137	Custom Sequencing Assay	660	6625	13250	16560	25870	20700
U138	Acute Lymphoblastic Leukemia Mutation Detection	660	6625	13250	16560	25870	20700
U139	Comprehensive Molecular Testing	1165	11590	23185	28980	45290	36230
U140	Next generation sequencing assay for Hematolymphoid malignancies	960	9600	19200	24000	37500	30000
U141	Sample collection and archival for molecular testing	10	145	290	360	575	455
U142	Next generation RNA sequensing assay for Chimeric Trancript in Hematolymphod malingnacies	20400	20400	20400	25500	39840	31870
U143	Comprehensive Next Generation sequencing assay for Hematolymphoid malignancies	32400	32400	32400	40500	63290	50630
U144	Next Generation sequencing assay for Minimal residual disease(MRD) for NPM mutated AML	32400	32400	32400	40500	63290	50630
U145	RQ PCR based assay for MRD monitoring of Acute Leukaemia	11400	11400	11400	14255	22270	17820
U801	Chimerism Analysis	180	1800	3600	4500	7070	5630
U802	STR Panel studies	540	5400	10800	13500	21600	16800
U803	Lineage specific Chimerism - B Cell, T Cell and NK Cells	960	9600	19200	24000	37500	30000
	Hematopathology Laboratory						
U706	Erythrocyte Sedimentation Rate (ESR)	10	35	155	190	300	240
U708	Prothrombin Time (PT)	15	120	610	770	1200	960
U709	Coagulation Profile (PT & PTTK)	25	205	1045	1310	2040	1630
U710	Partial Thromboplastin Time with Kaolin (PTTK)	10	85	430	540	840	670
U712	Coagulation Profile with D-Dimer, Fibrinogen	25	290	1440	1800	2820	2255
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	10	70	350	430	670	540

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
U714	D-Dimer	10	95	455	575	900	720
U715	Fibrinogen	10	95	455	575	900	720
U718	Cerebrospinal Fluid (CSF) Analysis	25	215	1080	1355	2110	1690
U722	Haemogram (Hb, TLC, DLC, Platelets)	10	70	360	455	720	575
U724	Reticulocyte Count	10	25	120	155	240	190
U725	Ascitic Fluid Analysis	25	215	1080	1355	2110	1690
U726	Pleural Fluid Analysis	25	215	1080	1355	2110	1690
U727	Pericardial Fluid Analysis	25	215	1080	1355	2110	1690
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	25	205	1020	1270	1990	1595
U753	Surface Marker Complete Panel	730	7295	14600	18250	28510	22810
U754	Surface Marker Individual	120	1140	2280	2855	4475	3575
U755	V Beta Repertoire Analysis by Flow Cytometry for T-Cell Clonality	730	7295	14600	18250	28510	22810
U756	Extended Immune subset for Post Allogenic Stem Cell Transplant Monitoring	300	3000	6000	7500	11710	9370
	Nuclear Molecular Imaging Medicine						
	Reporting						
W004	Outside Reporting of PET / PET-CT	1700	1700	3000	3750	5870	4690
W005	Nuclear Medicine CD/Film Upload	10	100	500	625	975	780
W006	Nuclear Medicine Physician Counselling Charges	0	0	900	1140	1800	1380
	Radiopharmaceutical Charges						
W010	Radiopharmaceutical Charges (FDG) PET-CT	3500	3500	3500	3500	3500	3500
W011	Radiopharmaceutical Charges (FDG) Brain PET-CT	2500	2500	2500	2500	2500	2500
W012	Radiopharmaceutical Charges (Fluoride) PET-CT	2500	2500	2500	2500	2500	2500
W013	Radiopharmaceutical Charges (FDG) Cardiac Viability	7000	7000	7000	7000	7000	7000
W014	Radiopharmaceutical Charges for ECD Brain SPECT	1600	1600	1600	1600	1600	1600
W015	Radiopharmaceutical Charges for GHA Brain SPECT	800	800	800	800	800	800
W016	Radiopharmaceutical Charges for MAA Lung Scan	2000	2000	2000	2000	2000	2000
W017	Radiopharmaceutical Charges Myocardial Perfusion Scan	3750	3750	3750	3750	3750	3750
