

# **TAMIL NADU POWER DISTRIBUTION CORPORATION LIMITED**

## **(ABSTRACT)**

TNPDCCL – Secretariat Branch - MEDICAL AID - New Health Insurance Scheme, 2026 - Provision of Health Care Assistance to the Employees of Government Departments, Organizations covered under this Scheme and their eligible Family Members through the United India Insurance Company Limited, Chennai – Implementation of the Scheme in TNPDCCL, TNPGL, TNGECL and TANTRANSCO – Orders – Issued .

## **(SECRETARIAT BRANCH)**

**(Per) CMD TNPDCCL Proceedings No. 134 Dated the 02<sup>nd</sup> July 2026.  
Aani 18, Parabhava Varudam.  
Thiruvalluvar Aandu 2057.**

**Read :-**

1. G.O. Ms. No.160, Finance (Salaries) Department, dated 29.06.2021.
2. (Per) CMD TANGEDCO Proceedings No.162 (SB) dated 17.07.2021
3. G.O.Ms. No.145, Finance (Health Insurance) Department, dated 24.06.2025.
4. (Per) FB TNPDCCL Proceedings No.33 (SB) dated 04.09.2025.
5. G.O. Ms. No.122, Finance (Health Insurance) Department, dated 24.06.2026.
6. From the Secretary to Government (Expenditure) Finance (BPE) Department, Chennai Letter No.74/ Finance (BPE) 2026, dated 30.06.2026.
7. From the Secretary to Government (Expenditure) Finance (BPE) Department, Chennai Letter No.74/ Finance (BPE) 2026-2, dated 30.06.2026.

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## **PROCEEDINGS:**

In the Government Orders first read above, the Government of Tamil Nadu had introduced the New Health Insurance Scheme (NHIS) 2021 to provide health care assistance on a cashless basis to the serving employees and their eligible family members for a block period of 4 years from 01.07.2021 to 30.06.2025 through the United India Insurance Company Limited, Chennai.

2. Based on the said Government orders, orders were issued introducing the New Health Insurance Scheme, 2021 to provide Health care assistance to the employees of TANGEDCO, TANTRANSCO and TNEB Ltd., and their eligible family members with a provision to avail assistance upto Rupees Five Lakhs and in respect of specified illness with the enhanced limit upto Rs.10 lakhs for a block period of four years from 01.07.2021 to 30.06.2025 - vide Proceedings second read above. The said scheme was concluded on 30.06.2025.



3. The Government in its order third read above, had extended the NHIS 2021 scheme for employees and their eligible family members for a period of another one year from 01.07.2025 to 30.06.2026 as per the existing terms and conditions of agreement made with United India Insurance Company Limited. The said Government Orders had also been adopted in the TNPDCCL - vide Proceedings fourth read above.

4. In the Government Order fifth read above, orders have been issued for implementation of the New Health Insurance Scheme, 2026 for a block period of five years from 01.07.2026 to 30.06.2031 to the employees of Government Departments. This scheme shall mutatis mutandis be extended to employees of State Public Sector Undertakings, Statutory Boards and Corporations, Local Bodies, State Government Universities, and State Government Organizations/Institutions registered under the Tamil Nadu Societies Registration Act, 1975, and their eligible family members, provided these organizations elect to adopt the Scheme and are capable of bearing the employer's share of the premium without financial liability befalling on the State budget. Such employees may be enrolled under this Scheme, subject to payment of the premium at the rate fixed by the Government, by entering into an agreement by their employer directly with the United India Insurance Company Limited, Chennai. The coverage shall come into force from the date of execution of the agreement with the United India Insurance Company Limited, so as to avail the services rendered by the United India Insurance Company Limited.

5. After careful consideration, it has been decided to implement the above said scheme in TNPDCCL to provide health care assistance on a cashless basis to the serving employees of TNPDCCL, TNPGL, TNGEL and TANTRANSCO and their eligible family members. Accordingly, it is hereby ordered as follows:-

- i) New Health Insurance Scheme, 2026 for employees of TNPDCCL and other entities and their eligible family members be implemented through the United India Insurance Company Limited, Chennai and "The Guidelines for implementation of the New Health Insurance Scheme, 2026 for Employees and their eligible family members as annexed to the Government orders fifth read above is appended to this order in Annexure-A.
- ii) The Chairman and Managing Director/TNPDCCL shall be the Administrator of the New Health Insurance Scheme, 2026.
- iii) The enrolment under New Health Insurance Scheme, 2026 shall be compulsory, which is a separate scheme for all the employees irrespective of the fact that their spouse is a Central Government Employee / pensioner covered under Central Government Health Insurance Scheme (CGHS) as detailed in para 3 of Annexure-A to this order.
- iv) The employees of TNPDCCL and other entities and their eligible family members covered under the scheme shall avail assistance upto the limit of **Rs.7.50 Lakh (Rupees Seven Lakh and Fifty Thousand) in a block period of five years commencing from 01-07-2026 to 30-06-2031** as a Package Rate based cashless facility for the approved treatments/surgeries listed in the Annexure-I to this order, in the hospitals Empanelled under New Health Insurance Scheme 2026 as listed in the Annexure-II to this order.



- (a) However, the assistance shall be upto **Rs.12.00 Lakh (Rupees Twelve Lakh) for Specified illnesses** listed out in Annexure I-A to this order.
- (b) The overall limit of assistance, in any case upto **Rs. 12.00 Lakh (Rupees Twelve Lakh) for a family** in a block period of five years under this scheme.
- (c) The medical treatment taken by the employees of TNPDC and other Entities and their eligible family members in Non-Network hospital under Non-Emergency situation shall also be covered on reimbursement basis. However, the quantum of reimbursement in such cases shall be restricted to 60% of the applicable package rate for the similar treatment and surgery undertaken in a Network Hospital of the lowest grade for the treatment/ procedure availed, excluding non-admissible/non-payable expenses as listed in Annexure-IV.
- (d) This scheme covers 2992 approved treatments / procedures under Annexure I and 46 treatments / procedures under Annexure IA (Specified Illness) with 1535 empanelled private hospitals and all the Government Institutions empanelled under New Health Insurance Scheme 2021 as per G.O.(Ms) No.130 Health and Family Welfare (EAP-1) Department, dated 07.06.2024 widening the scope of coverage under the scheme. The list of hospitals to be included/deleted shall be ordered by the Commissioner/ Director of Treasuries and Accounts based on the recommendation of the Accreditation Committee under the Project Director, Tamil Nadu Health Systems Project (TNHSP) for CMCHIS- Tamil Nadu.
- (e) The payment of annual premium shall be regulated as per the terms and conditions of the agreement between the TNPDC and other entities and United India Insurance Company Limited, Chennai.
- v) The annual premium payable by the TNPDC and other entities to the United India Insurance Company, Chennai shall be at the rate of **Rs.4,500/- (Rupees Four Thousand and Five Hundred) plus GST @ 18%** per Employee per annum for a block period of five years from 01-07-2026 to 30-06-2031.
- vi) A sum of **Rs.15/- per month** shall be contributed separately by all the employees of the TNPDC and other entities along with the monthly Health Insurance premium for the Corpus Fund (non-lapsable) for meeting higher expenses in respect of Specified Illness, rare illness and exceptional circumstances, extending the medical assistance of Rs.15.00 lakh under Corpus Fund. The overall benefit including assistance under corpus fund up to **Rs.27.00 lakh (Rupees Twenty Seven Lakh)** per family in a block period of five years. The maintenance of Corpus fund shall be decided after getting guidelines from the Government.



- vii) The annual premium initially paid by the TNPDCCL and other entities shall be recovered from the employees at the rate of **Rs.390/- (Rupees Three Hundred and Ninety) per month (Rs.375/- Subscription for NHIS + Rs.15/- contribution for corpus fund) by deduction in monthly salary from the month of July 2026.** Any excess of premium payable from time to time over and above the amount recovered from Employees shall be borne by the TNPDCCL and other entities.
- viii) Even though the legal spouse is covered under the term 'Employee', the total assistance to the Family will be limited to Rs.7.50 lakh (Rupees Seven Lakh and Fifty Thousand) in respect of diseases covered in Annexure-I and upto Rs.12.00 lakh (Rupees Twelve Lakh) per family for specified illnesses listed in Annexure-IA. The overall limit of assistance upto Rs.12.00 lakh (Rupees Twelve Lakh) per family in a block period of five years.
- ix) In case, both the employee and spouse are employees of TNPDCCL, the employee's contribution shall be recovered from only one of the employees i.e. from the younger of the two.
- x) The Employees engaged on (a) Consolidated Pay /Fixed Pay/Honorarium (b) Daily Wage (c) Contract basis (d) Re-employment (e) Temporary basis and (f) Outsourcing are not covered under this Scheme.

6. The subscription towards premium recovered from the employees of TNPDCCL shall be credited into Account Code No.2080148 and the subscription towards corpus fund recovered from the employees of TNPDCCL shall be credited into Account Code No.2050125.

7. The Nodal Officers of the United India Insurance Company Limited situated in the District Headquarters and Toll-Free Helpline Number is listed in the Annexure-V to this order. The lists of approved treatments and surgeries, along with corresponding package rates, approved hospitals and the addresses of the Offices situated in the District Headquarters will be hosted on the websites of Government of Tamil Nadu in Finance Department ([www.tn.gov.in](http://www.tn.gov.in)), Treasuries and Accounts Department (<https://www.karuvooram.tn.gov.in>) and portal for New Health Insurance Scheme to be developed by the United India Insurance Company Limited, Chennai. The additional list of hospitals to be empanelled and the list of hospitals to be deleted and the new treatments /surgeries if any included in this Scheme will also be updated and hosted in the portal for NHIS for ready reference from time to time.

8. The details of the Employees will be as per the ERP database available in the respective office of TNPDCCL and other entities.

9. A Corpus fund for meeting higher expenses in respect of Specified illness, rare illness, exceptional circumstances for Employees of TNPDCCL and other entities and their eligible family members shall be utilized for needy cases, after getting guidelines from the Government.



10. All the Chief Engineers, Chief Financial Controllers, Chief Internal Audit Officer, Superintending Engineers, Deputy Secretaries, Under Secretaries and other Pay Drawing Officers of the Corporation are instructed to communicate these orders to each and every employee of TNPDC, TNPGL, TNGEL and TANTRANSCO with regard to the implementation of New Health Insurance Scheme 2026 and also to create awareness about the utilization of the Scheme and availing of the benefits to the extent possible.

