

Sr. No.	Speciality Code	Speciality Name	Total Procedures for Gujarat state
1	S1	General Surgery	253
2	S2	Otorhinolaryngology	94
3	S3	Ophthalmology	42
4	S4	Obstetrics & Gynaecology	79
5	S5	Orthopaedics	111
6	S6	Polytrauma	48
7	S7	Urology	170
8	S8	Neurosurgery	117
9	S9	Interventional Neuroradiology	14
10	S10	Plastic & reconstructive	18
11	S11	Burns management	18
12	S12	Cardiology	64
13	S13	Cardio-thoracic & Vascular surgery	132
14	S14	Paediatric surgery	61
15	S15	Surgical Oncology	129
16	S16	Oral and Maxillofacial Surgery	9
17	M1	General Medicine	78
18	M2	Paediatric medical management	102
19	M3	Neo-natal	10
20	M5	Medical Oncology	90
21	M6	Radiation Oncology	27
22	M7	Emergency Room Packages (Care requiring less than 12 hrs stay)	4
23	M8	Mental Disorders Packages	17
24	U1	Unspecified Packages	1
25		Organ Transplant Packages	107
	<b>Total</b>	<b>25</b>	<b>1795</b>

## General Surgery (S1)

Total no: of packages: 253

Empanelment classification: Essential/ Minimum criteria In-order to be eligible to provide services under this Domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: only for Mesh Rs. 5000 for one level

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1	S1	Adventitious Burse – Excision	00001	S	10,000	3	Y		N		Clinical report	HP/USG
2	S1	Anterior Resection for CA	00002	S	15,000	4	Y		N		USG/Colonoscopy/CT/Biopsy	HP/USG
3	S1	Appendicectomy	00003	S	10,000	2	Y		N		Clinical notes + USG	HP/USG
4	S1	Appendicular Abscess – Drainage	00004	S	12,000	2	Y		N		USG/CT	HP/USG
5	S1	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	00005	S	15,000	3	Y		N		USG/Color dropller	HP/USG
6	S1	Bakers Cyst – Excision	00006	S	6,000	3	Y		N		Clinical report	HP/USG
7	S1	Bilateral Inguinal block dissection	00007	S	25,000	3	Y		N		USG/CT/FNAC	HP/USG
8	S1	Bleeding Ulcer - Gastrectomy & vagotomy	00008	S	25,000	5	Y		N		USG/CT	Clinical notes + USG
9	S1	Bleeding Ulcer - Partial Gastrectomy	00009	S	25,000	5	Y		N		USG/CT	Clinical notes + USG
10	S1	Block dissection Cervical Nodes	00010	S	10,000	3	Y		N		Biopsy, Clinical Photograph, CT scan	Biopsy, Clinical Photograph, CT scan

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11	S1	Branchial Fistula	00011	S	14,000	3	Y		N		USG/CT/FNAC	HP/USG
12	S1	Breast Lump - Left – Excision	00012	S	5,000	2	Y		N		USG/CT	HP/USG
13	S1	Breast Lump - Right – Excision	00013	S	6,500	2	Y		N		USG/FNAC	HP/USG
14	S1	Branchial Cyst	00014	S	10,000	2	Y		N		USG/FNAC	HP/USG
15	S1	Bursa – Excision	00015	S	4,000	2	Y		N		USG/FNAC	HP/USG
16	S1	Bypass - Inoperable Pancreas	00016	S	15,000	4	Y		N		USG/CT	HP/USG
17	S1	Cervial Lymphnodes – Excision	00017	S	2,000	1	Y		N		USG/FNAC	HP/USG
18	S1	Colostomy	00018	S	10,000	4	Y		N		USG/CT/Xray	HP/USG
19	S1	Cyst over Scrotum – Excision	00019	S	2,000	1	Y		N		clinical notes	Operative notes with steps of surgery
20	S1	Cystic Mass – Excision	00020	S	2,000	1	Y		N		clinical notes	Operative notes with steps of surgery
21	S1	Dermoid Cyst - Large – Excision	00021	S	4,000	D	Y		N		clinical notes	Operative notes with steps of surgery
22	S1	Dermoid Cyst - Small – Excision	00022	S	2,000	D	Y		N		clinical notes	Operative notes with steps of surgery
23	S1	Drainage of Ischio Rectal Abscess	00023	S	4,000	1	Y		N		clinical notes	Operative notes with steps of surgery
24	S1	Incision and Drainage of large Abscess	00024	S	4,000	D	Y		N		clinical notes	Operative notes with steps of surgery
25	S1	Drainage of Psoas Abscess	00025	S	7,500	2	Y		N		USG/CT	Operative notes with steps of surgery

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26	S1	Drainage of Subdiaphragmatic Abscess	00026	S	10,000	3	Y		N		USG/CT	Operative notes with steps of surgery
27	S1	Drainage Pericardial Effusion	00027	S	13,750	5	Y		N		USG/CT	Operative notes with steps of surgery
28	S1	Duodenal Diverticulum	00028	S	20,000	5	Y		N		USG/CT/UGI	Operative notes with steps of surgery
29	S1	Duodenal Jejunostomy	00029	S	20,000	5	Y		N		USG/CT	Operative notes with steps of surgery
30	S1	Duplication of Intestine	00030	S	18,000	5	Y		N		Clinical report	HP
31	S1	Hydrocele + Orchidectomy	00031	S	8,000	2	Y		N		Clinical report	HP
32	S1	Epididectomy	00032	S	8,000	3	Y		N		Clinical report	Operative notes with steps of surgery
33	S1	Epididymal Swelling –Excision	00033	S	6,000	2	Y		N		USG/FNA	Operative notes with steps of surgery
34	S1	Epidymal Cyst	00034	S	4,000	D	Y		N		Clinical report	Operative notes with steps of surgery
35	S1	Evacuation of Scrotal Hematoma	00035	S	5,000	2	Y		N		Clinical report	Operative notes with steps of surgery
36	S1	Excision Benign Tumor -Small intestine	00036	S	15,000	5	Y		N		USG/CT	HP
37	S1	Excision Bronchial Sinus	00037	S	8,000	D	Y		N		Clinical report	HP

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38	S1	Drainage of liver Abscess	00038	S	8,000	3	Y		N		Clinical report	Clinical notes + USG
39	S1	Excision Filarial Scrotum	00039	S	5,000	3	Y		N		Clinical report	Operative notes with steps of surgery
40	S1	Excision Mammary Fistula	00040	S	5,000	2	Y		N		Clinical report	Operative notes with steps of surgery
41	S1	Excision Meckel's Diverticulum	00041	S	15,000	3	Y		N		USG/CT	HP
42	S1	Excision Pilonidal Sinus	00042	S	8,000	2	Y		N		clinical notes	Operative notes with steps of surgery
43	S1	Excision Small Intestinal Fistula	00043	S	15,000	5	Y		N		USG/CT	HP
44	S1	Excision of Growth from Tongue only	00044	S	6,000	1	Y		N		Biopsy	HP
45	S1	Excision of Growth from Tongue with neck node dissection	00045	S	15,000	4	Y		N		Biopsy	HP
46	S1	Excision of Swelling in Right Cervical Region	00046	S	5,000	1	Y		N		clinical notes	Operative notes with steps of surgery
47	S1	Excision of Large Swelling in Hand	00047	S	3,000	D	Y		N		Clinical report	Operative notes with steps of surgery
48	S1	Excision of Small Swelling in Hand	00048	S	1,500	D	Y		N		clinical notes	Operative notes with steps of surgery
49	S1	Excision of Neurofibroma	00049	S	3,000	2	Y		N		clinical notes	Operative notes with steps of surgery

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50	S1	Excision of Sinus and Curettage	00050	S	5,000	2	Y		N		Clinical report	Operative notes with steps of surgery
51	S1	Fibroadenoma – Bilateral	00051	S	8,000	2	Y		N		Clinical report	HP
52	S1	Fibroadenoma – Unilateral	00052	S	7,000	2	Y		N		Clinical report	HP
53	S1	Fissurectomy	00053	S	8,000	2	Y		N		Clinical report	Operative notes with steps of surgery
54	S1	Fissurectomy and Haemorrhoidectomy	00054	S	12,000	2	Y		N		clinical notes	Clinical notes + USG
55	S1	Eversion of Hydrocele Sac – Bilateral	00055	S	10,000	2	Y		N		clinical notes	Clinical notes + USG
56	S1	Eversion of Hydrocele Sac – Unilateral	00056	S	5,000	2	Y		N		Clinical report	Clinical notes + USG
57	S1	Fissurectomy with Sphincterotomy	00057	S	15,000	2	Y		N		clinical notes	Clinical notes + USG
58	S1	Foreign Body Removal in Deep Region requiring GA	00058	S	5,000	2	Y		N		Pre-op. X-ray	Clinical notes + USG
59	S1	Fundoplication	00059	S	20,000	3	Y		N		Clinical report	Clinical notes + USG
60	S1	G J Vagotomy/ Vagotomy + Pyloroplasty	00060	S	15,000	5	Y		N		Clinical report	Clinical notes + USG
61	S1	Ganglion - large – Excision	00061	S	3,000	1	Y		N		Clinical report	Clinical notes + USG
62	S1	Ganglion - Small – Excision	00062	S	2,000	D	Y		N		clinical notes	Clinical notes + USG

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63	S1	Gastrojejunostomy	00063	S	15,000	4	Y		N		Clinical notes + USG	Clinical notes + USG
64	S1	Gastrostomy	00064	S	15,000	4	Y		N		Clinical report	Clinical notes + USG
65	S1	Graham's Operation for duodenal perforation	00065	S	15,000	5	Y		N		X-ray abdomen/USG	Clinical notes + USG
66	S1	Granuloma – Excision	00066	S	2,000	1	Y		N		Clinical report	Clinical notes + USG
67	S1	Haemangioma – Excision (large)	00067	S	10,000	3	Y		N		Clinical report	HP
68	S1	Haemangioma – Excision (small)	00068	S	5,000	2	Y		N		Clinical notes + USG	HP
69	S1	Haemorrhage of Small Intestine	00069	S	15,000	3	Y		N		HPE report	clinical notes
70	S1	Hepatic Resection (lobectomy)	00070	S	20,000	7	Y		N		Clinical report	HP
71	S1	Hernia – Epigastric	00071	S	11,000	2	Y		N		Clinical report	Clinical notes + USG
72	S1	Hernia – Incisional	00072	S	15,000	3	Y		N		Clinical report	Clinical notes + USG
73	S1	Hernia - Repair & release of obstruction	00073	S	15,000	3	Y		N		Clinical report	clinical notes
74	S1	Hernia – Umbilical	00074	S	11,000	3	Y		N		Clinical report	USG/CT
75	S1	Hernia – Femoral	00075	S	10,000	2	Y		N		Clinical report	Mesh Sticker,OT notes
76	S1	Hernioplasty – Inguinal	00076	S	10,000	3	Y		N		Clinical report,USG Abdomen, Clinical Photograph,X Ray	Mesh Sticker,OT notes

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77	S1	Herniorraphy	00077	S	9,000	2	Y		N		Clinical report	Operative notes with steps of surgery
78	S1	Hiatus Hernia – abdominal	00078	S	15,000	5	Y		N		Clinical report	USG/CT
79	S1	Hydatid Cyst of Liver	00079	S	12,500	3	Y		N		clinical notes	Routine Histopathological Examination, USG Abdomen
80	S1	Hydrocele - Excision – Unilateral	00080	S	5,000	2	Y		N		clinical notes	Operative notes with steps of surgery
81	S1	Hydrocele - Excision – Bilateral	00081	S	10,000	2	Y		N		Clinical report	Operative notes with steps of surgery
82	S1	IlieoSigmoidostomy	00082	S	17,000	5	Y		N		clinical notes	Operative notes with steps of surgery
83	S1	Infected Bunion Foot – Excision	00083	S	4,000	1	Y		N		Clinical notes + USG	Operative notes with steps of surgery
84	S1	Inguinal Node (dissection) - Unilateral	00084	S	10,000	2	Y		N		Clinical notes + USG	HPE, Clinical photo
85	S1	Intestinal perforation	00085	S	12,500	5	Y		N		Clinical report	Clinical photograph
86	S1	Intestinal Obstruction	00086	S	12,500	5	Y		N		Clinical notes + USG	Operative notes with steps of surgery
87	S1	Intussusception	00087	S	15,000	6	Y		N		Clinical report	Operative notes with steps of surgery
88	S1	Jejunostomy	00088	S	10,000	5	Y		N		X-RAY/USG	Barium Study



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89	S1	Gastric Perforation	00089	S	15,000	5	Y		N		Clinical report	HPE, Clinical photo
90	S1	Intestinal Perforation (Resection Anastomosis)	00090	S	20,000	5	Y		N		Clinical report	HP
91	S1	Appendicular Perforation	00091	S	15,000	5	Y		N		X-RAY/USG	HP
92	S1	Burst Abdomen Obstruction	00092	S	15,000	6	Y		N		Clinical report	Clinical photo, X-RAY
93	S1	Closure of Hollow Viscus Perforation	00093	S	15,000	5	Y		N		Clinical notes + USG	HPE, Clinical photo
94	S1	Laryngectomy & Pharyngeal Diverticulum (Throat)	00094	S	15,000	3	Y		N		Clinical report	Operative notes with steps of surgery
95	S1	Ileostomy	00095	S	10,000	4	Y		N		clinical notes	Operative notes with steps of surgery
96	S1	Lipoma excision	00096	S	2,500	D	Y		N		USG/CT	Operative notes with steps of surgery
97	S1	Loop Colostomy Sigmoid	00097	S	12,000	4	Y		N		FNAC, Chest X-Ray PA View, X-Ray Mammogram, Clinical Photograph, USG Abdomen	clinical and/or relevant imaging photographs
98	S1	Mastectomy	00098	S	12,000	2	Y		N		clinical notes	HPE report
99	S1	Mesenteric Cyst – Excision	00099	S	16,000	3	Y		N		USG/ BIOPSY	HP/USG
100	S1	Mesenteric Caval Anastomosis	00100	S	15,000	5	Y		N		CT	USG/ BIOPSY

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101	S1	Microlaryngoscopic Surgery	00101	S	15,000	3	Y		N		UGI Endo	Biopsy report
102	S1	Oesophagoscopy for foreign body removal	00102	S	7,500	D	Y		N		USG/CT/UGI	HP
103	S1	Oesophagectomy	00103	S	17,500	5	Y		N		USG/doppler	HP
104	S1	Portal Hypertension shunt surgery	00104	S	18,000	5	Y		N		USG/ X-RAY	HP/USG
105	S1	Pelvic Abscess - Open Drainage	00105	S	10,000	4	Y		N		USG/CT	HP/USG
106	S1	PancreaticoDuodenectomy	00106	S	25,000	6	Y		N		USG/CT	HP/USG
107	S1	Distal Pancreatectomy with PancreaticoJejunostomy	00107	S	25,000	7	Y		N		clinical notes	HP/USG
108	S1	Papilloma Rectum – Excision	00108	S	4,000	2	Y		N		clinical notes	Operative notes with steps of surgery
109	S1	Haemorrhoidectomy+ Fistulectomy	00109	S	10,000	2	Y		N		Biopsy, Clinical Photograph, CT scan	Operative notes with steps of surgery
110	S1	Growth in the Scalp – Excision	00110	S	4,000	1	Y		N		CT/ USG/Upper GI Endoscopy	HPE, Clinical photo
111	S1	Porto Caval Anastomosis	00111	S	15,000	5	Y		N		CT/ USG/Upper GI Endoscopy	CT Angio Report
112	S1	Pyeloplasty	00112	S	10,000	4	Y		N		USG/X-ray/FNAC	Barium meal/ USG Abdomen
113	S1	Radical Mastectomy	00113	S	10,000	2	Y		N		USG/X-ray/FNAC	HP
114	S1	Radical Neck Dissection – Excision	00114	S	15,000	6	Y		N		Clinical notes + USG	HP/USG

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115	S1	Hernia – Spigelian	00115	S	5,000	3	Y		N		clinical notes	Clinical photograph
116	S1	Rectal Dilation	00116	S	2,000	1	Y		N		clinical notes	Operative notes with steps of surgery
117	S1	Prolapse of Rectal Mass – Excision	00117	S	10,000	2	Y		N		clinical notes	Operative notes with steps of surgery
118	S1	Rectopexy	00118	S	10,000	3	Y		N		clinical notes	Operative notes with steps of surgery
119	S1	Repair of Common Bile Duct	00119	S	15,000	3	Y		N		USG/ CT/Biopsy	Operative notes with steps of surgery
120	S1	Resection Anastomosis (Large Intestine)	00120	S	15,000	7	Y		N		USG/ CT/Biopsy	HPE, Clinical photo
121	S1	Resection Anastomosis (Small Intestine)	00121	S	15,000	7	Y		N		USG/CT	HPE, Clinical photo
122	S1	Retroperitoneal Tumor – Excision	00122	S	20,000	5	Y		N		USG/FNAC	HP/USG
123	S1	Haemorrhoidectomy	00123	S	5,000	2	Y		N		USG/CT	Histopathological report
124	S1	Salivary Gland – Excision	00124	S	10,000	3	Y		N		FNAC	HP
125	S1	Segmental Resection of Breast	00125	S	10,000	3	Y		N		clinical notes	Operative notes with steps of surgery
126	S1	Scrotal Swelling (Multiple) – Excision	00126	S	5,000	2	Y		N		USG/CT	Operative notes with steps of surgery

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127	S1	Sigmoid Diverticulum	00127	S	15,000	6	Y		N		USG/ X-RAY	Operative notes with steps of surgery
128	S1	Simple closure - Peptic perforation	00128	S	15,000	5	Y		N			HPE, Clinical photo
129	S1	Sinus – Excision	00129	S	5,000	2	Y		N		Clinical photo showing scar,USG pelvis	Histopathological report,Clinical photo showing scar
130	S1	Soft Tissue Tumor (small) – Excision	00130	S	5,000	2	Y		N		Operative notes with steps of surgery,clinical notes,Mesh Sticker,OT notes	Operative notes with steps of surgery,clinical notes
131	S1	Soft Tissue Tumor (large) – Excision	00131	S	10,000	3	Y		N		USG/CT,clinical notes,Operative notes with steps of surgery,Mesh Sticker,OT notes	Operative notes with steps of surgery,clinical notes
132	S1	Splenectomy	00132	S	25,000	6	Y		N		clinical notes	HP/USG
133	S1	Submandibular Lymph node – Excision	00133	S	5,000	2	Y		N		FNAC	Operative notes with steps of surgery
134	S1	Submandibular Mass Excision + Reconstruction	00134	S	20,000	5	Y		N		clinical notes	Operative notes with steps of surgery
135	S1	Swelling in foot (small) – Excision	00135	S	1,500	D	Y		N		clinical notes	Operative notes with steps of surgery
136	S1	Swelling in foot (large) – Excision	00136	S	3,500	1	Y		N		COLONOSCOPY/CT	Operative notes with steps of surgery
137	S1	Coloectomy – Total	00137	S	20,000	6	Y		N		USG/CT	HPE, Clinical photo

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138	S1	Pharyngectomy& Reconstruction – Total	00138	S	20,000	6	Y		N		CT/MRI	HP/USG
139	S1	Tracheal Stenosis (End to end Anastamosis) (Throat)	00139	S	15,000	6	Y		N		CT/MRI	Operative notes with steps of surgery
140	S1	Tracheoplasty (Throat)	00140	S	15,000	6	Y		N		Clinical notes + USG	Operative notes with steps of surgery
141	S1	Umbilical Sinus – Excision	00141	S	5,000	2	Y		N		Clinical/HP report of biopsy,IVP,CBC	
142	S1	Varicose Veins - Excision and Ligation	00142	S	10,000	3	Y		N		Clinical notes + USG	Operative notes with steps of surgery
143	S1	Vasovasostomy	00143	S	12,000	3	Y		N			Operative notes with steps of surgery
144	S1	Volvulus of Large Bowel	00144	S	25,000	4	Y		N		Operative notes with steps of surgery,Mesh Sticker,OT notes,PRE OP CLINICAL PICTURE,clinical notes	clinical notes,Operative notes with steps of surgery
145	S1	Cleft lip operation	00145	S	12,000	2	Y		N		PRE OP CLINICAL PICTURE	Clinical photograph
146	S1	Cleft palate repair (for each stage)	00146	S	12,000	2	Y		N		PRE OP CLINICAL PICTURE	Clinical photograph

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147	S1	Cleft lip & palate operation (for each stage)	00147	S	15,000	5	Y		N		CT Angio Report	Clinical photograph
148	S1	Aneurysm not Requiring Bypass Techniques t	00148	S	36,000		Y		N		CT Angio Report	CT Angio Report
149	S1	Aneurysm Resection & Grafting	00149	S	36,000		Y		N			HPE report
150	S1	Arterial Embolectomy	00150	S	17,250		Y		N		USG/CT	Histopathological report,USG pelvis
151	S1	Carotid artery aneurysm repair	00151	S	17,250		Y		N		USG/CT	Histopathological report,USG pelvis
152	S1	Carotid Body tumour - Excision	00152	S	20,000		Y		N		USG/CT	Histopathological report,USG pelvis
153	S1	Cholecystectomy & Exploration of CBD	00153	S	22,000	6	Y		N		USG/CT/FNAC	Histopathological report,USG pelvis
154	S1	Cholecystostomy	00154	S	10,000	6	Y		N		USG/CT/FNAC	Histopathological report,USG pelvis
155	S1	Congenital Arteriovenus Fistula (large)	00155	S	20,000		Y		N		USG/CT,X Ray	Histopathological report,USG pelvis
156	S1	Congenital Arteriovenus Fistula (small)	00156	S	10,000		Y		N		USG/CT,X Ray	Histopathological report,USG pelvis
157	S1	Decortication (Pleurectomy)	00157	S	20,000		Y		N		clinical notes,Operative notes with steps of surgery	clinical notes,Operative notes with steps of surgery
158	S1	Dissecting Aneurysms	00158	S	36,000		Y		N		clinical notes,Operative notes with steps of surgery	clinical notes,Operative notes with steps of surgery

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159	S1	Distal Abdominal Aorta repair	00159	S	36,000		Y		N		clinical notes,Operative notes with steps of surgery	clinical notes,Operative notes with steps of surgery
160	S1	Estlander Operation (lip)	00160	S	7,000	1	Y		N		Clinical/HP report of biopsy,IVP,CBC,USG/CT	Histopathological report
161	S1	Excision and Skin Graft of Venous Ulcer	00161	S	15,000		Y		N			Operative notes with steps of surgery
162	S1	Excision of Parathyroid Adenoma/Carcinoma	00162	S	20,700		Y		N		clinical notes,USG/CT	Histopathological report
163	S1	Flap Reconstructive Surgery	00163	S	20,000		Y		N		clinical notes	Operative notes with steps of surgery
164	S1	Split thickness skin grafts – Small (< 4% TBSA)	00164	S	5,000	D	Y		N		clinical notes	Operative notes with steps of surgery
165	S1	Split thickness skin grafts – Medium (4 - 8% TBSA)	00165	S	10,000	D	Y		N		clinical notes	Operative notes with steps of surgery
166	S1	Split thickness skin grafts – Large (> 8% TBSA)	00166	S	15,000	D	Y		N		clinical notes	Operative notes with steps of surgery
167	S1	Free Grafts - Wolfe Grafts	00167	S	10,000		Y		N		USG/FNAC	Operative notes with steps of surgery
168	S1	Hemi thyroidectomy	00168	S	10,000		Y		N		USG/FNAC	HP/USG
169	S1	Total thyroidectomy	00169	S	20,000		Y		N			HP/USG

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170	S1	Laparoscopic Hernia Repair	00170	S	18,000	3	Y		N		USG/CT,USG Abdomen, Clinical Photograph,X Ray	Mesh Sticker,OT notes
171	S1	Lap. Assisted left Hemi colectomy t	00171	S	25,000	5	Y		N		USG/CT	HP/USG
172	S1	Lap. Assisted Right Hemi colectomy t	00172	S	25,000	5	Y		N		USG/CT	HP/USG
173	S1	Lap. Assisted small bowel resection	00173	S	15,000	3	Y		N		USG/CT,USG,CBC ,Sugar,Viral markers	Operative notes with steps of surgery
174	S1	Lap. Assisted Total Colectomy	00174	S	25,000	5	Y		N		USG/CT	HP/USG
175	S1	Lap. Cholecystectomy & CBD exploration	00175	S	20,000	3	Y		N			HP/USG
176	S1	Lap. For intestinal obstruction	00176	S	15,000	5	Y		N		USG/CT,USG,CBC ,Sugar,Viral markers	Operative notes with steps of surgery
177	S1	Lap. Hepatic resection	00177	S	25,000	5	Y		N		USG/CT	HP
178	S1	Lap. Hydatid of liver surgery	00178	S	20,000	5	Y		N		USG/CT	HP
179	S1	Laparoscopic Adhesiolysis	00179	S	15,000	5	Y		N		Clinical notes + USG	
180	S1	Laparoscopic Appendicectomy	00180	S	18,000	3	Y		N		Clinical notes + USG	HP
181	S1	Laparoscopic Cholecystectomy	00181	S	15,000	5	Y		N			HP/USG
182	S1	Laparoscopic cystogastrostomy	00182	S	20,000	5	Y		N		USG,CBC,Sugar,Vi ral markers	Operative notes with steps of surgery



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183	S1	Laparoscopic Gastrostomy	00183	S	12,000	5	Y		N		USG/CT/UGI,USG ,CBC,Sugar,Viral markers	Operative notes with steps of surgery
184	S1	Laparoscopic Hiatus Hernia Repair	00184	S	22,000	5	Y		N			Operative notes with steps of surgery
185	S1	Laparoscopic Pyloromyotomy	00185	S	20,000	5	Y		N		Clinical notes + USG,CBC,Sugar,Viral markers	Operative notes with steps of surgery
186	S1	Laparoscopic Rectopexy	00186	S	15,000	5	Y		N		Clinical notes + USG	Operative notes with steps of surgery
187	S1	Laparoscopic Splenectomy	00187	S	16,500	5	Y		N		Clinical notes + USG	HP
188	S1	Laparoscopic umbilical hernia repair	00188	S	15,000	5	Y		N		Clinical notes + USG	
189	S1	Laparoscopic ventral hernia repair	00189	S	20,000	5	Y		N			Mesh Sticker,OT notes
190	S1	Laparotomy-peritonitis lavage and drainage	00190	S	10,000	5	Y		N		USG,CBC,Sugar,Viral markers,clinical notes	Operative notes with steps of surgery
191	S1	Ligation of Ankle Perforators	00191	S	5,000	3	Y		N			Operative notes with steps of surgery
192	S1	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	00192	S	10,000	3	Y		N		clinical notes,USG pelvis	clinical notes,Operative notes with steps of surgery
193	S1	Repair of Main Arteries of the Limbs	00193	S	25,000	5	Y		N		clinical notes,radiological investigations	clinical notes,Angiogram report

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194	S1	Mediastinal Tumour	00194	S	20,000		Y		N		USG/CT,CECT/MRI	Histopathological report,Operative notes with steps of surgery,Clinical photo showing scar
195	S1	Oesophagectomy for Carcinoma Oesophagus	00195	S	25,000	7	Y		N		USG,Biopsy,CT	HP
196	S1	Operation for Bleeding Peptic Ulcer	00196	S	15,000	5	Y		N		Biopsy,USG pelvis,UGI endoscopy	clinical notes,Operative notes with steps of surgery
197	S1	Operation for Carcinoma Lip – Vermilionectomy	00197	S	10,000	6	Y		N		Biopsy	HP
198	S1	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	00198	S	12,000	6	Y		N		Biopsy	HP
199	S1	Operation for Carcinoma Lip - Wedge-Excision	00199	S	10,000	6	Y		N		Biopsy	HP
200	S1	Appendicectomy - Appendicular Abscess – Drainage	00200	S	12,000	5	Y		N		USG/CT	Histopathological report,USG pelvis
201	S1	Caecostomy	00201	S	10,000		Y		N		Clinical notes + USG	clinical notes,Operative notes with steps of surgery
202	S1	Closure of Colostomy	00202	S	5,000		Y		N		Clinical notes + USG	Operative notes with steps of surgery

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203	S1	Coccygeal Teratoma Excision	00203	S	15,000		Y		N		Clinical notes + USG	Operative notes with steps of surgery
204	S1	Congenital Atresia & Stenosis of Small Intestine	00204	S	20,000		Y		N			Operative notes with steps of surgery
205	S1	CystoJejunostomy/or Cystogastrostomy	00205	S	20,000		Y		N		clinical notes	Operative notes with steps of surgery
206	S1	Drainage of perivertebral abscess	00206	S	10,000		Y		N		clinical notes	Operative notes with steps of surgery
207	S1	Hernia -hiatus- Transthoracic	00207	S	25,000	5	Y		N		CHEST X-ray,clinical notes	Mesh Sticker,OT notes,Operative notes with steps of surgery
208	S1	Intercostal drainage	00208	S	2,000		Y		N			Operative notes with steps of surgery
209	S1	Operation for carcinoma lip- cheek advancement	00209	S	12,000	5	Y		N		clinical notes	Biopsy, Clinical Photograph, CT scan,Operative notes with steps of surgery
210	S1	Thymectomy	00210	S	20,000		Y		N		Biopsy, Clinical Photograph, CT scan	Operative notes with steps of surgery,Histopathological report
211	S1	Operation of Choledochal Cyst	00211	S	15,000	5	Y		N		clinical notes,radiological investigations	clinical notes,radiological investigations

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212	S1	Operations for Acquired Arteriovenous Fistula	00212	S	15,000		Y		N		clinical notes,radiological investigations,Regional Angiogram & Stills	clinical notes,radiological investigations,Regional Angiogram & Stills
213	S1	Operations for Replacement of Oesophagus by Colon	00213	S	25,000	7	Y		N		clinical notes,radiological investigations,UGI endoscopy	clinical notes,radiological investigations,UGI endoscopy
214	S1	Hemodialysis per sitting	00214	S	2,300	D	Y		N		clinical notes,Serum Creatinine	clinical notes
215	S1	Parapharyngeal Tumour Excision	00215	S	20,000		Y		N		Operative notes with steps of surgery,USG/CT/FNAC	clinical notes,radiological investigations
216	S1	Partial/Subtotal Gastrectomy for Carcinoma	00216	S	22,000		Y		N		Operative notes with steps of surgery,USG/CT/FNAC	clinical notes,radiological investigations
217	S1	Patch Graft Angioplasty	00217	S	20,000		Y		N		Operative notes with steps of surgery,USG/CT/FNAC	clinical notes,radiological investigations
218	S1	Pericardiostomy	00218	S	30,000		Y		N		Operative notes with steps of surgery,USG/CT/FNAC	clinical notes,radiological investigations

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219	S1	Pneumonectomy	00219	S	25,000		Y		N		USG/CT/Xray	X Ray,Histopathological report,Clinical photo showing scar,Operative notes with steps of surgery
220	S1	Removal of Foreign Body from Trachea or Oesophagus	00220	S	5,000		Y		N		clinical notes	clinical notes
221	S1	Removal Tumours of Chest Wall	00221	S	20,000		Y		N		clinical notes	Operative notes with steps of surgery
222	S1	Procedures Requiring Bypass Techniques	00222	S	35,000		Y		N		clinical notes	Operative notes with steps of surgery
223	S1	Resection Enucleation of Adenoma (lung)	00223	S	10,000		Y		N		clinical notes	Operative notes with steps of surgery
224	S1	Rib Resection & Drainage	00224	S	10,000		Y		N		radiological investigations	Operative notes with steps of surgery
225	S1	Skin Flaps - Rotation Flaps	00225	S	6,200		Y		N		Operative notes with steps of surgery,radiological investigations	Operative notes with steps of surgery
226	S1	Splenectomy - For Trauma	00226	S	20,000		Y		N		CT Angio Report	HP
227	S1	Surgery for Arterial Aneurism Spleen Artery	00227	S	20,000		Y		N		CT Angio Report	CT Angio Report

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228	S1	Surgery for Arterial Aneurism –Vertebral	00228	S	25,000		Y		N			CT Angio Report
229	S1	Sympathectomy – Cervical	00229	S	5,000		Y		N		radiological investigations	Operative notes with steps of surgery
230	S1	Temporal Bone resection	00230	S	15,000		Y		N		Operative notes with steps of surgery,USG/CT/FNAC	clinical notes,Operative notes with steps of surgery,radiological investigations
231	S1	Thorachostomy	00231	S	10,000		Y		N		clinical notes	Operative notes with steps of surgery
232	S1	Thoracocentesis	00232	S	1,500		Y		N		clinical notes	Operative notes with steps of surgery
233	S1	Thoracoplasty	00233	S	20,000		Y		N		Biopsy, Clinical Photograph, CT scan,USG/CT/Xray,Bronchoscopy report	Clinical photo showing scar,HPE, Clinical photo,X ray
234	S1	Thoracoscopic Decortication	00234	S	25,000		Y		N		Biopsy, Clinical Photograph, CT scan,USG/CT/Xray,Bronchoscopy report	radiological investigations,clinical notes
235	S1	Thoracoscopic Hydatid Cyst excision	00235	S	20,000		Y		N		clinical notes,MRI	MRI,clinical notes
236	S1	Thoracoscopic Lobectomy	00236	S	25,000		Y		N		clinical notes,MRI	MRI,clinical notes

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237	S1	Thoracoscopic Pneumonectomy	00237	S	30,000		Y		N		clinical notes,radiological investigations	clinical notes,radiological investigations
238	S1	Thoracoscopic Segmental Resection	00238	S	25,000		Y		N		clinical notes,USG/CT/Xray	Operative notes with steps of surgery,radiological investigations
239	S1	Thoracoscopic Sympathectomy	00239	S	15,000		Y		N		clinical notes,CT/MRI	clinical notes,radiological investigations
240	S1	Thrombendarterectomy	00240	S	15,000		Y		N		clinical notes,CT/MRI	clinical notes,radiological investigations
241	S1	Thorax (penetrating wounds)	00241	S	12,500		Y		N		clinical notes,CT/MRI	clinical notes,radiological investigations
242	S1	Total Thyroidectomy and Block Dissection	00242	S	20,000		Y		N		clinical notes,CT/MRI	clinical notes,radiological investigations
243	S1	Trendelenburg Operation	00243	S	10,000		Y		N		clinical notes,CT/MRI	clinical notes,radiological investigations
244	S1	Debridement of Ulcer-Leprosy	00244	S	5,000		Y		N		clinical notes	Operative notes with steps of surgery
245	S1	Tissue Reconstruction Flap Leprosy	00245	S	25,000		Y		N		clinical notes	Operative notes with steps of surgery
246	S1	Tendon Transfer-Leprosy	00246	S	25,000		Y		N		clinical notes,radiological investigations	clinical notes
247	S1	Adhenolysis + Appendicectomy	00247	S	20,000		Y		N		clinical notes,radiological investigations	clinical notes

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248	S1	Hernia - Repair & release of obstruction+ Hernioplasty	00248	S	20,000		Y		N		clinical notes	Mesh Sticker,OT notes
249	S1	Aspiration of cold Abscess of Lymphnode	00249	S	3,000		Y		N		clinical notes,USG/CT	clinical notes,Operative notes with steps of surgery
250	S1	Aspiration of Empyema	00250	S	2,000		Y		N		USG/CT,Color doppler	HP/USG
251	S1	AV Shunt for dialysis	00251	S	6,000		Y		N		USG/CT,Color doppler	HP/USG
252	S1	Peritoneal dialysis per sitting	00252	S	2,000		Y		N		clinical notes,Serum Creatinine	Operative notes with steps of surgery
253	S1	Vasectomy	00253	S	2,500		Y		N		radiological investigations	radiological investigations



## Otorhinolaryngology (S2)

Total no of packages: 94

Empanelment classification: Essential/ Minimum criteria In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Not required (select packages)

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1	S2	Aural polypectomy	00001	S	4,000	1	Y		N		Operative notes with steps of surgery	clinical notes
2	S2	Labyrinthectomy	00002	S	20,000	2	Y		N		CT temporal bone,CECT/ MRI	clinical notes
3	S2	Mastoidectomy	00003	S	12,500	2	Y		N		X-Ray/CT Temporal bone,CECT/ MRI	Clinical photo showing scar
4	S2	Mastoidectomy corticol modified/ radical	00004	S	11,500	2	Y		N		PTA , X-Ray Mastoids,clinical notes	Clinical photo showing scar
5	S2	Mastoidectomy with tympanoplasty	00005	S	16,000	2	Y		N		totid Angiography / MRI Neck / Colour Doppler Study Of Neck Vessels & USG of Neck,FNAC/ BIOPSY	Histopathological report,Clinical photo showing scar
6	S2	Myringoplasty	00006	S	7,500	2	Y		N		PTA and IA	PTA and IA
7	S2	Myringoplasty with Ossiculoplasty	00007	S	13,500	2	Y		N		PTA and IA,Endoscopy Picture,clinical notes	clinical notes