W018	Radiopharmaceutical Charges EC/MAG3 Renogram	900	900	900	900	900	900
W019	Radiopharmaceutical Charges for DTPA Renal Study	450	450	450	450	450	450
W020	Radiopharmaceutical Charges for DMSA Renal Scan	450	450	450	450	450	450
W021	Radiopharmaceutical Charges for Aerosol Lung Study	1000	1000	1000	1000	1000	1000

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SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W022	Radiopharmaceutical Charges for Tumor Imaging with MIBI	2500	2500	2500	2500	2500	2500
W023	Radiopharmaceutical Charges for Labeled RBC	800	800	800	800	800	800
W024	Radiopharmaceutical Charges for Sentinel Node Study	2500	2500	2500	2500	2500	2500
W025	Radiopharmaceutical Charges for Hepatobiliary Scintigraphy	800	800	800	800	800	800
W027	Radiopharmaceutical Charges for Radio Iodine Scan	5000	5000	5000	5000	5000	5000
W028	Radiopharmaceutical Charges for Pertechnatate Thyroid Scan	400	400	400	400	400	400
W029	Radiopharmaceutical Charges for Bone Scan	1000	1000	1000	1000	1000	1000
W030	Radiopharmaceutical Charges for Hynic-TOC Scan (Unshared)	14000	14000	14000	14000	14000	14000
W031	Radiopharmaceutical Charges for Hynic-TOC Scan (Shared)	7000	7000	7000	7000	7000	7000
W034	Radiopharmaceutical charges for Sm153 EDTMP Therapy	14900	14900	14900	14900	14900	14900
W036	Radiopharmaceutical charges for I131 MIBG Scan (Adult)	26000	26000	26000	26000	26000	26000
W037	Radiopharmaceutical charges for I131 MIGB scan (paed)	18500	18500	18500	18500	18500	18500
W038	Radiopharmaceutical charges for 18 F-FLT Scan	4500	4500	4500	4500	4500	4500
W039	Radiopharmaceutical charges for 18 F-FMIZO Scan	4500	4500	4500	4500	4500	4500
W040	Radiopharmaceutical charges for 90Y Sirspheres	570000	570000	570000	570000	570000	570000
W042	Radiopharmaceutical Charge for Gallium 68 Peptide	11500	11500	11500	11500	11500	11500
W043	Radiopharmaceutical Charge Gallium 68 PSMA	7000	7000	7000	7000	7000	7000
W044	Radiopharmaceutical charge for Large Dose Scan	5400	5400	5400	5400	5400	5400
W045	Radiopharmaceutical charge for Low Dose Therapy	10700	10700	10700	10700	10700	10700
W046	Radiopharmaceutical charge for 188 Rhenium Lipoidol for TARE	90000	90000	90000	90000	90000	90000
W047	Radiopharmaceutical charge for 188 Re-HEDP Therapy	10000	10000	10000	10000	10000	10000
W048	Radiopharmaceutical charges for the Theraspehre	761250	761250	761250	761250	761250	761250
W049	Sequential Treatment - 90Y Therasphere Radio Pharmaceutical	131250	131250	131250	131250	131250	131250
W058	Radiopharmaceutical Charge - F18 PSMA	7500	7500	7500	7500	7500	7500
W059	Radiopharmaceutical Charge - F18 DOPA	6500	6500	6500	6500	6500	6500
W060	Radiopharmaceutical Charge - 225 Actinium PSMA 617 (330 qci)	500000	500000	500000	500000	500000	500000
W061	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy	225000	225000	225000	225000	225000	225000
W062	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy (Imported)	330000	330000	330000	330000	330000	330000
W063	Radiopharmaceutical Charge - 225 Ac-DOTATATE (330 qCi)	500000	500000	500000	500000	500000	500000
W067	Radiopharmaceutical Charge- 225 Actinium for Therapy (per micro-curie)	2300	2300	2300	2300	2300	2300
W068	Radiopharmaceutical Charge- PSMA Peptide for Therapy	38080	38080	38080	38080	38080	38080