**J.RADHAKRISHNAN**  
**CHAIRMAN AND MANAGING DIRECTOR**

**To**

All Chief Engineers, TNPDC, TNPGL, TNGEL and TANTRANSCO. (w.e)  
All Chief Financial Controllers, TNPDC, TNPGL, TNGEL and TANTRANSCO.(w.e)  
The Chief Internal Audit Officer/Audit Branch, Chennai. .(w.e)  
All Superintending Engineers, TNPDC, TNPGL, TNGEL and TANTRANSCO. (w.e)  
All Deputy Secretaries/Secretariat Branch, Chennai. (w.e)  
All Senior Personnel Officers, Administrative Branch, Chennai. (w.e)  
All Senior Deputy Chief Internal Audit Officers, Audit Branch, Chennai. (w.e)

**Copy to:**

The Chairman and Managing Director's Table. (w.e)  
The Additional Director General of Police/Vigilance. (w.e)  
The Managing Director/TNGEL & TNPGL. (w.e)  
The Managing Director/TANTRANSCO (w.e)  
The Joint Managing Director/Finance, TNPDC and TANTRANSCO. (w.e)  
All Directors/TNPDC, TNPGL, TNGEL & TANTRANSCO. (w.e)  
The Secretary/TNPDC. (w.e)  
The Legal Adviser/TNPDC. (w.e)  
The Company Secretary/TNPDC, TNPGL, TNGEL, TANTRANSCO and TNEB Ltd.(w.e)  
The Residential Audit Officer. (w.e)  
The Industrial Relations Adviser/TNPDC. (w.e)  
The Chief Medical Officer/Head Quarters Dispensary/TNPDC, Chennai. (w.e)  
The Deputy Chief Engineer/Administrative Branch. (w.e)  
All Under Secretaries, Secretariat Branch, Chennai. (w.e)  
The Resident Manager, TNPDC, New Delhi. (w.e)  
The Chief Public Relations Officer, TNPDC, Chennai.(w.e)  
The Private Secretary to Chairman and Managing Director's Office. (w.e)  
All Officers/Sections/Cells in the Secretariat Branch. (w.e)  
The Chief Business Manager, United India Insurance Company Limited,  
Silingi Buildings, 134, Greaves Road, Chennai- 600 006. (w.e)  
Tamil Nadu Electricity Workers Federation. (w.e)  
Tamil Nadu Electricity Board Accounts and Executive Staff Union. (w.e)  
Tamil Nadu Electricity Board Workers Progressive Union (LPF). (w.e)  
Central Organisation of Tamil Nadu Electricity Employees. (w.e)  
Minsara Pirivu Anna Thozhir Sangam. (w.e)  
Tamil Nadu Minvariya Janatha Thozhilalar Sangam. (w.e)  
Tamil Nadu National Electricity Workers Federation. (Xavier group) (w.e)  
Tamil Nadu National Electricity Workers Federation. (Swarnaraj group) (w.e)

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Tamil Nadu Electricity Board Engineers Sangam. (w.e)  
Tamil Nadu Electricity Employees Congress. (w.e)  
Tamil Nadu Electricity Board Thozhilalar Poriayar Aykkiya Sangam. (w.e)  
Tamil Nadu Electricity Board Engineers' Association. (w.e)  
Tamil Nadu Electricity Board Finance & Accounts Officers Association. (w.e)  
Bharathiya Electricity Employees Federation. (w.e)  
Tamil Nadu Electricity Board Card Billing Staff Union. (w.e)  
Tamil Nadu Electricity Board Dr. Ambedkar Employees Union. (w.e)  
Tamil Nadu Electricity Board Engineers Union. (w.e)  
Tamil Nadu Electricity Board Employees Federation. (w.e)  
Tamil Nadu Electricity Board Paatali Thozhir Sangam. (w.e)  
Bharathiya Electricity Engineers Association. (w.e)

**//TRUE COPY//FORWARDED// BY ORDER//**

S. S. Sathya  
02/07/2026

**ASSISTANT BOARD SECRETARIAT OFFICER**

6/1  
2/7/2026

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

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**ANNEXURE - A**

to G.O.Ms. No122, Finance (Health Insurance) Department,  
Dated:24.06.2026

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH  
INSURANCE SCHEME, 2026 FOR EMPLOYEES OF  
GOVERNMENT DEPARTMENTS AND THEIR ELIGIBLE FAMILY  
MEMBERS**

**1. Title and Commencement:-**

(1)These Guidelines may be called “The Guidelines for New Health Insurance Scheme, 2026” for Employees of Government Departments and their eligible family members.

(2)These Guidelines shall come into force with effect from 01-07-2026 and will be in force for a block period of five years, i.e., up to 30-06-2031.

**2. Application:-**

The New Health Insurance Scheme, 2026 for Employees of Government Departments, will provide health insurance coverage to all the Employees of Government Departments and their eligible family members.

**3. Extent of the Scheme:-**

The following Employees and their eligible family members are covered under the New Health Insurance Scheme 2026: -

(i) Employees of Government Departments drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions.

(ii) Special Time Scale Employees.

(iii) The following Family members of the employee shall be covered under the New Health Insurance Scheme 2026

(1) Parents of the Unmarried Employee, until the Employee gets married; in case of a divorced employee not having children, until such employee gets re-married;

(2) Legal Spouse of the Employee and

(3) Dependent Children of the employee without age restrictions provided they are:

a) Dependent Children of the employee – till they get employed or married.



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- b) Dependent Children pursuing higher studies and not employed.
- c) Unmarried /Widowed/ legally divorced daughters who are dependent on the employee.
- d) Person with Disability and Intellectually Disabled Children of the employee wholly dependent on the employee.

**Note: Declaration on the dependency of the child would be furnished by the concerned employee at the time of treatment / claim.**

**4. Extension of the Scheme to others subject to certain conditions:-**

This Scheme shall mutatis mutandis, be extended to employees of State Public Sector Undertakings, Statutory Boards and Corporations, Local Bodies, State Government Universities, and State Government Organizations/Institutions registered under the Tamil Nadu Societies Registration Act, 1975, and their eligible family members, provided these organizations elect to adopt the Scheme and are capable of bearing the employer's share of the premium without financial liability befalling on the State budget. Such employees may be enrolled under this Scheme, subject to payment of the premium at the rate fixed by the Government, by entering into an agreement by their employer directly with the United India Insurance Company Limited. The coverage shall come into force from the date of execution of the agreement with the United India Insurance Company Limited.

**5. Definitions:-**

- (1) In these guidelines, unless the context otherwise requires,
- (a) **"Accident"** An accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
  - (b) **"Accreditation Committee for Hospital Empanelment"** means Committee constituted for empanelment of hospitals under CMCHIS having Project Director (TNHSP) as Chairman, for accreditation of hospitals under NHIS.
  - (c) **"Agreement"** means an agreement prescribing the terms and conditions of services, which may be rendered to the beneficiaries under this scheme to be entered into between the Government of Tamil Nadu and United India Insurance Company Limited.
  - (d) **"Authorities concerned"** means the Drawing and Disbursing Officer (DDO), Sub- Treasury Officer (STO) / District Treasury Officer (DTO) / Pay and Accounts Officer (PAO) concerned.
  - (e) **"Beneficiary"** means Employees and their eligible family members of Government Departments as stated in clause 3 of these guidelines.
  - (f) **"Cashless facility"** means



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- (i) A Package Rate Based cashless service extended by the Public Sector Insurance Company (Insurer) to the beneficiary (Insured) whereby the payments for the costs of treatment undergone by the beneficiary (Insured) in accordance with the Guidelines (policy terms and conditions), are directly made to the network hospital by the Public Sector Insurance Company (Insurer) subject to the eligible package rate for the treatment /procedure according to the grade of the hospital as mentioned in the **Annexure I & I-A**
  - (ii) All empaneled hospitals shall, by default, be categorized as C grade. The gradation such that B, A2 would be based on the evaluation criteria. The A2 hospitals having NABH full Accreditation/JCI/PMJAY Gold certification shall be graded as A1.
- (g) **“Cashless Service by Network Hospital”** means
- (i) The beneficiaries are provided with Package Rate Based cashless service according to the package rate (as recommended by the Expert Committee Constituted by the Director of Medical Education and Research) for the treatment undertaken mentioned in Annexure I & I-A. The base Package Rate fixed by the said committee is for the hospitals graded as C.  
  
The base Package rate for B grade hospital shall be 10% higher than the base rate of C grade and in case of A2 the package rate will be 20% higher than the base package rate of C grade and incase of A1 the package rate will be 30% higher than the base package rate of C. In respect of Network Hospitals in the New Delhi, the Package rate will be 10% higher than the hospitals of similar grade in Tamil Nadu (i.e.,) for C grade 110% of base rate, for B grade 120% of base rate, for A2 grade 130% of base rate and for A1 grade 140% of base rate. The Cost of Implant will be paid in addition to the above-mentioned package rates, wherever it is explicitly mentioned in Annexure I & I-A. The amount as per the package rate applicable to the treatment and the grade of the hospital shall be paid directly by the Public Sector Insurance Company to the network hospital excluding non-payable items and other expenses over and above the package rate.
  - (ii) It is envisaged that for each hospitalization the assistance shall be package rate based cashless service for covered procedures and corresponding grade of the hospital. Employees can claim the balance amount over and above the sum insured/enhanced sum insured under the corpus fund. (Only certain procedures that are covered). The insurance companies liability will be restricted to the Sum Insured under the scheme. (**However, the**

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***beneficiary shall meet the remaining bill amount if any, including Non-Admissible /Non-Payable Expenses and shall settle the bill related to these expenses with the Hospital directly.)***

- (h) **“Ceiling Criteria”** means the criterion referred to in clause-11.
- (i) **“District Level Empowered Committee”** means District Level Empowered Committee constituted by the Government headed by the District Collector, having the Joint Director of Medical and Rural Health Services, the District Treasury Officer and an official representative of the Insurance Company as members.
- (j) **“Eligible Medical Expenses”** means medical expenses incurred up to the package rate (which include applicable air conditioned single room rent) fixed by the Government for covered procedures as per the applicable grade of the hospital (as per Annexure I & I-A) excluding Non-Admissible/ Non-Payable Expenses as listed in **Annexure-IV**. Transport charges shall be excluded.
- (k) **“Emergency Care”** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death. For Emergency Care or following an Accident subject to the condition that patient shall preferably visit the empaneled hospitals within 40 kms with the facility of treatment required for the case concerned and insurer shall create mechanism for immediate treatment through intimation mechanism.
- For the following Emergencies: -
1. H/O slip & fall / fall from height/ fall from vehicle resulting in major injury
  2. H/O assault/ blunt trauma resulting in grievous hurt/ major injury
  3. Animal attack resulting in major injury/ requiring hospitalization
  4. Accidental Drowning
  5. Accidental Hanging
  6. Electrocution
  7. Heatstroke
  8. Burns requiring hospitalization
  9. Acute poisoning (Only Accidental)
  10. Snake bite requiring ASV, Unknown bite requiring hospitalization
  11. Acute Chest Pain etc.,

The insured or his attendees shall contact the call centre through the toll-free number and inform about the emergency and the empanelled hospital they intend to approach. The call centre will immediately make a Pre-Arrival Intimation (PAI) to empanelled hospitals about the emergency condition of the insured. The insurer shall also arrange for Emergency Intimation Number (EIN) for above list of emergencies and thereby arrange prompt treatment initiation without routine pre-authorization which can be done subsequently.



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- (l) **“Employee”** means Employees of Government Departments drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions.
- (m) **“Expert Committee for Package Rates”** means Committee comprising of Project Director (TNHSP), Director of Medical Education and Research and Director of Medical and Rural Health Services for recommending or revising the package rates under NHIS.
- (n) **“Family”** includes the Employees and their eligible family members as detailed below: -

The following family members of the employee shall be covered under the New Health Insurance Scheme 2026.

- (1) Parents of the Unmarried Employee, until the Employee get married;
- (2) Parents of the divorced employee not having children, until such employee gets re-married;
- (3) Legal Spouse of the Employee and
- (4) Dependent Children of the employee without age restrictions:
  - a) Dependent Children of the employee – till they get employed or married.
  - b) Children pursuing higher studies and not employed
  - c) Unmarried /Widowed/ legally divorced daughters who are dependent on the employee.
  - d) Person with Disability and Intellectually Disabled Children of the employee wholly dependent on the employee.

**Note: Declaration on the dependency of the child would be furnished by the concerned employee at the time of treatment / claim.**

- (o) **“Form”** means the relevant form as may be specified by the Government under these Guidelines;
- (p) **“Government”** means Government of Tamil Nadu.
- (q) **“Grievance Redressal Officer”** means the Joint Director of Medical and Rural Health Services Department at District Head Quarters.
- (r) **“Guidelines”** means the Guidelines for New Health Insurance Scheme, 2026 for the employees of the Government Departments and their eligible family members.
- (s) **“High Level Empowered Committee”** means High Level Empowered Committee constituted by the Government comprising of the Additional Chief Secretary to Government, Finance Department and the Secretary to Government, Health and Family Welfare Department.