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8	S2	Myringotomy – Bilateral	00008	S	6,000	2	Y		N		clinical notes	Operative notes with steps of surgery,clinical notes
9	S2	Myringotomy – Unilateral	00009	S	3,500	2	Y		N		clinical notes	Operative notes with steps of surgery,clinical notes,Endoscopy Picture
10	S2	Myringotomy with Grommet - One ear	00010	S	6,500	2	Y		N		PTA and IA	Otoscopic findings
11	S2	Myringotomy with Grommet - Both ear	00011	S	8,500	2	Y		N		PTA and IA	Otoscopic findings
12	S2	Ossiculoplasty	00012	S	9,500	2	Y		N		PTA and IA	Otoscopic findings
13	S2	Partial amputation – Pinna	00013	S	4,000	1	Y		N		PTA and IA	Post op audiogram
14	S2	Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus	00014	S	8,000	3	Y		N		CT	clinical notes
15	S2	Excision of Pinna for Growths (Squamous/Basal) Injuries Total Amputation	00015	S	6,500	3	Y		N		CT	clinical notes,Histopathological report
16	S2	Stapedectomy	00016	S	10,000	3	Y		N		PTA and IA	Post op audiogram

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17	S2	Tympanoplasty	00017	S	9,000	3	Y		N		PTA and IA,clinical notes	clinical notes,Clinical photo showing scar
18	S2	Vidian neurectomy – Micro	00018	S	9,000	3	Y		N		clinical notes	clinical notes
19	S2	Ear lobe repair - single (daycare)	00019	S	1,500	D	Y		N		CECT/ MRI,PTA and IA,Endoscopy Picture	Clinical Photographs with Graft site + Showing scar
20	S2	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	00020	S	4,000	D	Y		N		CT	clinical notes,HPE report
21	S2	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	00021	S	2,500	D	Y		N		CT	clinical notes,HPE report
22	S2	Pharyngectomy and reconstruction	00022	S	15,000	2	Y		N		CT/MRI	clinical notes
23	S2	Skull base surgery	00023	S	37,000	3	N		N		CT	clinical notes
24	S2	Total Amputation & Excision of External Auditory Meatus	00024	S	7,500	3	Y		N		clinical notes	clinical notes
25	S2	Tympanotomy	00025	S	4,000	2	Y		N		clinical notes	clinical notes
26	S2	Removal of foreign body from ear	00026	S	3,000	D	Y		N		clinical notes	clinical notes
27	S2	Aural polypectomy +Tympanoplasty	00027	S	10,000	3	Y		N		PTA and IA	clinical notes
28	S2	Ant. Ethmoidal artery ligation - open/ endoscopic	00028	S	11,000	3	Y		N		CT	clinical notes

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29	S2	Antrostomy – Bilateral	00029	S	8,500	3	Y		N		clinical notes,CT/MRI,X-Ray	clinical notes,X Ray
30	S2	Antrostomy – Unilateral	00030	S	6,000	3	Y		N		clinical notes	clinical notes,X Ray,CT/MRI
31	S2	Cryosurgery	00031	S	3,000	1	Y		N		clinical notes,CT/MRI,X-Ray	clinical notes
32	S2	CSF Rhinorrhoea – Repair	00032	S	14,000	3	Y		N		CT/MRI	Clinical Photograph
33	S2	Septoplasty + FESS	00033	S	11,500	2	Y		N		clinical notes	clinical notes,X Ray
34	S2	Ethmoidectomy – External	00034	S	11,500	2	Y		N		CT/MRI	clinical notes
35	S2	Fracture reduction nose with septal correction	00035	S	8,000	1	Y		N		clinical notes,CT/MRI,X-Ray	clinical notes,X Ray
36	S2	Fracture - setting maxilla	00036	S	8,000	2	Y		N		clinical notes,CT/MRI,X-Ray	clinical notes,X Ray
37	S2	Fracture - setting nasal bone	00037	S	5,000	1	Y		N		clinical notes,CT/MRI,X-Ray	clinical notes,X Ray
38	S2	Functional Endoscopic Sinus (FESS)	00038	S	11,000	1	Y		N		clinical notes,CT/MRI	clinical notes
39	S2	Intra Nasal Ethmoidectomy	00039	S	5,000	1	Y		N		clinical notes,CT/MRI	clinical notes
40	S2	Rhinotomy – Lateral	00040	S	7,500	2	Y		N		clinical notes,CT/MRI	clinical notes
41	S2	Nasal polypectomy – Bilateral	00041	S	9,000	1	Y		N		CT	clinical notes
42	S2	Nasal polypectomy – Unilateral	00042	S	6,000	1	Y		N		CT	clinical notes

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43	S2	Turbinectomy Partial – Bilateral	00043	S	3,000	1	Y		N		CT	clinical notes
44	S2	Turbinectomy Partial – Unilateral	00044	S	2,000	1	Y		N		CT	clinical notes
45	S2	Radical fronto ethmo sphenodectomy	00045	S	18,000	5	Y		N		clinical notes,CT/MRI	clinical notes,Histopathological report,Operative notes with steps of surgery
46	S2	Rhinoplasty	00046	S	15,000	3	Y		N		X Ray,Endoscopy Picture	X Ray
47	S2	Septoplasty	00047	S	5,000	1	Y		N		clinical notes	clinical notes
48	S2	Youngs operation	00048	S	3,000	1	Y		N		clinical notes	clinical notes
49	S2	Angiofibrom Excision	00049	S	18,000	3	Y		N		Endoscopy Picture,CT	Clinical photo showing scar
50	S2	Cranio-facial resection	00050	S	22,500	2	Y		N		clinical notes,CT/MRI	clinical notes
51	S2	Endoscopic DCR	00051	S	7,000	1	Y		N		Clinical photo showing scar	Clinical photo showing scar
52	S2	Endoscopic Hypophysectomy	00052	S	21,000	2	Y		N		clinical notes,CT/MRI	clinical notes
53	S2	Intranasal Diathermy	00053	S	3,000	1	Y		N		clinical notes	clinical notes
54	S2	Rhinosporidiosis	00054	S	5,000	2	Y		N		clinical notes	clinical notes
55	S2	Septo-rhinoplasty	00055	S	12,500	2	Y		N		clinical notes	clinical notes
56	S2	Adeno Tonsillectomy	00056	S	8,000	1	Y		N		X Ray	Clinical photo showing scar
57	S2	Adenoidectomy	00057	S	5,000	1	Y		N		X Ray	Clinical photo showing scar,Histopathological report
58	S2	Arytenoidectomy	00058	S	10,000	2	Y		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
59	S2	Choanal atresia	00059	S	12,500	2	Y		N		clinical notes,Clinical photo showing scar	clinical notes
60	S2	Tonsillectomy + Myrinogotomy	00060	S	10,000	3	Y		N		clinical notes	clinical notes
61	S2	Pharyngeal diverticulum's – Excision	00061	S	10,000	2	Y		N		CT,Barium Study	clinical notes,Histopathological report
62	S2	Laryngectomy with block dissection	00062	S	25,000	3	Y		N		CT/MRI	clinical notes
63	S2	Laryngofissure	00063	S	5,000	2	Y		N		clinical notes	clinical notes
64	S2	Laryngopharyngectomy	00064	S	20,000	2	Y		N		clinical notes,CT/MRI	clinical notes
65	S2	Maxilla – Excision	00065	S	12,500	2	Y		N		clinical notes,CT/MRI	clinical notes,Histopathological report
66	S2	Oro Antral fistula	00066	S	7,500	2	Y		N		CT/MRI	clinical notes,Histopathological report
67	S2	Parapharyngeal – Exploration	00067	S	12,500	2	Y		N		CT/MRI	clinical notes
68	S2	Parapharyngeal Abscess – Drainage	00068	S	12,500	2	Y		N		CT/MRI	clinical notes
69	S2	Peritonsillar abscess under LA	00069	S	2,500	D	Y		N		clinical notes	Clinical photo showing scar
70	S2	Pharyngoplasty	00070	S	10,000	2	Y		N		CT/MRI	clinical notes
71	S2	Retro pharyngeal abscess – Drainage	00071	S	5,000	D	Y		N		CT	clinical notes
72	S2	Tonsillectomy + Styloidectomy	00072	S	10,000	2	Y		N		Clinical photo showing scar,clinical notes	Clinical photo showing scar

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
73	S2	Thyroglossal Fistula/ cyst – Excision	00073	S	7,000	2	Y		N		USG/ X-RAY	clinical notes
74	S2	Tonsillectomy – (Uni/ Bilateral)	00074	S	7,500	1	Y		N		USG/ X-RAY, Clinical photo showing scar, Biopsy, CT scan	clinical notes, Histopathological report, Operative notes with steps of surgery, Clinical photo showing scar
75	S2	Total Parotidectomy	00075	S	18,000	2	Y		N		clinical notes, Biopsy, Clinical Photograph, CT scan/MRI	Histopathological report, Operative notes with steps of surgery
76	S2	Superficial Parotidectomy	00076	S	12,000	4	Y		N		clinical notes, Biopsy, Clinical Photograph, CT scan/MRI	Histopathological report, Operative notes with steps of surgery
77	S2	Uvulopharyngo Plasty	00077	S	14,000	2	Y		N		clinical notes	Clinical photo showing scar
78	S2	Commodo Operation (glossectomy)	00078	S	17,500	4	Y		N		Biopsy, CT/MRI	Clinical photo showing scar, FNAC/ BIOPSY
79	S2	Excision of Branchial Cyst	00079	S	7,000	3	Y		N		Clinical photo showing scar, clinical notes	Clinical photo showing scar, FNAC/ BIOPSY, Operative notes with steps of surgery

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
80	S2	Excision of Branchial Sinus	00080	S	7,000	3	Y		N		Clinical photo showing scar,clinical notes	Clinical photo showing scar, FNAC/ BIOPSY, Operative notes with steps of surgery
81	S2	Excision of Cystic Hygroma Major/ Extensive	00081	S	10,000	3	Y		N		Clinical photo showing scar,clinical notes,USG/CT/FNAC	Clinical photo showing scar, FNAC/ BIOPSY, Operative notes with steps of surgery
82	S2	Excision of Cystic Hygroma Minor	00082	S	5,000	2	Y		N		clinical notes,X Ray	Operative notes with steps of surgery,X Ray,clinical notes,Histopathological report,
83	S2	Excision of the Mandible Segmental	00083	S	7,500	3	Y		N		clinical notes	Operative notes with steps of surgery,X Ray,clinical notes,Histopathological report,
84	S2	Hemi-mandibulectomy with graft	00084	S	15,000	3	Y		N		X Ray/USG	Operative notes with steps of surgery,X Ray,clinical notes,Histopathological report,Biopsy



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
85	S2	Hemiglossectomy	00085	S	6,000	3	Y		N		Biopsy, Clinical Photograph, CT scan	Operative notes with steps of surgery,X Ray,clinical notes,Histopathological report,Biopsy
86	S2	Palatopharyngoplasty	00086	S	10,000	2	Y		N		Clinical photo showing scar	Operative notes with steps of surgery,X Ray,clinical notes,Histopathological report,Biopsy
87	S2	Partial Glossectomy	00087	S	5,000	3	Y		N		Biopsy, Clinical Photograph, CT scan	clinical notes,Histopathological Report
88	S2	Ranula excision	00088	S	5,000	3	Y		N		clinical notes,Clinical photo showing scar	Operative notes with steps of surgery,Clinical photo showing scar
89	S2	Removal of Submandibular Salivary gland	00089	S	5,000	3	Y		N		Biopsy, Clinical Photograph, CT scan	Clinical photo showing scar,Histopathological report
90	S2	Total Glossectomy	90.00	S	15,000	3	Y		N		Biopsy, Clinical Photograph, CT scan	Histopathological report,Biopsy,clinical notes
91	S2	Total Laryngectomy + Neck dissection	00091	S	25,000	4	N		N		Biopsy	Biopsy,clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
92	S2	Laryngopharyngectomy with Gastric pull-up/ jejunal graft	00092	S	30,000	4	N		N		Biopsy	Biopsy,clinical notes
93	S2	Excision of CA cheek/ oral cavity + radial forearm flap	00093	S	30,000	4	N		N		Hematological and radiological investigations	Hematological and radiological investigations
94	S2	Excision of growth Jaw + free fibular flap reconstruction	00094	S	30,000	4	N		N		Hematological and radiological investigations	Histopathological report

## Ophthalmology (S3)

Total no: of packages: 42

Empanelment classification: Essential/ Minimum criteria In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Following might be considered during claims submission & processing:

- Following cataract surgery that implants an IOL, it is prescribed to mention/ attach the barcode no. on the lens used during claims submission by the provider as means to provide information on expiration dates and details from manufacturers for increased quality and safety.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S3	Buckle Removal	00001	S	5,000	D	N		N		Hematological and radiological investigations	clinical notes
2	S3	Canaliculo Dacryocysto Rhinostomy	00002	S	10,000	1	N		N		Hematological and radiological investigations	clinical notes
3	S3	Capsulotomy (YAG)	00003	S	1,500	D	N		N		Hematological and radiological investigations	clinical notes
4	S3	Corneal Grafting	00004	S	8,500	D	N		N		Hematological and radiological investigations	clinical notes
5	S3	Prophylactic Cryoretinopexy- Closed	00005	S	2,500	1	N		N		Hematological and radiological investigations	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
6	S3	Cyclocryotherapy/Cyclophotocoagulation	00006	S	3,000	D	N		N		Hematological and radiological investigations	clinical notes
7	S3	Pterygium + ConjunctivalAutograft	00007	S	9,000	D	N		N		Hematological and radiological investigations	clinical notes
8	S3	Dacryocystectomy with implants	00008	S	10,000	D	N		N		Hematological and radiological investigations	clinical notes
9	S3	Enucleation	00009	S	6,000	1	N		N		Hematological and radiological investigations	clinical notes
10	S3	Enucleation with Implant	00010	S	11,000	1	N		N		Hematological and radiological investigations	clinical notes
11	S3	Exenteration	00011	S	15,000	D	N		N		Hematological and radiological investigations	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
12	S3	Glaucoma Surgery (Trabeculectomy only) with or without Mitomycin C, including postoperative medications for 12 weeks (and wherever surgical or laser procedures required for bleb augmentation and anterior chamber maintenance)	00012	S	10,000	D	N		N		Hematological and radiological investigations	clinical notes
13	S3	Intraocular Foreign Body Removal from Anterior Segment	00013	S	4,000	D	N		N		Hematological and radiological investigations	clinical notes
14	S3	Intraocular Foreign Body Removal from Posterior Segment	00014	S	20,000	D	N		N		Hematological and radiological investigations	clinical notes
15	S3	Lensectomy /pediatric lens aspiration	00015	S	9,000	D	N		N		Hematological and radiological investigations	clinical notes
16	S3	Limbal Dermoid Removal	00016	S	4,000	D	N		N		Hematological and radiological investigations	clinical notes
17	S3	Surgical Membranectomy	00017	S	8,000	D	N		N		Hematological and radiological investigations	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
18	S3	Perforating Corneo - Scleral Injury	00018	S	10,000	2	N		N		Hematological and radiological investigations	clinical notes
19	S3	Ptosis Surgery	00019	S	10,000	D	N		N		Hematological and radiological investigations	clinical notes
20	S3	IRIS Prolapse – Repair	00020	S	4,000	D	N		N		Hematological and radiological investigations	clinical notes
21	S3	Retinal Detachment Surgery	00021	S	15,000	2	N		N		Hematological and radiological investigations	clinical notes
22	S3	Small Tumour of Lid – Excision + Lid Reconstruction	00022	S	10,000	D	N		N		Hematological and radiological investigations	clinical notes
23	S3	Socket Reconstruction with amniotic membrane	00023	S	8,000	1	N		N		Hematological and radiological investigations	clinical notes
24	S3	Iridectomy – Laser	00024	S	2,000	D	N		N		Hematological and radiological investigations	clinical notes
25	S3	Iridectomy – Surgical	00025	S	3,000	D	N		N		Hematological and radiological investigations	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
26	S3	Iris cyst removal	00026	S	2,500	D	N		N		Hematological and radiological investigations	clinical notes
27	S3	Vitrectomy	00027	S	7,500	1	N		N		Hematological and radiological investigations	clinical notes
28	S3	Vitrectomy + Retinal Detachment surgery (pre-auth required)	00028	S	17,500	1	N		N		Hematological and radiological investigations	clinical notes
29	S3	Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech	00029	S	7,500	D	N		N		Hematological and radiological investigations	clinical notes
30	S3	Cataract with non-foldable IOL using SICS technique	00030	S	5,000	D	N		N		Hematological and radiological investigations	clinical notes
31	S3	Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech + Glaucoma	00031	S	10,500		N		N		Hematological and radiological investigations	clinical notes
32	S3	Cataract with non-foldable IOL using SICS technique + Glaucoma	00032	S	6,500		N		N		Hematological and radiological investigations	clinical notes
33	S3	Conjunctival tumour excision + AMG	00033	S	5,000	D	N		N		Hematological and radiological investigations	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
34	S3	Entropion correction	00034	S	4,000	D	N		N		Hematological and radiological investigations	clinical notes
35	S3	Ectropion correction	00035	S	5,000	D	N		N		Hematological and radiological investigations	clinical notes
36	S3	Evisceration	00036	S	3,500	D	N		N		Hematological and radiological investigations	clinical notes
37	S3	Laser for retinopathy (per sitting)	00037	S	1,500	D	N		N		Hematological and radiological investigations	clinical notes
38	S3	Lid tear	00038	S	5,000	D	N		N		Hematological and radiological investigations	clinical notes
39	S3	Orbitotomy	00039	S	10,000	D	N		N		Hematological and radiological investigations	clinical notes
40	S3	Squint correction (per muscle)	00040	S	4,000	D	N		N		Hematological and radiological investigations	clinical notes
41	S3	Anterior Chamber Reconstruction +Perforating corneo - Scleral Injury + IOL	00041	S	11,500	2	N		N		Hematological and radiological investigations	clinical notes



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
42	S3	PRP - Retinal Laser including 3 sittings	00042	S	5,000	D	N		N		Hematological and radiological investigations	clinical notes

## Obstetrics & Gynaecology (S4)

Total no: of packages: 79

Empanelment classification: Essential/ Minimum criteria In-order to be eligible to provide services under this domain, the rovider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

- Packages will include drugs, diagnostics, consultations, procedures, stay and food for patient. Medical conditions during pregnancy such at Hypertension, Diabetes etc are to be treated as per medical packages

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S4	Hysterectomy ± Salpingo-oophorectomy	00001	S	20,000	5	Y		N		USG,CBC,Sugar, Viral markers	HPE report
2	S4	Abdominal Myomectomy	00002	S	16,000	5	Y		N		USG,CBC,Sugar, Viral markers	HPE report
3	S4	Surgeries for Prolapse - Sling Surgeries	00003	S	16,000	5	Y		N		Urine,CBC,Sugar,Viral marker	Clinical notes + USG
4	S4	Surgeries for Stress Incontinence 'Burch'	00004	S	35,000	5	Y		N		Urine,CBC,Sugar,Viral marker	Operative notes with steps of surgery
5	S4	Hysterotomes - 2nd Trimester abortions	00005	S	5,000	D	Y		N		USG pelvis	Post.op ultrasound (pelvis)
6	S4	Incisional Hernia Repair	00006	S	15,000	3	Y		N		clinical notes	Operative notes with steps of surgery
7	S4	Radical Hysterectomy (Wertheims)	00007	S	20,000	5	Y		N		Urine,CBC,Sugar,Viral marker	

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
8	S4	Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy	00008	S	20,000	5	Y		N		Clinical/HP report of biopsy,IVP,CBC	HPE report
9	S4	Non descent vaginal hysterectomy	00009	S	14,000	4	Y		N		Clinical/USG,Ca 125/or CEA	HPE report
10	S4	Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy	00010	S	16,000	5	Y		N		clinical notes	HPE report
11	S4	Vaginal surgical repair for vesico-vaginal fistula	00011	S	10,000	5	Y		N		Urine,CBC,Sugar,Viral marker	
12	S4	Sacrocolpopexy	00012	S	16,000	7	Y		N		clinical notes	Operative notes with steps of surgery
13	S4	Repair for rectovaginal fitulas	00013	S	10,000	3	Y		N		Urine,CBC,Sugar,Viral marker	
14	S4	Vaginoplasty	00014	S	10,000	3	Y		N		Clinical report	Operative notes with steps of surgery
15	S4	LLETZ	00015	S	15,000	3	Y		N		Clinical report	Operative notes with steps of surgery
16	S4	Colpotomy	00016	S	1,200	D	Y		N		Clinical report	Operative notes with steps of surgery

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
17	S4	Dilation and Evacuation (D&E)	00017	S	5,000	D	Y		N		Clinical report	Operative notes with steps of surgery
18	S4	Cervical biopsy and Polypectomy	00018	S	3,000	D	Y		N		Clinical/indication Colposcopy report	HPE report
19	S4	Bartholins Cyst Enucleation/ Incision drainage	00019	S	3,000	D	Y		N		USG pelvis	Operative notes with steps of surgery
20	S4	Vulvectomy simple	00020	S	17,250	3	Y		N		USG pelvis	Operative notes with steps of surgery
21	S4	Radical Vulvectomy	00021	S	17,250	3	Y		N		Clinical report	HPE report
22	S4	Diagnostic laparoscopy	00022	S	11,000	3	Y		N		Clinical report	Operative notes with steps of surgery
23	S4	Laparoscopic hysterectomy (TLH)	00023	S	20,000	5	Y		N		Clinical report	Post.op ultrasound (pelvis)
24	S4	Laparoscopic myomectomy	00024	S	15,000	3	Y		N		HPE report	HPE report
25	S4	Laparoscopic cystectomy	00025	S	15,000	5	Y		N		Clinical report	Operative notes with steps of surgery
26	S4	Laparoscopic ovariectomy	00026	S	10,000	3	Y		N		USG pelvis	HPE report
27	S4	Laparoscopic adhesiolysis	00027	S	6,000	1	Y		N		USG pelvis	HPE report

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
28	S4	Laparoscopic tubal surgeries - salpingectomy, salpingotomy	00028	S	11,000	3	Y		N		USG pelvis	HPE report
29	S4	Drag hysteroscopy	00029	S	6,000	1	Y		N		Clinical report	Operative notes with steps of surgery
30	S4	Hysteroscopic myomectomies	00030	S	6,000	1	Y		N		Clinical report	Clinical report
31	S4	Hysteroscopic adhesiolysis	00031	S	6,000	1	Y		N		Clinical report	Clinical report
32	S4	Hysteroscopic polypectomy	00032	S	3,000	2	Y		N		Clinical Indication	Operative notes with steps of surgery
33	S4	Hysteroscopic IUCD removal	00033	S	3,000	1	Y		N		USG pelvis	HPE report
34	S4	Caesarian Delivery	00034	S	9,000	5	Y		N		Clinical report	Clinical report
35	S4	Caesarian hysterectomy	00035	S	16,000	5	Y		N		USG pelvis	Operative notes with steps of surgery
36	S4	High risk delivery: Pre-mature delivery	00036		9,000	3	N		N		USG pelvis	Operative notes with steps of surgery
37	S4	High risk delivery: Expected Gestation at delivery less than 35 weeks	00037		9,000	3	N		N		Clinical report	Clinical report
38	S4	High risk delivery: Mothers with eclampsia or imminent eclampsia	00038		9,000	3	N		N		Clinical report	Clinical report

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
39	S4	High risk delivery: Obstructed labour	00039		9,000	3	N		N			
40	S4	High risk delivery: Major Fetal malformation requiring intervention immediately after birth	00040		9,000	3	N		N		Clinical assessment and investigations	clinical notes
41	S4	High risk delivery: Mothers with severe anaemia (<7 g/dL)	00041		9,000	3	N		N		Clinical assessment and investigations	clinical notes
42	S4	High risk delivery: Other maternal and fetal conditions as per guidelines-Such as Rh haemolytic disease, uncontrolled diabetes, severe growth retardation etc that qualify for high risk delivery etc.	00042		9,000	3	N		N		Clinical assessment and investigations	clinical notes
43	S4	Manual removal of placenta	00043	S	5,000	2	Y		N		Clinical assessment and investigations	clinical notes
44	S4	Laparotomy for ruptured ectopic	00044	S	10,000	5	Y		N		Clinical assessment and investigations	clinical notes
45	S4	MTP > 12 weeks	00045	S	6,500	1	Y		N		Clinical assessment and investigations	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
46	S4	MTP upto 12 weeks	00046	S	5,000	1	Y		N		Clinical assessment and investigations	clinical notes
47	S4	MTP upto 8 weeks	00047	S	3,500	1	Y		N		Clinical report	Clinical report
48	S4	McDonald's stitch	00048	S	4,000	D	Y		N		UPT report	Operative notes with steps of surgery
49	S4	Shirodkar's stitch	00049	S	4,000	D	Y		N		USG pelvis	
50	S4	Tuboplasty	00050	S	10,000	5	Y		N		Clinical report	
51	S4	Laparotomy for broad ligament haematoma	00051	S	16,000	3	Y		N		Bldgr<ABO Rh	Operative notes with steps of surgery
52	S4	Trans-vaginal tape/ Trans-obturator tape	00052	S	5,000	D	Y		N		Obstetric ultrasound	
53	S4	Abdominal Perineal neo construction Cx + Uteria + Vagina	00053	S	20,000	5	Y		N		Clinical report	
54	S4	Ablation of Endometriotic Spot + Adhenolysis	00054	S	10,000	2	Y		N		Bldgr<ABO Rh	Operative notes with steps of surgery
55	S4	Ablation of Endometriotic Spot +Salpingostomy	00055	S	10,000	2	Y		N		Obstetric ultrasound	
56	S4	Adhenolysis + Hernia - Ventral - Lipectomy/Incision	00056	S	16,000	3	Y		N		Clinical report	
57	S4	Adhenolysis+ Ovarian Cystectomy	00057	S	10,000	3	Y		N		Bldgr<ABO Rh	Operative notes with steps of surgery

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
58	S4	Adhenolysis+ Salpingostomy	00058	S	10,000	3	Y		N		Obstetric ultrasound	
59	S4	Broad Ligment Haemotoma drainage	00059	S	10,000	3	Y		N		Clinical report	
60	S4	Brust abdomen repair	00060	S	14,000	3	Y		N		Clinical report	Clinical report
61	S4	Cone Biopsy Cervix	00061	S	1,000	1	Y		N		Clinical report	Clinical report
62	S4	Conventional Tubectomy	00062	S	4,000	1	Y		N		HSG/SonoHSG	Operative notes with steps of surgery
63	S4	Cyst -Vaginal Enucleation	00063	S	3,000	D	Y		N		Clinical notes + USG	Clinical notes + USG
64	S4	Cyst-Labial	00064	S	3,000	D	Y		N		Clinical report	Clinical report
65	S4	Cystocele - Anterior repair	00065	S	12,000	3	Y		N		USG pelvis	USG pelvis
66	S4	Cystocele - Anterior Repair + Perineal Tear Repair	00066	S	13,000	5	Y		N		Clinical report	Clinical report
67	S4	D&C (Dilatation &curretage) + Electro Cauterisation Cryo Surgery	00067	S	4,000	D	Y		N		Clinical report	Clinical report
68	S4	D&C (Dilatation&curretage)	00068	S	3,000		Y		N		Clinical notes + USG	Clinical notes + USG
69	S4	Diagnostic laparoscopy & hysteroscopy for infertility	00069	S	5,000	D	Y		N		Clinical/USG,Ca 125/or CEA	HPE report
70	S4	Electro Cauterisation Cryo Surgery	00070	S	4,000		Y		N		Clinical report	Clinical report
71	S4	Exploration of abdominal haematoma (after laparotomy + LSCS)	00071	S	14,000	5	Y		N		Clinical report	Clinical report



Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
72	S4	Fractional Curretage	00072	S	4,000	D	Y		N		CBC, Sugar	Operative notes with steps of surgery
73	S4	Gaping Perineal wound secondary suturing/ episiotomy	00073	S	2,500	2	Y		N		Clinical report	Clinical report
74	S4	HaematoColpo/Excision - Vaginal Septum	00074	S	5,000	1	Y		N		Clinical report	Clinical report
75	S4	Hymenectomy& Repair of Hymen	00075	S	7,000	1	Y		N		Clinical report	Clinical report
76	S4	Amniocentesis	00076	S	5,000	D	Y		N		Clinical report	Clinical report
77	S4	Chorionic villus sampling	00077	S	5,000	D	Y		N		Clinical report	Clinical report
78	S4	Cordocentesis	00078	S	5,000	D	Y		N		Clinical report	Clinical report
79	S4	Intrauterine transfusions	00079	S	10,000	D	Y		N		Biopsy D & C	Biopsy report

## Orthopaedics (S5)

Total no: of packages: 111

Empanelment classification: Essential/ Minimum criteria In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Selective packages

Pre-authorization remarks: Prior approval must be taken for all replacement surgeries and others as indicated.

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S5	AC joint reconstruction/ Stabilization/ Acromionplasty (Nonoperative management is recommended for Rockwood type I and II injuries, whereas surgical reconstruction is recommended for type IV and VI separations. The management for type III and V injuries is more controversial and is determined on a case-by-case basis)	00001	S	25,000		N		N		X rays of affected limb, MRI of shoulder	Clinical photograph, X-Ray
2	S5	Accessory bone – Excision (limbs) – congenital, Accessory digits sometime can be removed	00002	S	6,000		N		N		X rays of affected limb	X rays of affected limb

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
3	S5	Amputation - Below Elbow	00003	S	15,000	5	Y		N		Clinical photograph	Clinical photograph
4	S5	Amputation - Above Elbow	00004	S	15,000	5	Y		N		Clinical photograph	Clinical photograph
5	S5	Amputation – one or more fingers	00005	S	6,000	1	Y		N		Clinical photograph	Clinical photograph
6	S5	Amputation – Wrist	00006	S	15,000	4	Y		N		Clinical photograph	Clinical photograph
7	S5	Amputation - one or more toes/ digits	00007	S	6,000	1	Y		N		Clinical photograph	Clinical photograph
8	S5	Amputation – Below Knee	00008	S	15,000	5	Y		N		Clinical photograph	Clinical photograph
9	S5	Amputation – Above Knee	00009	S	18,000	5	Y		N		Clinical photograph	Clinical photograph
10	S5	Foot & Hand Amputation (whole/ partial)	00010	S	15,000	5	Y		N		Clinical photograph	Clinical photograph
11	S5	Disarticulation (hind & for quarter)	00011	S	25,000	10-15 days of hospital stay	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
12	S5	Anterior Spine Fixation	00012	S	35,000		N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
13	S5	Posterior Spine Fixation	00013	S	20,000		N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
14	S5	Osteochondroma excision/ Excision of Exostosis	00014	S	10,000		N		N		Clinical report,radiological investigations	Clinical report,radiological investigations

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
15	S5	Excision Arthroplasty	00015	S	15,000		N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
16	S5	Arthorotomy of any joint	00016	S	15,000	7-10 days hospital stay for iv antibiotics	Y		N		Clinical report,radiological investigations	Clinical report,radiological investigations
17	S5	Arthrodesis Ankle Triple	00017	S	15,000		N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
18	S5	Excision Arthroplasty of Femur head	00018	S	22,500	6	Y		N		clinical notes,X Ray	clinical notes,X Ray
19	S5	Bimalleolar Fracture Fixation	00019	S	15,000	6	Y		N		clinical notes,X Ray	clinical notes,X Ray
20	S5	Bone Tumour Excision + reconstruction using implant (malignant/benign)	00020	S	50,000		N		N		Clinical report,radiological investigations	clinical notes,X Ray
21	S5	Bone Tumour (malignant/benign) curettage and bone grafting	00021	S	20,000		N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
22	S5	Bone Tumour Excision (malignant/benign) + Joint replacement (depending upon type of joint and implant)	00022	S	1,50,000		N		N		Clinical report	Clinical report,radiological investigations

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
23	S5	Clavicle fracture management - conservative (daycare)	00023	S	3,000	D	Y		N		clinical notes,CT/MRI,X-Ray	Clinical report,radiological investigations
24	S5	Close Fixation - Hand Bones	00024	S	4,000	3	Y		N		X Ray	Clinical photograph
25	S5	Close Fixation - Foot Bones	00025	S	4,000	2	Y		N		X Ray	Clinical photograph
26	S5	Close Reduction - Small Joints	00026	S	4,000	1	Y		N		X Ray	Clinical photograph
27	S5	Closed Interlock Nailing + Bone Grafting – femur	00027	S	19,000	5	Y		N		X Ray	Clinical photograph
28	S5	Closed Interlocking Intermedullary	00028	S	17,500	5	Y		N		X Ray	Clinical photograph
29	S5	Closed Interlocking Tibia + Orif of Fracture Fixation	00029	S	25,000	5	Y		N		X Ray	Clinical photograph
30	S5	Closed Reduction and Internal Fixation with K wire	00030	S	6,000	5	Y		N		X Ray	Clinical photograph
31	S5	Closed Reduction and Percutaneous Screw Fixation (neck femur)	00031	S	15,000	5	Y		N		X Ray	Clinical photograph
32	S5	Closed Reduction and Percutaneous Pinning	00032	S	15,000	2	Y		N		X Ray	Clinical photograph
33	S5	Closed Reduction and Percutaneous Nailing	00033	S	20,000	5	Y		N		X Ray	Clinical photograph
34	S5	Closed Reduction of the Hip (including hip Spika)	00034	S	7,000	2	Y		N		X Ray	Clinical photograph
35	S5	Debridement & Closure of Major injuries - contused lacerated wounds (antibiotic + dressing) - minimum of 3 sessions	00035	S	7,000	2	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
36	S5	Debridement & Closure of Minor injuries	00036	S	3,000	2	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
37	S5	Closed reduction of dislocation (Knee/ Hip)	00037	S	6,000	D	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
38	S5	Closed reduction of dislocation (Shoulder/ Elbow)	00038	S	5,000	D	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
39	S5	Duputryen's Contracture release + rehabilitation	00039	S	10,000	5	Y		N		clinical notes	clinical notes
40	S5	Exploration and Ulnar nerve Repair	00040	S	10,000	4	Y		N		electro-diagnostic studies	electro-diagnostic studies
41	S5	External fixation - Long bone	00041	S	15,000	4	Y		N		X Ray	Clinical photograph
42	S5	External fixation - Small bone	00042	S	10,000	2	Y		N		X Ray	Clinical photograph
43	S5	External fixation - Pelvis	00043	S	15,000	5	Y		N		X Ray	Clinical photograph
44	S5	Fasciotomy	00044	S	7,000	2	Y		N		clinical notes	clinical notes
45	S5	Fixator with Joint Arthrolysis	00045	S	20,000	7	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
46	S5	Fracture - Acetabulum	00046	S	30,000	7	Y		N		X Ray	X Ray
47	S5	Fracture - Fibula Internal Fixation	00047	S	10,000	4	Y		N		X Ray	X Ray
48	S5	Fracture - Hip Internal Fixation (Intertrochanteric Fracture with implant) + rehabilitation	00048	S	17,000	7	Y		N		X Ray	X Ray
49	S5	Fracture - Humerus Internal Fixation	00049	S	17,000	7	Y		N		X Ray	X Ray
50	S5	Fracture - Olecranon of Ulna	00050	S	10,000	2	Y		N		X Ray	X Ray