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W069	Radiopharmaceutical Charge- DOTATATE Peptide for Therapy	8600	8600	8600	8600	8600	8600
W070	Non-Ionic Contrast and Consumable Charges	900	900	900	900	900	900
W071	Ionic Oral Contrast and Consumable Charges	180	180	180	180	180	180
W072	Iso-Osmolar Contrast and Consumable Charges	2300	2300	2300	2300	2300	2300
W699	Radiopharmaceutical Charge - 177Lu-DOTA-TATE (100 mci)	67680	67680	67680	67680	67680	67680
W700	Radiopharmaceutical Charge- 177 Lu-DOTA-TATE	99360	99360	99360	99360	99360	99360
W701	Radiopharmaceutical Charge for 177 Lu-DOTA-TATE (Imported 177 Lu)	250000	250000	250000	250000	250000	250000
W702	Radiopharmaceutical Charge for 177 Lu-PSMA1 using BRIT 177 Lu (n.c.a)	75000	75000	75000	75000	75000	75000
W703	Radiopharmaceutical Charge for 177 Lu-PSMA1 using Imported 177 Lu (n.c.a)	250000	250000	250000	250000	250000	250000
W704	Radiopharmaceutical Charge - 177Lu-PSMA (200 mci)	76320	76320	76320	76320	76320	76320
W705	BRIT Sodium Iodide I131 solution: 50 mCi	13200	13200	13200	13200	13200	13200
W706	BRIT Sodium Iodide I131 solution: 100 mCi	18000	18000	18000	18000	18000	18000
W707	BRIT Sodium Iodide I131 solution: 150 mCi	26400	26400	26400	26400	26400	26400
W708	BRIT Sodium Iodide I131 solution: 200 mCi	31200	31200	31200	31200	31200	31200
W709	BRIT Sodium Iodide I131 solution: 250 mCi	37200	37200	37200	37200	37200	37200
W710	BRIT Sodium Iodide I131 capsule: 50 mCi	13200	13200	13200	13200	13200	13200
W711	BRIT Sodium Iodide I131 capsule: 100 mCi	18000	18000	18000	18000	18000	18000
W712	RadioPharmaceutical charges for BRIT 131I MIBG 100mCi	57500	57500	57500	57500	57500	57500
W713	Non BRIT Sodium Iodide I131 capsule 200 mCi	29000	29000	29000	29000	29000	29000
W714	Non BRIT Sodium Iodide I131 capsule 150 mCi	26000	26000	26000	26000	26000	26000
W715	Non BRIT Sodium Iodide I131 capsule 100 mCi	26000	26000	26000	26000	26000	26000
W716	Non BRIT Sodium Iodide I131 capsule 50 mCi	18500	18500	18500	18500	18500	18500
W717	Non BRIT Sodium Iodide I131 capsule 30 mCi	17500	17500	17500	17500	17500	17500
W718	Non BRIT Sodium Iodide I131 capsule 5 mCi	15000	15000	15000	15000	15000	15000
W719	Non BRIT Sodium Iodide I131 capsule 2 mCi	15000	15000	15000	15000	15000	15000
W720	Non BRIT Sodium Iodide I131 solution 250 mCi	31500	31500	31500	31500	31500	31500
W721	Non BRIT Sodium Iodide I131 solution 200 mCi	29000	29000	29000	29000	29000	29000
W722	Non BRIT Sodium Iodide I131 solution 150 mCi	26000	26000	26000	26000	26000	26000
W723	Non BRIT Sodium Iodide I131 solution 50 mCi	18500	18500	18500	18500	18500	18500
W724	Non BRIT Sodium Iodide I131 solution 30 mCi	17500	17500	17500	17500	17500	17500
W725	Non BRIT Sodium Iodide I131 solution 100 mCi	22000	22000	22000	22000	22000	22000

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SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
	PET Scan						
W050	PET CT Scan Whole Body (Non Contrast)	430	4310	14375	17970	28080	22460
W051	PET Scan Brain (FDG)	50	520	1725	2160	3380	2700
W052	PET CT Scan Whole Body (IV Contrast)	470	4660	15525	19410	30330	24260
W053	PET-CT (Fluoride)	430	4310	14375	17970	28080	22460
W054	FDG Cardiac Viability	50	520	1725	2160	3380	2700
W055	Coronary Angiography	240	2375	7930	9910	15490	12395
W056	Ga 68- DOTA PET/CT Scan	430	4310	14375	17970	28080	22460
W057	Ga 68- PSMA PET/CT Scan	430	4310	14375	17970	28080	22460