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- (t) **“Hospital”** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the appropriate authorities under Tamil Nadu Clinical Establishments Act - 2010 and the Tamil Nadu Clinical Establishments (Regulations) Rules, 2018 or similar Act / Rules in the respective States and
- (i) has qualified nursing staff under its employment round the clock;
  - (ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - (iii) has qualified medical practitioner(s) in charge round the clock;
  - (iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - (v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel and to the Government of Tamil Nadu;
- (u) **“Hospitalization”** means admission in a hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specific procedures / treatments, where such admission could be for a period of less than 24 consecutive hours such as Haemodialysis, Day care treatment for cancer, Cataract surgery and any other procedures decided by the Government.
- (v) **“ICU (Intensive Care Unit) Charges”** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical care & support services provided to any ICU patient including monitoring devices, critical care nursing charges, with or without ventilator support.
- (w) **“Insurance Company”** means Public Sector Insurance Company carrying a health insurance business which is registered with Insurance Regulatory and Development Authority of India (IRDAI)
- (x) **“Network Hospital”** means hospitals or health care providers enlisted by Insurance Company / Third Party Administrator(s) to provide medical Services to a beneficiary by a Package rate based Cashless facility under this scheme.
- (y) **“Non-Admissible/ Non-Payable Expenses”** means the list of items in **Annexure-IV** of these Guidelines.
- (z) **“Non- Network Hospital”** means any hospital, day care centre or other provider that is not a Network Hospital.
- (aa) **“Scheme”** means the New Health Insurance Scheme, 2026 for Employees of Government Departments and their eligible family members.



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- (ab) **"Spouse"** means a wife / husband of the Employee;
- (ac) **"Subscription"** means subscription per month prescribed by Government which shall be recovered from the Employee.
- (ad) **"State Level Empowered Committee"** means State Level Empowered Committee constituted by the Government, headed by the Commissioner / Director of Treasuries and Accounts having the Director of Medical and Rural Health Services as Member Secretary or his nominee and an official representative nominated by the Insurance Company as member.
- (ae) **"Tamil Nadu Medical Attendance Rules"** means the rules governing Medical Attendance and Levy of Fees in the Government medical institutions in the State of Tamil Nadu. (G.O.Ms.No.1023, Health and Family Welfare Department, dated 17-06-1980 and G.O (Ms). No.401 Family Welfare (Z1) Department, Dated 09.09.2021)
- (af) **"Third Party Administrator or TPA"** means any person who is registered under Insurance Regulatory and Development Authority of India (IRDAI) (Third Party Administrators - Health Services) Regulations, 2016, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.

2) Words or expressions not defined in these Guidelines but defined in the Chapter-I of the Guidelines on Standardisation in Health Insurance issued in Master Circular on Standardization of Health Insurance Product - No.IRDAI/HLT/REG/CIR/193/07/2020, dated 22.07.2020 shall have the same meanings respectively assigned to them in the IRDAI Guidelines.

## **6. Enrolment:-**

**All the Employees of Government Department drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions and Special Time Scale Employees are covered under the scheme.**

- (1) The enrolment of the Employees of Government Department drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions under the Scheme shall be compulsory.
- (2) Option to be exercised for certain cases: -
- (a) In cases where both husband and wife are State Government employees, the employee's subscription shall be recovered from only one of them, i.e., from the younger of the two (husband or wife)
- (b) In case the Employee joined Tamil Nadu State Government Service after retiring from Armed Forces (Ex-Serviceman) and covered under Ex-Serviceman Health scheme, may exercise option to opt out of NHIS 2026 Scheme.

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- (c) The option shall be exercised within 15 days from the date of commencement of the Scheme / the date of appointment.
- (d) The option once exercised shall be final.

**7. Subscriptions to the Scheme:-**

A sum as prescribed by Government after finalization of tender process shall be recovered per month as subscription from the Employees of Government Departments from the month of July 2026.

**8. Objectives:-**

The main objectives of the Scheme are: -

- (1) To extend the scope of assistance for medical treatments available under the existing Scheme;
- (2) To cover more ailments and more hospitals including payment wards of Government Hospitals;
- (3) To provide financial assistance up to the eligible package rate for treatment availed / grade of the hospital subject to a maximum (Basic Sum Insured) of **Rs.7.50 Lakh (Rupees Seven Lakh and Fifty Thousand)** per employee including eligible family members for a block period of five years for the approved treatments undertaken and surgeries undergone as per **Annexure-I** and with provision to pay up to a maximum of **Rs.12.00 Lakh (Rupees Twelve Lakh)** (Enhanced Sum Insured) for specified approved treatments / surgeries undergone as per **Annexure-I A**;
- (4) To provide the assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on a package rate based cashless basis under Emergency / Non-Emergency condition in Network Hospitals.
- (5) To provide assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on reimbursement basis under Emergency condition in Non-Network Hospitals, as defined in clause 9(3).
- (6) To provide assistance for approved medical treatments and surgeries undertaken in Non-Network Hospital under Non-Emergency condition on reimbursement basis as defined in clause 9(4).

**9. Scope of the Scheme: -**

- (1) The scope of the Scheme shall be to provide coverage for **Eligible Medical Expenses (as defined in clause 5(j))** incurred by the Beneficiary of this scheme during Hospitalization for the treatments and surgeries listed in **Annexure-I and Annexure-I A** to these Guidelines that are undertaken / undergone in Network Hospitals listed in **Annexure-II** as amended from time to time. Out-Patient treatments are not covered under the scope of the scheme.

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- (2) **Package Rate Based Cashless Facility:** The Network Hospitals shall provide package rate based cashless facility as defined in clause-5(f) of these Guidelines for the approved treatments and surgeries listed in **Annexure-I and Annexure-I A** to these Guidelines.
- (3) **Reimbursement: Approved Treatment in Non-Network under Emergency:** Eligible Medical Expenses with reference to Non-Network Hospital for Emergency Care and following Accident means applicable package rate for similar treatment or surgery, in a network hospital of the lowest grade for the treatment/procedure availed, excluding non-admissible/ non payable expenses as listed in **Annexure-IV**.
- (4) **Reimbursement: Approved Treatment in Non-Network under Non-emergency:** Eligible Medical Expenses with reference to Non-Network Hospital for Non-Emergency Care means 60% of the applicable package rate for the similar treatment and surgery undertaken in a Network Hospital of the lowest grade for the treatment/procedure availed, excluding non-admissible/ non payable expenses as listed in **Annexure-IV**.
- (5) The coverage under the scheme shall also include pre-existing illness which has been included in **Annexure-I and Annexure - I A** to these Guidelines.
- (6) The Treatment /Procedures and surgeries defined in Annexure I & IA shall be covered irrespective of the cause of the diseases and no reasons shall be cited for denying Package Rate Based cashless facility or reimbursement of the claim.

**10. Hospitals to be covered under the Scheme: -**

- (1) The Hospitals under the Scheme shall include both: -
  - (a) Pay wards of Government Hospitals; and
  - (b) Private Hospitals.
- (2) All hospitals already accredited under the New Health Insurance Scheme, 2021 for Government Employees as in Annexure-II to these Guidelines and Hospitals already empaneled as on 30.06.2026 under CMCHIS shall automatically be deemed to be networked hospitals subject to the acceptance of the revised package rates, terms and conditions of the scheme by the concerned hospitals. The Insurance Company shall ensure that they enter into a tie-up with these hospitals within one month of the commencement of the Scheme. Hospitals failing to enter into an agreement with the Insurance Company as per the norms of the Scheme within sixty days of the commencement of the scheme shall be deemed to be removed from the list of Empaneled hospitals under NHIS. Provided that for valid reasons to be adduced by the Insurance Company, Government may,



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upon recommendation of the Accreditation Committee for Hospital Empanelment may agree to approve reduction in the members of existing Network Hospitals.

- (3) Further, Additional list of hospitals and treatments / surgeries may be ordered as and when necessary, by the Director of Treasuries and Accounts on the recommendations by the Accreditation Committee for Hospital Empanelment. Any additional premium in respect of inclusion of new treatments/ surgeries shall be decided on mutual agreement between United India Insurance Company Limited and the Commissioner/Director of Treasuries and Accounts.
- (4) A minimum of three institutions each located in Puducherry, Bengaluru, Thiruvananthapuram, Wayanad and New Delhi shall also be covered.
- (5) The Insurance Company shall at all time during the currency of the contract ensure the availability of a minimum of 10 networked hospitals in each district of the State and the availability of a minimum 100 networked hospitals apart from Government Hospitals in the areas under each district cluster as indicated below:
  - (a) **Northern Cluster:**  
Chennai, Tiruvallur, Kancheepuram, Chengalpattu, Vellore, Ranipettai, Thirupathur, Tiruvannamalai, Villupuram, Kallakurichi and Cuddalore.
  - (b) **Central Cluster:**  
Perambalur, Ariyalur, Nagapattinam, Myladudurai, Tiruvarur, Tiruchirapalli, Thanjavur, Pudukottai and Karur.
  - (c) **Western Cluster:**  
Krishnagiri, Dharmapuri, Salem, Erode, Namakkal, Nilgiris, Coimbatore and Tiruppur.
  - (d) **Southern Cluster:**  
Madurai, Theni, Sivagangai, Virudhunagar, Dindigul, Ramanathapuram, Tirunelveli, Tenkasi, Kanyakumari and Tuticorin.
- (6) If any district or cluster does not have the number of hospitals as specified above, the successful insurance company can seek specific exemption for that district or cluster and the same will be considered by the Accreditation Committee for hospital empanelment after verification of the available qualified hospitals in that district or cluster.
- (7) The Government Hospitals are also included as network hospital under this scheme. (G.O.Ms.No.130,Health and Family Welfare (EAPI-1) Department, Dated:07.06.2024)
- (8) Additions and deletions in the list of approved Network Hospitals and treatment / surgeries, if any for Package rate based cashless facility

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will be done on the recommendation of the Accreditation Committee for hospital empanelment/Expert Committee as and when necessity arises.

- (9) The Network Hospitals under this scheme shall extend package rate based cashless facility to the Beneficiaries.
- (10) Insurance Company and Third-Party Administrators, wherever applicable, shall ensure that Network Hospitals shall meet with minimum requirements of Standards and Benchmarks for hospitals prescribed in Master Circular on Standardization of Health Insurance Product -No. IRDAI/HLT/REG/CIR/193/07/2020, dated 22.07.2020.
- (11) **Banning of Hospitals:-** Where any fraudulent claim becomes directly attributable to a Hospital included in the networked hospitals listed in the **Annexure-II** to the Guidelines, on first instance penalty of 5 times claim value shall be levied by the Insurance Company, The penalty amount thus collected shall be credited to the Government Account. If the hospital again does fraudulent claim, the said Hospital shall be suspended / removed and excluded from the list of approved network hospitals under the Scheme by the Director/Commissioner of Treasuries and Accounts based on the recommendation of the Accreditation Committee for Hospital Empanelment.
- (12) All hospitals with greater than 50 beds shall empanel for all the specialties available in the hospital and cherry picking of specialties shall not be allowed.

**11. Medical Assistance:-**

- (1) The Scheme shall provide coverage for the treatments and surgeries **listed in the Annexure-I to these Guidelines** up to the eligible package rate for treatment availed, subject to a maximum of **Rs.7.50 Lakh (Rupees Seven Lakh and Fifty Thousand)** for Employees of Government Departments, and their eligible family members for a block period of five years from **01-07-2026 to 30-06-2031** ordinarily in any of the Network Hospital on package rate based cashless facility. However, the financial assistance shall be enhanced to **Rs.12.00 Lakh (Rupees Twelve Lakh) for specified treatments / surgeries listed in the Annexure-I A to these Guidelines.** Assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on reimbursement basis under Emergency condition in Non-Network Hospitals, the reimbursement claim shall be as per clause 9(3).

Assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on reimbursement basis under Non-Emergency condition in Non-Network Hospitals, the reimbursement claim shall be as per clause 9(4). In any case, maximum limit of assistance admissible per employees of the Government shall not exceed **Rupees Twelve Lakh.**

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- (2) Even if the legal spouse/ beneficiaries defined in clause 5(e) of these Guidelines is covered under the term “Employee” the total financial assistance for the Employee will be limited to Rupees Twelve Lakh. In such cases the Employees subscription shall be recovered from only one of the Employees as per the option exercised in this regard.
- (3) **Ceiling criteria:** Maximum limit of assistance admissible per employee with eligible dependent / family members on a floater basis shall not exceed the amount specified in Clause 11 (1) above.

**12. Settlement of Claims by Insurance Company/Third Party Administrator (TPA):-**

- (1) The medical assistance shall be on package rate based cashless basis for the **Eligible Medical Expenses** incurred subject to the ceiling criteria for approved treatments undertaken and surgeries undergone during Hospitalization in any of the empaneled Network Hospitals. The amount as per the package rate applicable to the treatment and the grade of the hospital shall be paid directly by the Public Sector Insurance Company to the network hospital excluding non-payable items and other expenses over and above the package rate. No payment for any of the Eligible Medical Expenses, need to be made by the Beneficiary to the Hospital.

The Insurance Company should scrutinize the bill generated and invoice of implants by the hospital for the treatment undertaken and mention the quantum of admissible charges (as per one or more eligible packages), non-payable charges and the amount charged apart from these so as to make the beneficiary aware of the quantum of financial coverage provided by the Insurance Company. The above details shall be given to the Employees at the time of final approval of the claims.

In case, payment has been made by the beneficiaries either at the instance of the hospital or otherwise for any of the Eligible Medical Expenses, including in a case where pre-authorization has been sought but wrongly denied or claim under package rate based cashless facility has been restricted, the Insurance Company shall be required to make cash reimbursement of the same, subject to the ceiling criteria along with interest at 8% per annum calculated on monthly basis for the period from the date of payment to the hospitals by the beneficiary and the date of reimbursement of Eligible Medical Expenses upon submission of claims by the beneficiary after following the process stated in clause 16 of these Guidelines.

- (2) **Non-Network Hospital Claims** If the beneficiary couldn't preferably get admitted to an empanelled hospitals, Eligible Medical Expenses incurred in Non-Network Hospital during Hospitalization by the beneficiary shall be reimbursed by the insurance company subject to



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the ceiling criteria upon submission of claim by the beneficiary or his / her legal heirs to the Grievance Redressal Officer and approval of the District Level Empowered Committee or State Level Empowered Committee or High Level Empowered Committee who shall use the package rate as a criteria for the calculation. For Approved Treatment in Non-Network under Non-Emergency, the amounts that can be claimed for reimbursement will be as per clause 9 (4) and For Approved Treatment in Non-Network Hospital under Emergency, the amounts that can be claimed will be as per clause 9(3).

- (3) Insurance Company / Third Party Administrator (TPA) shall render servicing of claims under this scheme by way of pre-authorization of package rate based cashless facility assistance for surgeries or settlement of reimbursement claim, as per the underlying terms and condition of this scheme and within the framework of the guidelines for settlement of claims.

**13. Pre-authorisation by Insurance Company / Third Party Administrator [TPA]:-**

- (1) The purpose of obtaining pre-authorization from Insurance Company / Third Party Administrator (TPA) is to verify if the beneficiary is eligible for Package rate based financial assistance under the Scheme and whether the proposed treatment or surgery is covered under the Scheme. It is also for the purpose of intimation by the Insurance Company to the Network Hospital that the Hospital should act in accordance with the agreement between the Insurance Company and the Empanelled Hospital concerned. In case of emergency, obtaining pre-authorization from the TPA through routine channel may be relaxed. Instead an auto approval of 50% of the eligible package rate for the procedure may be pre-authorized over phone upon intimation of the details of emergency admission to the Toll-free number by the Network hospital and insurer may facilitate the admission of suitable nearest empanelled hospital.

**(2) In case of Planned Hospitalization (to a Network Hospital):**

The Network Hospitals empanelled for package rate based cashless facility under the Scheme alone shall be approached for availing medical assistance for the approved treatments and surgeries under this Scheme. The Beneficiary shall approach the Insurance Office of the Network Hospital who is dealing with approved package rate based cashless facility. In case of difficulty, they can contact the District Level Co-ordinator / District Level Nodal Officer / Toll Free Number / State Level Co-ordinator / State Level Nodal Officer of the Insurance Company / TPA's concerned in this regard.

- (a) The Electronic Identity Card (e-card) of the employees and their eligible family members etc., issued by the Insurance Company or by production of the copy of Form prescribed in **Annexure-III** or Employee ID card with IFHRMS number shall be produced to the Network Hospitals for availing package rate based cashless facility.

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- (b) Network Hospital shall identify, direct and register all the Beneficiaries holding eligibility card.
- (c) The Network Hospital shall send the pre-authorisation request immediately to Insurance Company/Third Party Administrator with NHIS e-card / ID Card with IFHRMS number /DDO Authorisation Form Annexure III for the approved treatments and surgeries to be undertaken so that pre-authorisation approval is given by the Insurance Company / Third Party Administrator.
- (d) If the approved treatments and surgeries are covered under this scheme, an approval of pre-authorisation would be issued to the concerned Network Hospital enabling package rate based cashless facility for the eligible medical expenses incurred subject to the ceiling criteria.
- (e) In case of any deficiency or query, an additional information letter will be sent to the Network Hospital. On retrieval of the said information the request will be processed accordingly.
- (f) The Insurance Company / Third Party Administrator shall scrutinize the pre-authorization requests as per the Guidelines with the help of medical professionals and accord authorization for approved treatments and surgeries to be undertaken within 12 hours for planned Hospitalization. The pre-authorisation approved (initial approval) amount shall not be less than 70% of the eligible package rate. In case of emergencies, an emergency pre-authorization number shall be provided immediately to the hospital through toll-free number upon intimation of IFHRMS Employee ID number of the employee by the hospital thereby avoiding delay in treatment.
- (g) The Insurance Company /Third Party Administrator shall also send an automated SMS to the beneficiaries with the status of the approval and make arrangement to download the approval of pre-authorisation in the designated web portal.
- (h) The beneficiary shall be given a copy of the final authorization letter approved by the insurance company /TPA via mail/SMS/hard copy.
- (i) The following caption shall be indicated in the final authorization letter both in English and Tamil to lodge complaints for any grievance of the beneficiary:

**“Any grievance / complaint about Eligible Medical Expenses, the beneficiary shall lodge complaint through Drawing and Disbursing Officer (DDO) to the Grievance Redressal Officer (Joint Director of Medial and Rural Health Services) of the concerned district within Sixty days from the date of discharge from the Hospital for favour of placing the same in DLEC.”**

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- (j) The Network Hospital shall obtain the signature of the beneficiary / Family member on the final authorization letter and after obtaining signature, the same shall be send to the Insurance Company / Third Party Administrator by the network hospital at the time of claim settlement.

**14. Issue of Identity Cards by Insurance Company:-**

- (i) The Insurance Company shall arrange to issue Employee's IFHRMS ID number-based e-identity cards to cover the beneficiaries with the details of the Employees and their eligible family members.
- (ii) The Insurance Company shall arrange to provide option to download e-identity card by the Employees and their eligible family members of Government departments under the scope of the Scheme within 60 days from the date of commencement of the scheme. The data furnished by the State Government shall be the property of the State Government and should not be used for any other purpose without the prior written permission of the Government of Tamil Nadu.

**15. Procedure to be followed by the Beneficiaries for availing Medical Assistance under this Scheme:-**

- (1) **In case of Planned Hospitalization:** The Beneficiaries seeking medical assistance under this Scheme shall approach the Network Hospitals only for the approved treatments and surgeries to be undertaken on package rate based cashless basis so that pre-authorization is given by the Insurance Company / Third Party Administrator under the control of the Insurance Company.
- (2) **In case of Emergency Care or following an Accident:** The Beneficiary seeking medical assistance under this Scheme shall approach either Network Hospital for the approved treatments and surgeries to be undertaken on package rate based cashless basis (an auto approval of 50% of the eligible package rate for the procedure may be pre-authorized). In case of Non-Network Hospital for the treatments and surgeries to be undertaken on reimbursement basis, the Beneficiary has to pay the medical expenses first directly to the hospital and then seek cash reimbursement for the approved treatments and surgeries undertaken subject to Eligible Medical Expenses and Ceiling Criteria. There will be no cashless facility applicable in Non-Network Hospital.
- (3) The Scheme is that ordinarily the Employees and their eligible family members of Government department is required to avail Package rate based cashless facility in Network Hospital (to the extent of Eligible Medical Expenses and Ceiling Criteria under the Scheme) and pay for non-payable expenses directly to the hospital.
- (4) In case, Government Employees and their eligible family members undergo **treatment / surgery not covered** under this Scheme in



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either Network Hospital or Non-Network Hospital, **no claim can be filed under the Health Insurance Scheme.** However, they shall be eligible for claim to the extent permissible under the Tamil Nadu Medical Attendance Rules and the **G.O.Ms.No.1023, Health and Family Welfare Department, dated 17-06-1980 /G.O Ms. No.401, Health and Family Welfare (Z1) Department, dated 09-09-2021.** It may be noted that the Tamil Nadu Medical Attendance Rules requires that treatment in private hospitals should not be resorted to except in cases of emergencies. Clause 2(3) of the aforesaid G.O. states that in genuine cases of emergency, the claims will be restricted to the expenditure that would have been incurred had the patient taken treatment in a Government hospital excepting diet charges. For claims under Tamil Nadu Medical Attendance Rules, the beneficiaries shall apply to the Drawing and Disbursing Officer (DDO) in the department in which the Government Employee is working. Based on the recommendation of the DLEC the DDO shall obtain TNMAR rate from the concerned Dean, Medical College / Joint Director of Medical and Rural Health Services and the same shall be reimbursed through the Head of Office, by the Head of the Department and Administrative Department of the Secretariat (under whom the employee is serving /served).