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
51	S5	Fracture - Radius Internal Fixation	00051	S	10,000	2	Y		N		X Ray	X Ray
52	S5	Fracture - TIBIA Internal Fixation plating	00052	S	17,000	4	Y		N		X Ray	X Ray
53	S5	Fracture - Ulna Internal Fixation	00053	S	10,000	4	Y		N		X Ray	X Ray
54	S5	Head Radius – Excision	00054	S	8,000	3	Y		N		clinical notes	clinical notes,X Ray
55	S5	High Tibial Osteotomy	00055	S	17,000	5	Y		N		clinical notes	clinical notes,X Ray
56	S5	Closed reduction + Hip Spica	00056	S	7,000	D	Y		N		clinical notes	clinical notes,X Ray
57	S5	Internal Fixation Lateral Epicondyle	00057	S	10,000	4	Y		N		clinical notes	clinical notes,X Ray
58	S5	Internal Fixation of other Small Bones (metatarsals)	00058	S	10,000	3	Y		N		clinical notes	clinical notes,X Ray
59	S5	Limb Lengthening	00059	S	25,000	10	Y		N		clinical notes	clinical notes,X Ray
60	S5	Llizarov Fixation	00060	S	10,000	6	Y		N		clinical notes	clinical notes,X Ray
61	S5	Multiple Tendon Repair	00061	S	20,000	5	N		N		Clinical report,electro-diagnostic studies	Clinical photograph showing scar
62	S5	Nerve Repair Surgery	00062	S	15,000	6	N		N		Clinical report,electro-diagnostic studies	Clinical photograph showing scar,electro-diagnostic studies
63	S5	Nerve Transposition/Release/Neurolysis	00063	S	8,000	6	Y		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
64	S5	Open Reduction Internal Fixation (2 Small Bones)	00064	S	10,000	3	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
65	S5	Open Reduction Internal Fixation (Large Bone)	00065	S	20,000	6	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
66	S5	Open Reduction of CDH	00066	S	30,000	7	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
67	S5	Open Reduction of Small Joint	00067	S	15,000	1	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
68	S5	Open Reduction with bone grafting of nonunion	00068	S	20,000	3	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
69	S5	Osteotomy -Small Bone	00069	S	17,000	5	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
70	S5	Osteotomy -Long Bone	00070	S	30,000	7	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
71	S5	Patellectomy	00071	S	8,000	7	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
72	S5	Pelvic Osteotomy with fixation with plaster	00072	S	30,000	10	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
73	S5	Percutaneous - Fixation of Fracture	00073	S	7,000	6	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
74	S5	Excision of Bursa	00074	S	3,000	2	Y		N		clinical notes	clinical notes
75	S5	Reconstruction of ACL/PCL with implant and brace	00075	S	30,000	3	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
76	S5	Sequestrectomy of Long Bones + anti-biotics + dressing	00076	S	25,000	7	Y		N		clinical notes	Clinical report,radiological investigations
77	S5	Tendo Achilles Tenotomy	00077	S	5,000	2	Y		N		clinical notes	clinical notes
78	S5	Tendon Grafting	00078	S	15,000	2	Y		N		clinical notes	clinical notes
79	S5	Tendon Release/ Tenotomy	00079	S	5,000	2	Y		N		clinical notes	clinical notes



Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
80	S5	Tenolysis	00080	S	5,000	2	Y		N		clinical notes	clinical notes
81	S5	Tension Band Wiring Patella	00081	S	15,000	3	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
82	S5	Application of P.O.P. casts for Upper & Lower Limbs	00082	S	3,000	D	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
83	S5	Application of P.O.P. Spikas& Jackets	00083	S	3,500	D	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
84	S5	Application of Skeletal Traction with pin	00084	S	3,000	D	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
85	S5	Application of Skin Traction	00085	S	1,000	D	Y		N		Clinical Notes + X-Rays	Clinical Notes + X-Rays
86	S5	Head radius - Excision + Fracture - Ulna Internal Fixation	00086	S	20,000	3	Y		N		clinical notes	Clinical Notes + X-Rays
87	S5	External fixation - both bones of forearms	00087	S	25,000	5	Y		N		clinical notes	Clinical Notes + X-Rays
88	S5	Fracture intercondylarHumerus + olecranon osteotomy	00088	S	20,000	5	Y		N		clinical notes	Clinical Notes + X-Rays
89	S5	Correction of club foot per cast	00089	S	15,000	D	Y		N		clinical notes	Clinical Notes + X-Rays
90	S5	Arthroscopic Meniscus Repair/ Meniscectomy	00090	S	20,000	3	N		N		Clinical report,radiological investigations	Clinical Notes + X-Rays
91	S5	Bipolar Hemiarthroplasty (hip & shoulder)	00094	S	40,000	7	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
92	S5	Unipolar Hemiarthroplasty	00095	S	30,000	7	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
93	S5	Elbow replacement	00097	S	40,000	7	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
94	S5	Arthrodesis of shoulder	00098	S	40,000	7	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
95	S5	Arthrodesis of Knee (with implant)	00099	S	40,000	7	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
96	S5	Arthrodesis of Wrist (with implant)	00100	S	30,000	7	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
97	S5	Arthrodesis of Ankle (with implant)	00101	S	30,000	7	N		N		Clinical report,radiological investigations	Clinical report,radiological investigations
98	S5	Primary Hip replacement (With Implant) Cemented THR (Indian Implant)		S	1,00,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
99	S5	Primary Hip replacement (With Implant) Cemented THR (Imported Implant)		S	1,20,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY
100	S5	Primary Hip replacement (With Implant) Uncemented THR (Indian Implant)		S	1,20,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY
101	S5	Primary Hip replacement (With Implant) Uncemented THR (Imported Implant)		S	1,30,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY
102	S5	Revision Hip Replacement (With Implant) All component Revision		S	3,00,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
103	S5	Revision Hip Replacement (With Implant) Acetabular Component with cage		S	2,00,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY
104	S5	Revision Hip Replacement (With Implant) Acetabular Component with pelvic Augments		S	2,50,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY
105	S5	Revision Hip Replacement (With Implant) Stem Replacement		S	2,00,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY	Clinical Photograph, X-RAY
106	S5	Primary Knee Replacement (With Implant) Metal Back (Indian Implant)		S	1,10,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY, Bilateral Lower Limb Standing ORG	Clinical Photograph, X-RAY, Post-op ORG

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
107	S5	Primary Knee Replacement (With Implant) Metal Back (Imported Implant)		S	1,30,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY, Bilateral Lower Limb Standing ORG	Clinical Photograph, X-RAY, Post-op ORG
108	S5	Primary Knee Replacement (With Implant) All Poly (Indian Implant)		S	80000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY, Bilateral Lower Limb Standing ORG	Clinical Photograph, X-RAY, Post-op ORG
109	S5	Primary Knee Replacement (With Implant) All Poly (Imported Implant)		S	90000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY, Bilateral Lower Limb Standing ORG	Clinical Photograph, X-RAY, Post-op ORG

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
110	S5	Revision Knee Replacement for Long Stem without Augment		S	2,50,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY, Bilateral Lower Limb Standing ORG	Clinical Photograph, X-RAY, Post-op ORG
111	S5	Revision Knee Replacement With Augment Support		S	3,00,000		N		N		Haematology, Serum Biochemistry, Viral markers, Clinical Photograph, X-RAY, Bilateral Lower Limb Standing ORG	Clinical Photograph, X-RAY, Post-op ORG

## Polytrauma (S6)

Total no of packages: 48

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

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

- The minimum length of hospital stay admissible for polytrauma cases would be on a case-by-case depending on the nature, type and vitals (for e.g. coagulation parameters). However weekly submission of clinco-radiological vitals is desired.

- ICU requirement will be Rs.5000 per day (surgical) (beyond 24 hours mandatory pre-authorisation)

- Procedures are available in Specialty Centres.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S6	Nerve Plexus injuries, Tendon injury repair/reconstruction/ Transfer	00001	S	26,450	5-10 Days	N		N		Nerve conduction velocity (NCV),CT	Clinical Photographs with Graft site + Showing scar,POST OP ELECTRO DISGNOSTIC STUDY
2	S6	Plexus injury along with Vascular injury repair/graft	00002	S	60,000	5-10 Days	N		N		Pre-op. Doppler study,Nerve Conduction study,CT	Post-op. Doppler study,Clinical photo showing scar

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
3	S6	Internal fixation with Flap cover Surgery for wound in compound fracture	00003	S	40,000	5-10 Days	N		N		PRE OP CLINICAL PICTURE,X-RAY/CT	Post- op. X-ray,Clinical Photograph showing flap cover
4	S6	Head injury requiring Facio-Maxillary Injury repairs & fixations (including implants)	00004	S	35,000	5-10 Days	N		N		X-RAY/CT	Clinical photograph showing scar,Post-op. X-ray
5	S6	Internal fixation of Pelviacetabular fracture	00005	S	40,000	5-10 Days	N		N		X-RAY/CT	Clinical photograph showing scar,Post-op. X-ray
6	S6	Craniotomy and evacuation of Haematoma – subdural/Extra dural along with fixation of fracture of single long bone	00006	S	60,000	5-10 Days	N		N		Pre-op. X-ray,CT	Clinical photograph showing scar,Post-op. X-ray
7	S6	Craniotomy and evacuation of Haematoma – subdural/Extra dural along with fixation of fracture of 2 or more long bone.	00007	S	75,000	5-10 Days	N		N		Pre-op. X-ray,CT	Clinical photograph showing scar,Post-op. X-ray
8	S6	Visceral injury requiring surgical intervention along with fixation of fracture of single long bone.	00008	S	30,000	5-10 Days	N		N		Pre-op. X-ray,CT,USG	Clinical photograph showing scar,Post-op. X-ray



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9	S6	Visceral injury requiring surgical intervention along with fixation of fracture of 2 or more long bones.	00009	S	45,000	5-10 Days	N		N		Pre-op. X-ray,CT,USG	Clinical photograph showing scar,Post-op. X-ray
10	S6	Chest injury with one fracture of long bone (with implants)	00010	S	35,000	5-10 Days	N		N		Pre-op. X-ray of fracture	Clinical photograph showing scar,Post-op. X-ray
11	S6	Chest injury with fracture of 2 or more long bones	00011	S	45,000	5-10 Days	N		N		Pre-op. X-ray of fracture	Clinical photograph showing scar,Post-op. X-ray
12	S6	Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery	00012	S	30,000	5-10 Days	N		N		Clinical report,electro-diagnostic studies	Clinical Photographs with Graft site + Showing scar,MRI
13	S6	Nerve and tendon repair &/ Vascular repair		S	23,000		N		N		Nerve Conduction study, CT scan	Clinical Photograph
14	S6	Nerve & Tendon Repair &/ Vascular Repair (Grade-I& II)		S	14,950		N		N		Nerve Conduction study, CT scan	Clinical Photograph
15	S6	Flap cover Surgery for wound in compound fracture		S	23,000		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH
16	S6	Other Small bonefractures/K-wiring (To be covered along with other injuries only and not as exclusive procedure)		S	10,000		N		N		X-RAY	X-RAY

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17	S6	Surgery for Patella fracture (To be covered along with other injuries only and not as exclusive procedure)		S	15,000		N		N		X-RAY	X-RAY
18	S6	Facial bone fractures (Facio-Maxillary Injuries)		S	28,750		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
19	S6	Surgical Correction of Pelvic bone fractures.		S	40,000		N		N		X-RAY	X-RAY
20	S6	JOINT RECONSTRUCTION (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	74,750		N		N		MRI , CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
21	S6	ELLIZAROV FIXATION,/ External Fixation (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	75,000		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
22	S6	OPEN REDUCTION INTERNAL FIXATION- SMALL BONE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	17,250		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY

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23	S6	OPEN REDUCTION INTERNAL FIXATION-LARGE BONE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	40,250		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
24	S6	OPEN REDUCTION OF SMALL JOINT(TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	20,000		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
25	S6	OPEN REDUCTION WITH PHEMISTER GRAFTING (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	40,000		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
26	S6	PERCUTANEOUS-FIXATION OF FRACTURE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	20,000		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY

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27	S6	PREPATELLAR BURSA AND REPAIR OF MCL OF KNEE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE) stage A) Stage 1, B) Stage 2		S	57,500		N		N		MRI, CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
28	S6	RECONSTRUCTION OF ACL/PCL (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE) stage A) Stage 1, B) Stage 2		S	70,000		N		N		MRI, CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
29	S6	SHOULDER JACKET (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	50,000		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
30	S6	RESECTION & ANASTOMOSIS OF INTESTINE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	34,500		N		N		CLINICAL PHOTOGRAPH, X-RAY, USG ABD, CT SCAN ABD	CLINICAL PHOTOGRAPH, X-RAY

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31	S6	OPERATION FOR INJURY OF BLADDER (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	32,200		N		N		CLINICAL PHOTOGRAPH, X-RAY, USG ABD, CT SCAN ABD	CLINICAL PHOTOGRAPH, X-RAY
32	S6	URETHRAL INJURY (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	28,750		N		N		CLINICAL PHOTOGRAPH, X-RAY, USG ABD, CT SCAN ABD	CLINICAL PHOTOGRAPH, X-RAY
33	S6	URETHRAL RECONSTRUCTION (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	34,500		N		N		CLINICAL PHOTOGRAPH, X-RAY, USG ABD, CT SCAN ABD	CLINICAL PHOTOGRAPH, X-RAY
34	S6	INTESTINAL RESECTION (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	40,250		N		N		CLINICAL PHOTOGRAPH, X-RAY, USG ABD, CT SCAN ABD	CLINICAL PHOTOGRAPH, X-RAY
35	S6	SPLENECTOMY (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	51,750		N		N		CLINICAL PHOTOGRAPH, X-RAY, USG ABD, CT SCAN ABD	CLINICAL PHOTOGRAPH, X-RAY

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36	S6	ILIEOSIGMOIDOSTOMY (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	28,750		N		N		CLINICAL PHOTOGRAPH, X-RAY, USG ABD, CT SCAN ABD	CLINICAL PHOTOGRAPH, X-RAY
37	S6	PERFORATING SCLERA-CORNEAL INJURY (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	46,000		N		N		CLINICAL PHOTOGRAPH, X-RAY	CLINICAL PHOTOGRAPH, X-RAY
38	S6	DEPRESSED FRACTURE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	40,250		N		N		CLINICAL PHOTOGRAPH, X-RAY, CT SCAN BRAIN	CLINICAL PHOTOGRAPH, X-RAY
39	S6	SKULL TRACTION (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	12,880		N		N		CLINICAL PHOTOGRAPH, X-RAY, CT SCAN BRAIN	CLINICAL PHOTOGRAPH, X-RAY
40	S6	BURR HOLE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	28,750		N		N		CLINICAL PHOTOGRAPH, X-RAY, CT SCAN BRAIN	CLINICAL PHOTOGRAPH, X-RAY

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41	S6	TEMPORAL BONE RESECTION (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	57,500		N		N		CLINICAL PHOTOGRAPH, X-RAY, CT SCAN BRAIN	CLINICAL PHOTOGRAPH, X-RAY
42	S6	SKULL BASE SURGERY (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	69,000		N		N		CLINICAL PHOTOGRAPH, X-RAY, CT SCAN BRAIN	CLINICAL PHOTOGRAPH, X-RAY
43	S6	RUPTURE UTERUS, CLOSER AND REPAIR WITH TUBAL LIGATION (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	40,250		N		N		CLINICAL PHOTOGRAPH, X-RAY,	CLINICAL PHOTOGRAPH, X-RAY
44	S6	THORACOPLASTY (TO BE COVERED ALONG WITH /Without OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)		S	34,500		N		N		CLINICAL PHOTOGRAPH, X-RAY, CT SCAN THORAX	CLINICAL PHOTOGRAPH, X-RAY
45	S6	Wound management for compound fracture (Any grade)		S	30,000		N		N		Clinical Photograph, Xray	Clinical Photograph, Xray

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46	S6	EXTERNAL FIXATOR WITH SOFT TISSUE INJURY, SURGICAL MANAGEMENT, STG COVERING FOR SMALL BONES		S	50,000		N		N		Clinical Photograph, Xray	Clinical Photograph, Xray
47	S6	EXTERNAL FIXATOR WITH SOFT TISSUE INJURY, SURGICAL MANAGEMENT, STG COVERING FOR LARGE BONES		S	50,000		N		N		Clinical Photograph, Xray	Clinical Photograph, Xray
48	S6	DEFORMITY SURGERY FOR SPINE (KYPHO/SCOLIOSIS)		S	150,000		N		N		Clinical Photograph, Xray	Clinical Photograph, Xray



## Urology (S7)

Total no: of packages: 170

Empanelment classification: Essential/ Minimum criteria In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Selective packages

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

- Further it is also mandated to get approval for all non-surgical conditions (involving evaluation/ investigation/ therapeutic management / follow-up visits) as indicated.
- For any procedure whose charges are Rs. 15,000 or higher, extra costs (in the sense other packages) cannot be clubbed/ claimed from the following: cystoscopy, ureteric catheterization, retrograde pyelogram, DJ stenting, nephrostomy – as they would form part of such packages costing Rs. 15,000 or higher as per the need.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S7	Adrenalectomy-unilateral, open	00001	S	25,000	7	N		N		clinical notes,CT/MRI,X-Ray,USG pelvis	Clinical photograph,USG
2	S7	Adrenalectomy-unilateral, Laparoscopic	00002	S	30,000	3	N		N		clinical notes,CT/MRI,X-Ray,USG pelvis	Clinical photograph,USG
3	S7	Adrenalectomy-bilateral, open	00003	S	32,000	7	N		N		clinical notes,CT/MRI,X-Ray,USG pelvis	Clinical photograph,USG
4	S7	Adrenalectomy-bilateral, Laparoscopic	00004	S	40,000	5	N		N		clinical notes,CT/MRI,X-Ray,USG pelvis	Clinical photograph,USG
5	S7	Paraganglioma excision with liver mobilization	00005	S	50,000		N		N		clinical notes,CT/MRI,X-Ray,USG pelvis	Clinical photograph,USG
6	S7	Nephrectomy (Benign) Open	00006	S	20,700	5	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG

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7	S7	Nephrectomy (Benign) Laparoscopic	00007	S	20,700	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
8	S7	Nephrectomy-Radical (Renal tumor) Open	00008	S	25,000	5	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
9	S7	Nephrectomy-Radical (Renal tumor) Laparoscopic	00009	S	25,300	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
10	S7	Nephrectomy-Partial or Hemi, Open	00010	S	30,000	5	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
11	S7	Nephrectomy-Partial or Hemi, Laparoscopic	00011	S	35,000	5	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
12	S7	Nephro ureterectomy (Benign) Open	00012	S	25,000	5	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
13	S7	Nephro ureterectomy (Benign) Laparoscopic	00013	S	30,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
14	S7	Nephro ureterectomy with cuff of bladder Open	00014	S	34,500	5	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
15	S7	Nephro ureterectomy with cuff of bladder Laparoscopic	00015	S	51,750	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
16	S7	Pyeloplasty/pyelouretostomy/pyelopyelostomy Open	00016	S	25,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
17	S7	Pyeloplasty/pyelouretostomy/pyelopyelostomy Laparoscopic	00017	S	30,000	2	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG

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18	S7	Endopyelotomy (retrograde with laser/bugbee)	00018	S	25,000	1	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
19	S7	Endopyelotomy (antegrade with laser/bugbee)	00019	S	28,000	2	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
20	S7	Ureterocalycostomy Open	00020	S	34,500	5	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
21	S7	Ureterocalycostomy Laparoscopic	00021	S	40,250	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
22	S7	Uretero-ureterostomy Open	00022	S	25,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
23	S7	Uretero-ureterostomy Laparoscopic	00023	S	35,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
24	S7	PCNL (Percutaneous Nephrolithotomy) - Unilateral	00025	S	23,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
25	S7	Extracorporeal shock-wave Lithotripsy (SWL) stone, with or without stent (one side)	00026	S	8,625	D (up to 3 sittings)	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
26	S7	Pyelolithotomy-Open	00028	S	15,000	3	N		N		clinical notes,CT/IVP , KUB , USG	Clinical photograph,USG, MCU/CT Cystography
27	S7	Pyelolithotomy-Laparoscopic	00029	S	30,000	2	N		N		clinical notes, IVP, USG/CT Abd	MCU/CT Cystography

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28	S7	Nephrolithotomy-Open	00030	S	15,000	3	N		N		USG KUB/CT Urography, Urography/MRI	X-ray KUB/USG KUB/CT, Urography
29	S7	Perinephric Abscess drainage (percutaneous)	00032	S	10,000	2	N		N		USG KUB/CT Urography, Urography/MRI	CT/MRI,USG pelvis,Clinical photograph
30	S7	Perinephric Abscess drainage (Open)	00033	S	20,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
31	S7	Renal Cyst deroofing or marsupialization-Open	00034	S	20,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
32	S7	Renal Cyst deroofing or marsupialization-Laparoscopic	00035	S	30,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
33	S7	Ureterolithotomy-Open	00037	S	20,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Operative notes with steps of surgery, X-ray KUB/USG KUB/CT/ Urography
34	S7	Ureterolithotomy-Laparoscopic	00038	S	30,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Operative notes with steps of surgery, X-ray KUB/USG KUB/CT/ Urography
35	S7	Ureterotomy (Cutaneous)	00042	S	20,000	2	N		N		USG KUB/CT Urography, Urography/MRI	Operative notes with steps of surgery, X-ray KUB/USG KUB/CT/ Urography

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36	S7	Endoureterotomy (laser/bugbee)	00043	S	20,000	1	N		N		USG KUB/CT Urography, Urography/MRI	Operative notes with steps of surgery, X-ray KUB/USG KUB/CT/ Urography
37	S7	Ureteric reimplantation-unilateral-open	00044	S	34,500	3	N		N		USG KUB/CT Urography, Urography/MRI	Operative notes with steps of surgery, X-ray KUB/USG KUB/CT/ Urography
38	S7	Ureteric reimplantation-unilateral-Laparoscopic	00046	S	46,000	3	N		N		USG KUB/CT Urography, Urography/MRI	MCU/IVP/CT Urography
39	S7	Uretero-vaginal/uterine fistula repair open	00048	S	27,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Operative notes with steps of surgery,MCU/IVP/CT Urography
40	S7	Uretero-vaginal/uterine fistula repair Laparoscopic	00049	S	37,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Operative notes with steps of surgery,MCU/IVP/CT Urography
41	S7	Boari flap for ureteric stricture, open	00052	S	28,750	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG
42	S7	Boari flap for ureteric stricture, Laparoscopic	00053	S	40,000	3	N		N		USG KUB/CT Urography, Urography/MRI	Clinical photograph,USG

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43	S7	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	00057	S	9,200	D	N		N		clinical notes,CT/MRI,USG pelvis	Clinical photograph,USG
44	S7	Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram	00058	S	15,000	1	N		N		clinical notes,CT/MRI,USG pelvis	Clinical photograph,USG
45	S7	Urachal Cyst excision - open	00059	S	15,000	2	N		N		clinical notes,USG, IVP, USG/CT Abd	USG, IVP, USG/CT Abd,clinical notes
46	S7	Cystolithotomy-open, including cystoscopy	00060	S	15,000	2	N		N		clinical notes,CT/IVP, KUB, USG	clinical notes,CT/IVP, KUB, USG
47	S7	Cystolithotripsy/Urethral Stone endoscopic, including cystoscopy	00061	S	15,000	1	N		N		clinical notes,CT/IVP, KUB, USG	CT/IVP, KUB, USG,Clinical photo showing scar
48	S7	TURBT (Transurethral Resection of the Bladder Tumor)	00062	S	28,750	2	N		N		clinical notes,CT/MRI,USG pelvis	clinical notes,CT/MRI,USG pelvis
49	S7	TUR-fulgration (Transurethral fulgration of the Bladder Tumor)	00063	S	18,000	2	N		N		clinical notes,CT/MRI,USG pelvis	CT/MRI,USG pelvis,clinical notes
50	S7	Intravesical BCG/Mitomycin 6 induction cycles (weekly for 6 weeks-total cost of 6 cycles)	00064	S	12,000	D	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	clinical notes,USG KUB/CT Urography, MRI, Urography

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
51	S7	Intravesical BCG/Mitomycin maintenance for 12 doses (total cost of 12 doses)	00065	S	24,000	D	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	USG KUB/CT Urography, MRI, Urography
52	S7	Post TURBT - Check Cystoscopy (Per sitting) with or without cold-cup biopsy	00066	S	10,000	D	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	USG KUB/CT Urography, MRI, Urography
53	S7	Diagnostic Cystoscopy	00067	S	5,750	D	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	USG KUB/CT Urography, MRI, Urography
54	S7	Bladder Neck incision-endoscopic	00068	S	15,000	1	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	USG KUB/CT Urography, MRI, Urography
55	S7	Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant	00069	S	50,000	5	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	clinical notes,USG KUB/CT Urography, MRI, Urography
56	S7	Bladder injury repair (as an independent procedure with or without urethral injury)	00070	S	20,000	3	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	clinical notes,USG KUB/CT Urography, MRI

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57	S7	Bladder injury repair (only to be used if done as a part of ongoing laparotomy/other surgery)	00071	S	10,000	2	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	clinical notes,USG KUB/CT Urography, MRI
58	S7	Bladder injury repair with colostomy (as an independent procedure with or without urethral injury)	00072	S	25,000	5	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	clinical notes,USG KUB/CT Urography, MRI
59	S7	Partial Cystectomy-open	00073	S	20,000	3	N		N		clinical notes,CT Scan/MRI /MCU	clinical notes,CT Scan/MRI /MCU/Cystography
60	S7	Partial Cystectomy-Laparoscopic	00074	S	30,000	3	N		N		clinical notes,USG KUB/CT Urography, MRI, Urography	clinical notes,CT Scan/MRI /MCU/Cystography
61	S7	Radical cystectomy with neobladder-open	00075	S	80,500	7	N		N		clinical notes,CT/MRI,USG pelvis	CT/MRI, USG
62	S7	Radical cystectomy with continent diversion-open	00076	S	50,000	7	N		N		USG KUB/CT Urography, MRI, Urography	USG pelvis,Histopathological report,Clinical photo showing scar
63	S7	Radical Cystectomy with Ileal Conduit-open	00077	S	50,000	7	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	clinical notes,USG KUB/CT Urography, MRI



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64	S7	Radical Cystectomy with ureterostomy-open	00078	S	35,000	7	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	USG KUB/CT Scan/MRI Scan,Clinical photo showing scar
65	S7	Radical Cystectomy with ureterosigmoidostomy-open	00079	S	35,000	7	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	USG KUB/CT Scan/MRI Scan,Histopathological report
66	S7	Other Cystectomies	00080	S	30,000	2	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	Histopathological report,Clinical photo showing scar
67	S7	Suprapubic Cystostomy - Open, as an independent procedure	00081	S	10,000	D	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	USG KUB/CT Scan/MRI Scan
68	S7	Suprapubic Drainage - Closed/Trocar	00082	S	5,000	D	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	USG KUB/CT Scan/MRI Scan
69	S7	VVF/Uterovaginal Repair - Transvaginal approach	00083	S	25,000	5	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	USG KUB/CT Scan/MRI Scan
70	S7	VVF/Uterovaginal Repair - Abdominal,Open	00084	S	25,000	5	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	USG KUB/CT Scan/MRI Scan
71	S7	VVF/Uterovaginal Repair - Abdominal, Laparoscopic	00085	S	43,700	5	N		N		USG KUB/CT Scan/MRI Scan,clinical notes	USG KUB/CT Scan/MRI Scan

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72	S7	Hysterectomy as part of VVF/uterovaginal fistula repair (top-up)	00086	S	5,000		N		N		clinical notes,CT/IVP , Scopy , RGU	Operative notes with steps of surgery,MCU/IVP/CT Urography
73	S7	Urethrovaginal fistula repair	00087	S	30,000	3	N		N		USG KUB/MRI Scan,clinical notes	IVP/CT Scan/MRI Scan,Clinical photo showing scar,USG
74	S7	Y V Plasty of Bladder Neck/Bladder Neck Reconstruction	00088	S	20,000	5	N		N		USG KUB/MRI Scan,clinical notes	MCU/IVP/CT Urography
75	S7	Augmentation cystoplasty-open	00089	S	30,000	5	N		N		X-ray KUB/USG KUB/CT, Urography	X-ray KUB/USG KUB/CT, Urography
76	S7	Augmentation cystoplasty-Laparoscopic	00090	S	40,000	5	N		N		clinical notes,USG, IVP/MCU	clinical notes,USG, IVP/ MCU
77	S7	Open bladder diverticulectomy with/without ureteric re-implantation	00091	S	34,500	3	N		N		X-ray KUB/USG KUB/CT, Urography	X-ray KUB/USG KUB/CT, Urography
78	S7	Open simple prostatetctomy for BPH	00092	S	25,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
79	S7	TURP-Transurethral Resection of the Prostate, BPH, Monopolar/Bipolar/Laser	00093	S	25,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis
80	S7	Holmium Laser Prostatectomy	00094	S	30,000	2	N		N		CT/MRI,USG pelvis,clinical notes/MCU	CT Scan/MRI /MCU,USG

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81	S7	TURP/Laser + Circumcision	00095	S	30,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT Scan/MRI /MCU,USG
82	S7	TURP/Laser + Cystolithotripsy	00096	S	30,000	2	N		N		USG Abdomen,Cysto uretroscopy ,ProstateSpecific Antigen	X-ray KUB/USG KUB/CT, Urography
83	S7	TURP/Laser + Cystolithotomy-open	00097	S	35,000	2	N		N		CT/MRI,USG pelvis,clinical notes	MCU/CT Cystography
84	S7	TURP/Laser + Orchidectomy	00098	S	30,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
85	S7	TURP/Laser + TURBT	00099	S	30,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
86	S7	TURP/Laser + URS with stone removal	00100	S	40,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
87	S7	TURP/Laser + VIU (visual internal Ureterotomy)	00101	S	40,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
88	S7	TURP/Laser + Hydrocele surgery	00102	S	40,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
89	S7	TURP/Laser + Hernioplasty	00103	S	40,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
90	S7	TURP/Laser + Urethral dilatation-non endoscopic	00104	S	40,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes

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91	S7	TURP/Laser + Urethral dilatation-endoscopic	00105	S	40,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
92	S7	Radical prostatectomy - open	00106	S	60,000	5	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
93	S7	Radical prostatectomy - laparoscopic	00107	S	70,000	5	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
94	S7	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)	00108	S	10,000		N		N		CT/MRI,USG pelvis,clinical notes/MCU	CT/MRI,USG pelvis,clinical notes
95	S7	Reduction of Paraphimosis	00109	S	2,000	D	N		N		CT/MRI,USG pelvis,clinical notes/MCU	CT/MRI,USG pelvis,clinical notes
96	S7	Excision of Urethral Caruncle	00110	S	6,000	1	N		N		CT/MRI,USG pelvis,clinical notes/MCU	CT/MRI,USG pelvis,clinical notes
97	S7	Meatoplasty	00111	S	3,500	1	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
98	S7	Meatotomy	00112	S	3,500	1	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
99	S7	Post Urethral Valve fulguration	00113	S	10,000	1	N		N		CT/MRI,USG pelvis,clinical notes/MCU	CT/MRI,USG pelvis,clinical notes
100	S7	Urethroplasty-End to end	00114	S	20,000	3	N		N		clinical notes,RGU	CT/MRI,USG pelvis,clinical notes
101	S7	Urethroplasty-Substitution-single stage	00115	S	25,000	5	N		N		clinical notes,CT/MRI,USG pelvis	CT/MRI,USG pelvis,clinical notes

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102	S7	Urethroplasty-Transpubic	00117	S	30,000	5	N		N		clinical notes,CT/MRI,USG pelvis	CT/MRI,USG pelvis,clinical notes
103	S7	Perineal Urethrostomy without closure	00119	S	20,000	2	N		N		clinical notes,CT/MRI,USG pelvis	CT/MRI,USG pelvis,clinical notes
104	S7	Urethrorectal fistula repair	00120	S	40,000	6	N		N		clinical notes,CT/MRI,USG pelvis	CT/MRI,USG pelvis,clinical notes
105	S7	Urethral Dilatation-non endoscopic as an independent procedure	00121	S	2,000	D	N		N		clinical notes,USG, IVP, USG/CT Abd	CT/MRI,USG pelvis,clinical notes
106	S7	Urethral Dilatation-endoscopic as an independent procedure	00122	S	5,000	D	N		N		clinical notes,MCU/CT Cystography	MCU/CT Cystography/USG
107	S7	Internal Ureterotomy including cystoscopy as an independent procedure	00123	S	10,000	1	N		N		MCU/CT Cystography,clinical notes	MCU/CT Cystography,clinical notes
108	S7	Orchiopexy-without laparoscopy, unilateral	00126	S	15,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
109	S7	Orchiopexy-without laparoscopy, bilateral	00127	S	15,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
110	S7	Orchiopexy-with laparoscopy, unilateral	00128	S	30,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes
111	S7	Orchiopexy-with laparoscopy, bilateral	00129	S	30,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI,USG pelvis,clinical notes

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112	S7	Stress incontinence surgery, open	00130	S	20,000	4	N		N		CT/MRI,USG pelvis,clinical notes	Operative notes with steps of surgery,clinical notes/U.SCOPY, USG/UDS
113	S7	Stress incontinence surgery, laparoscopic	00131	S	30,000	4	N		N		clinical notes,U.SCOPY, USG, UDS	Operative notes with steps of surgery,clinical notes/U.SCOPY, USG/UDS
114	S7	Stress incontinence surgery with slings	00132	S	35,000	3	N		N		clinical notes,U.SCOPY, USG, UDS	CT/MRI/USG,clinical notes
115	S7	Partial Penectomy	00133	S	15,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
116	S7	Total Penectomy + Perineal Urethrostomy	00134	S	20,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
117	S7	Ilio-Inguinal lymphadenectomy-unilateral	00135	S	15,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
118	S7	Ilio-Inguinal lymphadenectomy-bilateral	00136	S	25,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
119	S7	Pelvic lymphadenectomy open, after prior cancer surgery	00137	S	25,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
120	S7	Pelvic lymphadenectomy laparoscopic, after prior cancer surgery	00138	S	30,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes

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121	S7	Orchiectomy-High inguinal	00139	S	15,000	1	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
122	S7	Orchiectomy-simple	00140	S	10,000	D	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
123	S7	Bilateral Orchidectomy for hormone ablation	00141	S	11,500	D	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
124	S7	Retroperitoneal lymph node dissection-open	00142	S	60,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
125	S7	Retroperitoneal lymph node dissection-Laparoscopic	00143	S	35,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
126	S7	Infertility-Scrotal exploration unilateral	00144	S	10,000	D	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
127	S7	Infertility-Scrotal exploration bilateral	00145	S	12,000	D	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
128	S7	Infertility-Vasopididymostomy, microsurgical, unilateral	00146	S	15,000	D	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
129	S7	Infertility-Vasopididymostomy, microsurgical, bilateral	00147	S	20,000	D	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
130	S7	Varicocele-unilateral-non microsurgical	00148	S	10,000	1	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
131	S7	Varicocele-unilateral-microsurgical	00149	S	12,000	1	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes

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132	S7	Varicocele-bilateral-non microsurgical	00150	S	15,000	1	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
133	S7	Varicocele-bilateral-microsurgical	00151	S	20,000	1	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
134	S7	Penile prosthesis insertion, Malleable (Indian implant)	00152	S	30,000	3	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
135	S7	Priapism-aspiration/shunt	00153	S	15,000	2	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
136	S7	Neurogenic bladder- Package for evaluation/investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics). Follow up visit once in 3 months	00154	S	7,500		N		N		Clinical assessment and investigations	Clinical photograph,USG
137	S7	Chronic prostatitis- Package for evaluation/investigation (ultrasound + culture + prostate massage) for 1 month (medicines). Follow up visit once in 3 months	00155	S	2,500		N		N		Clinical assessment and investigations	Clinical photograph,USG



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138	S7	Emergency management of Ureteric stone - Package for evaluation/investigation (ultrasound + culture) for 3 weeks (medicines).	00156	S	3,500		N		N		Clinical assessment and investigations	Clinical photograph,USG
139	S7	Emergency management of Hematuria	157.00	S	2,000/DAY	7	N		N		Clinical assessment and investigations	Clinical photograph,USG
140	S7	Emergency management of Acute retention of Urine	00158	S	2,000/DAY	3	N		N		Clinical assessment and investigations	Clinical photograph,USG
141	S7	Acute management of upper urinary tract trauma – conservative	00159	S	2,000/DAY		N		N		Clinical assessment and investigations	Clinical photograph,USG
142	S7	Urinary tract trauma – open surgery (exploratory)	00160	S	20,000	5	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
143	S7	Urinary tract trauma – Laparoscopy surgery	00161	S	30,000	5	N		N		CT/MRI,USG pelvis,clinical notes	CT/MRI/USG,clinical notes
144	S7	VVF Repair		S	23000		N		N		IVP , KUB , USG	Clinical Photograph , USG , voiding cystogram
145	S7	URSL		S	10000		N		N		IVP , KUB , USG, Spiral CT KUB	X-RAY KUB
146	S7	Nephrostomy (PCN)		S	5750		N		N		IVP , USG	Clinical Photograph
147	S7	DJ stent (One side)		S	5750		N		N		IVP , USG	X-RAY KUB