W064	PET-CT for F18 PSMA Whole Body Scan	430	4310	14375	17970	28080	22460
W065	PET-CT for F18 DOPA Whole Body Scan	430	4310	14375	17970	28080	22460
W066	Ga 69- PSMA PET/CT Scan	430	4310	14375	17970	28080	22460
	CT Scan						
W101	CT Brain Plain	40	325	1080	1355	2110	1690
W102	CT PNS	70	670	2255	2820	4415	3530
W103	CT Nasopharynx	70	670	2255	2820	4415	3530
W104	CT Sella	70	670	2255	2820	4415	3530
W105	CT Temporal Bone	70	670	2255	2820	4415	3530
W106	CT Orbits	70	670	2255	2820	4415	3530
W107	HRCT	95	900	3000	3000	3000	3000
W120	CT Neck	70	670	2255	2820	4415	3530
W130	CT Head & Neck	300	2975	9900	12370	19330	15470
W140	CT Neck & Thorax	360	3600	12000	15000	23450	18755
W150	CT Thorax	70	755	2520	3155	4930	3950
W170	CT Abdomen	70	755	2520	3155	4930	3950
W180	CT Thorax & Abdomen	430	4320	14400	18000	28130	22500
W190	CT Pelvic Region	60	650	2160	2700	4210	3370
W200	CT Abdomen & Pelvis	430	4320	14400	18000	28130	22500
W210	CT Thorax & Abdomen & Pelvis	430	4320	14400	18000	28130	22500
W220	CT Spine	60	650	2160	2700	4210	3370
W230	CT Upper Limb	60	650	2160	2700	4210	3370

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W240	CT Lower Limb	60	650	2160	2700	4210	3370
W241	Digital Scanogram	15	110	360	455	720	575
W250	CT Angiogram (Additional Charge)	25	275	900	1130	1775	1415
W260	CT 3D Reconstruction	110	1080	3600	4500	7030	5630
W281	CT Guided Biopsy FNAC	110	1020	3385	4235	6610	5290
W282	CT Guided Truecut Biopsy	110	1020	3385	4235	6610	5290
W291	CT 'J' Needle Bone Biopsy	120	1190	3960	4955	7740	6190
	SPECT - CT Scan						
W501	99M-TC-MDP Bone Scan Planar	70	720	2390	2990	4670	3730
W512	99M-TC-ECD Brain SPECT	95	950	3175	3970	6215	4970
W513	99M-TC-Salivary Scan	70	720	2390	2990	4670	3730
W514	99M-TC-Thyroid Scan	70	720	2390	2990	4670	3730
W530	99M-TC-Oesophageal Transit Time	25	290	955	1190	1860	1490
W531	99M-TC-SC / Phytate Liver Scan	50	480	1590	1990	3120	2495
W532	99M-TC-Gastric Emptying Time	25	290	955	1190	1860	1490
W540	99M-TC-MAA Lung Perfusion Scan	70	720	2390	2990	4670	3730
W550	99M-TC-MIBI Myocardial Perfusion Scan	95	950	3175	3970	6215	4970
W551	Regional PET/CT	220	2180	7280	9100	14230	11380
W552	PET-CT Guided Biopsy	580	5750	19180	23980	37480	29980
W553	PET-CT Based RT Planning	540	5360	17860	22330	34890	27910
W554	Fluoride PET/CECT	400	3970	13225	16530	25830	20660
W555	Meckel Scan	50	480	1590	1990	3120	2495
W556	GI Bleed Scan	85	890	2940	3670	5750	4595
W560	99M-TC-EC Renogram	25	290	955	1190	1860	1490
W561	99M-TC-DTPA Renogram with GFR	40	385	1270	1595	2495	1990
W562	99M-TC-DMSA Renal Cortical Scan	40	385	1270	1595	2495	1990
W563	99M-TC-DTPA GFR	25	240	800	995	1560	1250
W570	99M-TC-MIBI Tumor Imaging	120	1190	3970	4970	7775	6215
W572	99M-TC-DTPA Aerosol Scan	70	720	2390	2990	4670	3730
W573	99M-TC-DTPA Clearance	70	720	2390	2990	4670	3730
W574	99M-TC-RBC Gated Pool (Muga)	60	575	1900	2375	3720	2975

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W575	99M-TC-Sentinel Node Imaging	25	290	955	1190	1860	1490
W576	99M-TC-Merbrofenin Scan	50	480	1590	1990	3120	2495
W578	Whole Body Scan (Low Energy)	145	1430	4765	5950	9300	7440
W579	Whole Body Scan (Higher Energy)	190	1910	6350	7930	12395	9910
	Radio Iodine Therapy						
W600	Radio Iodine Therapy for Thyrotoxicosis	70	720	2390	2990	4670	3730
	Miscellaneous						
Z005	Issue of LIC Certificates	1260	1260	1260	1260	1260	1260