**16. Redressal of Grievances and Reimbursement of payment made to Network Hospital for Eligible Medical Expenses and to Non-Network Hospital in case of Emergency Care or following an Accident:-**

- (1) Claims under clause-12 of these Guidelines for reimbursement of payments made by beneficiary to Hospital for Eligible Medical Expenses shall be submitted by the beneficiaries to the concerned Drawing and Disbursing Officer within 60 days from the Date of Discharge. The Claims relating to specified illness listed in Annexure IA should be submitted within 90 days from the date of discharge.
- (2) The Drawing and Disbursing Officer (DDO) shall forward the claim documents to the Grievance Redressal Officer (Joint Director of Medical and Rural Health Services) within 5 days from the date of receipt. The Joint Director of Medical and Rural Health Services shall scrutinize the documents and **upload the same along with a certification**, to the NHIS portal within 7 days. The original claim documents (hard copy) submitted by the employees shall be retained by the Joint Director of Medical and Rural Health Services and forwarded to the Insurance Company as and when required. Until the NHIS portal goes live, the existing reimbursement process may be followed.
- (3) Claim Forms prescribed by Insurance Company / TPA can be downloaded from designated website of TNNHIS.
- (4) Documents that needs to be submitted for a hospitalization reimbursement claim are:-

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- (a) IFHRMS ID Card
  - (b) Discharge Summary (Original).
  - (c) Hospital final bill (Original).
  - (d) Numbered receipts for payments made to the hospital (Original).
  - (e) Complete breakup of the hospital bill (Original).
  - (f) Copy of Investigations done with the respective reports.
- (5) The Grievance Redressal Officer shall examine the claims to verify if the claims relate only to Eligible Medical Expenses and recommend to the District Level Empowered Committee for reimbursement of Eligible Medical Expenses. In case of claims relating to Non-Network Hospital, he shall examine and submit to the District Level Empowered Committee with his opinion as to whether the claim relates to Emergency Care or treatment / surgery undergone following an Accident.
- The Grievance Redressal Officer shall submit his report with his opinion through the NHIS portal to District Level Empowered Committee within a period of one month from the date of receipt of claim from the DDO's.
- (6) The District Level Empowered Committee shall examine claims with reference to the recommendations and opinions of the Grievance Redressal Officer and approve the medical claims for reimbursement, satisfying the requirements of clause-12 of these Guidelines within a period of one month from the date of receipt of the report from the Grievance Redressal Officer. The Personal Assistant (Accounts) to the District Collector shall act as the nodal officer at the District Collectorate to co-ordinate the DLEC meetings. The PA (Accounts) shall communicate the meeting dates well in advance (atleast 3 days before the meeting) to all the members and ensure that DLEC meetings are conducted atleast once in a month.
- (7) Employee / Insurance Company can Appeal against the recommendations of the District Level Empowered Committee to the State Level Empowered Committee within a period of one month from the date of receipt of copy of the Proceedings of the Committee. The Insurance Company shall not suo-moto reject the claims that are recommended by the DLEC / SLEC / HLEC. The application for SLEC shall be submitted through the DDO concerned to the Director of Medical and Rural Health Services.
- (8) The medical claims recommended to the Insurance Company by the District Level Empowered Committee / State Level Empowered Committee to be reimbursable shall be paid by the Insurance Company to the Beneficiary within a period of one month from the date of receipt of copy of the Proceedings of the Committee.

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- (9) In case, claim is denied, the denial letter has to be sent quoting the reason for denial of claim to the Beneficiary.
- (10) Any claim in deviation of the above procedure for reimbursement is liable to be rejected.
- (11) Any grievance / dispute arising out of the implementation of the Scheme remaining unresolved by the State Level Empowered Committee shall be preferred within one month of award of State Level Empowered Committee to the High Level Empowered Committee. The application for HLEC shall be submitted through the DDO concerned to the Additional Chief Secretary to Government, Finance Department, Secretariat.
- (12) The Civil Courts situated in Chennai shall have exclusive jurisdiction over any grievance / dispute remaining unresolved by the above procedure.
- (13) Nothing aforesaid, shall prejudice the rights of the Government of Tamil Nadu to approach any other forum for dispute resolution permissible under Law.
- (14) The Reimbursement of medical claims for hospitalisation under NHIS 2026 shall be made as per the Scenarios tabulated below (applicable for treatment/procedure availed from 01.07.2026 under NHIS 2026)

| <b>Category</b> | <b>Treatment</b>     | <b>Hospital</b>                | <b>Condition</b>          | <b>Payment to be made</b>                                                                                                                          |
|-----------------|----------------------|--------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Scenario I      | Approved Treatment   | Network Hospital               | Emergency / Non-Emergency | The Insurance Company will reimburse the applicable package rate.                                                                                  |
| Scenario II     | Approved Treatment   | Non Network Hospital           | Emergency                 | The insurance company will reimburse the applicable package rate for similar surgery or treatment taken in a network hospital of the lowest grade. |
| Scenario III    | Approved Treatment   | Non Network Hospital           | Non-Emergency             | The insurance company will reimburse the 60% of the package rate of similar procedure in the lowest grade Network Hospital.                        |
| Scenario IV     | Unapproved Treatment | Network / Non Network Hospital | Emergency / Non-Emergency | Will be reimbursed by the Government as per the Tamil Nadu Medical Attendance Rule (TNMAR)                                                         |



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\*Unapproved Treatment – Treatments not listed under Annexure I / IA are not covered under the New Health Insurance Scheme and shall not be eligible for payment under the Scheme. However, where such treatments are available in Government hospitals, the beneficiaries of the Scheme shall avail themselves of the services provided in Government hospitals. Where treatments not covered under the Scheme are availed in private hospitals (Empanelled or Non-Empanelled), reimbursement for such treatments shall be made from the Government fund provided for payment under the Tamil Nadu Medical Attendance Rules (TNMAR). The reimbursement amount for such claims shall be determined based on the expenditure that would have been incurred had the same treatment been undertaken in Government hospitals.

**17. Payment of Premium to Insurance Company:-**

- (1) For the first year (starting from the date of commencement of the Scheme) the premium will be initially calculated based on the number of Employees of Government department in position in the Government of Tamil Nadu as on **31.05.2026**. Of this amount, 95% will be paid as adhoc payment on or before the date of commencement of the Scheme. Actual annual premium will be paid at the beginning of the Second Year based on the updated IFHRMS database as on starting from the date of commencement of the Scheme after adjusting the 95% of adhoc payment paid at the beginning of the first year.
- (2) During the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> years 95% of the adhoc payment of annual premium will be paid as per the IFHRMS data after the exclusion of Employees of Government departments who died in harness during the previous year at the commencement of that year.
- (3) For the Second and Third year, actual annual premium will be paid at the beginning of the Third and Fourth year based on the IFHRMS data as on beginning of the Third and Fourth year after adjusting the 95% of adhoc payment paid at the beginning of the Second and Third year.
- (4) For the Fourth and Fifth year, the actual annual premium will be paid on or after end of the Fourth and Fifth year respectively based on the actual IFHRMS data after adjusting the 95% of adhoc payment paid at the beginning of Fourth and fifth year for final settlement respectively.
- (5) Annual premium will be calculated on pro-rata basis for the new Employees and Retirees of the Government departments, after the beginning of every year.
- (6) After completion of each policy year, the insurance company shall settle the outstanding claims amount for that year still pending on 30<sup>th</sup> September to Government. The Government will bear the

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liabilities if any arising out of the outstanding claims thereafter. An undertaking to that effect will be provided by the Government on settling such outstanding claims. Incurred claim should be calculated excluding the outstanding claim.

- (7) After providing 10% of the premium paid towards the company's administrative cost, if the claim settled (Settlement to the Hospital) on the premium is less than 90%, then 90% of the leftover surplus will be refunded to the Government on 30<sup>th</sup> September of the consecutive policy year. (for example if the premium amount is Rs.100/- Rs.10/- goes to company's administrative cost. Rs.90/- is now left out. If the claim settled amount is Rs.60/-, Rs.30/- is then the leftover amount. Out of Rs.30/-, Rs.27/-(90% of Rs.30/-) is to be refunded back to the Government by 30<sup>th</sup> September of the consecutive policy year. For any claims rejected from the Outstanding, UIIC shall refund the 90% of the claim value.
- (8) If the Claims settled on the premium are more than 110%, 50% of the amount in excess of 110% will be paid by the Government to the insurance company within one month from the date of verification by the CTA /DTA.
- (9) The United India Insurance Company Limited shall develop a dedicated software /web portal for TNNHIS as per the insurance industry norms (including the Digital Personal Data Protection Act 2023) and for submission / processing / approval and monitoring of Pre-Authorization and claims (Both Cashless and Reimbursement) and share the source code to Government and Director of Treasuries and Accounts within six months after commencement of the Scheme. Access to the portal so developed to be given to all the Employees to view their claim status / outstanding balance Sum Insured and to report their grievances. For any delay or deficiency, an amount equal to 1% of the total annual premium will be deducted as penalty for each month of delay. The entire database pertaining to NHIS 2026 shall remain the sole property of the Government of Tamil Nadu and shall not be shared with any third party without the prior written consent of the Government of Tamil Nadu.
- (10) The Commissioner / Director of Treasuries and Accounts will pay the insurance premium pertaining to the employees of Government Departments to the Insurance Company.

**18. Implementation Procedure:-**

- (1) The Insurance Company shall issue electronic identification cards by integration of dedicated NHIS portal with the IFHRMS Kalanjiyam app, based on IFHRMS Employee ID to the entire Employees of Government department within sixty days of the commencement of the Scheme.

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- (2) The Scheme will be implemented by the Commissioner / Director of Treasuries and Accounts, Chennai and the premium payable will be released through the Commissioner/ Director of Treasuries and Accounts. The DDOs shall be responsible to arrange to delete the e-identity cards of such of those Employees of Government department who die in harness. In such cases, the identity cards will be frozen.
- (3) The Insurance Company shall ensure that the Employees of Government department and their eligible family members defined in these Guidelines are treated without having to make any cash payment for any of the Eligible Medical Expenses subject to the Package rate and Ceiling Criteria as defined in clause 11(1).
- (4) The Insurance Company shall share all the required data / MIS on medical claims settled or reimbursed through the dedicated web portal on a **real time** basis with the Government of Tamil Nadu.
- (5) The Scheme may be administered through the Third Party Administrators. The Insurance Company /Third Party Administrators should deploy a coordinator for each district.
- (6) The existing Liaison Officer in the empanelled hospitals of CMCHIS shall act for NHIS also. The District Coordinator of Insurance Company will liaison with the Personal Assistant (Accounts) to the District Collector for addressing the Grievances of the Employees.
- (7) The Network Hospital will raise the bill on the Insurance Company. The Insurance Company shall process the claim and ensure the settlement of the claims to the hospitals expeditiously as far as possible within 7 days of the discharge of the patient. In case of any failure in services from the Hospitals due to pending bills, the Insurance Company will be held responsible by the Government.

**19. Performance Monitoring:-**

Performance of the Insurance Company / Third Party Administrator shall be monitored regularly based on the following parameters.-

- Timely pre-authorization.
- Timely claim settlement.
- Complaints redressal.
- Proper Settlement of Eligible package rates
- Claim ratio.
- Any other parameters.

**20. Online Management Information System:-**

- (1) The Insurance Company should post enough dedicated staff including Medical Officers, so as to ensure free flow of daily MIS

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and ensure that progress of scheme is reported to the Commissioner/ Director of Treasuries and Accounts in the desired format on a real-time basis.

- (2) The Insurance Company should establish proper networking for quick and error-free processing of pre-authorizations.
- (3) The pre-authorization has to be raised by the Hospital within 12 hours and processing shall be done round the clock by the Insurance Company. The pre-authorization shall be processed within 12 hours of submission by the hospital.
- (4) A provision for emergency pre arrival intimation to the empanelled hospital and auto approval facility for emergency cases should also be established.

**21. Publicity:-**

- (1) The Insurance Company / Third Party Administrator on its part should ensure that proper publicity is given to the Scheme in all possible ways.
- (2) This will include distribution of brochures at the time, issue of e-Identity Cards and display boards in Network Hospitals.
- (3) They shall also effectively use services of State Level Nodal Officer and District Level Nodal Officer for this purpose.

**22. Appointment of Nodal Officers / Co-ordinators at State and District Levels:-**

- (1) The Insurance Company / Third Party Administrator needs to appoint one Chief Nodal Officer / Chief Coordinator at State Level and one Nodal Officer each at all Districts and other places to facilitate admission, treatment and package rate based cashless facility to the Beneficiary. The Insurance Company / Third Party Administrator shall also appoint one nodal officer in each of the 100 most frequented private hospitals among the network hospitals. The Nodal Officers/ Coordinators should help hospitals in pre-authorization, claim settlement and follow-up. They should also ensure proper reception and care in the hospitals and send regular Management Information System (MIS).
- (2) Insurance Company shall provide all Nodal Officers/ Coordinators with Mobile number for effective and instant communication. The details of these mobile numbers shall be published in the portal also. They shall follow the Guidelines of Government/ instructions of the Commissioner/ Director of Treasuries and Accounts / Government in this regard. The insurance company should set up a round the clock (24x7) Help Desk with call center facility with a minimum staff strength of 3 call responders to respond to the



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queries and grievances of employees and hospitals at the Commissionerate/Directorate of Treasuries and Accounts, Nandanam, Chennai.