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148	S7	Urethroplasty for Stricture Diseases-First Stage		S	18000		N		N		RGU & MCU, Uroflometry	RGU & MCU, Uroflometry, Clinical Photograph
149	S7	Urethroplasty for Stricture Diseases-Second Stage		S	18000		N		N		RGU & MCU, Uroflometry	RGU & MCU, Uroflometry, Clinical Photograph
150	S7	Hypospadiasis(Adult)		S	20700		N		N		USG,Clinical Photograph	Clinical Photograph, Uroflowmetry
151	S7	RETROGRADE INTRARENAL SURGERY WITH LASER LITHOTRIPSY		S	30000		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, PT/APTT, X RAY KUB, IVP, USG KUB	X RAY KUB, USG KUB
152	S7	COLOSTOMY & SUPRAPUBIC URINARY DIVERSION FOR PELVIC FRACTURE INJURY		S	23000		N		N		CBC, S. CREATININE, URINE R/M, USG KUB, RGU + MCU	
153	S7	SURGERY FOR URETHRORECTAL FISTULA		S	28750		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, USG KUB, RGU + MCU, CT ABDOMEN	MCU

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154	S7	OPEN SURGERY FOR COLOVESICAL FISTULA		S	34500		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, USG KUB, RGU + MCU, CT ABDOMEN	MCU
155	S7	OPEN HEMINEPHRECTOMY FOR FUSION ANOMALY		S	34500		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, X RAY KUB, CT IVU, USG KUB, DIURETIC RENAL SCAN	USG KUB
156	S7	LAPROSCOPIC HEMINEPHRECTOMY FOR FUSION ANOMALY		S	40250		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, X RAY KUB, CT IVU, USG KUB, DIURETIC RENAL SCAN	USG KUB
157	S7	OPEN ANATROPHIC NEPHROLITHOTOMY ( For Staghorn Stone)		S	34500		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, X RAY KUB, CT IVU, USG KUB	USG KUB, X RAY KUB, S. CREATININE
158	S7	URETEROLYSIS FOR RETROPERITONEAL FIBROSIS		S	34500		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, CT IVU, USG KUB	DIURETIC IVP

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159	S7	OPEN RADICAL CYSTECTOMY WITH MAINZ 2 POUCH		S	57500		N		N		CBC, S. CREATININE, URINE CYTOLOGY, URINE C/S, CT ABDOMEN, USG KUB, CHEST X RAY, COLONOSCOPY	CBC, S. CREATININE, ABG, USG ABDOMEN, CT IVU, COLONOSCOPY
160	S7	OPEN ORCHIECTOMY (SIMPLE / RADICAL)		S	17250		N		N		USG SCROTUM, DOPPLER SCROTUM / AFP, LDH, B HCG, CT ABDOMEN	AFP, LDH, B HCG, CT ABDOMEN
161	S7	OPEN ILEAL REPLACEMENT FOR URETERIC STRICTURE		S	57500		N		N		CT IVU, MCU, URINE FOR AFB, USG ABDOMEN	DIURETIC IVP
162	S7	OPEN URETEROLYSIS		S	34500		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, CT IVU, USG KUB	DIURETIC IVP
163	S7	OPEN COLOVAGINAL FISTULA REPAIR		S	34500		N		N		CT ABDOMEN, COLONOSCOPY	BARIUM ENEMA
164	S7	URETHROVAGINAL FISTULA REPAIR		S	34500		N		N		CBC, S. CREATININE, URINE R/M, URINE C/S, IVP, USG KUB, MCU	MCU
165	S7	RADIOCEPHALIC AV FISTULA FOR HEMODIALYSIS		S	6440		N		N		DOPPLER UPPER LIMB	DOPPLER UPPER LIMB

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166	S7	BRACHIOCEPHALIC AV FISTULA FOR HEMODIALYSIS		S	8280		N		N		DOPPLER UPPER LIMB	DOPPLER UPPER LIMB
167	S7	MAINTENANCE HEMODIALYSIS (MHD) (WITH INJ. ERYTHROPOETINE WITH INJ. IRON) –PER DIALYSIS.		S	2300		N		N		CBC, S.CRETAIN, BL UREA, S. Na+ /S.K+, HIV(ELLISA), HCV (ELLISA), HBS Ag (ELLISA)	
168	S7	Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis		S	30,000		N		N		Colour Doppler/ Peripheral Angiogram	Clinical Photograph
169	S7	Endovascular intervention for salvaging hemodialysis AV fistula		S	40,000		N		N		Colour Doppler/ Peripheral Angiogram	Clinical Photograph
170	S7	SPC for atony bladder		S	20,000		N		N		Colour Doppler/ Peripheral Angiogram	Clinical Photograph

## Neurosurgery (S8)

Total no of packages: 117

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Selective packages

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

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S8	Anterior Encephalocele	00001	S	50,000	8	N		N		CT/MRI	clinical notes,Clinical photograph showing scar
2	S8	Burr hole	00002	S	7,000	2	N		N		CT/MRI	clinical notes,Clinical photograph showing scar
3	S8	Burr hole with chronic Sub Dural Haematoma (including pre and post Op. CT)	00003	S	20,000		N		N		CT/MRI,X-ray	clinical notes,Clinical photograph showing scar
4	S8	Carpal Tunnel Release including pre and post Op. MRI	00004	S	10,000	3	N		N		CT/MRI,X-ray	MRI
5	S8	Cervical Ribs – Bilateral	00005	S	35,000	7	N		N		CT/MRI,X-ray	Clinical Photograph
6	S8	Cervical Ribs – Unilateral	00006	S	20,000	5	N		N		CT/MRI,X-ray	Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
7	S8	Craniostenosis	00009	S	100,000	7	N		N	6.74	CT/MRI	Clinical Photograph
8	S8	Duroplasty - Endogenous	00010	S	12,500	5	N		N		CT/MRI	CT/MRI, scar Photo
9	S8	Duroplasty - Exogenous	00011	S	12,500+ implant cost	5	N		N		CT/MRI	CT/MRI, scar Photo
10	S8	Haematoma (Child subdural) inclusive of General anaesthesia, pre and post Op. CT	00014	S	50,000	10	N		N		CT/MRI	CT
11	S8	Laminectomy with Fusion and fixation	00015	S	50,000		N		N		CT/MRI	Clinical Photograph
12	S8	Laminectomy with Fusion	00016	S	40,000	6	N		N		CT/MRI	Clinical Photograph
13	S8	Local Neurectomy	00017	S	16,000	5	N		N		CT/MRI	Clinical Photograph
14	S8	Meningocele – Anterior	00019	S	36,000	10 (2 day ICU stay)	N		N		Brain and spinal cord MRI	X-Ray/ Post.op scar
15	S8	Meningocele – Lumbar	00020	S	36,000	10 (2 day ICU stay)	N		N		Brain and spinal cord MRI	X-Ray/ Post.op scar
16	S8	Meningococcal – Occipital	00021	S	50,000	10	N		N		CT/MRI	
17	S8	Skull Traction	00026	S	8,000	4	N		N		CT/MRI	Clinical photograph
18	S8	Spine - Canal Stenosis	00027	S	40,000	6	N		N		CT/MRI	Clinical photograph
19	S8	Spine - Extradural Haematoma	00032	S	30,000	7	N		N		CT/MRI	CT/MRI, scar Photo
20	S8	Spine - Extradural Haematoma with fixation	00033	S	40,000		N		N		CT/MRI	CT/MRI, scar Photo

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
21	S8	Spine - Intradural Haematoma	00036	S	40,000	7	N		N		CT/MRI	CT/MRI, scar Photo
22	S8	Spine - Intradural Haematoma with fixation	00037	S	50,000		N		N		CT/MRI	Histopathological report
23	S8	Spine - Intramedullar Tumour	00038	S	50,000	7	N		N		CT/MRI	Histopathological report
24	S8	Spine - Intramedullar Tumour - fixation	00039	S	60,000		N		N		CT/MRI	
25	S8	Brain Biopsy	00045	S	15,000	3	N		N		CT/X-ray	
26	S8	Cranial Nerve Anastomosis	00046	S	32,000	5	N		N		CT/X-ray	Clinical photograph
27	S8	Depressed Fracture	00047	S	40,000	7	N		N		CT/X-ray	Clinical photograph
28	S8	Peripheral Neurectomy (Trigeminal)	00049	S	16,500	5	N		N		CT/X-ray	Clinical photograph
29	S8	R.F. Lesion for Trigeminal Neuralgia	00050	S	28,750	3	N		N		CT/X-ray	Clinical photograph
30	S8	Twist Drill Craniostomy	00051	S	18,630	2	N		N		CT/X-ray	Clinical photograph
31	S8	Excision of Brain TumorSupratentorial& others	00056	S	34,500	10	N		N		CT	Histopathological report,X-ray/CT
32	S8	Abscess Tapping single	00057	S	17,250	7	N		N		CT	Histopathological report,X-ray/CT
33	S8	Abscess Tapping multiple	00058	S	23,920	7	N		N		X-RAY/CT	Histopathological report,X-ray/CT
34	S8	Excision of Brain Abscess	00059	S	28,750		N		N		X-RAY/CT	Histopathological report,X-ray/CT



Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
35	S8	Aneurysm Clipping including angiogram	00060	S	34,500	12	N		N		X-RAY/CT	Histopathological report,X-ray/CT
36	S8	Additonal clip for Aneurysm Clipping	00061	S	15,000		N		N		X-RAY/CT	Clinical Photographs with Graft site + Showing scar
37	S8	Stereotactic Lesioning	00065	S	50,000		N		N		CT/ MRI brain/X-ray	CT/ MRI brain,Clinical Photograph
38	S8	Cervical Disc Multiple level without Fusion	00068	S	40,000		N		N		X-RAY cervical spine	Clinical photograph showing scar,X-ray
39	S8	Trans oral Surgery	00071	S	39,790		N		N		X-ray	Clinical photograph
40	S8	Foramen Magnum Decompression	00072	S	45,000		N		N		X-ray	Clinical photograph
41	S8	Muscle Biopsy with report	00074	S	17,250		N		N		EMG,NCV	Clinical photograph
42	S8	Nerve Decompression	00075	S	17,250		N		N		MRI	Clinical photograph
43	S8	Peripheral Nerve Surgery Major	00076	S	34,500	5	N		N		EMG,NCV	Clinical photograph
44	S8	Peripheral Nerve Surgery Minor	00077	S	17,250	3	N		N		EMG,NCV	Clinical photograph
45	S8	Arterio venous malformation (AVM) excision (whatever size and location)	00079	S	50,000		N		N		X-ray	Clinical photograph showing scar,X-ray
46	S8	Scalp Arterio venous malformation (AVM)	00080	S	25,000		N		N		X-ray	Clinical photograph showing scar,X-ray

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
47	S8	Gamma Knife radiosurgery (GKRS)/ SRS for tumours/ Arteriovenous malformation (AVM)	00083	S	75,000		N		N		X-ray	Clinical photograph
48	S8	Craniotomy and Evacuation of Haematoma –Subdural		S	57040		N		N		CT	Clinical Photograph
49	S8	Craniotomy and Evacuation of Haematoma – Extradural		S	51520		N		N		CT	Clinical Photograph
50	S8	Excision of Brain Tumor Supratentorial-Parasagittal		S	51750		N		N		CT	Clinical Photograph
51	S8	Excision of Brain Tumor Supratentorial-Basal		S	51750		N		N		CT	Clinical Photograph
52	S8	Excision of Brain Tumor - Brainstem		S	70000		N		N		CT	Clinical Photograph
53	S8	Excision of Brain Tumor - C P Angle		S	50000		N		N		CT	Clinical Photograph
54	S8	Excision of Brain Tumors – Infratentorial		S	110000		N		N		MRI	Clinical Photograph
55	S8	Intervention with coiling / embolisation procedures		S	85000		N		N		DSA	DSA
56	S8	Ventriculoatrial /Ventriculoperitoneal/ Ventriculo-other Shunt		S	40000		N		N		CT	Clinical Photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
57	S8	Subdural Tapping		S	17020		N		N		CT	Clinical Photograph
58	S8	Meningo Encephalocele		S	34270		N		N		MRI	Clinical Photograph
59	S8	C.S.F. Rhinorrhoea (Transcranial / Transnasal)		S	75000		N		N		CT	Clinical Photograph
60	S8	Cranioplasty		S	27830		N		N		CT , Clinical Photograph	Clinical Photograph
61	S8	Carotid angioplasty with stent		S	60000		N		N		ANGIOGRAM	DOPPLER , X-RAY
62	S8	Carotid angioplasty without stent		S	40000		N		N		ANGIOGRAM	DOPPLER , X-RAY
63	S8	External Ventricular Drainage (EVD)		S	28750		N		N		CT	Clinical Photograph
64	S8	Spinal Cord Tumours (extramedullary)		S	34270		N		N		MRI	Biopsy , Clinical Photograph
65	S8	Excision of Cervical Inter-Vertebral Discs		S	34270		N		N		MRI	Clinical Photograph
66	S8	Anterior Cervical Spine Surgery with fusion		S	34270		N		N		MRI	Clinical Photograph
67	S8	Anterio Lateral Decompression		S	17250		N		N		MRI	Clinical Photograph
68	S8	Laminectomy-Cervical/dorsal/lumbar		S	34270		N		N		MRI	Clinical Photograph
69	S8	Discectomy-Dorsal		S	28520		N		N		MRI	Clinical Photograph
70	S8	Discectomy-Lumbar		S	28520		N		N		MRI	Clinical Photograph
71	S8	Discectomy + cost of implant		S	34270		N		N		MRI	Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
72	S8	Spinal Intra Medullary Tumours		S	68540		N		N		MRI	Biopsy , Clinical Photograph , X-RAY
73	S8	Spina Bifida Surgery Major		S	28750		N		N		MRI	Clinical Photograph , X-RAY
74	S8	Spina Bifida Surgery Minor		S	20700		N		N		MRI	Clinical Photograph , X-RAY
75	S8	Vertebral artery Stenting		S	60000		N		N		ANGIOGRAM	DOPPLER
76	S8	Transoral surgery and CV Junction (With Posterior Fixation)		S	125000		N		N		MRI , X-Ray Cerical Spine	Clinical Photograph
77	S8	Trans Sphenoidal Surgery		S	34040		N		N		CT, MRI	Biopsy , Clinical Photograph
78	S8	MVD		S	45000		N		N		MRI	Clinical Photograph
79	S8	Nerve Biopsy with report		S	8625		N		N		EMG, NCV	Biopsy
80	S8	POSTERIOR FIXATION ALONE		S	65000		N		N		MRI SPINE +CT SPINE-FLEXION/EXTENTION/NEUTRAL	X RAY SPINE
81	S8	SURGERY FOR ORBITAL TUMORS/PROPTOSIS		S	90000		N		N		MRI CONTRAST/CECT	CECT+BIOPSY REPORT
82	S8	INFRATENTORIAL TUMOR WITH SPINAL EXTENSION		S	100000		N		N		MRI CONTRAST/CECT	CECT+BIOPSY REPORT

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
83	S8	VASCULAR MALFORMATION SURGERY (SUPRATENTORIAL/INF RATENTORIAL)		S	120000		N		N		CTA/MRA/DSA	CTA+BIOPSY
84	S8	EPILEPSY SURGERY- GRID INSERTION + LOCALISATION +SURGERY		S	110000		N		N		MRI BRAIN (1.5/3 TESLA) +VEEG +CT SCAN	CT BRAIN
85	S8	EPILEPSY SURGERY- LESIONECTOMY		S	60000		N		N		MRI BRAIN (1.5/3 TESLA) +EEG	CT BRAIN
86	S8	EPILEPSY SURGERY- ATL/AH FOR MTS		S	70000		N		N		MRI BRAIN (1.5/3 TESLA) +EEG	CT BRAIN
87	S8	BONY TUMOR OF SKULL		S	50000		N		N		CECT	CT BRAIN +BIOPSY REPORT
88	S8	ENDOSPIC BRAIN SURGERIES (DIAGNOSTIC)		S	30000		N		N		MRI BRAIN/CT BRAIN	CT BRAIN
89	S8	ENDOSPIC BRAIN SURGERIES (THIRD VENTRICULOSTOMY)		S	45000		N		N		MRI BRAIN/CT BRAIN	CT BRAIN
90	S8	ENDOSPIC BRAIN SURGERY (AQUEDUCTOPLASTY) WITHOUT IMPLANT		S	50000		N		N		MRI BRAIN/ CT BRAIN	CT BRAIN
91	S8	ENDOSPIC BRAIN SURGERY (AQUEDUCTOPLASTY) WITH IMPLANT		S	60000		N		N		MRI BRAIN/ CT BRAIN	CT BRAIN

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
92	S8	ENDOSPIC BRAIN SURGERIES ( TUMOUR/CYST EXISION)		S	60000		N		N		MRI BRAIN/CT BRAIN	CT BRAIN +BIOPSY
93	S8	PAIN MANAGEMENT SURGERY (SYMPETHECTOMY/RHIZOTOMY)		S	40000		N		N		RELATED INVESTIGATIONS	RELATED INVESTIGATIONS
94	S8	C V JUNCTION DECOMPRESSION (POSTERIOR) (ARNOLD-CHIARY MALFORMATION AND OTHERS)		S	70000		N		N		MRI CV JUNCTION + CT CV JUNCTION-FLEXION/EXTENSION/NEUTRAL	X RAY SPINE
95	S8	BONE FLAP REMOVAL		S	35000		N		N		CT BRAIN	CT BRAIN
96	S8	CORPECTOMY AND FIXATION CERVICAL/DORSAL/LUMBER(SINGLE LEVEL)		S	65000		N		N		MRI SPINE	X RAY SPINE
97	S8	CORPECTOMY AND FIXATION CERVICAL/DORSAL/LUMBER (MULTIPLE LEVEL)		S	80000		N		N		MRI SPINE	X RAY SPINE
98	S8	CERVICAL SPINE STABLISATION ANTERIOR		S	60000		N		N		MRI SPINE	X RAY SPINE
99	S8	CERVICAL SPINE STABLISATION-POSTERIOR		S	60000		N		N		MRI SPINE	X RAY SPINE
100	S8	CERVICAL SPINE STABLISATION-GLOBAL		S	90000		N		N		MRI SPINE	X RAY SPNE

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
101	S8	DL SPINE STABLISATION-ANTERTIOR		S	60000		N		N		MRI SPINE	X RAY SPINE
102	S8	DL SPINE STABLISATION-POSTERIOR		S	60000		N		N		MRI SPINE	X RAY SPINE
103	S8	DL SPINE STABLISATION-GLOBAL		S	90000		N		N		MRI SPINE	X RAY SPINE
104	S8	LAMINOPLASTY CERVICAL/DORSAL/LUMBER		S	50000		N		N		MRI SPINE	X RAY SPINE
105	S8	DIAGNOSTIC CEREBRAL/SPINAL ANGIOGRAPHY (DSA-DIGITAL SUBSTRACTION ANGIOGRAPHY)		S	12000		N		N		CT BRAIN/MRI SPINE	RELATED INVESTIGATIONS
106	S8	ENDOSCOPIC SPINE SURGERY		S	40000		N		N		MRI SPINE	X RAY SPINE
107	S8	THECO-PERITONEAL SHUNT		S	30000		N		N		MRI BRAIN/CT BRAIN	X RAY SPINE+CSF REPORT
108	S8	CRANIO-FACIAL RESECTION		S	90000		N		N		MRI BRAIN/CT BRAIN +FACE	CT BRAIN +FACE
109	S8	ST-MCA BYPASS/EC-ICA BYPASS		S	95000		N		N		CTA/MRA/DSA	CTA
110	S8	CAROTID LIGATION FOR CCF/GIANT ANEURYSM		S	30000		N		N		CTA/MRA/DSA	CTA
111	S8	REEXPLORATION FOR DEBRIDEMENT/CSF LEAK/HAEMATOMA		S	25000		N		N		CT BRAIN	CT BRAIN

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
112	S8	FACIAL NERVE REANIMATION		S	40000		N		N		CONCERNED INVESTIGATIONS	CONCERNED INVESTIGATIONS
113	S8	TRANSPEDICULAR BIOPSY		S	25000		N		N		MRI SPINE CONTRAST	X RAY SPINE +BIOPSY REPORT
114	S8	VERTEBROPLASTY/KYPHOPLASTY		S	50000		N		N		MRI SPINE	X RAY SPINE +BIOPSY REPORT
115	S8	Craniotomy and Evacuation of Haematoma - Intracranial Spontaneous / Traumatic		S	90000		N		N		NCCT BRAIN	NCCT BRAIN
116	S8	Decompressive Craniectomy - For Infarct / Lesion with mass effect on brain		S	70000		N		N		NCCT BRAIN	NCCT BRAIN
117	S8	SUPRATENTORIAL TUMOUR WITH INFRATENTORIAL TUMOR EXTENSION		S	100000		N		N		MRI/CT BRAIN (WITH CONTRAST)	CECT+BIOPSY REPORT



## Interventional Neuroradiology (S9)

Total no of packages: 14

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

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

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S9	Coil embolization for aneurysms (includes cost of first 3 coils + balloon and/ or stent if used) 1 to 20 coils may be required as per need.	00001	S	1,00,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
2	S9	Additional coil for coil embolization for aneurysms	00002	S	24,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
3	S9	Dural AVMs/AVFs (per sitting) with glue	00003	S	70,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
4	S9	Dural AVMs/AVFs (per sitting) with onyx	00004	S	1,50,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
5	S9	Carotico-cavernous Fistula (CCF) embolization with coils. [includes 5 coils, guide catheter, micro-catheter, micro-guidewire, general items]	00005	S	1,50,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
6	S9	Carotid-cavernous Fistula (CCF) embolization with balloon (includes one balloon, guide catheter, micro-catheter, micro-guidewire, general items)	00006	S	75,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
7	S9	Cerebral & Spinal AVM embolization (per sitting). Using Histoacryl	00007	S	1,00,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
8	S9	Parent vessel occlusion - Basic	00008	S	30,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
9	S9	Additonal coil for Parent Vessel Occlusion	00009	S	24,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
10	S9	Additonal balloon for Parent Vessel Occlusion	00010	S	11,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
11	S9	Balloon test occlusion	00011	S	70,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
12	S9	Intracranial balloon angioplasty with stenting	00012	S	1,60,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations
13	S9	Intracranial thrombolysis / clot retrieval	00013	S	1,60,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
14	S9	Pre-operative tumour embolization (per session)	00014	S	40,000		N		N		Hematological and radiological investigations	Hematological and radiological investigations

## Plastic & reconstructive (S10)

Total no of packages: 18

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as clinical and/or relevant imaging photographs of the patient are essential. In case of emergency/life-saving/ limb saving operative procedures, preauthorization may not be required. However, formal intimation should be done within 24 hours of admission.

- Procedures are predominantly available only in Specialty care centres across India

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S10	Hemangioma – Sclerotherapy (under GA)	00003	S	35,000	3	N		N		clinical and/or relevant imaging photographs	clinical and/or relevant imaging photographs
2	S10	Hemangioma – Debulking/ Excision	00004	S	35,000	4	N		N		clinical and/or relevant imaging photographs	clinical and/or relevant imaging photographs
3	S10	Tissue Expander for disfigurement following burns/ trauma/ congenital deformity (including cost of expander / implant)	00005	S	50,000	5	N		N		clinical and/or relevant imaging photographs	clinical and/or relevant imaging photographs
4	S10	Scalp avulsion reconstruction	00006	S	50,000	5	N		N		clinical and/or relevant imaging photographs	clinical and/or relevant imaging photographs
5	S10	NPWT (Inpatient only)	00007	S	2,000/day	3	N		N		clinical and/or relevant imaging photographs	clinical and/or relevant imaging photographs

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
6	S10	Pressure Sore – Surgery	00008	S	30,000	3	N		N		clinical and/or relevant imaging photographs	clinical and/or relevant imaging photographs
7	S10	Reconstructive lower limb surgery following infection, Trauma, Tumors / Malignancy, Developmental including diabetic foot – SEVERE		S	48300		N		N		Clinical photograph	Clinical photograph
8	S10	Abdominal wall reconstruction including post cancer excision.		S	40250		N		N		Clinical photograph	Clinical photograph
9	S10	Reconstructive Micro surgery Replantation of hand, finger, thumb, arm, scalp etc (Per finger 15000)		S	57500		N		N		Clinical photograph	Clinical photograph
10	S10	Reconstructive Micro surgery B) free tissue transfer		S	57500		N		N		Clinical photograph	Clinical photograph
11	S10	Flap surgeries b) myocutaneous flap		S	40250		N		N		Clinical photograph	Clinical photograph
12	S10	Flap surgeries c) osteo myocutaneous flap		S	40250		N		N		Clinical photograph	Clinical photograph
13	S10	operation for vascular malformation		S	34500		N		N		Clinical photograph	Clinical photograph
14	S10	Ear Reconstruction for Microtia (stage-I)		S	28750		N		N		Clinical photograph	Clinical photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
15	S10	Ear Reconstruction for Microtia (stage-II)		S	34500		N		N		Clinical photograph	Clinical photograph
16	S10	Ear Reconstruction for Microtia (stage-III)		S	40250		N		N		Clinical photograph	Clinical photograph
17	S10	Corrective Surgery for Congenital deformity of Upper Limb (Per Procedure)		S	20000		N		N		Clinical photograph	Clinical photograph
18	S10	Corrective Surgery for Craniosynostosis		S	50000		N		N		Clinical photograph	Clinical photograph

## Burns management (S11)

Total no: of packages: 18

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

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

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

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

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S11	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns) - any % (not requiring admission). Needs at least 5-6 dressing	00001	S	7,000	D	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
2	S11	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00002	S	40,250	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph



Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
3	S11	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): 40 % - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00003	S	57,500	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10 - 14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
4	S11	% Total Body Surface Area Burns (TBSA) (thermal/ scald/ flame burns): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00004	S	63,250	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
5	S11	Electrical contact burns: Low voltage- without part of limb/limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00005	S	30,000	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
6	S11	Electrical contact burns: Low voltage- with part of limb/limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00006	S	40,000	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
7	S11	Electrical contact burns: High voltage- without part of limb/limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00007	S	50,000	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
8	S11	Electrical contact burns: High voltage- with part of limb/limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00008	S	60,000	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
9	S11	Chemical burns: Without significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00009	S	40,000	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
10	S11	Chemical burns: With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	00010	S	60,000	Moderate to severe burns need initial ICU stay ranging from 2 – 5 days and then 10-14 days of ward stay with alternate day dressings	N		N		Clinical photograph and diagram with Rule of 9/ L & B Chart for extent of burns	Clinical photograph
11	S11	20% burns or scalds/burns over face (with or without grafting)		S	23000		N		N		Clinical Photograph	Clinical Photograph
12	S11	Up to 30% (with grafting)		S	34500		N		N		Clinical Photograph	Clinical Photograph
13	S11	upto-40% with Scalds (Conservative/ without grafting)		S	28750		N		N		Clinical Photograph	Clinical Photograph
14	S11	upto-50% with Scalds (Conservative)		S	28750		N		N		Clinical Photograph	Clinical Photograph



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
15	S11	upto-50% Mixed Burns (with surgery grafting)		S	46000		N		N		Clinical Photograph	Clinical Photograph
16	S11	Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy), Mild		S	28175		N		N		Clinical Photograph	Clinical Photograph
17	S11	Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy), Moderate		S	34500		N		N		Clinical Photograph	Clinical Photograph
18	S11	Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy), Severe		S	40250		N		N		Clinical Photograph	Clinical Photograph

## Cardiology (S12)

Total no of packages: 64

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

Pre-authorization remarks: Specific Pre and Post-op Investigations such as ECHO, ECG, pre/ post-op X-ray, label/ carton of stents used, pre and post-op blood tests (USG, clotting time, prothrombin time, international normalized ratio, Hb, Serum Creatinine), angioplasty stills showing stents & post stent flow, CAG report showing blocks (pre) and balloon and stills showing flow (post) etc. will need to be submitted/ uploaded for pre-authorization/ claims settlement purposes. The costs for such investigations will form part of the approved package cost.

- It is prescribed as standard practice to use medicated stents (approved by FDA/DCGI) where necessary. Further the carton/ sticker detailing the stent particulars needs to be submitted as part of claims filing by providers.

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

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S12	Balloon Atrial Septostomy	00001	S	16,100		N		N		2D ECHO report	2D ECHO report
2	S12	Balloon Aortic Valvotomy	00002	S	16,100		N		N		2D ECHO report	2D ECHO report
3	S12	Balloon Mitral Valvotomy	00003	S	20,000		N		N		2D ECHO report	2D ECHO report
4	S12	Balloon Pulmonary Valvotomy	00004	S	16,100		N		N		2D ECHO report	2D ECHO report
5	S12	Vertebral Angioplasty with single stent (medicated)	00005	S	55,000	2	N		N		2D ECHO, Angiogram report	Post op. Angiogram report, Carton of the stent used approved by FDA/DCGI only

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
6	S12	Vertebral Angioplasty with double stent(medicated)	00006	S	65,000	2	N		N		2D ECHO,Angiogram report	Post op. Angiogram report,Carton of the stent used approved by FDA/DCGI only
7	S12	Carotid angioplasty with stent (medicated)	00007	S	60,000	2	N		N		ECG,CAG stills showing blocks & Reports,2D ECHO	MRI of shoulder,X Ray,Doppler report
8	S12	Renal Angioplasty with single stent (medicated)	00008	S	55,000	2	N		N		ECG,CAG stills showing blocks & Reports,2D ECHO	Post op. Angiogram report,Carton of the stent used approved by FDA/DCGI only
9	S12	Renal Angioplasty with double stent (medicated)	00009	S	65,000	2	N		N		2D ECHO,CAG stills showing blocks & Reports	Post op. Angiogram report,Carton of the stent used approved by FDA/DCGI only
10	S12	Peripheral Angioplasty with balloon	00010	S	23,000	2	N		N		2D ECHO,CAG stills showing blocks & Reports	Post procedure Angio stills
11	S12	Peripheral Angioplasty with stent (medicated)	00011	S	50,000	2	N		N		2D ECHO,CAG stills showing blocks & Reports	Carton of the stent used approved by FDA/DCGI only
12	S12	Coarctation dilatation	00012	S	16,000		N		N		2D ECHO report	2D ECHO report + stills of ECHO

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
13	S12	Medical treatment of Acute MI with Thrombolysis /Stuck Valve Thrombolysis	00013	S	17,250		N		N		2D ECHO,CPK-MB,CAG,TROPONINE-T report	Lab Investigation (Troponine - T report)
14	S12	ASD Device Closure	00014	S	92,000		N		N		2D ECHO report - TRPG	2D ECHO stills showing the device + Report
15	S12	VSD Device Closure	00015	S	92,000		N		N		2D ECHO report - TRPG	2D ECHO stills showing the device + Report
16	S12	PDA Device Closure	00016	S	50,000		N		N		2D ECHO report	2D ECHO stills showing the device + Report
17	S12	PDA multiple Coil insertion	00017	S	23,000		N		N		2D ECHO report	2D ECHO stills showing the coil + Report
18	S12	PDA Coil (one) insertion	00018	S	13,800		N		N		2D ECHO report	2D ECHO stills showing the coil + Report
19	S12	PDA stenting	00019	S	40,000		N		N		2D ECHO,Angiogram report & stills	Post procedure Angio stills
20	S12	Pericardiocentesis	00020	S	3,450		N		N		2D ECHO report	2D ECHO report
21	S12	Temporary Pacemaker implantation	00021	S	4,600		N		N		ECG,Report by cardiologist	X Ray showing the pacemaker in situ
22	S12	Permanent pacemaker implantation (DDR) including Pacemaker valve/pulse generator replacement (DOUBLE CHAMBER)	00022	S	60,000	7 (2-day ICU stay)	N		N		ECG,Report by cardiologist,Angiogram	X Ray showing the pacemaker in situ

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
23	S12	Permanent pacemaker implantation (VVI) including Pacemaker value/pulse generator replacement (SINGLE CHAMBER)	00023	S	50,000	7 (2-day ICU stay)	N		N		ECG,Report by cardiologist,Angiogram	X Ray showing the pacemaker in situ
24	S12	PTCA - single stent (medicated, inclusive of diagnostic angiogram)	00024	S	72,000	3	N		N		2D ECHO,CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow,Carton of the stent used approved by FDA/DCGI only
25	S12	PTCA - double stent (medicated, inclusive of diagnostic angiogram)	00025	S	108,000	3	N		N		2D ECHO,CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow,Carton of the stent used approved by FDA/DCGI only
26	S12	PTCA - additonal stent (linked to package no:0025)	00026	S	28,849		N		N		2D ECHO,CAG stills showing blocks & Reports	Carton of the stent used approved by FDA/DCGI only

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
27	S12	PTSMA	00027	S	25,000	3	N		N		2D ECHO,CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow,Carton of the stent used approved by FDA/DCGI only
28	S12	Pulmonary artery stenting	00028	S	40,000		N		N		2D ECHO,CAG stills showing blocks & Reports	Post procedure Angio stills
29	S12	Pulmonary artery stenting (double)	00029	S	65,000		N		N		2D ECHO,CAG stills showing blocks & Reports	Post procedure Angio stills
30	S12	Right ventricular outflow tract (RVOT) stenting	00030	S	40,000		N		N		Angiogram report & stills,2d ECHO	Post procedure Angio stills
31	S12	Rotablation+ Balloon Angioplasty	00031	S	34,500		N		N		CAG stills showing blocks & Reports	CAG stills with balloon and stills with post flow
32	S12	Rotablation+ Balloon Angioplasty + 1 stent (medicated)	00032	S	80,500		N		N		2D ECHO,CAG stills showing blocks & Reports	Post op. Angiogram report, showing stent & post Stent flow,Carton of the stent used approved by FDA/DCGI only

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
33	S12	Thrombolysis for peripheral ischemia	00034	S	11,500		N		N		Peripheral Angiogram /Doppler Report with Stills	Post procedure Angio stills
34	S12	Bronchial artery Embolisation (for Haemoptysis)	00035	S	25,000	2	N		N		Chest x-Ray/CT Scan,Serum Creatinine,HB	Chest x-Ray/CT Scan,Hb,Serum Creatinine
35	S12	Percutaneous Transluminal Tricuspid Commissurotomy (PTTC)	00036	S	25,000	2	N		N		2D ECHO	2D ECHO
36	S12	Coiling - Pseudoaneurysms of Abdomen	00037	S	55,000	2	N		N		CT,Serum Creatinine,PT(Prothrombin Time),International normalized ratio (INR)	CT,Serum Creatinine,PT(Prothrombin Time),International normalized ratio (INR)
37	S12	Embolization - Arteriovenous Malformation (AVM) in the Limbs	00038	S	40,000	2	N		N		CT,Serum Creatinine,PT(Prothrombin Time),International normalized ratio (INR)	CT,Serum Creatinine,PT(Prothrombin Time),International normalized ratio (INR),HB
38	S12	Catheter directed Thrombolysis for: Deep vein thrombosis (DVT), Mesenteric Thrombosis & Peripheral vessels	00039	S	50,000	2	N		N		CT,Serum Creatinine,PT(Prothrombin Time),International normalized ratio (INR)	CT/MRI,Serum Creatinine,PT(Prothrombin Time),International normalized ratio (INR),HB

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
39	S12	CAG (Coronary Angiography)		S	4025		N		N		2D ECHO	
40	S12	Peripheral/ Renal Angiography		S	4025		N		N		2D ECHO	
41	S12	Coronary Ballon Angioplasty		S	24150		N		N		CAG	
42	S12	Cath with Oxymetry		S	5520		N		N		2D ECHO	
43	S12	Cath without Oxymetry		S	4428		N		N		2D ECHO	
44	S12	Check Angiography		S	3335		N		N		2D ECHO	
45	S12	Coronary Angiography + Peripheral/ Renal Angiography		S	4025		N		N		2D ECHO	
46	S12	Renal/ Carotid /Peripheral Ballon Plasty (Unilateral)		S	23000		N		N		PAG	
47	S12	Aortic Stenting		S	60000		N		N		PAG	
48	S12	IVC filter		S	50000		N		N			
49	S12	Bi Ventricular Pacing - CRT		S	2,90,000		N		N		ECG, ECHO, CAG	Bi-Ventricular Pacing - CRT Report, ECG, ECHO, X-Ray Chest
50	S12	AICD - Automatic Implantable Cardiac Defibrillator (with device Single Chamber)		S	3,10,000		N		N		ECG, ECHO, CAG	AICD- Automatic Implantable cardiac Defibrillator (with device) report, ECG, ECHO,X-Ray Chest