**23. Penalty :-**

- (1) Deficiency in services - Failure to provide services as required by terms of Scheme will attract penalty as may be determined by the Government, subject to the minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu or beneficiary due to non-compliance.
- (2) Failure to process pre-authorization within 12 hours from the time of submission will attract the Penalty of payment of entire expenditure incurred by the hospital towards the treatment of beneficiary.
- (3) In addition to that, fine will be levied by the Government up to 100% of claim amount on each occasion on failure of processing pre-authorization within the stipulated time.
- (4) The Insurance Company shall also streamline the administration for facilitating hassle-free treatments for employees under the scheme. Penalty will be imposed in case patients are refused treatment in Network Hospital and if additional levies are imposed for items covered in the package rates, ensuring package rate based cashless treatment to the employees.

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**ANNEXURE I & ANNEXURE IA (WILL BE PUBLISHED ON THE NHIS PORTAL)**

**Short Manual for Rate Calculation**

**1. Objective**

This manual explains how to calculate the **final package amount** for claims using the **Package Master Rate Table** of the insurance scheme.

**2. Time line for Pre-authorization processing:**

- Within 12 hrs from submission by the hospital
- Hospital should reply within 24 hrs for any query raised by the insurance company
- Invoice of the implant should be mandatorily submitted in claims for all the packages involving implants.

**3. Basic Package Calculation Rule**

**Final Claim Amount** = Base Package Rate + Implant / Consumables (if allowed)

+ Add-on Charges (ICU with ventilator/ICU without ventilator / Sessions / Extra days)

- Implant cost will be paid separately with maximum permissible amount.

**4. Hospital Category-Based Rate Selection**

Many schemes define rates based on hospital level:

| <b>Hospital Category</b> | <b>Description</b>                                    | <b>Rate Selection</b> | <b>Package cost</b> |
|--------------------------|-------------------------------------------------------|-----------------------|---------------------|
| Category A1              | <b>As per Empanelment Criteria in tender document</b> | Highest rate          | 130% of base rate   |
| Category A2              | <b>As per Empanelment Criteria in tender document</b> | Higher rate           | 120% of base rate   |
| Category B               | <b>As per Empanelment Criteria in tender document</b> | Medium rate           | 110% of base rate   |
| Category C               | <b>As per Empanelment Criteria in tender document</b> | Standard rate         | 100% (Base rate)    |

\*Outside State hospitals in Delhi (Rate will be fixed based on the above criteria with additional 10%)

^ If there is admission in network hospital for emergency procedures, there will be auto approval of the preauth with 30% of the package rate

for medical procedures and 50 % of the package rate for surgical procedures.

# If there is admission in non-network hospitals, for emergency procedures base package rate will be paid (Category C) irrespective of the category of the hospital. If there is admission in non-network hospitals, for non emergency 60% of the base package rate will be paid (60% of Category C) irrespective of the category of the hospital.

## **5. Specialty-wise Calculation Logic**

### **5.1 Orthopedics**

Examples: Fracture fixation, Joint replacement

Implants are major cost components.

Package Rate + Implant Cost

### **5.2 Cardiology**

Examples: Angioplasty, CABG

- Stent type
- Number of stents

Package Rate + Stent Cost (if separate)

### **5.3 Medical Management (General Medicine / Pediatrics)**

For medical cases, billing may depend on **per-day rate**.

Per-day rate × Length of Stay

Ward types:

- General Ward
- HDU
- ICU without ventilator
- ICU with ventilator- if the stay exceeds the specified limit for the package then the hospital should submit the substantiation for the same eg; ICU chart, Nurses notes, every hour vitals chart, ventilator chart etc.

## **6. Add-on Rules and Clear Justification needed when**

Add-ons should be applied only if allowed in the scheme guidelines:

### **➤ ICU beyond package limit :**

**Clear Justification to be provided by the hospital which Includes:**

- Clinical instability (e.g., hemodynamic instability, ventilator dependency, inotropes)
- Objective parameters (ABG results, oxygen requirement, vasopressor support, GCS, etc.)
- Treating consultant's daily ICU notes
- Why step-down transfer is unsafe

### **➤ Extra days beyond standard LOS**

**Clear Justification to be provided by the hospital which Includes:**

- Post-operative complication (infection, delayed wound healing, uncontrolled sugars, etc.)

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- Ongoing IV antibiotics or monitoring requirement
- Lab/imaging findings
- Consultant progress notes
- **Additional sessions (dialysis / chemo / radiation)**  
**Clear Justification to be provided by the hospital which Includes:**
  - Diagnosis with clinical summary
  - Number of sessions originally approved
  - Number of additional sessions requested
  - Medical reason for extension
  - Supporting lab / imaging reports
  - Treating physician's recommendation
- **High-end consumables (as per approval)**  
**Clear Justification to be provided by the hospital which Includes:**
  - Name and specification of consumable
  - Why standard consumables are inadequate
  - Clinical necessity
  - Cost details (if required by scheme)
  - Approval reference (if pre-authorization obtained)

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**ANNEXURE – II**

*to the Guidelines*

**LIST OF EMPANELLED NETWORK HOSPITALS  
FOR PACKAGE RATE BASED cashless TREATMENT UNDER NHIS, 2026**

| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                          | Contact Number                        | Specialities Available                                                                                                                                                          |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |       |        | <b>A.NORTHERN CLUSTER</b>                                                                                                                  |                                       |                                                                                                                                                                                 |
|       |       |        | <b>I. CHENNAI DISTRICT</b>                                                                                                                 |                                       |                                                                                                                                                                                 |
| 1     | 1     | 1      | <b>A V HOSPITALS</b><br>172, Solaiappan Street,<br>Old Washermenpet,<br>(Maharani Theater)<br>Chennai-600 021                              | 044-<br>25954786                      | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                               |
| 2     | 2     | 2      | <b>A.N.N. HOSPITALS</b><br>No.81-85, Annai Teresa<br>Street,<br>Indira Nagar,<br>Valasarvakkam,<br>Chennai-600 087.                        | 044-<br>24869306/<br>044-<br>24869300 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT |
| 3     | 3     | 3      | <b>A4 HOSPITAL &amp;<br/>FERTILITY CENTRE</b><br>No.31, GST Road,<br>Irumbuliyur,<br>Tambaram,<br>Chennai - 600 045.                       | 044-<br>22419097                      | Gynaecology, General Medicine &<br>Surgery, Urology                                                                                                                             |
| 4     | 4     | 4      | <b>A4 HOSPITAL &amp;<br/>FERTILITY CENTRE</b><br>No.87, Arcot Road, AVM<br>Avenue,<br>Virugambakkam,<br>Chennai - 600 092                  | 044-<br>42952244                      | Gynaecology, General Medicine &<br>Surgery, Urology                                                                                                                             |
| 5     | 5     | 5      | <b>AAKASH HOSPITAL</b><br>No.393/1, Thiruvottiyur<br>High Road,<br>Chennai- 600 019.                                                       | 044-<br>25730099<br>044-<br>42034109  | General medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Cardiology, Cardiothoracic Surgery,<br>Nephrology, Urology                                                 |
| 6     | 6     | 6      | <b>ABHIJAY HOSPITAL (P)<br/>LTD.</b><br>22/2, E S I Hospital Road<br>Near TVK Nagar Junction,<br>Peravallur [Perambur]<br>Chennai-600 011. | 044-<br>490150501<br>,490150532       | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                               |
| 7     | 7     | 7      | <b>ADITYA HOSPITAL</b><br>No.7, Barnaby Road,<br>Kilpauk,<br>Chennai-600 010.                                                              | 044-<br>26411450                      | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                |
| 8     | 8     | 8      | <b>AMMAYI EYE HOSPITAL</b><br>New No.80,7th Avenue ,<br>Ashok Nagar,<br>Chennai - 600083.                                                  | 044-<br>24896175                      | Ophthalmology                                                                                                                                                                   |
| 9     | 9     | 9      | <b>AMRIT HOSPITAL</b><br>310, Mint Street,<br>Sowcarpet,<br>Chennai - 600 079.                                                             | 044-<br>25296786                      | General Surgery, Ophthalmology,<br>Gynaecology.                                                                                                                                 |
| 10    | 10    | 10     | <b>AMRIT LASIK &amp; EYE<br/>SURGERY CENTRE</b><br>No.28, Marshalls Road,<br>Egmore,<br>Chennai - 600 008.                                 | 044-<br>26650501<br>044-<br>26610316  | Ophthalmology                                                                                                                                                                   |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                     | <b>Contact Number</b>                   | <b>Specialities Available</b>                                                                                                                                 |
|--------------|--------------|---------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>11</b>    | <b>11</b>    | <b>11</b>     | <b>AMRIT MEDICAL CENTRE</b><br>NO.73/28, Dr.Alagappa Road,<br>Purasaiwakkam,<br>Chennai - 84.                                | 044-2642771 I<br>044-26427722           | Ophthalmology                                                                                                                                                 |
| <b>12</b>    | <b>12</b>    | <b>12</b>     | <b>ANNAI ARUL HOSPITAL</b><br>No.270, Gandhi Nagar,<br>Mudichur Road,<br>Tambaram,<br>Chennai - 600063.                      | 044-71700700                            | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic Surgery, Cardiology                                   |
| <b>13</b>    | <b>13</b>    | <b>13</b>     | <b>APOLLO CHILDREN'S HOSPITAL</b><br>Shaffi Mohammed St,<br>Thousand's Light,<br>Chennai - 600 006.                          | 044-28296300,<br>28298282,<br>28296262. | Multi-Speciality.                                                                                                                                             |
| <b>14</b>    | <b>14</b>    | <b>14</b>     | <b>APOLLO FIRST MED HOSPITALS</b><br>154, P.H. Road,<br>Chennai-600 010.                                                     | 044-28211111                            | Multi-Speciality. Uterus removal Excluded.                                                                                                                    |
| <b>15</b>    | <b>15</b>    | <b>15</b>     | <b>APOLLO HOSPITAL - TONDIARPET</b><br>645, T.H Road,<br>Tondiarpet,<br>Chennai - 600 081.                                   | 044-25915533                            | Multi-Speciality. Uterus removal Excluded.                                                                                                                    |
| <b>16</b>    | <b>16</b>    | <b>16</b>     | <b>APOLLO HOSPITAL - AYYAMBAKKAM</b><br>64, Vanagaram to Ambattur Main Road,<br>Ayyambakkam,<br>Chennai - 600 095.           | 044-26537070,<br>26537777               | Multi-Speciality. Uterus removal Excluded.                                                                                                                    |
| <b>17</b>    | <b>17</b>    | <b>17</b>     | <b>APOLLO HOSPITALS ENTERPRISES LTD.</b><br>21, Greams Road,, Opp. to Greams Lane,<br>Chennai - 600 006.                     | 044-28296022,<br>2920200,<br>28293333   | Multi-Speciality. Uterus removal Excluded.                                                                                                                    |
| <b>18</b>    | <b>18</b>    | <b>18</b>     | <b>APOLLO HOSPITALS, OMR</b><br>No.05/639, Old Mahaballipuram Road,<br>Perungudi,<br>Chennai -600096.                        | 044-33221401 /<br>33221055              | General Medicine - Medical Care,<br>General Surgery, Cardiology,<br>Gynaecology, Neurology,<br>Nephrology, Orthopaedic Surgery,<br>ENT, Genitourinary Surgery |
| <b>19</b>    | <b>19</b>    | <b>19</b>     | <b>APOLLO PROTON CANCER CENTER</b><br>No.4/661 7th Street,<br>Dr.Vasi Estate, Phase II,<br>Tharamani,<br>Chennai - 600 096.  | 044-24548888<br>98402<br>48885          | Oncology                                                                                                                                                      |
| <b>20</b>    | <b>20</b>    | <b>20</b>     | <b>APOLLO SPECIALITY HOSPITAL</b><br>320, Anna Salai,<br>Nandanam,<br>Padma Complex,<br>Chennai-600 035.                     | 044-2433<br>6119                        | Oncology. Uterus removal Excluded.                                                                                                                            |
| <b>21</b>    | <b>21</b>    | <b>21</b>     | <b>APOLLO SPECTRA HOSPITALS</b><br>Plot No. 41/42,53/54,<br>Sathyadev Avenue,<br>M R C Nagar,<br>R A puram, Chennai-600 028. | 044-66862000                            | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic Surgery                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                     | Contact Number                         | Specialities Available                                                                                                                                                                                                                                                                                                                                                           |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22    | 22    | 22     | <b>APPASAMY EYE CLINIC LLP</b><br>No1&2, sbi Officers Colony,<br>First Street,<br>Arumbakkam,<br>Chennai-600 106                      | 044-<br>61890555/<br>938024217         | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                    |
| 23    | 23    | 23     | <b>APPASAMY HOSPITAL</b><br>23, Friends Avenue,<br>Arumbakkam,<br>Chennai - 600 106.                                                  | 044-<br>30595959,<br>30595956<br>/5947 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic<br>Surgery. Ophthalmology                                                                                                                                                                                                                                                                       |
| 24    | 24    | 24     | <b>ARAVIND EYE HOSPITAL</b><br>Poonamallee High Road,<br>Noombal,<br>Chennai-600 077.                                                 | 044-<br>40956100                       | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                    |
| 25    | 25    | 25     | <b>AROKYA HOSPITAL</b><br>32, Pillaiyar Koil St.,<br>Nesapakkam,<br>Chennai - 600078.                                                 | 044-<br>24895781                       | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                    |
| 26    | 26    | 26     | <b>ASIAN INSTITUTE OF NEPHROLOGY &amp; UROLOGY</b><br>No:21 Doctor Thirumoorthy<br>Nagar Main Road<br>Nungampakkam,<br>Chennai-600034 | 044-<br>69656767                       | General Medicine, General Surgery,<br>Nephrology, Urology                                                                                                                                                                                                                                                                                                                        |
| 27    | 27    | 27     | <b>ASWENE SOUNDRA HOSPITAL &amp; RESEARCH CENTER</b><br>24, Kasturi Rangan Road,<br>Teynampet,<br>Chennai-600 018.                    | 044-<br>24990525,<br>24990780.         | General Medicine - Medical Care,<br>General Surgery, Genito Urinary<br>Surgery, Gynaecology.                                                                                                                                                                                                                                                                                     |
| 28    | 28    | 28     | <b>ATLANTIS HEALTH CITY PVT LTD</b><br>No.4,Lakshmi kanthan<br>street,<br>T-Nagar,<br>Chennai 600 017.                                | 9561006100                             | General medicine, General surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastroenterology, Surgical<br>Gastroenterology, Pulmonology,<br>Gynaecology, Medical oncology,<br>Urology, Surgical Gastroenterology,<br>Endocrinology, Haematology,<br>Surgical oncology, Rheumatology,<br>Neurology, Neurosurgery,<br>Plastic surgery, Vascular surgery,<br>Orthopaedics |
| 29    | 29    | 29     | <b>AVS CARDIAC CENTRE</b><br>No. 93, Triglicane High<br>Road, Triplicane, Chennai -<br>600 005                                        | 044-<br>28586363                       | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Orthopaedics, General<br>Surgery, Urology, Nephrology,<br>Surgical Oncology, Neurosurgery,<br>Plastic Surgery, Vascular Surgery.                                                                                                                                                            |
| 30    | 30    | 30     | <b>B M HOSPITAL</b><br>36, 5th Main Road,<br>Thillai Ganga Nagar,<br>Nanganallur,<br>Chennai - 600 061.                               | 044-<br>22671182                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                |
| 31    | 31    | 31     | <b>B.M. SILVER JUBLIEE MULTI-SPECIALITY HOSPITAL</b><br>41, Durga Road,<br>Pallavaram,<br>Chennai-600 043.                            | 044 -<br>22662414                      | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                              | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                          |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32    | 32    | 32     | <b>BALAKRISHNA EYE HOSPITAL &amp; EYE RESEARCH CENTER</b><br>11/6, Sastri 1st Cross Street,<br>Kaveri Road,<br>Saidapet-PO,<br>Chennai - 600 015.              | 044-<br>24359514<br>32550260         | Ophthalmology.                                                                                                                                                                                                                                                                                                                  |
| 33    | 33    | 33     | <b>BE WELL HOSPITAL No.5 A,</b><br>Vijayaraghava Road,<br>T.Nagar,<br>Chennai-600 017.                                                                         | 044-<br>28151112                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                   |
| 34    | 34    | 34     | <b>BE WELL HOSPITAL No.A1/1,</b><br>Balaji Nagar,<br>Thirumulaivoyal,<br>Ambattur,<br>Chennai-600 053.                                                         | 044-<br>26580769                     | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                                                 |
| 35    | 35    | 35     | <b>BE WELL HOSPITAL</b><br>No.15, Bank Street,<br>Kilpauk,<br>Chennai-600 010.                                                                                 | 044-<br>26421013                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                   |
| 36    | 36    | 36     | <b>BE WELL HOSPITAL</b><br>No.186, Trunk Road,<br>Poonamallee,<br>Chennai-600 056.                                                                             | 044-<br>45925199                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                   |
| 37    | 37    | 37     | <b>BE WELL HOSPITALS</b><br>No.1, Kannan Avenue,<br>New Balaji Nagar Main Road,<br>Selaiyur, Chennai- 600 073                                                  | 7402723420                           | Orthopaedics, General surgery,<br>General medicine, Nephrology,<br>Gynaecology,                                                                                                                                                                                                                                                 |
| 38    | 38    | 38     | <b>BE WELL HOSPITALS PRIVATE LIMITED</b><br>No.106, Jawaharlal Nehru Salai,<br>Near Koyambedu Junction,<br>Thirumangalam,<br>Anna Nagar,<br>Chennai - 600 040. | 7402723420                           | Orthopaedics, General Surgery,<br>General Medicine, Nephrology,<br>Gynaecology                                                                                                                                                                                                                                                  |
| 39    | 39    | 39     | <b>BHAARATH MEDICAL COLLEGE AND HOSPITAL</b><br>No.173, Agarain Main Road,<br>Selaiyur,<br>Chennai - 600 073.                                                  | 044-<br>22291012<br>044-<br>22291014 | General Medicine - Medical Care,<br>General Medicine • Critical care,<br>Cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology. |
| 40    | 40    | 40     | <b>BHARATH HOSPITAL</b><br>No.72,1st Main Road,<br>Nanganallur, Chennai-600 061.                                                                               | 044-<br>22245477                     | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery. Oncology                                                                                                                                                                                    |
| 41    | 41    | 41     | <b>BHARATHI RAJAA SPECIALITY HOSPITAL</b><br>No.20, G N Chetty Road,<br>T.Nagar,<br>Chennai-600 017.                                                           | 044-<br>30113011,100                 | Cardiology, Cardiothoracic Surgery, General Surgery                                                                                                                                                                                                                                                                             |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                     | Contact Number               | Specialities Available                                                                                                                                                                                                                                                          |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 42    | 42    | 42     | <b>BILLROTH HOSPITAL</b><br>No.43, Lakshmi Talkies Road,<br>Shenoy Nagar,<br>Chennai-600 030.                                                                         | 044-26641777                 | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology Cardiology, Cardio-Thoracic Surgery, ENT, Neuro Surgery, Nephrology.                                                                                                                  |
| 43    | 43    | 43     | <b>BILLROTH HOSPITALS</b><br>No.52., 2nd Main Road,<br>R.A.Puram,<br>Chennai -600 028.                                                                                | 044-24641111                 | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery, Oncology, Cardiothoracic surgery, Gastroenterology surgical, Neurosurgery, Ophthalmology                                                    |
| 44    | 44    | 44     | <b>BLOOM FERTILITY &amp; HEALTH CARE</b><br>No.32, Taramani Link Road,<br>Velachery, Chennai- 600 042.                                                                | 044-40000009                 | General Medicine - Medical Care, General Medicine - Critical Care, Nephrology, Medical Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 45    | 45    | 45     | <b>BRS HOSPITAL No.28,</b><br>Cathedral Garden Road,<br>Nungambakkam,<br>Chennai-600 034.                                                                             | 044-30414250<br>044-28235859 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                         |