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
51	S12	AICD - Automatic Implantable Cardiac Defibrillator (with device Double Chamber)		S	4,12,000		N		N		ECG, ECHO, CAG	AICD- Automatic Implantable cardiac Defibrillator (with device) report, ECG, ECHO, X-Ray Chest
52	S12	Combo: AICD+Bi ventricular pacemaker (with device)		S	5,97,000		N		N		ECG, ECHO	Combo: AICD+Bi ventricular pacemaker (with device) report, ECG, ECHO, X-Ray Chest
53	S12	PTCA - one stent (non-medicated)		S	62100		N		N		CAG	X-Ray
54	S12	PTCA - 2 stent (non-medicated)		S	85100		N		N		CAG	X-Ray
55	S12	Peripheral Angioplasty withstent (non-medicated)		S	50000		N		N		2D ECHO , ANGIOGRAM	DOPPLER
56	S12	Both side renal Angioplasty withstent (non-medicated)		S	80000		N		N		ANGIOGRAM	DOPPLER , X-RAY
57	S12	Permanent pacemaker implantation (only VVI) including Pacemaker value		S	63250		N		N		CAG , ECG	ECHO , X-RAY
58	S12	IVUS		S	4,600		N		N		angiogram	IVUS report

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
59	S12	EP study		S	11,308		N		N		ECG, 2D Echo	Clinical Photograph
60	S12	RF Ablation		S	16,100		N		N		ECG, 2D Echo	Clinical Photograph
61	S12	3D Mapping + Ablation		S	27313		N		N		ECG, 2D Echo	Clinical Photograph
62	S12	Coiling (Coil clouser)		S	20,000		N		N		2D ECHO	2D ECHO,X-ray
63	S12	Post mi vsd closure		S	92,000		N		N		2D ECHO,ECG	2D ECHO,X-ray
64	S12	IABP		S	15,000		N		N		2D Echo	2D Echo

## Cardio-thoracic & Vascular surgery (S13)

Total no of packages: 132

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

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

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

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S13	Coronary artery bypass grafting (CABG)	00001	S	78,200	5 to 7	N		N		2D ECHO,CAG report	2D ECHO,Post-op. X-ray,Scar Photo
2	S13	Coronary artery bypass grafting (CABG) with Intra-aortic balloon pump (IABP)	00002	S	100,625	5 to 7	N		N		2D ECHO,CAG report	2D ECHO,Post-op. X-ray,Scar Photo
3	S13	Coronary artery bypass grafting (CABG) + one mechanical Valve Replacement + Intra-aortic balloon pump (IABP)	00003	S	150,000	5 to 7	N		N		2D ECHO,CAG report	2D ECHO,Post-op. X-ray,Scar Photo
4	S13	Coronary artery bypass grafting (CABG) with post MI Ventricular Septal Defect (Ventricular Septal Defect) repair	00007	S	99,475	5 to 7	N		N		2D ECHO,CAG report	2D ECHO,Post-op. X-ray,Scar Photo
5	S13	Open Mitral Valvotomy	00008	S	78,200	7	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo

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6	S13	Closed Mitral Valvotomy	00009	S	23,000	7	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
7	S13	Open Pulmonary Valvotomy	00010	S	80,500	7	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
8	S13	Mitral Valve Repair	00011	S	86,250	7	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
9	S13	Tricuspid Valve Repair	00012	S	92,000	7	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
10	S13	Aortic Valve Repair	00013	S	86,250	7	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
11	S13	Ring for any Valve Repair	00014	S	30,000	7	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
12	S13	Ross Procedure	00023	S	120,000	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
13	S13	Atrial Septal Defect (ASD)	00024	S	86,220	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
14	S13	Ventricular Septal Defect (VSD)	00025	S	86,250	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
15	S13	Atrioventricular septal defect/ Atrioventricular (AV) Canal Defect	00026	S	90,850	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
16	S13	Intracardiac repair (ICR) for Tetralogy of Fallot (TOF)	00027	S	95,000	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
17	S13	Pulmonary Valvotomy + Right Ventricular Outflow Tract (RVOT) Resection	00028	S	90,850	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
18	S13	Aortopulmonary Window (AP Window)	00029	S	57,500	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
19	S13	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	00030	S	90,850	10	N		N		2D ECHO/TEE, Chest Xray AP view, Cardiac MRI	2D ECHO,Post-op. X-ray,Scar Photo
20	S13	Ebsteins	00031	S	90,850	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
21	S13	Fontan	00032	S	90,850	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
22	S13	Total Anomalous Pulmonary Venous Connection (TAPVC)	00033	S	90,850	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
23	S13	Any RV to PA conduit (Valved)	00034	S	86,250	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
24	S13	Arterial Switch Operation	00035	S	86,250	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
25	S13	Double Switch Operation	00036	S	120,000	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
26	S13	Sennings	00037	S	74,750	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
27	S13	Mustards	00038	S	86,250	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
28	S13	Truncus Arteriosus Surgery	00039	S	97,750	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
29	S13	Root Replacement (Aortic Aneurysm/ Aortic Dissection) / Bentall Procedure	00040	S	130,000	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
30	S13	Aortic Arch Replacement	00041	S	38,065	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
31	S13	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	00042	S	125,000	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
32	S13	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	00043	S	65,000	10	N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
33	S13	Surgery for Cardiac Tumour/ Left Atrial (LA) Myxoma/ Right Atrial (RA) Myxoma	00045	S	96,600		N		N		2D ECHO,Chest x-Ray/CT Scan	2D ECHO,Post-op. X-ray,Scar Photo
34	S13	Patent Ductus Arteriosus (PDA) Closure	00046	S	23,000		N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
35	S13	Coarctation Repair	00047	S	28,750		N		N		2D ECHO	
36	S13	Coarctation Repair with interposition graft	00048	S	36,800		N		N		2D ECHO,CAG report	Doppler report with stills
37	S13	Blalock–Thomas–Taussig (BT) Shunt (inclusives of grafts)	00049	S	42,000		N		N		2D ECHO	Post- op. X-ray,Scar Photo

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38	S13	Glenn Shunt (without cardiopulmonary bypass)	00050	S	57,500		N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
39	S13	Central Shunt	00051	S	42,000		N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
40	S13	Pericardiectomy	00052	S	34,500		N		N		2D ECHO	2D ECHO,Post-op. X-ray,Scar Photo
41	S13	Pulmonary AV Fistula surgery	00053	S	23,000		N		N		CT Chest report	2D ECHO,Post-op. X-ray,Scar Photo
42	S13	Lung Cyst	00054	S	34,500	7	N		N		CT Chest report	2D ECHO,Post-op. X-ray,Scar Photo
43	S13	Space-Occupying Lesion (SOL) mediastinum	00055	S	51,750		N		N		CT Chest report	2D ECHO,Post-op. X-ray,Scar Photo
44	S13	Surgical Correction of Bronchopleural Fistula	00056	S	34,500	10	N		N		CT Chest report	2D ECHO,Post-op. X-ray,Scar Photo
45	S13	Diaphragmatic Eventeration	00057	S	46,000	10	N		N		CT Chest report	2D ECHO,Post-op. X-ray,Scar Photo
46	S13	Oesophageal Diverticula /Achalasia Cardia	00058	S	23,000	10	N		N		Barium Study	2D ECHO,Post-op. X-ray,Scar Photo
47	S13	Diaphragmatic Injuries/Repair	00059	S	23,000	10	N		N		CT Chest report	2D ECHO,Post-op. X-ray,Scar Photo
48	S13	Thoracotomy, Thoraco Abdominal Approach	00060	S	34,500	10	N		N		CT Chest report	Post- op. X-ray,Scar Photo
49	S13	Foreign Body Removal with scope	00061	S	11,500	2	N		N		CT Chest report	Endoscopy Picture

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
50	S13	Bronchial Repair Surgery for Injuries due to FB	00062	S	28,750	7	N		N		CT Chest report, Bronchoscopy report	Endoscopy Picture
51	S13	Lung Injury repair	00063	S	23,000	7	N		N		CT Chest report	Post- op. X-ray, Scar Photo
52	S13	Thyomectomy	00064	S	28,750		N		N		CT Chest report	Post- op. X-ray, Scar Photo
53	S13	Pulmonary Valve Replacement	00065	S	120,000	10	N		N		2D ECHO	Scar Photo, ECHO
54	S13	Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy	00066	S	10,000	7	N		N		Post Op X-ray / CT Scan	Post Op X-ray / CT Scan, Scar Photo
55	S13	Encysted Empyema/Pleural Effusion - Tubercular	00067	S	10,000		N		N		Post Op X-ray / CT Scan	Post Op X-ray / CT Scan, Scar Photo
56	S13	First rib Excision by transaxillary approach, Excision of cervical rib / fibrous band / muscle by cervical approach	00068	S	30,000	7	N		N		Post Op X-ray / CT Scan	Post Op X-ray / CT Scan, Scar Photo
57	S13	Congenital Cystic Lesions	00069	S	30,000	7	N		N		Post Op X-ray / CT Scan	Post Op X-ray / CT Scan, Scar Photo
58	S13	Pulmonary Sequestration Resection	00070	S	40,000	7	N		N		Post Op X-ray / CT Scan	Post Op X-ray / CT Scan, Scar Photo
59	S13	Pulmonary artero venous malformation	00071	S	40,000	7	N		N		Post Op X-ray / CT Scan	Post Op X-ray / CT Scan, Scar Photo
60	S13	Intrathoracic Aneurysm- Aneurysm not Requiring Bypass Techniques	00074	S	44,750	10	N		N		CT Angio Report	Post op CT angio, Scar photo



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61	S13	Intrathoracic Aneurysm- Requiring Bypass Techniques	00075	S	86,250	10	N		N		CT Angio Report	Post op CT angio,Scar photo
62	S13	Surgery for Arterial Aneurysm Renal Artery	00076	S	17,250		N		N		Renal arterial Doppler,Angiogram report	Doppler Report,Scar Photo
63	S13	Operations for Congenital Arteriovenous Fistula	00077	S	17,250		N		N		Regional Angiogram & Stills	Scar Photo
64	S13	Operations for Stenosis of Renal Arteries	00078	S	23,000		N		N		Renal arterial Doppler,Angiogram report	Doppler Report,Scar Photo
65	S13	Aorto Bi-Iliac / Bi femoral /Axillo bi femoral bypass with Synthetic Graft	00079	S	86,250	7	N		N		Renal arterial Doppler,Angiogram report	Stills showing the procedure with graft,Scar Photo
66	S13	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Vein Graft	00080	S	57,500	7	N		N		Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft,Scar Photo,Duplex ultrasound
67	S13	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Synthetic Graft	00081	S	70,000	7	N		N		Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft,Scar Photo,Duplex ultrasound
68	S13	Axillo Brachial Bypass using with Synthetic Graft	00082	S	69,000	7	N		N		Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft,Scar Photo,Duplex ultrasound

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69	S13	Brachio - Radial Bypass with Synthetic Graft	00083	S	57,500	5	N		N		Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft,Scar Photo,Duplex ultrasound
70	S13	Excision of body Tumor with vascular repair	00084	S	34,500	7	N		N		Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft,Scar Photo,Duplex ultrasound
71	S13	Carotid artery bypass with Synthetic Graft	00085	S	69,000	7	N		N		Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft,Scar Photo,Duplex ultrasound
72	S13	Excision of Arterio Venous malformation - Large	00086	S	57,500	7	N		N		Angiogram/spiral CT Angiogram reports	Scar Photo
73	S13	Excision of Arterio Venous malformation - Small	00087	S	30,000	7	N		N		Angiogram/spiral CT Angiogram reports	Stills showing the procedure with graft,Scar photo
74	S13	Deep Vein Thrombosis (DVT) - Inferior Vena Cava (IVC) filter	00088	S	28,750	7	N		N		Color doppler	X-ray abdomen showing the filter,Scar Photo
75	S13	Carotid endarterectomy	00089	S	28,750	7	N		N		Angiogram report	Stills showing the procedure with graft,Scar photo

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76	S13	Aortic Angioplasty with two stents / Iliac angioplasty with stent Bilateral	00090	S	90,000	7	N		N		CAG stills showing blocks & Reports,ECG,2D ECHO	Angioplasty stills showing Balloon & post flow,Scar Photo
77	S13	Bilateral thrombo embolectomy	00091	S	30,000	7	N		N		Duplex ultrasound/Angiogram - pre or intra operative	Scar Photo
78	S13	Aorto-uni-iliac/uni-femoral bypass with synthetic graft	00092	S	70,000	7	N		N		Angiogram/Computed Tomography Angiography (3D-CTA)/Magnetic Resonance Angiography	Duplex ultrasound,Scar Photo
79	S13	Re DO CABG		S	83375		N		N		CAG	Clinical Photograph
80	S13	CABG with IABP		S	93200		N		N		2D ECHO , CAG	Clinical Photograph
81	S13	CABG with Aneurismal repair		S	96025		N		N		CAG	Clinical Photograph
82	S13	CABG with MV repair		S	97750		N		N		2D ECHO , CAG	Clinical Photograph
83	S13	Open Aortic Valvotomy		S	78200		N		N		2D ECHO	2D ECHO , X-RAY
84	S13	Mitral Valve Repair + Tricuspid Valve Repair		S	119600		N		N		2D ECHO	2D ECHO , X-RAY
85	S13	Mitral Valve Replacement		S	120750		N		N		2D ECHO	2D ECHO , X-RAY
86	S13	Aortic Valve Replacement		S	128800		N		N		2D ECHO	3D ECHO , X-RAY

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87	S13	Double Valve Replacement		S	152950		N		N		2D ECHO	5D ECHO , X-RAY
88	S13	Pulmonary Atresia with or without VSD		S	97750		N		N		2D ECHO	2D ECHO , X-RAY, clinical photograph
89	S13	TGA		S	97750		N		N		2D ECHO/Angio	2D ECHO , X-RAY, clinical photograph
90	S13	Arterial Switch Operation		S	86250		N		N		2D ECHO/Angio	2D ECHO , X-RAY, clinical photograph
91	S13	Pulmonary Conduit		S	105000		N		N		2D ECHO	2D ECHO , X-RAY, clinical photograph
92	S13	Pulmonary Embolectomy / Endarterectomy		S	92000		N		N		ABG, 2D ECHO, X-Ray	2D ECHO , X-RAY, clinical photograph
93	S13	Closed Mitral Valvotomy		S	23000		N		N		2D ECHO	2D ECHO , X-RAY
94	S13	Aortic arch Anamolies		S	57500		N		N		2D ECHO	2D ECHO, x-RAY
95	S13	Thoracoscopic surgery		S	40250		N		N		CT Chest	X-Ray
96	S13	Surgery without CPB		S	57500		N		N		CT Chest	X-Ray
97	S13	Surgery with CPB		S	57500		N		N		CT Chest	X-Ray
98	S13	Lobectomy		S	34500		N		N		CT-Chest , X-RAY	Clinical Photograph , X-RAY
99	S13	Pneumonectomy		S	46000		N		N		CT-Chest , X-RAY	Clinical Photograph , X-RAY
100	S13	Pleurectomy		S	46000		N		N		CT-Chest , X-RAY	Clinical Photograph , X-RAY

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
101	S13	Decortication		S	51750		N		N		CT-Chest , X-RAY	Clinical Photograph , X-RAY
102	S13	Mediastinotomy		S	28750		N		N		CT-Chest , X-RAY	Clinical Photograph , X-RAY
103	S13	Diaphragmatic Hernia		S	23000		N		N		BARium Study, X-RAY, ENDOSCOPY, USG	BIOPSY, CLINICAL PHOTOGRAPH
104	S13	Gastro Study Followed by Thoracotomy & Repairs for Oesophageal Injury for Corrosive Injuries/FB		S	16100		N		N		GASTROSCOPY	ENDOSCOPY PICTURE
105	S13	Oesophageal tumour removal		S	28750		N		N		ENDOSCOPY, X-RAY, BARIUM STUDY	Biopsy , Clinical Photograph , USG
106	S13	Oesophagectomy		S	34500		N		N		Biopsy , CT , Endoscopy , USG	Biopsy , Clinical Photograph , USG
107	S13	Diaphragmatic injury repair		S	28750		N		N		CT-Chest , X-RAY	Clinical Photograph , X-RAY
108	S13	CABG with Post MI Cardiac repair		S	100000		N		N		CAG, 2D Echo, ECG	2D Echo, X-ray
109	S13	Tricuspid valve replacement		S	115000		N		N		2D Echo	2D Echo, X-ray
110	S13	Root enlargement with/without graft		S	90000		N		N		2D Echo	2D Echo, X-ray, Clinical Photograph
111	S13	ICR		S	90000		N		N		2D Echo	2D Echo, X-ray

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112	S13	Patch Graft Angioplasty		S	18400		N		N		Regional angiogram	Angiogram report, clinical Photograph
113	S13	Femoropopliteal by pass procedure with graft (inclu. Graft)		S	51750		N		N		ANGIO	Doppler
114	S13	Thromboembolectomy		S	20700		N		N		ANGIO	Color Doppler
115	S13	Surgery for Arterial Aneurysm -Distal Abdominal Aorta		S	65000		N		N		Angiogram/spiral CT Angiogram	Color Doppler
116	S13	Surgery for Arterial Aneurysm -Upper Abdominal Aorta		S	57500		N		N		Angiogram/spiral CT Angiogram	Color Doppler
117	S13	Surgery for Arterial Aneurysm –Vertebral		S	23000		N		N		Angiogram/spiral CT Angiogram	Color Doppler
118	S13	Dissecting Aneurysms with CPB (inclu. Graft)		S	94,300		N		N		CT-Angio , Cath	DOPPLER
119	S13	Dissecting Aneurysms without CPB (incl. graft)		S	86,250		N		N		CT-Angio , Cath	DOPPLER
120	S13	Vascular Procedure – Major Vessels		S	23000		N		N		color Doppler/Angiogram	Color Doppler
121	S13	Vascular Procedure – Minor Vessels		S	20000		N		N		color Doppler/Angiogram	Color Doppler
122	S13	Surgery for Arterial Aneurysm Carotid		S	17250		N		N		Carotid Doppler	Clinical Photograph
123	S13	Surgery for Arterial Aneurysm Main Arteries of the Limb		S	17250		N		N		Peripheral Doppler	Clinical Photograph
124	S13	Operations for Acquired Arteriovenous Fistual		S	11500		N		N		regional Angiogram	Clinical Photograph

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125	S13	Peripheral Embolectomy without graft		S	17,250		N		N		Angiogram/spiral CT Angiogram	Color Doppler
126	S13	Axillo bifemoral bypass with Synthetic Graft		S	86,250		N		N		Angiogram/spiral CT Angiogram	Color Doppler
127	S13	Arterial Embolectomy		S	17,250		N		N		Angiogram/colour Doppler	Color Doppler/SBP/PVR
128	S13	Vascular Tumors		S	46000		N		N		Angiogram/Spiral CT Angiogram	Color Doppler
129	S13	Small Arterial Aneurysms – Repair		S	11500		N		N		Angiogram/Spiral CT Angiogram	Color Doppler
130	S13	Medium size arterial aneurysms – Repair		S	17250		N		N		Angiogram/Spiral CT Angiogram	Color Doppler
131	S13	Medium size arterial aneurysms with synthetic graft		S	34500		N		N		Angiogram/Spiral CT Angiogram	Color Doppler
132	S13	Carotid endarterectomy		S	28750		N		N		ANGIOGRAM	X-RAY/DOPPLER

## Paediatric surgery (S14)

Total no of packages: 61

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S14	Ankyloglossia Major	00001	S	15,000		Y		N		clinical notes	clinical notes
2	S14	Ankyloglossia Minor	00002	S	5,000		Y		N		clinical notes	clinical notes
3	S14	Hernia & Hydrocele	00003	S	20,000		Y		N		clinical notes	clinical notes
4	S14	Sacrococcygeal Teratoma	00004	S	20,000		Y		N		clinical notes	clinical notes
5	S14	Undescended Testis - Bilateral-Palp + Nonpalp	00005	S	15,000		Y		N		clinical notes	clinical notes
6	S14	Undescended Testis - Bilateral Palpable	00006	S	15,000		Y		N		clinical notes	clinical notes
7	S14	Undescended Testis - Bilateral Non-Palpable	00007	S	20,000		Y		N		clinical notes	clinical notes
8	S14	Undescended Testis - Reexploration/ Second Stage	00008	S	20,000		Y		N		clinical notes	clinical notes
9	S14	Undescended Testis - Unilateral-Palpable	00009	S	15,000		Y		N		clinical notes	clinical notes
10	S14	Ano Rectal Malformation - Redo Pullthrough	00014	S	15,000		Y		N		clinical notes	clinical notes
11	S14	Ano Rectal Malformation - Transposition	00015	S	15,000		Y		N		clinical notes	clinical notes
12	S14	Anti GERD Surgery	00016	S	35,000		Y		N		clinical notes	clinical notes
13	S14	Duplication Cyst Excision	00017	S	20,000		Y		N		clinical notes	clinical notes
14	S14	Fecal Fistula Closure	00018	S	25,000		Y		N		clinical notes	clinical notes
15	S14	Gastrostomy + Esophagoscopy+ Threading	00019	S	20,000		Y		N		clinical notes	clinical notes
16	S14	GI Tumor Excision	00020	S	30,000		Y		N		clinical notes	clinical notes



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
17	S14	Hirschsprung's Disease - Retal Biopsy-Punch	00023	S	10,000		Y		N		clinical notes	clinical notes
18	S14	Hirschsprung's Disease - Retal Biopsy –Open	00024	S	10,000		Y		N		clinical notes	clinical notes
19	S14	Hirschsprung's Disease - Sphincterotomy	00025	S	15,000		Y		N		clinical notes	clinical notes
20	S14	Intussusception - Non –Operative Reduction in infants	00026	S	20,000		Y		N		clinical notes	clinical notes
21	S14	Intussusception – Operative in infants	00027	S	25,000		Y		N		clinical notes	clinical notes
22	S14	Ladd's Procedure	00028	S	30,000		Y		N		clinical notes	clinical notes
23	S14	Rectal Polypectomy - Sigmoidoscopic (Ga)	00029	S	8,000		Y		N		clinical notes	clinical notes
24	S14	Retro-Peritoneal Lymphangioma Excision	00030	S	25,000		Y		N		clinical notes	clinical notes
25	S14	Congenital Lobar Emphysema	00032	S	25,000		Y		N		clinical notes	clinical notes
26	S14	Exomphalos/gastroschisis	00033	S	25,000		Y		N		clinical notes	clinical notes
27	S14	Cleft Lip and Palate Surgery (per stage)	00034	S	15,000		N		N		clinical notes	clinical notes
28	S14	Oesophageal atresia –1.pure atresia- first stage('o'stomy & 'G'stomy)		S	23000		N		N		X-ray with infant feeding tube or Dye study	Clinical Photograph
29	S14	Oesophageal atresia –2.pure atresia- second stage(oesophageal replacement)		S	70000		N		N		2D-ECHO, Dye study, ultrasound	Clinical Photograph
30	S14	3.tracheo-oesophageal fistula(type c)		S	40250		N		N		X-ray with infant feeding tube or Dye study	Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
31	S14	4. H- type fistula		S	40000		N		N		Dye study, Bronchoscopy	Clinical Photograph
32	S14	Intestinal Atresias & Obstructions		S	46000		N		N		X-RAY /CT	Clinical Photograph
33	S14	Biliary Atresia		S	46000		N		N		HIDA scan	Clinical Photograph
34	S14	Choledochal Cyst		S	46000		N		N		MRCP or CT scan	Clinical Photograph
35	S14	Anorectal Malformation1. Low ARM(male & female)		S	18400		N		N		Invertogram or clinical photograph	Clinical Photograph
36	S14	2.Intermediate & High variety a. Stage 1 colostomy		S	30000		N		N		Invertogram or clinical photograph	Clinical Photograph
37	S14	b. Stage two PSARP/Abdominoperineal Pull through		S	34500		N		N		2-D ECHO, ULTRASOUND, Dye Study	Clinical Photograph
38	S14	c. Stage three colostomy closure/ Ileostomy closure		S	35000		N		N		Clinical photograph	Clinical Photograph
39	S14	ANORECTAL MALFORMATION.[Colostomy, ileostomy/ pouchostomy (first stage of male/female ARM, cloaca, pouch colon or hirschsprung disease)]		S	30000		N		N		Invertogram or clinical photograph,	Clinical Photograph
40	S14	Second stage- PSARVUP/Abdominoperineal Pull through Definitive surgery		S	60000		N		N		2-D ECHO, ULTRASOUND Dye Study	Clinical Photograph
41	S14	Third stage- Colostomy / ileostomy closure		S	34500		N		N		2-D ECHO, ULTRASOUND Dye Study	Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
42	S14	Hirschsprung's Disease- Single Stage		S	60000		N		N		Dye Study/ Rectal Biopsy	Clinical Photograph/Histopathological Report
43	S14	Second stage-Definitive surgery		S	57500		N		N		Dye Study/ Rectal Biopsy	Clinical Photograph/Histopathological Report
44	S14	Empyema Thoracis		S	40000		N		N		X-Ray/CT Scan	Clinical Photograph
45	S14	HYPOSPIDIAS- 1. SINGLE STAGE SURGERY		S	34500		N		N		Clinical Photograph	Clinical Photograph
46	S14	HYPOSPIDIAS- 2.STAGED SURGERIES a) 1st Stage procedure		S	34500		N		N		Clinical Photograph	Clinical Photograph
47	S14	a) 2nd Stage procedure		S	25300		N		N		Clinical Photograph	Clinical Photograph
48	S14	EXSTROPHY BLADDER TOTAL CORRECTION1) SINGLE STAGE		S	126500		N		N			
49	S14	EXSTROPHY BLADDER 2) FIRST STAGE BLADDER CLOSURE		S	100625		N		N		USG/ELECTROLYTES/MCU	
50	S14	EXSTROPHY BLADDER 3) SECOND STAGE BLADDER NECK RECONSTRUCTION		S	60000		N		N			
51	S14	EXSTROPHY BLADDER 4) PRIMARY OR SECONDARY URETEROSIGMOIDOSTOMY		S	86250		N		N			
52	S14	EPISPADIAS REPAIR 1) CONTINENT		S	40000		N		N		USG/MCU	

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
53	S14	EPISPADIAS REPAIR 2) INCONTINENT (EPISPADIAS REPAIR +BNR)		S	51750		N		N		USG/MCU	
54	S14	NEC-operative-1 Exploratory laparotomy+ repair of perforation		S	48000		N		N		X ray , USG same as above	Clinical photo, X ray abd
55	S14	Single stage PSARP female ( Rectovestibular fistula/ anovestibular fistula/ vestibular anus etc)		S	50000		N		N		Clinical photograph, Xray lumbosacral spine, USG KUB, 2d echo, MCU	Clinical photgraph
56	S14	Duodenal atresia- Kimuras duodenoduodenostomy		S	48000		N		N		X ray abdomen	Clinical photograph
57	S14	Pyloric stenoses Ramstedts pyloromyotomy		S	26000		N		N		USG abdomen/dye study	Clinical photograph
58	S14	Posterior urethral valve-stabilization + cystoscopy+ puv fulguration & or vesicostomy		S	30000		N		N		MCU, USG KUB, urine analysis, BI urea, ser creatinine & S electrolyte	USG KUB,
59	S14	Hydrocephalus in children-Ventriculoperitoneal shunt		S	25000		N		N		Ct brain/ MRI Brain USG, Fundus examination	Clinical photograph, CSF report

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
60	S14	Vesicoureteric reflux, megaureter- ureteric reimplantation unilateral/bilateral		S	40000		N		N		MCU, USG KUB, Renal scan	Clinical photo
61	S14	Splenectomy for Thalessemia		S	35000		N		N		Pediatrician advise for splenectomy, Vaccinations ( pneumococcal), USG Abdomen	Clinical photo

## Surgical Oncology (S15)

Total no of packages: 129

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

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

The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last longer than a year.

Relapse/recurrence may sometimes occur.

- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.

- There should be pre-authorization at each step for cancer care.

- However it is advised that decision regarding appropriate patient care for cancer care treatments would need to be taken by a multidisciplinary tumor board (if available within the treating hospital or if not then it could be sent to the nearest regional cancer centre (RCC) for approval) that should include a highly trained team of Surgical, Radiation and Medical Oncologist in order to ensure the most appropriate treatment for the patient. A detailed Oncology Treatment Plan Approval form is annexed. This could prove to be very vital, such as implications on the financial cover and to avoid unnecessary treatments.

- For Radiotherapy, generic packages have been listed irrespective of primary tumor site. However cost of packages may differ depending upon the technique of radiotherapy used like 3DCRT/IMRT/IGRT etc.

- Packages under surgical oncology might not be exhaustive, since there are significant overlaps with packages under other specialty domains. Such packages may be used as deemed necessary.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S15	Tracheal resection	00001	S	50,000		N		N		CECT,Biopsy	Clinical photograph showing scar,HPE report

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
2	S15	Sternotomy with superior mediastinal dissection	00002	S	45,000		N		N		CECT,Biopsy	Clinical photograph showing scar,HPE report
3	S15	Substernal bypass	00003	S	35,000		N		N		Biopsy	Clinical photograph showing scar,HPE report
4	S15	Resection of nasopharyngeal tumour	00004	S	50,000		N		N		Biopsy,MRI/CECT	Clinical photograph showing scar,HPE report
5	S15	Myocutaneous flap	00005	S	25,000		N		N		Biopsy	Clinical photograph showing scar
6	S15	Fasciocutaneous flap	00006	S	15,000		N		N		Biopsy	Clinical photograph showing scar
7	S15	Palatectomy- Soft palate	00007	S	20,000		N		N		Biopsy,MRI/CECT	Clinical photograph showing scar,HPE report
8	S15	Palatectomy- Hard palate	00008	S	20,000		N		N		Biopsy,MRI/CECT	Clinical photograph showing scar,HPE report
9	S15	Microvascular reconstruction	00009	S	45,000		N		N		Biopsy	Clinical photograph showing scar
10	S15	Voice prosthesis	00018	S	30,000		N		N		CECT,Biopsy	Invoice of prosthesis,Scar Photo

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
11	S15	Tracheostomy	00021	S	5,520		N		N		Clinical report	Clinical photograph showing scar,HPE report
12	S15	Axillary dissection	00022	S	23,000		N		N		FNAC/ BIOPSY,CECT	Clinical photograph showing scar,HPE report
13	S15	Breast conserving surgery (lumpectomy + axillary surgery)	00023	S	12,000		N		N		FNAC/ BIOPSY,CECT	Clinical photograph showing scar,HPE report
14	S15	Sleeve resection of lung cancer	00027	S	90,000		N		N		FNAC/ BIOPSY,CECT	Clinical photograph showing scar,HPE report,CHEST X-ray
15	S15	Oesophagectomy with two field lymphadenectomy	00028	S	80,000		N		N		UGI endoscopy,Biopsy,CECT	Clinical photograph showing scar,HPE report,CHEST X-ray
16	S15	Oesophagectomy with three field lymphadenectomy	00029	S	80,000		N		N		UGI endoscopy,Biopsy,CECT	Clinical photograph showing scar,HPE report,CHEST X-ray
17	S15	Enucleation of pancreatic neoplasm	00030	S	35,000		N		N		CECT	Clinical photograph showing scar,HPE report



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
18	S15	Radical Cholecystectomy	00031	S	60,000		N		N		CECT/ MRI	Clinical photograph showing scar,HPE report
19	S15	Abdominal wall tumour resection	00032	S	35,000		N		N		CECT	Clinical photograph showing scar,HPE report
20	S15	Abdominal wall tumour resection with reconstruction	00033	S	20,700		N		N		CECT	Clinical photograph showing scar,HPE report
21	S15	Oesophageal stenting including stent cost	00034	S	40,000		N		N		CECT	Stent Invoice
22	S15	Triple bypass GI tract	00035	S	23,000		N		N		CECT,Biopsy	Clinical photograph showing scar,HPE report
23	S15	Radical Hysterectomy + Bilateral pelvic lymph node dissection + bilateral salpingo ophorectomy (BSO)/ ovarian transposition	00037	S	45,000		N		N		CECT,Biopsy	Clinical photograph showing scar,HPE report
24	S15	Skin Tumours Wide Excision + Reconstruction	00038	S	25,000		N		N		Clinical report	
25	S15	Skin Tumours Amputation	00039	S	8,000		N		N		Clinical report	
26	S15	Radical Vaginectomy	00040	S	26,450		N		N		CECT,Biopsy	HPE report
27	S15	Radical Vaginectomy + Reconstruction	00041	S	45,000		N		N		CECT,Biopsy	HPE report
28	S15	Bilateral Pelvic Lymph Node Dissection (BPLND)	00042	S	25,000		N		N		CECT,Biopsy	Clinical photograph showing scar,HPE report

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
29	S15	Radical Trachelectomy	00043	S	35,000		N		N		CECT,Biopsy	Clinical photograph showing scar,HPE report
30	S15	Vulvectomy with bilateral groin dissection	00044	S	45,000		N		N		Biopsy	Clinical photo showing scar
31	S15	Limb salvage surgery for bone tumor with prosthesis	00045	S	75,000		N		N		Biopsy,CECT/MRI-local,CT-Thorax	Clinical photo showing scar, XRAY showing prosthesis,HPE report
32	S15	Hemipelvectomy	00046	S	55,000		N		N		Biopsy,CECT/MRI-local	Clinical photograph showing scar,HPE report
33	S15	Sacral resection	00047	S	40,000		N		N		Biopsy,CECT/MRI	Clinical photograph showing scar,HPE report
34	S15	Chest wall resection with reconstruction for soft tissue / bone tumors	00048	S	30,000		N		N		Biopsy,CT/ XRAY -thorax	Clinical photograph showing scar,HPE report
35	S15	Microlaryngeal Surgery including Phonosurgery		S	11500		N		N		Biopsy, CT Scan/MRI	Biopsy
36	S15	Excision/ Hypopharynx of Tumors in Pharynx		S	23000		N		N		Biopsy, CT Scan/MRI	Clinical Photograph, biopsy
37	S15	Distal Pancreatectomy		S	55000		N		N		CT , CA 19-9, PET Scan	Clinical Photograph
38	S15	Whipples - any type		S	75000		N		N		CT , ERCP, CA 19-9, PET Scan, EUS	Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
39	S15	Splenectomy		S	30000		N		N		USG/CT	Clinical Photograph , USG
40	S15	Radical Nephrectomy		S	34500		N		N		Biopsy , CT , IVP , KUB ,USG	Biopsy , Clinical Photograph , USG
41	S15	Radical Cystectomy		S	60000		N		N		Biopsy , CT , IVP , KUB ,USG	Biopsy , Clinical Photograph , USG
42	S15	Other cystectomies		S	40000		N		N		Biopsy , CT , IVP , KUB ,USG	Biopsy , Clinical Photograph , USG
43	S15	High Orchidectomy		S	15000		N		N		CT Scan (Abdomen, Pelvis), Biopsy, USG, CT Scan Thorax	Biopsy , Clinical Photograph , USG
44	S15	Bilateral Orchidectomy		S	11500		N		N		Biopsy , USG, Bone Scan, Local X-ray	Biopsy , Clinical Photograph , USG
45	S15	Total Penectomy		S	25000		N		N		Biopsy, CT Scan (Abdomen, Pelvis),Clinical Photograph	Biopsy , Clinical Photograph , USG
46	S15	Inguinal Block Dissection-one side		S	8740		N		N		Biopsy , Clinical phtograph, CT Scan	Biopsy , Clinical Photograph , USG
47	S15	Radical Prostatectomy		S	60000		N		N		CT , KUB , USG, Bone Scan, Biopsy	Biopsy , Clinical Photograph , USG
48	S15	Partial Penectomy		S	15000		N		N		Biopsy, Clinical Photograph, USG Abdomen Pelvis	Biopsy , Clinical Photograph , USG

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
49	S15	Radical Hysterectomy		S	34500		N		N		Biopsy , CT , USG	Biopsy , Clinical Photograph , USG
50	S15	Surgery for Ca Ovary - early stage		S	23000		N		N		CA 125, CEA, Biopsy/ cytology, aFP, βHCG, LDH, X-ray chest	Biopsy , Clinical Photograph , USG, Tumor Marker
51	S15	Surgery for Ca Ovary - advance stage		S	40000		N		N		CA 125, CEA, Biopsy/ cytology, aFP, βHCG, LDH, X-ray chest	Biopsy , Clinical Photograph , USG, Tumor Marker
52	S15	Vulvectomy		S	17250		N		N		Biopsy, Photograph	Biopsy , Clinical Photograph , USG
53	S15	Mastectomy - any type		S	25000		N		N		Biopsy, X-rays, Mammogram, Photograph, USG, CT, Bone scan	Biopsy , Clinical Photograph
54	S15	Wide excision		S	11500		N		N		Biopsy, X-rays, Mammogram, Photograph, USG, CT	Biopsy , Clinical Photograph
55	S15	Abdomino Perineal Resection (APR) +Sacrectomy		S	50000		N		N		CT/ Barium Meal Follow through	Clinical Photograph, biopsy
56	S15	Wide excision + Reconstruction ( Pedicle flap)		S	25000		N		N		CT/BMFT, Colonoscopy, Biopsy, CEA, PET Scan	Clinical Photograph, biopsy

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
57	S15	Pneumonectomy		S	50000		N		N		Biopsy, X-rays, Mammogram, Photograph, USG, CT	Biopsy , Clinical Photograph , USG
58	S15	Lobectomy		S	50000		N		N		Biopsy, X-rays, Mammogram, Photograph, USG, CT	Biopsy , Clinical Photograph
59	S15	Decortication		S	40000		N		N		Biopsy , CT , X-RAY, PET scan, CT brain	Biopsy , Clinical Photograph , X-RAY
60	S15	Surgical Correction of Bronchopleural Fistula.		S	35000		N		N		Biopsy , CT , X-RAY, PET scan (SOS)	Biopsy , Clinical Photograph , X-RAY
61	S15	Craniofacial resection of any type		S	90000		N		N		Biopsy , CT , X-RAY	Biopsy , Clinical Photograph , X-RAY
62	S15	Composite Resection ANY TYPE & PEDICLE FLAP Reconstruction		S	55000		N		N		Biopsy, CT/MRI	Biopsy , Clinical Photograph
63	S15	Neck Dissection - any type		S	32200		N		N		CT/ MRI, Biopsy	Biopsy , Clinical Photograph
64	S15	Hemiglossectomy		S	20700		N		N		Clinical Photograph/X-Ray,USG/biopsy /CT	Clinical Photograph, biopsy
65	S15	Maxillectomy - any type		S	25000		N		N		Biopsy , Clinical Photograph , USG , X-RAY, CT Scan	Biopsy , Clinical Photograph
66	S15	Thyroidectomy - any type		S	25000		N		N		Biopsy , Clinical Photograph , USG , X-RAY, MRI	Biopsy , Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
67	S15	Parotidectomy - any type		S	20000		N		N		x-ray of maxilla, CT/MRI, biopsy	biopsy and Clinical Photograph
68	S15	Laryngectomy - any type		S	40000		N		N		Biopsy , Clinical Photograph , USG , X-RAY, CT Scan	Biopsy , Clinical Photograph
69	S15	Laryngopharyngo Oesophagectomy		S	70000		N		N		Biopsy , Clinical Photograph , USG , X-RAY, CT Scan	Biopsy , Clinical Photograph
70	S15	Hemimandibulectomy		S	25000		N		N		Biopsy , Clinical Photograph , USG , X-RAY, CT Scan	Biopsy , Clinical Photograph
71	S15	Wide excision Any type		S	11500		N		N		Biopsy , Clinical Photograph , USG , X-RAY, CT Scan	Biopsy , Clinical Photograph
72	S15	Submandibular Gland Excision		S	18400		N		N		Biopsy , Clinical Photograph , USG , X-RAY, OPG/CT scan	Biopsy , Clinical Photograph
73	S15	Parathyroidectomy		S	20700		N		N		Biopsy, CT, Bronchoscopy	Clinical Photograph, biopsy
74	S15	Small bowel resection		S	18400		N		N		Biopsy, CT	Clinical Photograph, biopsy
75	S15	Closure of Ileostomy/ Colostomy		S	8050		N		N		Biopsy , Clinical Photograph , USG , X-RAY, Serum Parathormone	Biopsy , Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
76	S15	Radical Splenectomy		S	30000		N		N		CT , USG	Biopsy , Clinical Photograph , USG
77	S15	Resection of Retroperitoneal Tumors		S	45000		N		N		Barium meal test, CT abdomen, biopsy	Biopsy, clinical photograph
78	S15	Oesophagectomy - any type		S	60000		N		N		Biopsy , CT , Endoscopy ,USG, PET SCAN	Biopsy , Clinical Photograph , USG
79	S15	Gastrectomy - any type		S	40000		N		N		Biopsy , CT , Endoscopy ,USG, PET SCAN	Biopsy , Clinical Photograph , USG
80	S15	Colectomy - any type		S	40000		N		N		Biopsy , CT , Endoscopy , USG, CEA	Biopsy , Clinical Photograph , USG
81	S15	Anterior Resection		S	50000		N		N		Biopsy , CT , Endoscopy , USG, CEA	Biopsy , Clinical Photograph , USG
82	S15	Abdominoperineal Resection		S	40000		N		N		Biopsy , CT , Endoscopy , USG, CEA	Biopsy , Clinical Photograph , USG
83	S15	Other GI Bypasses surgery any type (including pancreas)		S	25000		N		N		Biopsy , CT , Endoscopy , USG	Biopsy , Clinical Photograph , USG
84	S15	Anterior Exenteration (Gynaec)		S	60000		N		N		Pap Smear / biopsy, CT	Clinical Photograph, biopsy
85	S15	Posterior Exenteration (Gynaec)		S	50000		N		N		Pap Smear / biopsy, CT	Clinical Photograph, biopsy
86	S15	Total Pelvic Exenteration		S	75000		N		N		Pap Smear / biopsy, CT	Clinical Photograph, biopsy

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
87	S15	Chest wall resection for SOFT tissue bone tumors		S	9660		N		N		Biopsy, CT Chest, Bone Scan	Clinical Photograph, biopsy
88	S15	Forequarter amputation		S	30000		N		N		Biopsy, CT Chest	Clinical Photolograph/ X-Ray, biopsy
89	S15	Bone resection		S	30000		N		N		CT/MRI, Biopsy	Clinical Photograph/X-ray, biopsy
90	S15	Partial Nephrectomy		S	40000		N		N		CT/Isotope renogram	Clinical Photograph, biopsy
91	S15	Nephroureterectomy for Transitional Cell Carcinoma of renal pelvis (one side)		S	46000		N		N		CT, Biopsy	Clinical Photograph, biopsy
92	S15	Retro Peritoneal Lymph Node Dissection(RPLND) (for Residual Disease)		S	60000		N		N		CT-Chest, CT.Abd+Pelvis, Tumor markers, biopsy	Clinical Photograph, biopsy
93	S15	Adrenalectomy		S	45000		N		N		CT/MRI, Urinary hormones	Clinical Photograph, biopsy
94	S15	Urinary diversion		S	40000		N		N		biopsy, USG Scrotum	Clinical Photograph, biopsy
95	S15	Retro Peritoneal Lymph Node Dissection RPLND as part of staging		S	23000		N		N		CT, biopsy	Clinical Photograph, biopsy
96	S15	Anterior Exenteration (Urinary Bladder)		S	60000		N		N		Cystoscopy, biopsy/CT	Clinical Photograph, biopsy



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
97	S15	Total Exenteration (Urinary Bladder)		S	75000		N		N		Cystoscopy, biopsy/CT	Clinical Photograph, biopsy
98	S15	Mediastinal tumor resection		S	50000		N		N		CT	Clinical Photograph, biopsy
99	S15	Lung metastatectomy of any type		S	35000		N		N		CT, biopsy, Bone scan/ PET scan	X-Ray, Biospy
100	S15	Gastrostomy		S	15000		N		N		Clinical Photograph	Clinical Photograph
101	S15	Jejunostomy		S	15000		N		N		Clinical Photograph	Clinical Photograph
102	S15	Ileostomy		S	15000		N		N		Clinical Photograph	Clinical Photograph
103	S15	Colostomy		S	15000		N		N		Clinical Photograph	Clinical Photograph
104	S15	Suprapubic Cystostomy		S	10000		N		N		Clinical Photograph	Clinical Photograph
105	S15	Gastro Jejunostomy		S	20000		N		N		USG, CT SCAN, Clinical Photograph	Clinical Photograph, biopsy
106	S15	Ileotransverse BYPASS Colostomy		S	9890		N		N		CT SCAN, USG, Endoscopy, Biopsy, Clinical Photograph	Clinical Photograph, biopsy
107	S15	Wide excision - for soft tissue and bone tumors		S	12650		N		N		Clinical Photograph, biopsy	Clinical Photograph, biopsy
108	S15	Wide excision + Reconstruction for soft tissue and bone tumors		S	25000		N		N		Clinical Photograph, biopsy	Clinical Photograph, biopsy

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
109	S15	Amputation for bone / soft tissue tumours (Major / Minor)		S	25000		N		N		Clinical Photograph, biopsy	Clinical Photograph, Biopsy
110	S15	Inguinal Block Dissection-both side		S	16100		N		N		Biopsy, Clinical Photograph, CT scan	Biopsy, Clinical Photograph, USG
111	S15	Low Anterior resection OR Sphincter preserving surgery of any type		S	40000		N		N		CT/ BMFT, Colonoscopy, Biopsy, CEA	Biopsy, Clinical Photograph, USG
112	S15	Laposcopic resection of any type		S	50000		N		N		Barium meal test, CT abdomen, biopsy, Endoscopy, Tumor Marker	Biopsy, Clinical Photograph, USG
113	S15	Hepatic surgery of any type		S	70000		N		N		CT abdomen, biopsy, Endoscopy, Tumor Marker	Biopsy, Clinical Photograph, USG
114	S15	Thoracoscopic and Laposcopic surgery of any type		S	60000		N		N		CT abdomen, biopsy, Endoscopy	Biopsy, Clinical Photograph, USG
115	S15	Laposcopic surgery for kidney & supra renal any type		S	40000		N		N		CT abdomen, biopsy, Endoscopy	Biopsy, Clinical Photograph, USG
116	S15	Brain tumours surgery of any type		S	55000		N		N		CT/ MRI, Biopsy	CT, Photograph
117	S15	TAH + BSO + BLND + O.S.		S	45000		N		N		Biopsy, CT scan, USG, CA 125	CT, Biopsy, Photograph
118	S15	Hind Quarter Amputation		S	40000		N		N		MRI, Bone scan & PET scan	CT, Biopsy, Photograph
119	S15	Hip & Knee Disarticulation		S	45000		N		N		MRI	Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
120	S15	Radical Trachelectomy Cone Biopsy, Simple Hysterectomy		S	40000		N		N		Biopsy, CT scan, USG, CA 125	Biopsy, USG
121	S15	Laser Surgery Any type		S	15000		N		N		Usg,/x- ray,/ct,/biopsy	clinical photograph
122	S15	Flap Cutting any type		S	5000		N		N		Usg,/x- ray,/ct,/biopsy previous procedure report	clinical photograph
123	S15	Eyeball enucleation		S	15000		N		N		Usg,/x- ray,/ct,/biopsy	clinical photograph
124	S15	PICC (For cluster 9 user also)		S	10000		N		N		Usg,/x- ray,/ct,/biopsy	clinical photograph
125	S15	Port Insertion (For cluster 9 user also)		S	15000		N		N		Usg,/x- ray,/ct,/biopsy	clinical photograph
126	S15	ICD Tube Insertion		S	1500		N		N		Usg,/x- ray,/ct,/biopsy	clinical photograph
127	S15	Wide Excision any type (Surgery other than Whipples)		S	50000		N		N		Usg,/x- ray,/ct,/biopsy	clinical photograph
128	S15	Drain Insertion any type		S	1500		N		N		Usg,/x- ray,/ct,/biopsy	clinical photograph
129	S15	Resuturing		S	3000		N		N		Usg,/x- ray,/ct,/biopsy previous procedure report	clinical photograph

## Oral and Maxillofacial Surgery (S16)

Total no of packages: 9

Empanelment classification: Essential/ Minimum criteria, In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Required

- For Paediatric patients if general anaesthesia is required then Rs.400 extra

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	S16	Fixation of fracture of jaw with closed reduction (1 jaw) using wires - under LA	00001	S	5,000		N		N		Clinical assessment and investigations	Clinical assessment and investigations
2	S16	Fixation of fracture of jaw with open reduction (1 jaw) and fixing of plates/ wire – under GA	00002	S	12,000	2	N		N		Clinical assessment and investigations	Clinical assessment and investigations
3	S16	Sequestrectomy	00003	S	1,500	1	N		N		Clinical assessment and investigations	Clinical assessment and investigations
4	S16	TM joint ankylosis of both jaws - under GA	00004	S	15,000		N		N		Clinical assessment and investigations	Clinical assessment and investigations
5	S16	Release of fibrous bands & grafting -in (OSMF) treatment under GA	00005	S	3,000	D	N		N		Clinical assessment and investigations	Clinical assessment and investigations
6	S16	Extraction of impacted tooth under LA	00006	S	500		N		N		Clinical assessment and investigations	Clinical assessment and investigations

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
7	S16	Cyst & tumour of Maxilla/mandible by enucleation/excision/marsupialization under LA	00007	S	2,500		N		N		Clinical assessment and investigations	Clinical assessment and investigations
8	S16	Mandible Tumour Resection and reconstruction/Cancer surgery	00008	S	6,000		N		N		Clinical assessment and investigations	Clinical assessment and investigations
9	S16	Cleft lip and palate surgery (each stage)	00009	S	15,000		N		N		clinical notes	clinical notes

## General Medicine (M1)

No of Procedure - 78

- Separate package for high end radiologic diagnostic (CT, MRI, Imaging including nuclear imaging,) relevant to the illness only (no standalone diagnostics allowed) - subject to pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Separate package for high end histopathology (Biopsies) and advanced serology investigations relevant to the illness only (no standalone diagnostics allowed) - after pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Blood or Blood components transfusion if required, payable separately subject to pre-authorization. Blood can be procured only through licensed blood banks as per National Blood Transfusion Council Guidelines.
  - Endoscopy for therapeutic purpose subject to pre-authorization with a cap of Rs.5000 per family per annum
  - If a medical condition requiring hospitalization has not been envisaged under this list then a pre-authorization can be sought as "Unspecified Medical"

Empanelment classification: Essential/ Minimum criteria, In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network. Minimum criteria to elaborate on the specification of beds under various categories of admission (namely Routine ward, HDU and ICU)

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

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

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

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of _days	auto_ approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	M1	Acute gastroenteritis with moderate dehydration	00001	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
2	M1	Recurrent vomiting with dehydration	00002	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
3	M1	Dysentery	00003	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
4	M1	Renal colic	00004	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
5	M1	Acute bronchitis	00005	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
6	M1	Pneumothroax	00006	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
7	M1	Accelerated hypertension	00007	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
8	M1	Congestive heart failure	00008	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
9	M1	Severe anemia	00009	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
10	M1	Diabetic ketoacidosis	00010	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
11	M1	Acute febrile illness	00011	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
12	M1	Acute exacerbation of COPD	00012	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
13	M1	UTI	00013	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
14	M1	Malaria	00014	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
15	M1	Dengue fever	00015	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
16	M1	Chikungunya fever	00016	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
17	M1	Leptospirosis	00017	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
18	M1	Enteric fever	00018	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
19	M1	Pneumonia	00019	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
20	M1	Acute exacerbation of ILD	00020	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
21	M1	Liver abscess	00021	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
22	M1	Acute viral hepatitis	00022	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
23	M1	Snake bite	00023	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
24	M1	Acute organophosphorus poisoning	00024	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
25	M1	Other poisoning	00025	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
26	M1	Pyrexia of unknown origin	00026	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
27	M1	Pericardial/ Pleural tuberculosis	00027	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
28	M1	Systematic lupus erythematosus	00028	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
29	M1	Vasculitis	00029	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
30	M1	Seizures	00030	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
31	M1	Bacterial/ fungal endocarditis	00031	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
32	M1	Acute inflammatory demyelinating polyneuropathy	00032	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
33	M1	Lung abscess/ Empyema	00033	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
34	M1	Acute and chronic meningitis	00034	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
35	M1	Viral encephalitis	00035	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
36	M1	Persistent/ Chronic diarrhoea	00036	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
37	M1	Acute and chronic pancreatitis	00037	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
38	M1	Visceral leishmaniasis	00038	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
39	M1	HIV with complications	00039	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
40	M1	Neuromuscular disorders	00040	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
41	M1	Metabolic encephalopathy	00041	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
42	M1	Sickle cell Anemia	00042	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
43	M1	Poisonings with unstable vitals	00043	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
44	M1	Type 1/2 respiratory failure	00044	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
45	M1	Acute asthmatic attack	00045	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
46	M1	Acute exacerbation of COPD	00046	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
47	M1	Severe pneumonia	00047	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
48	M1	Acute gastroenteritis with severe dehydration	00048	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
49	M1	Hypertensive emergencies	00049	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
50	M1	Dengue hemorrhagic fever/Dengue shock syndrome	00050	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
51	M1	Complicated malaria	00051	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
52	M1	Heat stroke	00052	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
53	M1	Hyperosmolar Non-Ketotic coma	00053	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
54	M1	Severe sepsis/Septic shock	00055	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
55	M1	Upper GI bleeding (conservative)	00056	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
56	M1	Upper GI bleeding (endoscopic)	00057	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
57	M1	Lower GI hemorrhage	00058	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
58	M1	Immune mediated CNS disorders such as autoimmune encephalitis	00059	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
59	M1	Acute transverse myelitis	00060	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
60	M1	Hydrocephalus	00062	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
61	M1	Cerebral sino-venous thrombosis	00063	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
62	M1	AKI/ renal failure(dialysis payable separately as an add on package for )	00064	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
63	M1	Status epilepticus	00065	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
64	M1	Status asthmaticus	00066	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
65	M1	Respiratory failure due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.)	00067	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700))/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10th day and every 5 day intervals		N		clinical notes	clinical notes
66	M1	Blood and blood component transfusion (admission for a diagnostic procedure leading to treatment requiring admission, e.g. bone marrow and bone biopsy, endoscopy, liver biopsy, bronchoscopy, CT/MRI under GA, broncho-alveolar lavage, lumbar puncture, muscle biopsy, pleural aspiration, ascitic tapping etc.)	00068	M	2,000/ day		Y		N		clinical notes	clinical notes
67	M1	Plasmapheresis - per session	00069	M	2,000		N		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
68	M1	Haemodialysis/Peritoneal Dialysis (only for ARF) - per session	00070	M	2,000		N		N		clinical notes	clinical notes
69	M1	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) - can only be clubbed with medical package. Rs 5000 per annum limit to a family	00071	M	capped @ Rs 5000 per annum for a family		N		N		clinical notes	clinical notes
70	M1	High end histopathology (Biopsies) and advanced serology investigations - can only be clubbed with medical package. Rs 5000 per annum limit to a family	00072	M	capped @ Rs 5000 per annum for a family		N		N		clinical notes	clinical notes
71	M1	CONSERVATIVE MANAGEMENT (ISCHEMIC STROKE)		S	60000 (Payment fraction ( 1st week-35%,2nd week-25%,3rd week-15%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		CT brain plain,others	MRI brain with angiography

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approved Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
72	M1	THROMBOLYSIS WITH ACTILYSE FOR ISCHEMIC STROKE		S	120000 (Payment fraction ( 1st week-50%,2nd week-15%,3rd week-10%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		CT brain plain,others	Repeat CT brain after 24 hours,MRI brain with angiography
73	M1	INTRAPARENCHYMAL /SUBARACHNOID HEMMORRHAGE (CONSERVATIVE MANAGEMENT)		S	40000 (Payment fraction ( 1st week-35%,2nd week-25%,3rd week-15%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		CT brain plain,others	Repeat CT brain plain , CT angiography brain
74	M1	MENINGOENCEPHALITIS, OR/ AND EVD/VP shunt (CONSERVATIVE MANAGEMENT)		S	110000 (Payment fraction ( 1st week-35%,2nd week-25%,3rd week-15%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		CT brain plain,CSF ,others	MRI brain with contrast
75	M1	MYASTHENIA CRISIS MANAGEMENT BY PLASMAPHERESIS		S	110000 (Payment fraction ( 1st week-35%,2nd week-25%,3rd week-15%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		Clinical diagnosis by neurophysician OR previously diagnosed case	Anyone of the following:repetitive nerve stimulation,ACH-R antibody,Anti-MUSK antibody

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76	M1	MYASTHENIA CRISIS MANAGEMENT BY IV IMMUNOGLOBINS		S	200000 (Payment fraction ( 1st week-50%,2nd week-15%,3rd week-10%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		Clinical diagnosis by neurophysician OR previously diagnosed case	Anyone of the following:repetitive nerve stimulation,ACH-R antibody,Anti-MUSK antibody
77	M1	Gullian-barre syndrome management by plasmapheresis		S	109627 (Payment fraction ( 1st week-35%,2nd week-25%,3rd week-15%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		Clinical diagnosis by neurophysician	CSF study, NCV/EMG
78	M1	Gullian-barre syndrome management by Intravenous immunoglobulin		S	200000 (Payment fraction ( 1st week-50%,2nd week-15%,3rd week-10%,4th week-10%,5th week-10%,F/u-5%) of total package rate)		N		N		Clinical diagnosis by neurophysician	CSF study, NCV/EMG

## Paediatric medical management (M2)

Total no of packages: 102

- Separate package for high end radiological diagnostic (CT, MRI, Imaging including nuclear imaging,) relevant to the illness only (no standalone diagnostics allowed)
  - subject to pre-authorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Separate package for high end histopathology (Biopsies) and advanced serology investigations relevant to the illness only after preauthorization with a cap of Rs 5000 per family per annum within overall sum insured.
- Blood or Blood components transfusion if required, payable separately subject to pre-authorization. Blood can be procured only through licensed blood banks as per National Blood Transfusion Council Guidelines.
  - If a medical condition requiring hospitalization has not been envisaged under this list then a pre-authorization can be sought as "Unspecified Medical"

Empanelment classification: Essential/ Minimum criteria, In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network. Minimum criteria to elaborate on the specification of beds under various categories of admission (namely Routine ward, HDU and ICU).

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

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

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

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	M2	Diarrhoea	00001	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
2	M2	Acute dysentery	00002	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
3	M2	Pneumonia	00003	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
4	M2	Urinary tract infection	00004	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
5	M2	Acute Exacerbation of asthma	00005	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
6	M2	Acute glomerulonephritis	00006	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
7	M2	Acute urticaria/ Anaphylaxis acute asthma	00007	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
8	M2	Poisonings with normal vital signs	00008	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
9	M2	Febrile seizures/other seizures	00009	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
10	M2	Epileptic encephalopathy	00010	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
11	M2	Optic neuritis	00011	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
12	M2	Aseptic meningitis	00012	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
13	M2	Trauma	00013	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
14	M2	Pyrexia of unexplained origin	00014	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
15	M2	Chronic cough	00015	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
16	M2	Wheezing	00016	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
17	M2	Unexplained seizures	00017	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
18	M2	Global developmental delay/ Intellectual disability of unknown etiology	00018	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
19	M2	Dysmorphic children	00019	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
20	M2	Rickets	00020	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
21	M2	Unexplained severe anemia	00021	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
22	M2	Short stature	00022	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
23	M2	Musculoskeletal problems	00023	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
24	M2	Developmental and behavioral disorders	00024	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
25	M2	Diabetic ketoacidosis	00025	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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26	M2	Nephrotic syndrome with peritonitis	00026	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
27	M2	Pyogenic meningitis	00027	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
28	M2	Persistent/ Chronic diarrhea	00028	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
29	M2	Acute severe malnutrition	00029	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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30	M2	Dengue	00030	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
31	M2	Enteric fever	00031	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
32	M2	Chikungunya	00032	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
33	M2	Acute hepatitis	00033	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes



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34	M2	Kala azar	00034	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
35	M2	Tuberculosis	00035	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
36	M2	HIV with complications	00036	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
37	M2	Infantile cholestasis	00037	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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38	M2	Haemolytic uremic syndrome	00038	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
39	M2	ITP	00039	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
40	M2	Juvenile myasthenia	00040	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
41	M2	Kawasaki Disease	00041	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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42	M2	Persistent pneumonia	00042	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
43	M2	Empyema	00043	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
44	M2	Immune haemolytic anemia	00044	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
45	M2	Cyanotic spells	00045	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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46	M2	Rheumatic fever	00046	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
47	M2	Rheumatoid arthritis	00047	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
48	M2	Encephalitis	00048	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
49	M2	Chronic meningitis	00049	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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50	M2	Intracranial ring enhancing lesion with complication (neurocysticercosis, tuberculoma)	00050	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
51	M2	Refractory seizures	00051	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
52	M2	Floppy infant	00052	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
53	M2	Acute neuroregression	00053	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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54	M2	Neuromuscular disorders	00054	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
55	M2	Opsoclonus myoclonus syndrome	00055	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
56	M2	Acute ataxia	00056	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
57	M2	Steven Johnson syndrome	00057	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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58	M2	Metabolic encephalopathy	00058	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
59	M2	Ketogenic diet initiation in refractory epilepsy	00059	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
60	M2	Inborn errors of metabolism	00060	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
61	M2	Wilson's disease	00061	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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62	M2	Celiac disease	00062	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
63	M2	Unexplained jaundice	00063	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
64	M2	Unexplained hepatosplenomegaly	00064	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
65	M2	Severe pneumonia	00065	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes



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66	M2	Severe exacerbation of asthma	00066	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
67	M2	Acute kidney injury	00067	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
68	M2	Poisonings	00068	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
69	M2	Serious trauma with unstable vitals	00069	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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70	M2	Upper GI hemorrhage	00070	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
71	M2	Lower GI hemorrhage	00071	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
72	M2	Acute abdomen	00072	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
73	M2	Liver abscess	00073	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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74	M2	Complicated malaria	00074	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
75	M2	Severe dengue with shock	00075	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
76	M2	Congestive cardiac failure	00076	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
77	M2	Brain abscess	00077	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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78	M2	Acute encephalitic syndrome	00078	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
79	M2	Acute demyelinating myelopathy,	00079	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
80	M2	Immune mediated CNS disorders such as autoimmune encephalitis	00080	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
81	M2	Acute transverse myelitis	00081	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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82	M2	Guillain Barre Syndrome	00082	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
83	M2	Hydrocephalus	00083	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
84	M2	Intracranial space occupying lesion	00084	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
85	M2	Cerebral malaria	00085	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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86	M2	Acute ischemic stroke	00086	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
87	M2	Cerebral sino-venous thrombosis	00087	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
88	M2	Respiratory failure due to any causes (pneumonia, asthma, foreign body, poisoning, head injury etc.)	00088	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
89	M2	Acute transverse myelitis	00089	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

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90	M2	Acute encephalitis –infectious/immune-mediated	00090	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
91	M2	Convulsive & non convulsive status epilepticus	00091	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
92	M2	Cerebral herniation	00092	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
93	M2	Intracranial hemorrhage	00093	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
94	M2	Hepatic encephalopathy	00094	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
95	M2	Complicated bacterial meningitis	00095	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
96	M2	Raised intracranial pressure	00096	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
97	M2	Hypertensive encephalopathy	00097	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1800)/ HDU (Rs (Rs 2700)/ ICU (without ventilator) (Rs 3600)/ ICU (with ventilator)(Rs 4500)		Y; N after 1st day, 5th day, 10 th day and every 5 day intervals		N		clinical notes	clinical notes
98	M2	CRRT (per session)	00098	M	8,000		N		N		clinical notes	clinical notes



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
99	M2	Blood and blood component transfusion up to a limit of 2 days(admission for a diagnostic procedure leading to treatment requiring admission, e.g. bone marrow and bone biopsy, endoscopy, liver biopsy, bronchoscopy, CT/MRI under GA, broncho-alveolar lavage, lumbar puncture, muscle biopsy, FNAC, pleural aspiration, ascitic tapping, neostigmine challenge test etc.)	00099	M	1,500/ day		N		N		clinical notes	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
100	M2	Blood and blood component transfusion for indications like Thalassemia/Hemoglobinopathies - upto a limit of 2 days	00100	M	1,500/ day		N		N		clinical notes	clinical notes
101	M2	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) - can only be clubbed with medical package.	00101	M	capped @ Rs 5000 per annum for a family		N		N		clinical notes	clinical notes
102	M2	High end histopathology (Biopsies) and advanced serology investigations - can only be clubbed with medical package.	00102	M	capped @ Rs 5000 per annum for a family		N		N		clinical notes	clinical notes

## Neo-natal (M3)

Total no of packages: 10

- Packages would include neonates up to age of 28 days after birth. However, for infants born preterm (<37 weeks), the age limit extends to postmenstrual age (period after the first day of last menstrual period) of 44 weeks OR body weight up to 3 kg
  - All the packages are inclusive of everything including drugs, diagnostics, consultations, procedures, treatment modalities that the baby would require for its management
    - In case a baby in a lower cost package develops a complication requiring higher level of care, the baby should be moved for higher cost package
  - For packages 2, 3, 4 and 5, mother's stay and food in the hospital [postnatal ward/special ward for such mothers] for breastfeeding, family centred care and KMC (Kangaroo Mother Care) is mandatory. In packages 2, 3, 4 and 5 mothers should be allotted KMC bed when the newborn is eligible for Kangaroo mother care. The cost of bare bed and food to the mother is included. If the mother requires treatment for her own illnesses, it would be covered under the mother's packages.
- It is MANDATORY to ensure that the neonate receives vaccination as per NATIONAL IMMUNIZATION SCHEDULE before discharge Empanelment classification: Advanced criteria Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for Special, Advanced (and needing surfactant therapy) and Critical Neonatal packages and for progressive extension of treatment/ hospital stay/ shifting across packages.

Pre-authorization remarks: Prior approval must be taken for progressive extension of therapeutic treatments (i.e. for extending stay beyond the prescribed limit/ in cases which might need shifting of packages based on clinical vitals and need - then the previously blocked package needs to be unblocked and the total amount of new package needs to be considered to be debited).

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

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	M3	<p>Basic neonatal care package (Rs. 500 per day, maximum 1500): Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU:</p> <ul style="list-style-type: none"> <li>• Any newborn needing feeding support <ul style="list-style-type: none"> <li>• Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> <li>o Birth asphyxia (need for positive pressure ventilation; no HIE)</li> <li>o Moderate jaundice requiring phototherapy</li> <li>o Large for dates (&gt;97 percentile) Babies</li> <li>o Small for gestational age (less than 3rd centile)</li> </ul> </li> </ul> </li> </ul>	00001	M	500/ day	Less than 5 days	N	1,500	N		Blood sugar,Blood group,Complete blood count,Coombs test,others as required	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
2	M3	<p>Special Neonatal Care Package (Rs. 3000 per day, maximum of 18000 - pre-auth after 4 days): Babies that required admission to SNCU or NICU: Babies admitted for short term care for conditions like:</p> <ul style="list-style-type: none"> <li>• Mild Respiratory Distress/tachypnea</li> <li>• Mild encephalopathy</li> <li>• Severe jaundice requiring intensive phototherapy</li> <li>• Haemorrhagic disease of newborn</li> <li>• Unwell baby requiring monitoring</li> <li>• Some dehydration</li> <li>• Hypoglycaemia</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	00002	M	3000/day	less than 7 days	N	18,000	N		<p>Blood sugar Complete Blood Picture Blood group Bilirubin Coombs Test Chest X ray CRP Micro ESR Blood Culture Electrolytes Renal function tests Coagulation profile Others as required</p>	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
3	M3	<p>Intensive Neonatal Care Package (Rs. 5000 per day, maximum of Rs. 50,000 – pre-auth is needed after 5 days)            Babies with birthweight 1500-1799 g or            Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)               <ul style="list-style-type: none"> <li>• Sepsis / pneumonia without complications</li> </ul> </li> <li>• Hyperbilirubinemia requiring exchange transfusion               <ul style="list-style-type: none"> <li>• Seizures</li> </ul> </li> <li>• Major congenital malformations (pre-surgical stabilization, not requiring ventilation)               <ul style="list-style-type: none"> <li>• Cholestasis significant enough requiring work up and in-hospital management</li> <li>• Congestive heart failure or shock</li> </ul> </li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	00003	M	5000/day	7 to 14 days	N	50,000	N		Blood sugar Complete Blood Counts Blood group Bilirubin Coombs Test Chest X ray Blood Gas CRP Micro ESR Blood Culture CSF Studies Electrolytes Renal function tests Liver Function tests Serum Calcium Serum Magnesium USG abdomen USG Cranium Echocardiogram EEG MRI Brain Coagulation profile	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
4	M3	<p>Advanced Neonatal Care Package (Rs. 6000 per day, maximum of Rs. 75,000 – pre-auth is needed after 7 days): Babies with birthweight of 1200-1499 g or Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>Any condition requiring invasive ventilation longer than 24 hours</li> <li>Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia</li> <li>Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages)</li> <li>Sepsis with complications such as meningitis or bone and joint infection, DIC or shock <ul style="list-style-type: none"> <li>Renal failure requiring dialysis</li> <li>Inborn errors of metabolism</li> </ul> </li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	00004	M	6000/day	14 to 21 days	N	75,000	N		<p>Blood sugar Complete Blood Counts Blood group Bilirubin Coombs Test Chest X ray Other X-rays Blood Gas CRP Micro ESR Blood Culture CSF studies Other Body Fluid Cultures Electrolytes Renal function tests Liver Function tests Serum Calcium Serum Magnesium USG abdomen USG Cranium Echocardiogram EEG ECG</p>	clinical notes

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
5	M3	<p>Critical Care Neonatal Package (Rs. 7000 per day, maximum of Rs. 1,20,000 – pre-auth after 10 days): Babies with birthweight of &lt;1200 g or Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO)</li> <li>• Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes</li> <li>• Critical congenital heart disease</li> </ul> <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	00005	M	7000/day	21 to 42 days	N	120,000	N		Blood sugar Complete Blood Counts Blood group Bilirubin Coombs Test Chest X ray Other X-rays Blood Gas CRP Micro ESR Blood Culture CSF studies Other Body Fluid Cultures Electrolytes Renal function tests Liver Function tests Serum Calcium Serum Magnesium USG abdomen USG Cranium Echocardiogram EEG ECG	clinical notes



Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
6	M3	Chronic Care Package (Rs. 3000 per day, maximum of Rs. 30,000): If the baby requires stay beyond the upper limit of usual stay in Package no 0004 or 0005 for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support	00006	M	3000/day		N	30,000	N		clinical notes	clinical notes
7	M3	High Risk Newborn Post Discharge Care Package (Protocol Driven)	00007	M	2,400		N		N		clinical notes	clinical notes
8	M3	Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) - per session	00008	S	1,500		N		N		clinical notes	clinical notes
9	M3	Advanced Surgery for Retinopathy of Prematurity	00009	S	15,000		N		N		clinical notes	clinical notes
10	M3	Ventriculoperitoneal Shunt Surgery (VP) or Omayya Reservoir or External Drainage for Hydrocephalus	00010	S	5,000		N		N		clinical notes	clinical notes

## Medical Oncology (M5)

Total no of packages: 90

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

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

The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last longer than a year.

Relapse/recurrence may sometimes occur.

- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.
  - There should be pre-authorization at each step for cancer care.
- However it is advised that decision regarding appropriate patient care for cancer care treatments would need to be taken by a multidisciplinary tumor board (if available within the treating hospital or if not then it could be sent to the nearest regional cancer centre (RCC) for approval) that should include a highly trained team of Surgical, Radiation and Medical Oncologist in order to ensure the most appropriate treatment for the patient. A detailed Oncology Treatment Plan Approval form is annexed. This could prove to be very vital, such as implications on the financial cover and to avoid unnecessary treatments.
- For Radiotherapy, generic packages have been listed irrespective of primary tumor site. However cost of packages may differ depending upon the technique of radiotherapy used like 3DCRT/IMRT/IGRT etc.
- Packages under surgical oncology might not be exhaustive, since there are significant overlaps with packages under other specialty domains. Such packages may be used as deemed necessary.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
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Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	M5	Adriamycin/Cyclophosphamide (AC) [ Breast *]		M	4485		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray
2	M5	5- Fluorouracil A-C (FAC) [ Breast *]		M	4600		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
3	M5	AC (AC then T) [ Breast *]		M	4600		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray
4	M5	Paclitaxel [ Breast *]		M	11500		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
5	M5	Cyclophosphamide/Methotrexate/5Fluorouracil (CMF) [ Breast *]		M	3450		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray
6	M5	Tamoxifen tabs [ Breast #]		M	109		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
7	M5	Aromatase Inhibitors [ Breast #]		M	1150		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray
8	M5	After 4 cycles of 9.3 package followed by Taxanes with GCSF, Herceptin with or without Carboplatin [HER2 +ve Early Breast Cancer *]		M	50000		N		N		Biopsy with immunohistochemistry, Mammography, 2D Echo, Chest X-ray, Sonography, Bone scan, Blood Investigations, clinical Photograph	Clinical Photograph, Mammography, chest X-ray
9	M5	Weekly Cisplatin [ Cervical Cancer *]		M	4025		N		N		Biopsy, USG,CT scan/MRI, Chest X-ray, clinical Photograph.	Clinical Photograph, USG,CT scan/MRI, Chest X-ray.
10	M5	Cisplatin/5-FU [Vulval Cancer *]		M	9200		N		N		Biopsy, USG,CT scan/MRI, Chest X-ray, clinical Photograph.	Clinical Photograph, USG,CT scan/MRI, Chest X-ray.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
11	M5	Cisplatin/5-FU [Vaginal Cancer *]		M	9200		N		N		Biopsy, USG,CT scan/MRI, Chest X-ray, clinical Photograph.	Clinical Photograph, USG,CT scan/MRI, Chest X-ray.
12	M5	Carboplatin/Paclitaxel [Ovarian Cancer *]		M	11500		N		N		Biopsy with immunohistochemistry, Chest X-ray, USG, CT scan, CA 125, Cytology, clinical Photograph	Clinical Photograph, Sonography, CT scan, CA 125, chest x-ray.
13	M5	Liposomal Doxorubicin & Gemcitabine [Ovarian Cancer *]		M	13800		N		N		Biopsy with immunohistochemistry, Chest X-ray, USG, CT scan, CA 125, Cytology, clinical Photograph	Clinical Photograph, Sonography, CT scan, CA 125, chest x-ray.
14	M5	Bleomycin /Etoposide/ Cisplatin (BEP) [Ovary Germ cell Tumor *]		M	11270		N		N		Biopsy with immunohistochemistry, CT scan, USG, Chest x-ray, Tumor markers, Clinical Photograph, 2 D echo.	CT scan, USG, Chest x-ray, Tumor markers, Clinical Photograph, 2 D echo.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
15	M5	Weekly Methotrexate [Gestational Trophoblast Ds.-Lowrisk *]		M	863		N		N		Biopsy, CT scan, USC, Chest x-ray, Tumor markers, MRI Brain, Clinical Photograph.	CT scan, USC, Chest x-ray, Tumor markers, MRI, clinical Photograph.
16	M5	Actinomycin [Gestational Trophoblast Ds.-Lowrisk *]		M	4370		N		N		Biopsy, CT scan, USG, Chest x-ray, Tumor markers, MRI, Brain, Clinical Photograph.	CT scan, USC, Chest x-ray, Tumor markers, MRI, clinical Photograph.
17	M5	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide - Vincristine (EMA-CO) [Gestational Trophoblast Ds.-Lowrisk *]		M	8280		N		N		Biopsy, CT scan, USG, Chest x-ray, Tumor markers, MRI Brain, Clinical Photograph.	CT scan, USC, Chest x-ray, Tumor markers, MRI, clinical Photograph.
18	M5	Bleomycin-Etoposide-Cisplatin (BEP) [Testicular Cancer *]		M	11040		N		N		Biopsy with immunohistochemistry, CT scan, USG, Chest x-ray, Tumor markers, Clinical Photograph, 2 D echo.	CT scan, USG, Chest x-ray, Tumor markers, Clinical Photograph, 2 D echo.



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
19	M5	Taxanes, Ifosphamides, Vinblastine, Gemcitabine, Docetaxol, Platin [Testicular Cancer *]		M	16100		N		N		Biopsy with immunohistochemistry, CT scan, USG, Chest x-ray, Tumor markers, MRI Brain, Clinical Photograph.	CT scan, USG, Chest x-ray, Tumor markers, MRI Brain, Clinical Photograph.
20	M5	Hormonal therapy [Prostate Cancer #]		M	4140		N		N		Biopsy, CT scan/MRI, USG, x-ray, Tumor markers, Bone scan, Clinical Photograph.	CT scan/MRI, USG, x-ray, Tumor markers, Bone scan, Clinical Photograph.
21	M5	Docetaxol + steroids with G-CSF [Prostate Cancer *]		M	18400		N		N		Biopsy, CT scan/MRI, USG, x-ray, Tumor markers, Bone scan, Clinical Photograph.	CT scan/MRI, USG, x-ray, Tumor markers, Bone scan, Clinical Photograph.
22	M5	Weekly Cisplatin [Bladder Cancer *]		M	4140		N		N		Biopsy, USG, CT scan/MRI, Chest X-ray, clinical Photograph.	Clinical Photograph, USG, CT scan/MRI, Chest X-ray.
23	M5	Methotrexate Vinblastine Adriamycin Cyclophosphamide (MVAC)[ Bladder Cancer *]		M	7130		N		N		Biopsy, CT scan/MRI, USG, x-ray, Urine cystology, Clinical Photograph.	CT scan/MRI, USG, x-ray, Urine cystology, Clinical Photograph.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
24	M5	Gemcitabine/Carboplatin [ Bladder Cancer *]		M	12880		N		N		Biopsy, CT scan/MRI, USG, x-ray, Urine cystology, Clinical Photograph.	CT scan/MRI, USG, x-ray, Urine cystology, Clinical Photograph.
25	M5	Platin/Etoposide[ Lung cancer-Non-small cell lung cancer (NSCLC) and SCLC *]		M	9430		N		N		Biopsy with immunohistochemistry, CT scan, USG, x-ray, Sonography, Bone scan, MRI Brain PET-CT Scan.	CT scan, USG, x-ray, Sonography, Bone scan, MRI Brain PET-CT Scan, Clinical Photograph.
26	M5	Pemetrexed/ Platin Gemcitabine/ Platin Gefitinib [ Lung cancer-Non-small cell lung cancer (NSCLC) and SCLC *]		M	14950		N		N		Biopsy with immunohistochemistry, CT scan, USG, x-ray, Sonography, Bone scan, MRI Brain PET-CT Scan.	CT scan, USG, x-ray, Sonography, Bone scan, MRI Brain PET-CT Scan, Clinical Photograph.
27	M5	Weekly Cisplatin/ Carboplatin Cisplatin-5FU Epirubicin/ Taxanes [Esophageal Cancer *]		M	8625		N		N		Biopsy, CT scan, USG, x-ray, Sonography, Endoscopy.	Biopsy, CT scan, USG, x-ray, Sonography, Endoscopy, Clinical Photograph.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
28	M5	5-FU -Leucovorin (McDonald Regimen), Epirubicin/Taxanes/Platin [Gastric Cancer *]		M	17250		N		N		Biopsy, CT scan, USG, x-ray, Sonography, Endoscopy.	Biopsy, CT scan, USG, x-ray, Sonography, Endoscopy, Clinical Photograph.
29	M5	Monthly 5-FU [Colorectal Cancer *]		M	5750		N		N		Biopsy, CT scan/MRI, x-ray, Tumor marker-S. CEA	Biopsy, CT scan/MRI, x-ray, Tumor marker-S. CEA, Clinical Photograph.
30	M5	5-Fluorouracil-Oxaliplatin - Leucovorin (FOLFOX) (Stage III only) [Colorectal Cancer *]		M	13800		N		N		Biopsy, CT scan/MRI, x-ray, Tumor marker-S. CEA	Biopsy, CT scan/MRI, x-ray, Tumor marker-S. CEA, Clinical Photograph.
31	M5	5-FU, Irinotican, Leucovorin, (FOLFIRI) Capecitabine, [Colorectal Cancer *]		M	11500		N		N		Biopsy, CT scan/MRI, x-ray, Tumor marker-S. CEA	Biopsy, CT scan/MRI, x-ray, Tumor marker-S. CEA, Clinical Photograph.
32	M5	Cisplatin/Adriamycin + ifosmide (IAP) [Osteosarcoma Bone Tumors *]		M	13800		N		N		Biopsy, CT scan, MRI scan, x-ray, Bone scan, 2 D Echo.	X-Ray, Clinical Photograph.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
33	M5	Adriamycin/ Bleomycin/Vinblastine/ Dacarbazine (ABVD), Cyclophosphamide/Vincristine/Prednisolone/Procarbazine (COPP).[Lymphoma-Hodgkin disease *]		M	6900		N		N		Biopsy-immunohistochemistry, Serum biochemistry, Bone marrow examination, CT scan, x-ray, Sonography, PET-CT Scan, 2 D Echo, PFT.	Blood investigations & imaging-USG/CT scan/PET-CT scan, Clinical Photograph
34	M5	Cyclophosphamide/Adriamycin/Vincristine/Prednisolone (CHOP), Rituximab, Chlorambucil CVP (Cyclophosphamide/Vincristine,/Prednisolone), Bendamustine Cladribone High dose Methotrexate/VCR/Procarbazine- Cytarabine [Lymphoma-NHL *]		M	13800		N		N		Biopsy-, immunohistochemistry, Serum biochemistry, Bone marrow examination, CT scan, x-ray, Sonography, PET-CT, CSF cytology, MRI brain/spine, Viral markers, 2 D Echo.	Blood investigations & imaging-USG/CT scan/PET-CT scan, Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
35	M5	Vincristine, Adriamycin, Dexamethasone (VAD) [Multiple Myeloma*]		M	5750		N		N		Hematology, Serum biochemistry, Serum Protein electrophoresis and immunofixation, Bone marrow examination, skeletal survey & MRI Spine, 2 D Echo.	Blood investigations, & Bone marrow examination, X-Rays, Clinical Photograph
36	M5	Thalidomide + Dexamethasone (Oral) [Multiple Myeloma #]		M	4830		N		N		Hematology, Serum biochemistry, Serum Protein electrophoresis and immunofixation, Bone marrow examination, skeletal survey & MRI Spine, 2 D Echo.	Blood investigations, & Bone marrow examination, Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
37	M5	Melphalan -Prednisone (oral) [Multiple Myeloma #]		M	2530		N		N		Hematology, Serum biochemistry, Serum Protein electrophoresis and immunofixation, Bone marrow examination, skeletal survey & MRI Spine, 2 D Echo.	Blood investigations, & Bone marrow examination, X-Rays, Clinical Photograph
38	M5	Bortezomib, Lenalinomide, Bisphosphonates, Autologous stem cell transplant [Multiple Myeloma #]		M	13800		N		N		Hematology, Serum biochemistry, Serum Protein electrophoresis and immunofixation, Bone marrow examination, skeletal survey & MRI Spine, 2 D Echo.	Blood investigations, & Bone marrow examination, X-Rays, Clinical Photograph
39	M5	SIOP/NWTS regimen(Stages I - IV) [Wilm's Tumor *]		M	9775		N		N		USG/CT, biopsy with Immunohistochemistry	Imaging USG/CT scan, Clinical Photograph
40	M5	Cisplatin – Adriamycin [Hepatoblastoma Operable*]		M	5175		N		N		USG/CT, biopsy, Tumor marker-AFP, 2D Echo.	USG/CT, Tumor marker, Clinical Photograph.

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41	M5	Variable Regimen - MCP 841/BFM - 90, BFM-NHL, LMB 96, Rasburrycase [Childhood B Cell Lymphomas *]		M	16100		N		N		Hematology, Serum biochemistry, CT Scan whole body Or PET Scan, Tissue biopsy with immunochemistry/IPT, Bone marrow examination, CSF Cytology.	Bone marrow examination, Imaging- Studies, Clinical Photograph
42	M5	Variable Regimen Variable regimens, Autologous Stem Cell [Neuroblastoma ( Stages I-III ) *]		M	16100		N		N		CT, Biopsy-With Immunohistochemistry, Blood investigations, MIBG scan, Bone marrow examination.	Blood investigations & imaging- USG/CT scan, MIBG scan, Clinical Photograph
43	M5	Carbo/Etoposide/Vincristine, Endoxan/vincristine/doxorubicin-platin/Etoposide [Retinoblastoma *]		M	7130		N		N		Biopsy, Blood investigations, MRI Orbit & Brain, CSF study, Bone marrow examination, Bone scan.	Ophthalmologic examination, Imaging-Studies, Clinical Photograph

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
44	M5	Variable Regimen- LCH-III, Vinblastine + Prednisolone, 6MP, MTX, Cladribone, Allergenic stem cell transplant. [Histiocytosis *]		M	20700		N		N		Hematology, Biopsy, Serum biochemistry, Bone marrow examination, Chest X-Ray, skeletal survey, MRI Brain, Endocrine evaluation, HAL typing & matching, serum cyclosporine level.CSF Cytology.	Blood investigations and imagine, Clinical Photograph
45	M5	Vincristine-Actinomycin-Cyclophosphamide (VAC) based chemo [Rhabdomyosarcoma *]		M	5750		N		N		Blood investigations, Biopsy & Immunohistochemistry, CT scan/MRI, Bone marrow examination, Bone scan.	Physical examination, Imagine MRI/CT can, Clinical Photograph
46	M5	Variable Regimen- Endoxan/VCR/Doxorubicin- Ifosphamides/Etoposide. [Ewings sarcoma *]		M	16100		N		N		X-Ray/CT Scan/MRI, Biopsy & Immunohistochemistry, Bone Scan, Bone marrow examination, 2D Echo.	Physical examination, X-Ray/CT scan/MRI, Clinical Photograph



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47	M5	Induction Phase [Acute Myeloid Leukemia *]		M	25300		N		N		Hematology, Bone marrow examination with Immunophenotyping, Conventional Cytogenetics and FISH studies, MRI Brain, X-Ray, 2D Echo.	Physical examination, Blood investigations, Bone marrow examination, Clinical Photograph
48	M5	Consolidation Phase [Acute Myeloid Leukemia *]		M	43700		N		N		Hematology, Bone marrow examination with Immunophenotyping, Conventional Cytogenetics and FISH studies, MRI Brain, X-Ray, 2D Echo.	Physical examination, Blood investigations, Bone marrow examination, Clinical Photograph

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49	M5	Induction phase 1st and 2nd months, MCP 841/BFM 90 protocol, Imatinib [Acute Lymphoblastic Leukemia*]		M	71300		N		N		Hematology, Bone marrow examination with Immunophenotyping, Cytogenetics and FISH studies, CSF cytology, MRI Brain, USG/CT scan.	Physical examination, Blood investigations, Bone marrow examination, Clinical Photograph
50	M5	3rd, 4th, 5th month-MCP 841/BFM 90 protocol, Imatinib, Allergenic stem cell transplant [Acute Lymphoblastic Leukemia*]		M	36800		N		N		Hematology, Bone marrow examination with Immunophenotyping, Cytogenetics and FISH studies, CSF cytology, MRI Brain, USG/CT scan, 2D Echo.	Physical examination, Blood investigations, Bone marrow examination, Clinical Photograph
51	M5	Maintenance- MCP 841/BFM 90 protocol, Imatinib [Acute Lymphoblastic Leukemia*]		M	4830		N		N		Hematology, Bone marrow examination, FISH study, CSF cytology.	Physical examination, Blood investigations, Bone marrow examination, Clinical Photograph

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52	M5	Palliative Chemotherapy [unlisted regimen *]		M	7130		N		N		Biopsy. CT, USG, Blood investigations	Blood investigations, USG/CT scan, Clinical Photograph
53	M5	Palliative and Supportive Therapy [For Terminally ill cancer patient *]		M	4830		N		N		Biopsy , CT , USG	Clinical Photograph
54	M5	XELOX along with Adjuvant chemotherapy [Colorectal Cancer Stage 2& 3 *]		M	10120		N		N		CT scan Abdomen, Pelvis, Tissue biopsy, Photograph, Tumor marker- S. CEA.	USG/CT/biopsy, Biochemical investigations
55	M5	1ST Line iv antibiotics And other supportive therapy ( third generation cephalosporin, aminoglycoside, Combination of Beta Lactam with beta lactamase inhibitor (Piperacillin-tazobactam), Vancomycin, Anti-Fungals (azoles), G-CSF etc.,) [Febrile Neutropenia-Highrisk-1 *]		M	17250		N		N		Blood C&S, Urine C&S, Chest X-Ray, Tissue Biopsy, CT scan.	USG/CT/biopsy, Biochemical investigations.

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56	M5	2nd line iv antibiotics and other supportive therapy(Carbapenems, Fourth generation cephalosporins, Piperacillin, anti-fungal - azoles etc.,) [Febrile Neutropenia-Highrisk-2 *]		M	48300		N		N		Blood C&S, Urine C&S, Chest X-Ray, Tissue Biopsy, CT scan.	USG/CT/biopsy, Blood investigations, Blood Culture-sensitivity, X-Ray.
57	M5	Ifosphamides /Platin /Etoposide (ICE), Cytarabine/ Platin/ Steroids (DHAP), Autologous stem cell Transplant [Relapsed lymphoma- NHL and HD *]		M	36800		N		N		Serum biochemistry, Bone marrow examination, CT scan, X-ray, Sonography, PET-CT scan	Blood investigations & imaging- USG/CT scan/PET-CT scan
58	M5	ATRA, Arsenic trioxide, Daunorubicin, Cytarabine 6 MP, methotrexate [APML *]		M	64400		N		N		Bone Marrow examination with Immunophenotyping, Conventional Cytogenetics and FISH/RT-PCR studies, MRI Brain, X-ray, 2 D echo, ECG	Bone marrow exam with RT-PCR study,

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59	M5	BFM 93 [Paediatric AML *]		M	59800		N		N		Bone Marrow examination with Immunophenotyping, Conventional Cytogenetics and FISH study, MRI Brain, CSF cytology, X-ray, 2 D echo, ECG	Physical exam, Blood investigations, bone marrow exam (if clinically indicated)
60	M5	CVP - Cyclophosphamide, Vincristine, Steroids [CLL *]		M	5463		N		N		Hematology, Serum Biochemistry, Bone marrow examination with Immunophenotyping, Lymph node biopsy with IHC, USG/CT scan, 2 D Echo	Physical exam, Blood investigations, Imaging USG/CT scan

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61	M5	L +P -- Chlorambucil, Steroids [CLL *]		M	5463		N		N		Hematology, Serum Biochemistry, Bone marrow examination with Immunophenotyping, Lymph node biopsy with IHC, USG/CT scan, 2 D Echo	Physical exam, Blood investigations, Imaging USG/CT scan
62	M5	Fludarabine, Cyclophosphamide, Rituximab (FCR) [CLL *]		M	43700		N		N		Hematology, Serum Biochemistry, Bone marrow examination with Immunophenotyping, Lymph node biopsy with IHC, USG/CT scan, 2 D Echo	Physical exam, Blood investigations, Imaging USG/CT scan

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63	M5	Rituximab [CLL *]		M	38237		N		N		Hematology, Serum Biochemistry, Bone marrow examination with Immunophenotyping, Lymph node biopsy with IHC, USG/CT scan, 2 D Echo	Physical exam, Blood investigations, Imaging USG/CT scan
64	M5	Bendamustine [CLL *]		M	16387		N		N		Hematology, Serum Biochemistry, Bone marrow examination with Immunophenotyping, Lymph node biopsy with IHC, USG/CT scan, 2 D Echo	Physical exam, Blood investigations, Imaging USG/CT scan
65	M5	Imatinib, Nilotinib, Dasatinib Allogeneic stem cell Transplant [CML Blastic crisis #]		M	4600		N		N		Hematology with serum biochemistry, Bone marrow examination, cytogenetic study, Ph by FISH or RT-PCR, USG study	Physical exam, Blood investigations, Bone marrow study, RT- PCR for BCR-ABL

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66	M5	Aplastic Anaemia - ATG + Cyclosporine + Steroid [Aplastic Anaemia ^]		M	320000		N		N		Hematology and serum biochemistry, Bone Marrow examination, viral markers, IPT for PNH, HLA typing & matching. S. Cyclosporine level	Blood investigations
67	M5	Allogeneic stem cell Transplant [Aplastic Anaemia ^]		M	780000		N		N		Hematology and serum biochemistry, Bone Marrow examination, viral markers, IPT for PNH, HLA typing & matching. S. Cyclosporine level	Blood investigations
68	M5	Myelodysplastic syndrome - Lenalinomide Decitabine [Myelodysplastic syndrome ^]		M	200000		N		N		Hematology, serum biochemistry, Bone marrow examination with cytogenetics, FISH study,	Blood investigations



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69	M5	Allogeneic stem cell Transplant [Myelodysplastic syndrome ^]		M	780000		N		N		Hematology, serum biochemistry, Bone marrow examination with cytogenetics, FISH study,	Blood investigations
70	M5	Thalassemia/Haemoglobinopathies Sickle cell anaemia - Allogeneic Bone Marrow Transplant [Thalassemia/Haemoglobinopathies Sickle cell anaemia ^]		M	780000		N		N		Blood investigations Hb electrophoresis ,HLA study	Blood investigations
71	M5	Congenital condition amenable to BMT - Allogeneic stem cell Transplant [Congenital condition amenable to BMT ^]		M	780000		N		N		Hematology, serum biochemistry, Hb electrophoresis , HLA typing	Blood investigations
72	M5	Cisplatin/cyclophosphamide/VCR/Procarbazine, Lomustine [Medulloblastoma *]		M	6900		N		N		Hematology, Serum biochemistry, RI brain & spine, Biopsy immunohistochemistry, CSF cytology	Physical exam, MRI study

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73	M5	Relapsed Paediatric Solid Tumor - Autologous stem cell transplant [Relapsed Paediatric Solid Tumours ^]		M	780000		N		N		Blood investigations and Imaging,	Blood investigations and Imaging,
74	M5	Fixation of pathological fracture [Palliative package ^]		M	31740		N		N		Blood investigations and Imaging,	Blood investigations and Imaging,
75	M5	Oesophageal Stenting /prosthesis- double [Palliative package ^]		M	31750		N		N		Blood investigations and Imaging,	Blood investigations and Imaging,
76	M5	Oesophageal Stenting/prosthesis- Single [Palliative package ^]		M	26450		N		N		Blood investigations and Imaging,	Blood investigations and Imaging,
77	M5	Nerve blockage With Image / Nerve blockage Without Image [Palliative package ^]		M	10580		N		N		Blood investigations and Imaging,	Blood investigations and Imaging,
78	M5	Pain killer / G-CSF/ Drainage – Biliary and urinary / Stenting – Biliary/ Stenting – urinary / Nutritional supplement [Palliative package ^]		M	5290		N		N		Blood investigations and Imaging,	Blood investigations and Imaging,
79	M5	MITOMYCIN, 5FU [Anal Cancer *]		M	4600		N		N		CXR , USG ABDOMEN, CT Abdomen	ULTRASOUND
80	M5	CISPLATIN WEEKLY [Head & Neck *]		M	4140		N		N		Chest X ray, CT/MRI, Biopsy	CT Scan Xrays

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81	M5	TPF (DOCETAXEL ,CISPLATIN , 5-FU) [Head & Neck *]		M	16330		N		N		X ray, CT, MRI Biopsy	CT Scan X-rays
82	M5	CISPLATIN + MTX [Head & Neck #]		M	4600		N		N		X ray, CT, MRI Biopsy	CT Scan X-rays
83	M5	SORAFENIB ORAL [HCC #]		M	8280		N		N		AFP , USG ABDOMEN, CT Scan, Chest x ray	USG ABDOMEN
84	M5	SUNITINIB [RCC #]		M	27600		N		N		USG, Biopsy, CT Scan, Chest x ray	USG ABDOMEN
85	M5	Tenozolamide, Procarbazine, CCNU, Vincristine [Brain Tumour *]		M	17480		N		N		MRI Brain, Biopsy with Immunohistochemistry, X-ray	MRI Brain, X-ray
86	M5	Cisplatin/ Adriamycin/ Ifosphamides [Sarcoma-soft tissue *]		M	17250		N		N		MRI, CT scan, Biopsy with Immunohistochemistry, X-ray	MRI, CT scan, X-ray
87	M5	Gemcitabine/ Oxaliplatin/ Capecitabine/ 5 FU [Hepatobiliary tumor *]		M	17480		N		N		CT scan, Biopsy, Tumor markers, X-ray, Sonography	CT scan, Tumor markers, X-ray, Sonography
88	M5	Gemcitabine/ Oxaliplatin/ Capecitabine/ 5 FU/Erlotinib [Pancreatic cancer *]		M	17480		N		N		CT scan, Biopsy, Tumor markers, X-ray, Sonography	CT scan, Tumor markers, X-ray, Sonography
89	M5	Weekly Platin Paclitaxel/ Carboplatin [Endometrial cancer *]		M	4830		N		N		CT scan/MRI study, X-ray, Biopsy, Sonography	CT scan, X-ray, Sonography

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90	M5	PET Study (All Cancer for all oncology cluster diagnostic or staging in proven cancer patient)		M	15000		N		N		Biopsy report of proven cancer of any past time necessary for pre authorisation	

## Radiation Oncology (M6)

Total no of packages: 27

Empanelment classification: Advanced criteria, Procedures under this domain need to have specialized infrastructure and HR criteria. In-order to be eligible to provide services under this domain, the provider needs to qualify for advanced criteria as indicated for the corresponding specialty under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Mandatory for all packages

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

The type and duration of treatment is different for all cancers. It is very important to complete the entire treatment which may in some cases last longer than a year.

Relapse/recurrence may sometimes occur.

- Cancer care treatments are advised to go through a clinical treatment approval process before initiating the best suitable treatment. A clinical treatment approval process is mandated for cancer care, since it involves a multi-modal approach covering surgical, chemotherapy and radiation treatments and appropriate supportive care that could assess to determine the best course of patient management for such conditions.

- There should be pre-authorization at each step for cancer care.

- However it is advised that decision regarding appropriate patient care for cancer care treatments would need to be taken by a multidisciplinary tumor board (if available within the treating hospital or if not then it could be sent to the nearest regional cancer centre (RCC) for approval) that should include a highly trained team of Surgical, Radiation and Medical Oncologist in order to ensure the most appropriate treatment for the patient. A detailed Oncology Treatment Plan Approval form is annexed. This could prove to be very vital, such as implications on the financial cover and to avoid unnecessary treatments.

- For Radiotherapy, generic packages have been listed irrespective of primary tumor site. However cost of packages may differ depending upon the technique of radiotherapy used like 3DCRT/IMRT/IGRT etc.

- Packages under surgical oncology might not be exhaustive, since there are significant overlaps with packages under other specialty domains. Such packages may be used as deemed necessary.

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1	M6	Respiratory Gating along with Linear Accelerator planning	00009	M	70,000		N		N		Blood test, CT, Biopsy	
2	M6	Tomotherapy(Radical/Adjuvant/Neoadjuvant)	00011	M	75,000		N		N		Blood test, CT, Biopsy	
3	M6	Radical treatment		M	3286 (Per week) Maximum for 7 weeks		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts

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4	M6	Palliative treatment		M	3833 (Per week) Maximum for 3 weeks		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts
5	M6	Adjuvent therapy		M	5750 (Per week) Maximum for 4 weeks		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts
6	M6	Radical treatment with photons (linear accelarator)		M	9529 (Per week) Maximum for 7 weeks		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts
7	M6	Palliative treatment with photons (linear accelarator)		M	9583 (Per week) Maximum for 3 weeks		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts
8	M6	Adjuvant treatment with photons/electrons		M	12938 (Per week) Maximum for 4 weeks		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts
9	M6	li. Hdr per application		M	2300 (Per week) Maximum for 5 weeks		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts
10	M6	li. Hdr - one application and multiple dose fractions		M	2300 (Per Day) Maximum for 5 Days		N		N		Usg/x-ray/ct, biopsy	Clinical photograph, rt treatment charts
11	M6	Radical treatment with IMRT		M	13636 (Per week) Maximum for 7 weeks		N		N		USG/ X-ray/ CT/ MRI/ Biopsy	USG/ X-ray/ CT/ MRI/ Biopsy
12	M6	Radical treatment with IGRT		M	16428 (Per week) Maximum for 7 weeks		N		N		USG/ X-ray/ CT/ MRI/ Biopsy	USG/ X-ray/ CT/ MRI/ Biopsy
13	M6	SRS (Stereotactic Radiosurgery)		M	143750 (For whole course of treatment)		N		N		USG/ X-ray/ CT/ MRI/ Biopsy	USG/ X-ray/ CT/ MRI/ Biopsy

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14	M6	SRT (Stereotactic Radiotherapy)		M	23958 (Per week) Maximum for 6 weeks		N		N		USG/ X-ray/ CT/ MRI/ Biopsy	USG/ X-ray/ CT/ MRI/ Biopsy
15	M6	Gamma Knife / Cyber Knife		M	115000 (For whole course of treatment)		N		N		CT	CT
16	M6	Pre Bonemarrow/Stem Cell Transplant		M	9529 (Per week) Maximum for 7 weeks		N		N		USG/ X-ray/ CT/ MRI/ Biopsy	USG/ X-ray/ CT/ MRI/ Biopsy
17	M6	Radio Iodine Therapy		M	15000 (Per Dose)		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
18	M6	SBRT (Sterotactic Beam RT)		M	18571 (Per week) Maximum for 7 weeks		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
19	M6	3DCRT (3 Dimentional Conformal RT)		M	11428 (Per week) Maximum for 7 weeks		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
20	M6	Electron Boost		M	2500 (Per week)		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
21	M6	Electron treatment curative		M	9529 (Per week) Maximum for 7 weeks		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
22	M6	Rapidarc/VMAT		M	18571 (Per week) Maximum for 7 weeks		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
23	M6	Intraluminal Brachytherapy in addition to EBRT		M	5750 (Per week) Maximum for 2 weeks		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts

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24	M6	CT guided ICR (Intra Cavitary RT)in addition to EBRT		M	8250 (Per week) Maximum for 2 weeks		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
25	M6	CT guided Interstitial RT in addition to EBRT		M	5500 (Per Day) Maximum for 3 Days		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
26	M6	MRI guided ICR in addition to EBRT		M	8250 (Per week) Maximum for 2 weeks		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts
27	M6	MRI guided Interstitial RT in addition to EBRT		M	5500 (Per Day) Maximum for 3 Days		N		N		Usg,/x-ray,/ct,/biopsy	Clinical photograph, rt treatment charts



## Emergency Room Packages (Care requiring less than 12 hrs stay) (M7)

Total no of packages: 4

Empanelment classification: Essential/ Minimum criteria, In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for AB-NHPM provider network.

Pre-authorization: Nil.

Comments: Patient trail to be maintained by the hospital treating the patient. To be clubbed with the payments made to the referred hospital. In case of hospitalization requiring more than 12 hrs, then patient to be admitted and treated accordingly.

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	M7	Emergency with stable cardiopulmonary status	00001	M	1,000		Y		N		X Ray,ECG with report	X Ray,ECG with report
2	M7	Emergency consultation: acute colic, high fever, cut, stitches, soft tissue injury, FB removal	00002	M	1,000		Y		N		Blood test	clinical notes
3	M7	Single bone fracture plaster, nebulization for asthmatic attack, moderate dehydration, hypoglycaemia in a diabetic, Dengue without complication, Syncope, Food poisoning etc	00003	M	1,000		Y		N		Blood test	clinical notes
4	M7	Animal bites (Payment after completion of 5th dose)	00004	M	1,700		Y		N		Brain and spinal cord MRI	Antirabies register,Stock register

## Mental Disorders Packages (M8)

Total no of packages: 17

Empanelment classification: Essential/ Minimum criteria, In-order to be eligible to provide services under this domain, the provider needs to qualify for the basic essential/ minimum criteria as mentioned under the empanelment guidelines provided for NHPS provider network.

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

Pre-authorization remarks: Prior approval must be taken for all mental health conditions/ packages under this domain for progressive extension of therapeutic treatments.

- Procedures can be done only in public sector hospital with Specialty available

- All clinical test reports, diagnosis, Mental Status Examination (MSE), case sheet/ clinical notes and discharge summary need to be submitted for extension of packages and during claims submission.

- No: 15 included: Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT/MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	M8	Organic, including symptomatic, mental disorders (routine ward)	00001	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment and investigations	Clinical assessment & Report/ Mental Status Examination
2	M8	Mental and Behavioural disorders due to psychoactive substance use (routine ward)	00002	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment and investigations	Clinical assessment & Report/ Mental Status Examination
3	M8	Schizophrenia, schizotypal and delusional disorders (routine ward)	00003	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment and investigations	Clinical assessment & Report/ Mental Status Examination

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
4	M8	Mood (affective) disorders (routine ward)	00004	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment and investigations	Clinical assessment& Report/ Mental Status Examination
5	M8	Neurotic, stress-related and somatoform disorders (routine ward)	00005	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment and investigations	Clinical assessment& Report/ Mental Status Examination
6	M8	Behavioural syndromes associated with physiological disturbances and physical factors (routine ward)	00006	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment and investigations	Clinical assessment& Report/ Mental Status Examination
7	M8	Mental retardation (routine ward)	00007	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment and investigations	Clinical assessment& Report/ Mental Status Examination
8	M8	Organic, including symptomatic, mental disorders (HDU)	00008	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment& Report/ Mental Status Examination
9	M8	Mental and Behavioural disorders due to psychoactive substance use (HDU)	00009	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs 2500)		N		Y		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment& Report/ Mental Status Examination

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
10	M8	Schizophrenia, schizotypal and delusional disorders (HDU)	00010	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs (Rs 2500)		N		Y		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment& Report/ Mental Status Examination
11	M8	Mood (affective) disorders (HDU)	00011	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs (Rs 2500)		N		Y		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment& Report/ Mental Status Examination
12	M8	Neurotic, stress-related and somatoform disorders (HDU)	00012	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs (Rs 2500)		N		Y		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment& Report/ Mental Status Examination
13	M8	Behavioural syndromes associated with physiological disturbances and physical factors (HDU)	00013	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs (Rs 2500)		N		Y		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment& Report/ Mental Status Examination
14	M8	Mental Retardation (HDU)	00014	M	Package Amount per day (drop down) for admission type: Routine ward (Rs 1500)/ HDU (Rs (Rs 2500)		N		Y		Clinical assessment report / Risk Assessment + Investigation	Clinical assessment& Report/ Mental Status Examination

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
15	M8	Pre- Electro Convulsive Therapy (ECT) and Pre-Transcranial Magnetic Stimulation (TMS) Package (Cognitive Tests, Complete Haemogram, Liver Function Test, Renal Function Test, Serum Electrolytes, Electro Cardiogram (ECG), CT/MRI Brain, Electroencephalogram, Thyroid Function Test, VDRL, HIV Test, Vitamin B12 levels, Folate levels, Lipid Profile, Homocysteine levels)	00015	M	10,000		N		Y		Clinical assessment	Clinical assessment & Report/ Mental Status Examination
16	M8	Electro Convulsive Therapy (ECT) - per session	00016	M	3,000		N		Y		Clinical assessment	Clinical assessment & Report/ Mental Status Examination
17	M8	Transcranial Magnetic Stimulation (TMS) - per session	00017	M	1,000		N		Y		Clinical assessment	Clinical assessment & Report/ Mental Status Examination

**Unspecified Packages (U1)**

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1	U1	Unspecified Surgical Package	00001	S	<b>to be negotiated</b>		N	100,000	N			

## Organ Transplant Packages

No. of procedures - 107

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
1		Kidney transplantation Laparoscopic Donor nephrectomy		S	60000		N		Y		Blood group, FBS, PPBS, ELISA USG ABDOMEN, Urine R/M and C/S CBC, RFT, LFT, Uric acid, PTH, Lipid profile, Iron profile, CMV IgG and IgM BT, CT, PT, G6PD 2D Echocardiogram Chest X Ray, ECG, DTPA Renogram, PAP smear (female) CT Angiogram for kidney vessel	RFT

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
2		<b>Open Kidney transplantation from living donor Part-1</b> Investigations Blood group, HbA1C, FBS, PPBS, ELISA, HCV RNA Qualitative, CMV IgG and IgM USG Abdomen, Urine R/M and C/S iPTH, Vit D, Uric Acid BT,CT, PT, aPTT, G6PD level Chest X Ray, ECG, 2D echocardiogram Lipid Profile, Anticardiolipin Antibody, Lupus Anticoagulant, C3, C4, ANA, dsDNA, pANCA, cANCA, USG Doppler Neck vessels Usg Doppler Iliofemoral Vessels MCU, Uroflowmetry		S	15000		N		Y			
3		<b>Open Kidney transplantation from living donor Part-2</b> Investigations HLA Typing LCM, FCM Single Antigen Qualitative		S	22500		N		Y			
4		<b>Open Kidney transplantation from living donor Part-3</b> Investigation Single Antigen Quantitative		S	22500		N		Y			
5		<b>Open Kidney transplantation from living donor Part-4</b> Operative Part		S	240000		N		Y			S. Creatinine, USG kidney graft, Doppler study for graft



Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
6		<b>Open Kidney transplantation from deceased donor Part-1</b> Investigations Blood group, HbA1C, FBS, PPBS, ELISA, HCV RNA Qualitative, CMV IgG and IgM USG Abdomen, Urine R/M and C/S iPTH, Vit D, Uric Acid BT, CT, PT, aPTT, G6PD level Chest X Ray, ECG, 2D echocardiogram Lipid Profile, Anticardiolipin Antibody, Lupus Anticoagulant, C3, C4, ANA, dsDNA, pANCA, cANCA, USG Doppler Neck vessels Usg Doppler Iliofemoral Vessels MCU, Uroflowmetry		S	18000		N		Y			
7		<b>Open Kidney transplantation from deceased donor Part-2</b> Investigations HLA Typing LCM, FCM Single Antigen Qualitative		S	27000		N		Y			

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
8		<b>Open Kidney transplantation from deceased donor Part=3 Investigation</b> Single Antigen Quantitative		S	27000		N		Y			
9		<b>Open Kidney transplantation from deceased donor Part-4</b> Operative Part		S	288000		N		Y			S. Creatinine, USG kidney graft, Doppler study for graft
10		<b>Open dual Kidney transplantation from deceased donor Part-1 Investigations</b> Blood group ,HbA1C, FBS, PPBS, ELISA, HCV RNA Qualitative, CMV IgG and IgM USG Abdomen, Urine R/M and C/S iPTH, Vit D, Uric Acid BT,CT, PT,aPTT,. G6PD level Chest X Ray, ECG, 2D echocardiogram Lipid Profile, Anticardiolipin Antibody, Lupus Anticoagulant, C3, C4, ANA, dsDNA, pANCA, cANCA,USG Doppler Neck vessels Usg Doppler Iliofemoral Vessels MCU, Uroflowmetry		S	20000		N		Y			

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
11		<b>Open dual Kidney transplantation from deceased donor</b> Part-2 Investigations HLA Typing LCM, FCM Single Antigen Qualitative		S	30000		N		Y			
12		<b>Open dual Kidney transplantation from deceased donor</b> Part=3 Investigation Single Antigen Quantitative		S	30000		N		Y			
13		<b>Open dual Kidney transplantation from deceased donor</b> Part - 4 Operative Part		S	320000		N		Y			S. Creatinine, USG kidney graft, Doppler for both kidney grafts
14		Wound exploration for kidney graft nephrectomy		S	40000		N		Y		USG and Doppler study of kidney allograft	Clinical photo, S. Creatinine

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
15		<b>Robotic kidney transplantation from living donor Part-1</b> Investigations Blood group, HbA1C, FBS, PPBS, ELISA, HCV RNA Qualitative, CMV IgG and IgM USG Abdomen, Urine R/M and C/S iPTH, Vit D, Uric Acid BT, CT, PT, aPTT, G6PD level Chest X Ray, ECG, 2D echocardiogram Lipid Profile, Anticardiolipin Antibody, Lupus Anticoagulant, C3, C4, ANA, dsDNA, pANCA, cANCA, USG Doppler Neck vessels Usg Doppler Iliofemoral Vessels MCU, Uroflowmetry		S	22000		N		Y			
16		<b>Robotic kidney transplantation from living donor Part-2</b> Investigations HLA Typing LCM, FCM Single Antigen Qualitative		S	33000		N		Y			
17		<b>Robotic kidney transplantation from living donor Part-3</b> Investigation Single Antigen Quantitative		S	33000		N		Y			
18		<b>Robotic kidney transplantation from living donor Part - 4</b> Operative Part		S	352000		N		Y			S. Creatinine, USG kidney graft

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
19		<b>Robotic kidney transplantation from deceased donor Part-1</b> Investigations Blood group ,HbA1C, FBS, PPBS, ELISA, HCV RNA Qualitative, CMV IgG and IgM USG Abdomen, Urine R/M and C/S iPTH, Vit D, Uric Acid BT,CT, PT,aPTT,. G6PD level Chest X Ray, ECG, 2D echocardiogram Lipid Profile, Anticardiolipin Antibody, Lupus Anticoagulant, C3, C4, ANA, dsDNA, pANCA, cANCA,USG Doppler Neck vessels Usg Doppler Iliofemoral Vessels MCU, Uroflowmetry		S	23000		N		Y			
20		<b>Robotic kidney transplantation from deceased donor Part-2</b> Investigations HLA Typing LCM, FCM Single Antigen Qualitative		S	34500		N		Y			
21		<b>Robotic kidney transplantation from deceased donor Part-3</b> Investigation Single Antigen Quantitative		S	34500		N		Y			
22		<b>Robotic kidney transplantation from deceased donor Part - 4</b> Operative Part		S	368000		N		Y			S. Creatinine, USG kidney graft

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
23		<b>Robotic dual kidney transplantation from deceased donor</b> Part-1 Investigations Blood group, HbA1C, FBS, PPBS, ELISA, HCV RNA Qualitative, CMV IgG and IgM USG Abdomen, Urine R/M and C/S iPTH, Vit D, Uric Acid BT, CT, PT, aPTT, G6PD level Chest X Ray, ECG, 2D echocardiogram Lipid Profile, Anticardiolipin Antibody, Lupus Anticoagulant, C3, C4, ANA, dsDNA, pANCA, cANCA, USG Doppler Neck vessels Usg Doppler Iliofemoral Vessels MCU, Uroflowmetry		S	24000		N		Y			
24		<b>Robotic dual kidney transplantation from deceased donor</b> Part-2 Investigations HLA Typing LCM, FCM Single Antigen Qualitative		S	36000		N		Y			
25		<b>Robotic dual kidney transplantation from deceased donor</b> Part-3 Investigation Single Antigen Quantitative		S	36000		N		Y			
26		<b>Robotic dual kidney transplantation from deceased donor</b> Part-4 Operative Part		S	384000		N		Y			Clinical photograph, S. Creatinine, USG kidney graft

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
27		Plasmapheresis for acute B cell rejection Albumin and Rituximab based protocol		S	49,000* per sittings with limit of 4 sittings		N		Y		Single antigen qualitative and quantitative, Flow Cytometry, Kidney biopsy	Single antigen qualitative and quantitative, Flow Cytometry
28		Plasmapheresis for highly sensitized recipient Albumin and Rituximab based protocol		S	37,500* per sittings with limit of 4 sittings		N		Y		Single antigen qualitative and quantitative, Flow Cytometry	Single antigen qualitative and quantitative, Flow Cytometry
29		Monthly investigations and immunosuppression from discharge after kidney transplant Include Prednisolone ,Tacrolimus 4mg/day, Mycophenolate 360 or 500 mg (4 tables) /day, Valgancyclovir 450 mg OD, Fluconazole 100mg OD, Sepmax OD		S	10,000* Rate per month		N		Y		CBC, RFT, RBS, Urine, Graft Doppler, Tacrolimus level	CBC, RFT, RBS, Urine, Graft Doppler, Tacrolimus level(monthly)
30		Monthly investigations and immunosuppression after kidney transplant Include Prednisolone,Tacrolimus 4mg/day,Mycophenolate 360 or 500 mg (4 tables) /day, Sepmax OD		S	5,000* Rate per month		N		Y		CBC, RFT, RBS, Urine	CBC, RFT, RBS, Urine

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
31		Treatment of Invasive fungal infection after kidney transplant Include Liposomal Amphotericin 300MG /day(5mg/kg for 60 kg person) for 30 days and Surgical debridement Hospital stay for 10 days ,ICU stay for 10 d		S	12,000* Rate per day with limit of 30 days		N		Y		Blood culture, CBC, RFT, RBS, XR Chest, CT of organ of invasion (plain) , Urine Routine and culture, Endoscopy for fluid and reports, BAL charges	Blood culture, CBC, RFT, RBS, XR Chest, CT Thorax
32		CMV infection after kidney transplant Include IV gancyclovir 500 mg / Hospital stay for 14 day, tab.Valgancyclovir 450 mg OD for 3-7 days		S	18000		N		Y		Kidney graft biopsy, CBC, RFT, RBS, XR Chest, CT of organ of invasion (Plain), Graft Doppler, Tacrolimus level, CMV DNA quantity, BKV DNA quantity, Urine routine and culture	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
33		CMV infection after kidney transplant Include IV gancyclovir 500 mg / Hospital stay for 14 day, tab.Valgancyclovir 450 mg OD for 8-12 days		S	36000		N		Y		Kidney graft biopsy, CBC, RFT, RBS, XR Chest, CT of organ of invasion (Plain), Graft Doppler, Tacrolimus level, CMV DNA quantity, BKV DNA quantity, Urine routine and culture	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
34		CMV infection after kidney transplant Include IV gancyclovir 500 mg / Hospital stay for 14 day, tab.Valgancyclovir 450 mg OD for 13 and above Days		S	60000		N		Y		Kidney graft biopsy, CBC, RFT, RBS, XR Chest, CT of organ of invasion (Plain), Graft Doppler, Tacrolimus level, CMV DNA quantity, BKV DNA quantity, Urine routine and culture	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
35		Treatment for B cell rejection with Therapeutic Plasma exchange with ALBUMIN +IVIG 5 gm (4 sessions), Inj Rituximab 200 mg or Inj Boretezomib 2 mg (4 doses) IV methyl prednisolone, Hospital stay for 3-7 days		S	67500		N		Y		Single antigen quantity Kidney graft biopsy , CBC RFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level CMV DNA quantity, BKV DNA quantity, Urine CS	Single antigen quantity , CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity, BKV DNA quantity
36		Treatment for B cell rejection with Therapeutic Plasma exchange with ALBUMIN +IVIG 5 gm (4 sessions), Inj Rituximab 200 mg or Inj Boretezomib 2 mg (4 doses) IV methyl prednisolone, Hospital stay for 8-13 Days		S	135000		N		Y		Single antigen quantity Kidney graft biopsy , CBC RFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level CMV DNA quantity, BKV DNA quantity, Urine CS	Single antigen quantity , CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity, BKV DNA quantity

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
37		Treatment for B cell rejection with Therapeutic Plasma exchange with ALBUMIN +IVIG 5 gm (4 sessions), Inj Rituximab 200 mg or Inj Boretezomib 2 mg (4 doses) IV methyl prednisolone, Hospital stay for 13 Days abd above		S	225000		N		Y		Single antigen quantity Kidney graft biopsy, CBC RFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level CMV DNA quantity, BKV DNA quantity, Urine CS	Single antigen quantity, CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity, BKV DNA quantity
38		Treatment for T cell rejection with thymoglobulin IV methyl prednisolone, IV thymoglobulin 75 mg, Hospital stay for 3-7 days		S	39000		N		Y		Single antigen quantity Kidney graft biopsy, CBC RFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level CMV DNA quantity, BKV DNA quantity, Urine CS	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity, BKV DNA quantity

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
39		Treatment for T cell rejection with thymoglobulin IV methyl prednisolone, IV thymoglobulin 75 mg, Hospital stay for 8-12 days		S	78000		N		Y		Single antigen quantity Kidney graft biopsy, CBC RFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level CMV DNA quantity, BKV DNA quantity, Urine CS	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity, BKV DNA quantity
40		Treatment for T cell rejection with thymoglobulin IV methyl prednisolone, IV thymoglobulin 75 mg, Hospital stay for 13 and above Days		S	130000		N		Y		Single antigen quantity Kidney graft biopsy, CBC RFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level CMV DNA quantity, BKV DNA quantity, Urine CS	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity, BKV DNA quantity

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
41		Chest Infection after transplant with 10day ICU care with Ventilator, isolation ward for 3-10 days		S	75000		N		Y		Blood culture, CBC, RFT, RBS XR Chest, CT Thorax, Graft Doppler Tacrolimus level, CMV DNA quantity, BKV DNA quantity Urine culture, Bronchoscopy charges and reports	Blood culture ,CBC,RFT,RBS XR Chest, CT Thorax, Tacrolimus level, Urine culture
42		Chest Infection after transplant with 10day ICU care with Ventilator, isolation ward for 11-20 days		S	112500		N		Y		Blood culture, CBC, RFT, RBS XR Chest, CT Thorax, Graft Doppler Tacrolimus level, CMV DNA quantity, BKV DNA quantity Urine culture, Bronchoscopy charges and reports	Blood culture ,CBC,RFT,RBS XR Chest, CT Thorax, Tacrolimus level, Urine culture

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
43		Chest Infection after transplant with 10day ICU care with Ventilator, isolation ward for 21 and above days		S	150000		N		Y		Blood culture, CBC, RFT, RBS XR Chest, CT Thorax, Graft Doppler Tacrolimus level, CMV DNA quantity, BKV DNA quantity Urine culture, Bronchoscopy charges and reports	Blood culture ,CBC,RFT,RBS XR Chest, CT Thorax, Tacrolimus level, Urine culture
44		HEPATITIS C VIRUS TREATMENT Include Sofosbuvir400+ledipasvir90mg OD for 3 months and HCVRNA quantity ( 3 times)		S	10,500* Rate per month		N		Y		HCVRNA quantity, CBC, RFT, LFT, Tacrolimus level	HCVRNA quantity, CBC, LFT, RFT
45		Yearly HEPATITIS B VIRUS TREATMENT Include ENTECAVIR 0.5 MG OD for 12 months, HBVDNA quantity( 3 time)		S	2,200* Rate per month		N		Y		HBVDNA quantity, CBC, RFT, LFT, Tacrolimus level	HBVDNA quantity, CBC, LFT, RFT
46		Monthly once a day tacrolimus immunosuppression after kidney transplant		S	6,800* Rate per month		N		Y		tacrolimus lvel, CBC, FRT, LFR, RBS	tacrolimus lvel, CBC, FRT, LFR, RBS
47		Monthly sirolimus immunosuppression after kidney transplant		S	3,680* Rate per month		N		Y		Sirolimus LEVEL, CBC, LFT, RFT, RBS	Sirolimus LEVEL, CBC, LFT, RFT, RBS
48		Monthly everolimus Immunosuppression after kidney transplant		S	9,000* Rate per month		N		Y		Everolimus LEVEL, CBC, LFT, RFT, RBS	Everolimus LEVEL, CBC, LFT, RFT, RBS

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
49		<b>Living donor hepatectomy Part-1</b> Investigations Blood group CBC, FBS, PPBS, Glycosylated Hemoglobin, Lipid profile, G6PD deficiency, Uric acid, Serum Ceruloplasmin, 24 hours urinary copper, S. Creatinine, Blood urea, LFT, aPTT, PT, INR, S. Calcium, S. Magnesium, S. Na, S. K, S. Alpha feto protein, S. CEA, S. CA19-9, Stool for occult blood, Urine R/M, HIV ELISA, HCV ELISA, HBV DNA, Anti-HBc antibody, CMV IgG and IgM, EBV, TORCH Complex, Varicella zoster IgG and IgM, X-ray chest, USG abdomen, ECG, Pulmonary function test, 2D echocardiography, NCCT abdomen		S	11250		N		Y			
50		<b>Living donor hepatectomy Part-2</b> Investigations CT triphasic angiography for celiac axis, CT Volumetry, MR cholangiography		S	7500		N		Y			
51		<b>Living donor hepatectomy Part-3</b> Operative Part		S	131250		N		Y			LFT, RFT, Lipid profile, ELISA, CT volumetry

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
52		<p><b>Liver transplantation from living donor</b> Part-1 Investigations            Blood group, CBC, S. Creatinine, Blood urea, S. Na+, S. K+, S. Ca++, S. Mg++, FBS, PPBS, Glycosylated hemoglobin, LFT, Urine R/M, 24 hours urinary proteins, 24 hours urinary copper, S. Ammonia, Lipid profile, G6PD, D-dimer, S. Fibrinogen, PT, INR, a-PTT, S. Iron, S. Ferritin, S. Transferrin, TIBC, S. Alfa feto protein, S. CEA, S. CA19-9, Arterial blood gas study, HIV ELISA, HBsAg ELISA, Anti HBs antibody titer, HCV ELISA, HCV RNA by PCR Assay, HBV DNA by PCR Assay, HEV antibody, TORCH complex, EBV antibody titers, Varicella Zoster antibody titers, CMV IgG and IgM</p>		S	8750		N		Y			



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
53		<b>Liver transplantation from living donor</b> Part-2 Investigations Protein C, Protein S, Antithrombin C, Homocysteine, Homocysteine, ANA, AMA, ASMA, LKM1, IgG level, USG abdomen, Colour Doppler study for portal vein, X-ray chest, ECG, Triphasic CT abdomen for celiac axis, Pulmonary function tests, 2D echocardiography, Dobutamine stress echo., Coronary angiography, Arterial blood gas analysis, Ascites fluid R/M, Ascites fluid culture, Pleural fluid R/M, TB PCR assay, Vit D level, Vit. B12 level		S	17500		N		Y			
54		<b>Liver transplantation from living donor</b> Part -3 Operative Part		S	323750		N		Y			LFT, S. Creatinine, Clinical photograph

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
55		<p><b>Liver transplantation from deceased donor Part 1</b>  <b>Investigations</b>            Blood group, CBC, S. Creatinine, Blood urea, S. Na+, S. K+, S. Ca++, S. Mg++, FBS, PPBS, Glycosylated hemoglobin, LFT, Urine R/M, 24 hours urinary proteins, 24 hours urinary copper, S. Ammonia, Lipid profile, G6PD, D-dimer, S. Fibrinogen, PT, INR, a-PTT, S. Iron, S. Ferritin, S. Transferrin, TIBC, S. Alfa feto protein, S. CEA, S. CA19-9, Arterial blood gas study, HIV ELISA, HBsAg ELISA, Anti HBs antibody titer, HCV ELISA, HCV RNA by PCR Assay, HBV DNA by PCR Assay, HEV antibody, TORCH complex, EBV antibody titers, Varicella Zoster antibody titers, CMV IgG and IgM</p>		S	12500		N		Y			

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
56		<b>Liver transplantation from deceased donor Part 2</b> Investigations Protein C, Protein S, Antithrombin C, Homocysteine, Homocysteine, ANA, AMA, ASMA, LKM1, IgG level, USG abdomen, Colour Doppler study for portal vein, X-ray chest, ECG, Triphasic CT abdomen for celiac axis, Pulmonary function tests, 2D echocardiography, Dobutamine stress echo., Coronary angiography, Arterial blood gas analysis, Ascites fluid R/M, Ascites fluid culture, Pleural fluid R/M, TB PCR assay, Vit D level, Vit. B12 level		S	25000		N		Y			
57		<b>Liver transplantation from deceased donor Part - 3</b> Operative Part		S	462500		N		Y			LFT, S. Creatinine

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
58		<p><b>Split liver transplantation from deceased donor Part 1</b>  Investigations  Blood group, CBC, S. Creatinine, Blood urea, S. Na+, S. K+, S. Ca++, S. Mg++, FBS, PPBS, Glycosylated hemoglobin, LFT, Urine R/M, 24 hours urinary proteins, 24 hours urinary copper, S. Ammonia, Lipid profile, G6PD, D-dimer, S. Fibrinogen, PT, INR, a-PTT, S. Iron, S. Ferritin, S. Transferrin, TIBC, S. Alfa feto protein, S. CEA, S. CA19-9, Arterial blood gas study, HIV ELISA, HBsAg ELISA, Anti HBs antibody titer, HCV ELISA, HCV RNA by PCR Assay, HBV DNA by PCR Assay, HEV antibody, TORCH complex, EBV antibody titers, Varicella Zoster antibody titers, CMV IgG and IgM</p>		S	12500		N		Y			

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
59		<b>Split liver transplantation from deceased donor Part 2</b> Investigations Protein C, Protein S, Antithrombin C, Homocysteine, Homocysteine, ANA, AMA, ASMA, LKM1, IgG level, USG abdomen, Colour Doppler study for portal vein, X-ray chest, ECG, Triphasic CT abdomen for celiac axis, Pulmonary function tests, 2D echocardiography, Dobutamine stress echo., Coronary angiography, Arterial blood gas analysis, Ascites fluid R/M, Ascites fluid culture, Pleural fluid R/M, TB PCR assay, Vit D level, Vit. B12 level		S	25000		N		Y			
60		<b>Split liver transplantation from deceased donor Part - 3</b> Operative Part		S	462500		N		Y			LFT, S. Creatinine

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
61		<p><b>Dual lobe liver transplantation: One lobe from one living donor and other lobe from other living donor (Two donor hepatectomy and one liver recipient surgery)</b></p> <p><b>DONOR Ix</b> Part-1 Investigations            Blood group CBC, FBS, PPBS, Glycosylated Hemoglobin, Lipid profile, G6PD deficiency, Uric acid, Serum Ceruloplasmin, 24 hours urinary copper, S. Creatinine, Blood urea, LFT, aPTT, PT, INR, S. Calcium, S. Magnesium, S. Na, S. K, S. Alpha feto protein, S. CEA, S. CA19-9, Stool for occult blood, Urine R/M, HIV ELISA, HCV ELISA, HBV DNA, Anti-HBc antibody, CMV IgG and IgM, EBV, TORCH Complex, Varicella zoster IgG and IgM, X-ray chest, USG abdomen, ECG, Pulmonary function test, 2D echocardiography, NCCT abdomen</p>		S	30000		N		Y			

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
62		<b>Dual lobe liver transplantation: One lobe from one living donor and other lobe from other living donor (Two donor hepatectomy and one liver recipient surgery)</b> <b>DONOR Ix</b> Part-2 Investigations CT triphasic angiography for celiac axis, CT Volumetry, MR cholangiography		S	30000		N		Y			

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
63		<p><b>Dual lobe liver transplantation: One lobe from one living donor and other lobe from other living donor (Two donor hepatectomy and one liver recipient surgery)</b></p> <p><b>Recipient Ix</b></p> <p>Part-3 Investigations            Blood group, CBC, S. Creatinine, Blood urea, S. Na+, S. K+, S. Ca++, S. Mg++, FBS, PPBS, Glycosylated hemoglobin, LFT, Urine R/M, 24 hours urinary proteins, 24 hours urinary copper, S. Ammonia, Lipid profile, G6PD, D-dimer, S. Fibrinogen, PT, INR, a-PTT, S. Iron, S. Ferritin, S. Transferrin, TIBC, S. Alfa fetoprotein, S. CEA, S. CA19-9, Arterial blood gas study, HIV ELISA, HBsAg ELISA, Anti HBs antibody titer, HCV ELISA, HCV RNA by PCR Assay, HBV DNA by PCR Assay, HEV antibody, TORCH complex, EBV antibody titers, Varicella Zoster antibody titers, CMV IgG and IgM</p>		S	30000		N		Y			



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
64		<b>Dual lobe liver transplantation: One lobe from one living donor and other lobe from other living donor (Two donor hepatectomy and one liver recipient surgery)</b> <b>Recipient Ix Part-4</b> Investigations Protein C, Protein S, Antithrombin C, Homocysteine, Homocysteine, ANA, AMA, ASMA, LKM1, IgG level, USG abdomen, Colour Doppler study for portal vein, X-ray chest, ECG, Triphasic CT abdomen for celiac axis, Pulmonary function tests, 2D echocardiography, Dobutamine stress echo., Coronary angiography, Arterial blood gas analysis, Ascites fluid R/M, Ascites fluid culture, Pleural fluid R/M, TB PCR assay, Vit D level, Vit. B12 level		S	30000		N		Y			LFT, RFT, Lipid profile, ELISA, CT volumetry of both donors
65		<b>Dual lobe liver transplantation: One lobe from one living donor and other lobe from other living donor (Two donor hepatectomy and one liver recipient surgery)</b> <b>Recipient Ix Part-5 Operativr</b> Part for both Donor and recipient		S	1080000		N		Y			
66		Emergency Exploratory laparotomy for liver donor		S	20000		N		Y		ABG, USG abdomen	USG abdomen
67		Emergency Exploratory laparotomy for liver recipient		S	50000		N		Y		ABG, USG abdomen	USG abdomen

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
68		Post liver transplant Percutaneous Endoscopy guided gastrostomy (PEG)		S	8000		N		Y		LFT, CBC	Photograph
69		Post liver transplant incisional hernia repair (Prosthetic mesh)		S	40000 (7 days admission)		N		Y		CT abdomen	Clinical photograph, LFT
70		Liver resection for HCC in Child-A cirrhosis		S	1,25,000		N		Y		LFT, CECT, HRCT thorax, Alfa fetoprotein	LFT, CECT, Alfa fetoprotein
71		Radiofrequency ablation (RFA) for HCC for Child-A, B and C cirrhosis		S	25,000* Per session		N		Y		LFT, CECT, HRCT thorax, Alfa fetoprotein	LFT, CECT, Alfa fetoprotein
72		Trans-jugular Intrahepatic Porto-Systemic Shunt procedure (TIPS)		S	1,50,000		N		Y		LFT, S. Creatinine, PT, INR, CBC, S. Ammonia, Doppler portal vein, USG abdomen	X-ray abdomen, Doppler portal vein, S. Creatinine
73		Trans-jugular liver allograft biopsy		S	8000 (Including Procedure and histopathology charge)		N		Y		CBC, PT, LFT, S. Creatinine,	X-ray chest, biopsy report

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74		Percutaneous liver allograft biopsy		S	5000 (Including Procedure and histopathology charge)		N		Y		CBC, PT, LFT, S. Creatinine,	X-ray chest, biopsy report
75		Post liver transplant percutaneous transhepatic biliary drainage (PTBD)		S	15000		N		Y		LFT, MRCP, USG abdomen, CBC, PT	X-ray abdomen, USG abdomen, LFT
76		Post liver transplant roux en Y jejunojunostomy and choledochojejunostomy		S	50000 (2 weeks of hospitalization)		N		Y		LFT, MRCP, USG abdomen, CBC, PT	X-ray abdomen, USG abdomen, LFT
77		Post liver transplant ERCP		S	10000		N		Y		LFT, MRCP, USG abdomen, CBC, PT	X-ray abdomen, USG abdomen, LFT
78		Post liver transplant ERCP with stenting		S	18000		N		Y		LFT, MRCP, USG abdomen, CBC, PT	X-ray abdomen, USG abdomen, LFT
79		Monthly investigations and immunosuppression from day of discharge to 3 months after liver transplant Include Prednisolone, Tacrolimus 4mg/day, Mycophenolate upto 2 g/day, Valgancyclovir 450 mg, Fluconazole 100mg/day, Septran 1 tablet once a day <b>For First Month</b>		S	41580		N		Y		CBC, RFT, Na, K, LFT, RBS, Tacrolimus level, USG liver allograft	CBC, RFT, LFT, RBS, Tacrolimus level

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
80		Monthly investigations and immunosuppression from day of discharge to 3 months after liver transplant Include Prednisolone, Tacrolimus 4mg/day, Mycophenolate upto 2 g /day, Valgancyclovir 450 mg ,Fluconazole 100mg/day, Septran 1 tablet once a day <b>For Second Month</b>		S	13860		N		Y		CBC, RFT, Na, K, LFT, RBS, Tacrolimus level, USG liver allograft	CBC, RFT, LFT, RBS, Tacrolimus level
81		Monthly investigations and immunosuppression from day of discharge to 3 months after liver transplant Include Prednisolone, Tacrolimus 4mg/day, Mycophenolate upto 2 g /day, Valgancyclovir 450 mg ,Fluconazole 100mg/day, Septran 1 tablet once a day <b>For Third Month</b>		S	13860		N		Y		CBC, RFT, Na, K, LFT, RBS, Tacrolimus level, USG liver allograft	CBC, RFT, LFT, RBS, Tacrolimus level
82		Monthly investigations and immunosuppression from 4-12 months after liver transplant Include Prednisolone ,Tacrolimus 4mg/day, Mycophenolate upto 2 g / day , Fluconazole 100mg/day, Septran 1 tablet once a day,		S	4,200* Rate per month		N		Y		CBC, RFT, RBS, LFT	CBC, RFT, RBS, LFT

Sr. No.	Specialty code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
83		Monthly investigations and immunosuppression (with everolimus)from 4-12 months after liver transplant Include Prednisolone Tacrolimus 2 mg/day +Everolimus 1 mg/day, Mycophenolate upto 2 g /day Fluconazole 100mg/day, Septran 1 tablet once a day		S	7800 * Rate per month		N		Y		CBC, RFT, RBS, LFT	CBC, RFT, RBS, LFT
84		Maintainence immunosuppresants and investigations after 12 months of liver transplant(Calcineurin based ) Include Prednisolone, Tacrolimus 2mg/day Mycophenolate upto 2 g /day		S	3,500*Ra te per month		N		Y		CBC, RFT, RBS, LFT	CBC, RFT, RBS, LFT
85		Maintainence immunosuppresants and investigations and for 12 months after liver transplant (Calcineurin and mTOR based ) Include Prednisolone Tacrolimus 2 mg/day Everolimus 1 mg/day, Mycophenolate upto 2 g/day		S	8,000* Rate per month		N		Y		CBC, RFT, RBS, LFT	CBC, RFT, RBS, LFT
86		Invasive fungal infection after liver transplant Include Liposomal Amphotericin 5-10 mg/kg/day for 30 days and Surgical debridement, ICU stay for 10 days Hospital stay for 21 days With Liposomal Amphotericin 300 mg/day		S	3,75,000		N		Y		Fluid KOH preperation and culture, CBC, RFT, LFT, RBS, XR Chest, CT of organ of invasion, Endoscopy	Blood culture, CBC, RFT, LFT, RBS, XR Chest, CT Thorax

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
87		CMV infection after liver transplant Include IV gancyclovir 500 mg / Hospital stay for 14 day, tab.Valgancyclovir 450 mg OD for 3-7 days		S	19800		N		Y		CBC,RFT, LFT, RBS, X-ray Chest, CT Thorax, Graft Doppler, Tacrolimus level, CMV DNA quality and quantity, Urine RM and Culture	CBC, RFT, LFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
88		CMV infection after liver transplant Include IV gancyclovir 500 mg / Hospital stay for 14 day, tab.Valgancyclovir 450 mg OD for 8-12 days		S	39600		N		Y		CBC,RFT, LFT, RBS, X-ray Chest, CT Thorax, Graft Doppler, Tacrolimus level, CMV DNA quality and quantity, Urine RM and Culture	CBC, RFT, LFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
89		CMV infection after liver transplant Include IV gancyclovir 500 mg / Hospital stay for 14 day, tab.Valgancyclovir 450 mg OD for 13 and above Days		S	66000		N		Y		CBC,RFT, LFT, RBS, X-ray Chest, CT Thorax, Graft Doppler, Tacrolimus level, CMV DNA quality and quantity, Urine RM and Culture	CBC, RFT, LFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
90		Treatment for T cell rejection IV methyl prednisolone IV, Hospital stay for 3-7 days		S	9000		N		Y		Liver graft biopsy, CBC, LFT, RFT, RBS, XR Chest, Graft Doppler, Tacrolimus level, CMV DNA quality and quantity	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
91		Treatment for T cell rejection IV methyl prednisolone IV, Hospital stay for 8-12 days		S	18000		N		Y		Liver graft biopsy, CBC, LFT, RFT, RBS, XR Chest, Graft Doppler, Tacrolimus level, CMV DNA quality and quantity	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
92		Treatment for T cell rejection IV methyl prednisolone IV, Hospital stay for 13 and above days		S	30000		N		Y		Liver graft biopsy, CBC, LFT, RFT, RBS, XR Chest, Graft Doppler, Tacrolimus level, CMV DNA quality and quantity	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
93		Treatment for T cell rejection with thymoglobulin IV methyl prednisolone ,IV thymoglobulin 75 mg , Hospital stay for 15 d,Valgancyclovir 450 mg/day Fluconazole 100 mg/day <b>for First month</b>		S	80000		N		Y		Livergraft biopsy , CBC, RFT, LFT, RBS, XR Chest, Graft Doppler, Tacrolimus level, CMV DNA quantity	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
94		Treatment for T cell rejection with thymoglobulin IV methyl prednisolone ,IV thymoglobulin 75 mg , Hospital stay for 15 d,Valgancyclovir 450 mg/day Fluconazole 100 mg/day for <b>second month</b>		S	60000		N		Y		Livergraft biopsy , CBC, RFT, LFT, RBS, XR Chest, Graft Doppler, Tacrolimus level, CMV DNA quantity	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
95		Treatment for T cell rejection with thymoglobulin IV methyl prednisolone ,IV thymoglobulin 75 mg , Hospital stay for 15 d,Valgancyclovir 450 mg/day Fluconazole 100 mg/day for <b>3rd month</b>		S	60000		N		Y		Livergraft biopsy , CBC, RFT, LFT, RBS, XR Chest, Graft Doppler, Tacrolimus level, CMV DNA quantity	CBC, RFT, RBS, XR Chest, Tacrolimus level, CMV DNA quantity
96		Chest Infection after transplant with 10day ICU care Include ICU stay , ICU ventilator , ICU medicine , isolation ward for 1 to 3 day		S	75000		N		Y		Blood culture , CBC , RFT, LFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level, CMV DNA quantity, bronchoscopy charges and reports	Blood culture , CBC, RFT, LFT, RBS, XR Chest, CT Thorax, Tacrolimus level



Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
97		Chest Infection after transplant with 10day ICU care Include ICU stay , ICU ventilator , ICU medicine , isolation ward for 3 to 7 day		S	112500		N		Y		Blood culture , CBC , RFT, LFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level, CMV DNA quantity, bronchoscopy charges and reports	Blood culture , CBC, RFT, LFT, RBS, XR Chest, CT Thorax, Tacrolimus level
98		Chest Infection after transplant with 10day ICU care Include ICU stay , ICU ventilator , ICU medicine , isolation ward for 10 day or above		S	150000		N		Y		Blood culture , CBC , RFT, LFT, RBS, XR Chest, CT Thorax, Graft Doppler, Tacrolimus level, CMV DNA quantity, bronchoscopy charges and reports	Blood culture , CBC, RFT, LFT, RBS, XR Chest, CT Thorax, Tacrolimus level
99		Post-liver transplant Hepatitis C infection Includes sofosbuvir 400 mg/ day + daclatasavir 60 mg/day + ribavirin 1000 mg/day		S	30,000* Rate per month		N		Y		LFT, RFT, CBC, RBS, HCV ELISA, HCV RNA quantity	LFT, RFT, CBC, RBS, HCV ELISA, HCV RNA quantity
100		Post-liver transplant Hepatitis B infection Includes entecavir 0.5 mg /day		S	4,000*Ra te per month		N		Y		LFT, RFT, CBC, RBS, HBV ELISA, HBV DNA quantity	LFT, RFT, CBC, RBS, HBV ELISA, HBV DNA quantity

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
101		Post-liver transplant Hepatitis B infection (entecavir resistant)Includes tenofovir 300 mg /day		S	4,700* Rate per month		N		Y		LFT, RFT, CBC, RBS, HBV ELISA, HBV DNA quantity	LFT, RFT, CBC, RBS, HBV ELISA, HBV DNA quantity
102		<b>Pancreas transplant Part-1</b> Investigations Blood group, CBC, RFT, LFT, Thyroid Function Test, Calcium, S. Phosphorus, S. Vit D, S. Uric Acid, Blood Sugar FaSTING, PPBS, HIV ELISA, HCV ELISA, HBSAgelisa, HCV RNA quantitative, CMV IgG and IgM, Urine Routine and Micro, Urine Culture, USG Abdomen, Chest XR, ECG, Lipid Profile, Anticardiolipid Ab, Lupus Anticoagulant, C3, C4, P-ANCA, C-ANCA, ANA, DSDNA, PT INR, APTT, Pulmonary Function Test, ABG, Doppler of Neck Vessels, Doppler of Iliofemoral Vessels, Uroflometry, MCU, Urodynamic study		S	10000		N		Y			
103		<b>Pancreas transplant Part-2</b> Investigations HLA Typing LCM, FCM Single Antigen Qualitative		S	40000		N		Y			

Sr. No.	Speciality code	Procedure Name	Procedure code	Medical or Surgical	Package Amount	no_of_days	auto_approve Y/N	Capped Amount	Government Reserved (C/G)	Reserved for Trust Payment (Y/N)	Pre-Operative Investigation	Post Operative Investigation
104		<b>Pancreas transplant</b> Part-3 Investigation Single Antigen Quantitative, S. Amylase, S. lipase, C-Peptide, GAD Antibody, Plain CT of Abdomen		S	30000		N		Y			
105		<b>Pancreas transplant</b> Part - 4 Operative Part		S	420000		N		Y			Clinical photograph, blood sugar, Doppler study for pancreas and kidney graft, C-peptide
106		Exploratory laparotomy after pancreas transplant for abdominal wash		S	20000		N		Y		ABG, USG abdomen	USG abdomen
107		Exploratory laparotomy after pancreas transplant for pancreatectomy		S	50000		N		Y		ABG, USG abdomen	USG abdomen

## Note

### Special Note for Medical onco packages :

- 1)\* indicates Rate per cycle
- 2) ^ indicates Rate per Procedure or Procedure course
- 3) # indicates Rate per Month

### ADMISSIBLE AMOUNT FOR DEATH CASE AND DAMA CASE PROCEDURES

#### DEATH CASES:-

- Death during pre operative procedure/operation – 15% of actual package rate
- Death during procedure/operation– 75% of actual package rate
- Post Procedure/Operative death – 100% of actual package rate

#### DAMA CASES:-

- In case of DAMA – 75% of actual package rate

### Special Note for Hospitals accredited by NABH / JCI / ACHS/ISQua

Hospitals accredited with NABH / JCI / ACHS/ISQua will be paid 10 % extra over and above the package rates.