| 46    | 46    | 46     | <b>C U SHAH SANKARA NETHRALAYA</b><br>No.8, GST Road, St.Thomas Mount, Chennai-600 016.                                                                               | 044-22346022                 | Ophthalmology                                                                                                                                                                                                                                                                   |
| 47    | 47    | 47     | <b>CANCER INSTITUTE [W.I.A]</b><br>Canal Bank Road,<br>Adayar,<br>Chennai - 600 020.                                                                                  | 044-24910754,<br>22350241    | Oncology.                                                                                                                                                                                                                                                                       |
| 48    | 48    | 48     | <b>C-DOT HOSPITAL</b><br>No.2/I 029,<br>Perumbakkam Main Road,<br>Perumbakkam,<br>Chennai-600 100.                                                                    | 044-42662888                 | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Urology, Nephrology, Medical Gastroenterology, Orthopaedics, ENT, Neurology, Neurosurgery, Plastic Surgery.                                                                   |
| 49    | 49    | 49     | <b>CENTRE FOR EYE &amp; HEALTH CARE PVT. LTD.</b><br>3 <sup>rd</sup> Floor, Ramaniyam Isha,<br>No.11, Rajiv Gandhi Salai, (OMR),<br>Thoraipakkam,<br>Chennai-600 097. | 044-24961414                 | Ophthalmology                                                                                                                                                                                                                                                                   |
| 50    | 50    | 50     | <b>CENTRE FOR VISION AND EYE SURGERY</b><br>No.1-4, Kumarasamy Nagar,<br>Classic Gardens,<br>Sholinganullur,<br>Chennai 600119                                        | 9791071248                   | Ophthalmology                                                                                                                                                                                                                                                                   |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                   | Contact Number                                     | Specialities Available                                                                                                                                                                                                                                                                           |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 51    | 51    | 51     | <b>CFC MULTISPECIALITY HOSPITAL</b><br>No.75-79, Nelson Manickam Road,<br>Aminjikarai,<br>Chennai-600 029                                           | 044-43159697                                       | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedics, Urology, Cardiology, Neuro Surgery, Nephrology, Oncology                                                                                                                                                            |
| 52    | 52    | 52     | <b>CHAKRA CRITICAL CARE CENTRE AND HOSPITALS</b><br>No.68 & 69, 17th Street, Shivananda Nagar, Kolathur, Chennai-600 099.                           | 044-40704070                                       | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Cardiothoracic Surgery, Interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Gastro-enterology, ENT, Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery. |
| 53    | 53    | 53     | <b>CHENNAI EYE CARE HOSPITAL</b><br>No-6,12th Cross Street, Dhandeeswaram Nagar, Velachery (Near Tansi Nagar Bus Stop), Chennai-600 042.            | 044-22435300                                       | Ophthalmology.                                                                                                                                                                                                                                                                                   |
| 54    | 54    | 54     | <b>CHENNAI NATIONAL HOSPITAL No.12,</b><br>Jaffer Serang Street, 2 <sup>nd</sup> Line Beach Road, Parrys, Chennai-600 001.                          | 044-66602222/<br>044-66602220                      | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, Cardiology, ENT, Cardiothoracic Surgery                                                                                             |
| 55    | 55    | 55     | <b>CHENNAI ORTHOPAEDIC CENTER AND SPECIALITY HOSPITAL</b><br>Plot No.12, Ramakrishna Nagar Extn, Dr.Radhakrishnan salai, Valasaravakkam, Chennai-87 | 044-42860001                                       | General Medicine - Medical Care, General Medicine - Critical Care, Nephrology, Medical Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Cardiology      |
| 56    | 56    | 56     | <b>CHENNAI UROLOGY AND ROBOTICS INSTITUTE PVT. LTD</b><br>No.148, Okkiyam Thoraipakkam, OMR, Chennai - 600 096.                                     | 044-24964555                                       | Nephrology- urology                                                                                                                                                                                                                                                                              |
| 57    | 57    | 57     | <b>CHERISH HOSPITAL No.12,</b><br>Cholambedu Road, Thirumullaivoiyal, Chennai -600 062.                                                             | 044-43833667<br>044-43833369                       | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                          |
| 58    | 58    | 58     | <b>CHETTINAD HOSPITAL</b><br>Chettinad Health City, Rajiv Gandhi Salai, Kelambakkam-603 103.                                                        | 044-47411042,<br>47411060<br>47411000,<br>47428455 | General Medicine - Medical Care, General Surgery, Gynaecology, Cardiology, Cardiothoracic Surgery, ENT, Gastroenterology, Neurology, Plastic & Facio Maxillary, Vascular Surgery.                                                                                                                |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                             | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                                                   |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 59    | 59    | 59     | <b>CLINICIAN CARE HOSPITAL</b><br>C-64, First Main Road,<br>Annanagar East,<br>Chennai-600102                                 | 044-<br>35021548<br>7288972887       | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical Gastroenterology, Surgical Gastroenterology, Pulmonology, Gynaecology, Medical oncology, Urology, Surgical Gastroenterology, ENT, Endocrinology, Haematology, surgical oncology, Rheumatology, Neurology, plastic surgery, vascular surgery, Orthopaedics, Neuro surgery |
| 60    | 60    | 60     | <b>CSI KALYANI HOSPITAL No.15,</b><br>Dr. Radhakrishnan Salai,<br>Mylapore,<br>Chennai -600 004.                              | 044-<br>28470642                     | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery, Oncology, Cardiology, Cardiothoracic Surgery                                                                                                                                                                                                    |
| 61    | 61    | 61     | <b>CSI RAINY MULTISPECIALITY HOSPITAL</b><br>45, G.A Road,<br>Near Kalmandapam,<br>Chennai – 600 021.                         | 044-<br>40405050                     | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                            |
| 62    | 62    | 62     | <b>D R MULTISPECIALITY HOSPITAL PVT LTD</b><br>No.85, Iyyapanthangal,<br>VGN Nagar,<br>Chennai - 600 056.                     | 044-<br>48614818 /<br>8608192390     | General Medicine, General Surgery, Nephrology, Paediatrics, Medical Gastro- enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, Neurology, Orthopaedics                                                                                                                                                         |
| 63    | 63    | 63     | <b>D.R. EYE CARE CENTRE</b><br>No.23, Vigneswara nagar,<br>2nd Street,<br>Ullagaram,<br>Madipakkam,<br>Chennai- 600 091.      | 044-<br>22445524                     | Ophthalmology                                                                                                                                                                                                                                                                                                                                            |
| 64    | 64    | 64     | <b>D.R.R.EYE CARE&amp; OCULOPLASTY HOSPITAL</b><br>No.399, Trunk Road,<br>Karayanchavadi,<br>Poonamallee,<br>Chennai-600 056. | 044-<br>26272057<br>044-<br>26491196 | Ophthalmology                                                                                                                                                                                                                                                                                                                                            |
| 65    | 65    | 65     | <b>DARSHAN EYE CARE &amp; DARSHAN SURGICAL CENTRE</b><br>No. T-80(New 24), 5th Main Road,<br>Anna Nagar,<br>Chennai-600 040.  | 044-<br>43500003<br>9940042273       | Ophthalmology                                                                                                                                                                                                                                                                                                                                            |
| 66    | 66    | 66     | <b>DEEPAM EYE HOSPITAL</b><br>No:72, Medavakkam Tank Road,<br>Kilpauk,<br>Chennai - 600 010.                                  | 044-<br>25321515,<br>65415450        | Ophthalmology.                                                                                                                                                                                                                                                                                                                                           |
| 67    | 67    | 67     | <b>DEEPAM HOSPITAL (P) LTD.</b><br>327, Muthurangan Road,<br>West Tambaram,<br>Chennai - 600 045.                             | 044-<br>22261317,<br>044-<br>3973201 | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery.                                                                                                                                                                                                                                                                      |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                      | <b>Contact Number</b>                                        | <b>Specialities Available</b>                                     |
|--------------|--------------|---------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|
| <b>68</b>    | <b>68</b>    | <b>68</b>     | <b>DEEPAM HOSPITAL LTD.</b><br>30, Ayyasamy Street,<br>Nehru Nagar,<br>Chrompet,<br>Chennai - 600 044.                        | 044-<br>64537727                                             | General Medicine - Medical Care,<br>General Surgery, Gynaecology. |
| <b>69</b>    | <b>69</b>    | <b>69</b>     | <b>DHANVANTARI EYE CARE</b><br>W-27, Old No.18, North<br>Main Road,<br>Anna Nagar West Extn.<br>Chennai- 600 101              | 044-<br>43538905                                             | Ophthalmology                                                     |
| <b>70</b>    | <b>70</b>    | <b>70</b>     | <b>DOCTOR REX'S HOSPITALS</b><br>37, (Old No.19) Millers<br>Road,<br>Kilpauk,<br>Chennai - 600 010.                           | 044-<br>26424656                                             | Orthopaedic Surgery, Plastic &<br>Facio Maxillary                 |
| <b>71</b>    | <b>71</b>    | <b>71</b>     | <b>DR PARTHAASARATHY MEMORIAL HOSPITAL</b><br>No.20, Shastri Nagar Main<br>Road,<br>Adambakkam,<br>Chennai-600 088.           | 044-<br>22552287                                             | Ophthalmology                                                     |
| <b>72</b>    | <b>72</b>    | <b>72</b>     | <b>DR. AGARWAL'S EYE HOSPITAL LTD.</b><br>19, Cathedral Road,<br>Chennai - 600 086.                                           | 044-<br>28112811 /<br>2592 /<br>2358 /<br>3704/3141<br>205   | Ophthalmology.                                                    |
| <b>73</b>    | <b>73</b>    | <b>73</b>     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>3, 1st, Floor, Main Road,<br>Kamarajar Nagar,<br>Avadi,<br>Chennai - 600 071.            | 044-<br>28112811<br>/2592/235<br>8/ 3704/<br>43141205        | Ophthalmology.                                                    |
| <b>74</b>    | <b>74</b>    | <b>74</b>     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>49, Arcot Road,<br>Porur,<br>Chennai - 600 116.                                          | 044-<br>28112811 /<br>2592 /<br>2358 /<br>3704<br>/ 43141205 | Ophthalmology.                                                    |
| <b>75</b>    | <b>75</b>    | <b>75</b>     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>AC-15, 2nd Avenue,<br>Anna Nagar,<br>Chennai - 600 040.                                  | 044-<br>28112811 /<br>2592 /<br>2358 /<br>3704<br>/ 43141205 | Ophthalmology.                                                    |
| <b>76</b>    | <b>76</b>    | <b>76</b>     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>No:27, 100 Feet Road,<br>Baby Nagar,<br>Velachery,<br>Chennai - 600 042.                 | 044-<br>28112811 /<br>2592 /<br>2358 /<br>3704 /<br>43141205 | Ophthalmology.                                                    |
| <b>77</b>    | <b>77</b>    | <b>77</b>     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>No:729, T.H. Road, Old<br>Tamil Nadu Theater,<br>New Washermenpet,<br>Chennai - 600 081. | 044-<br>28112811 /<br>2592 /<br>2358 /<br>3704<br>/ 43141205 | Ophthalmology.                                                    |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                  | Contact Number                                   | Specialities Available                                                                                                                                                                                      |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 78    | 78    | 78     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>Old No.20, New No.33, 7th Avenue,<br>Near G.R.T. School,<br>Ashok Nagar,<br>Chennai - 600 083.                | 044-28112811 / 2592 / 2358 / 3704 / 044-43141205 | Ophthalmology.                                                                                                                                                                                              |
| 79    | 79    | 79     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>The Federation Square,<br>B-63, Siva Elango Salai,<br>(70 Feet Road),<br>Periyar Nagar,<br>Chennai - 600 082. | 044-28112811 / 2592 / 2358 / 3704 / 43141205     | Ophthalmology.                                                                                                                                                                                              |
| 80    | 80    | 80     | <b>DR. ARAVIND VISION CARE</b><br>Old No:61, New No:3,<br>Reddy Palayam Road,<br>Mugappair West,<br>Chennai - 600 037.                             | 044-42605533                                     | Ophthalmology.                                                                                                                                                                                              |
| 81    | 81    | 81     | <b>DR. KAMAKSHI MEMORIAL HOSPITAL</b> 1, Radial Road,<br>Pallikaranai,<br>Chennai - 600 100.                                                       | 044-66300300                                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Oncology, Cardiology,<br>Cardiothoracic Surgery, ENT,<br>Gastroenterology, Neurology,<br>Vascular Surgery, Plastic & Facio Maxilliary. |
| 82    | 82    | 82     | <b>Dr. KUMARS HEALTH CARE PRIVATE LIMITED</b><br>No.35/18, 1st Main Road,<br>New Colony,<br>Chrompet,<br>Chennai - 600044.                         | 044 22386666,2 2383366,22 381166                 | Orthopaedics, General Surgery,<br>Oncology, Urology, Neurology,<br>Paediatrics, Dental surgery, ENT                                                                                                         |
| 83    | 83    | 83     | <b>DR. R.K. DIABETIC FOOT &amp; PODIATRY INSTITUTE</b><br>No.1, Jayanthi Nagar<br>Extension,<br>off 200 feet Road,<br>Kolathur,<br>Chennai-99      | 996260006 6                                      | General medicine, General surgery,<br>Diabetic (foot)                                                                                                                                                       |
| 84    | 84    | 84     | <b>DR. RAI MEMORIAL MEDICAL CENTRE</b><br>562, Anna Salai,<br>Century Plaza,<br>Teynampet,<br>Chennai -600 018.                                    | 044-42132054                                     | Oncology.                                                                                                                                                                                                   |
| 85    | 85    | 85     | <b>DR. RAVISHANKAR'S EYE CLINIC &amp; NURSING HOME</b><br>11, Hunters Road,<br>Vepery,<br>Chennai - 600 112.                                       | 044-25323128, 26611530                           | Ophthalmology.                                                                                                                                                                                              |
| 86    | 86    | 86     | <b>DR.AGARWALS EYE HOSPITAL</b><br>No.201,1st Floor, Bus stop,<br>Grand Southern Trunk<br>Road, Chromepet,<br>Chennai -60044                       | 044 43787777/ 959492449 0                        | Ophthalmology                                                                                                                                                                                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                      | Contact Number                        | Specialities Available                                                                                              |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 87    | 87    | 87     | <b>DR.AGARWAL'S EYE HOSPITAL</b><br>No.M 49/50, Classic Royal,<br>1st Floor, L.B road,<br>Opp IMCOPS,<br>Indira Nagar,<br>Adyar,<br>Chennai-600 020.                   | 044-<br>4556788                       | Ophthalmology                                                                                                       |
| 88    | 88    | 88     | <b>DR.AGARWAL'S EYE HOSPITAL</b><br>Old No.214, New No.290,<br>Dr.Natesan Road,<br>Triplicane, Opp to Ice House<br>Police station,<br>Mirsahibpet,<br>Chennai-600 014. | 044-<br>28472055                      | Ophthalmology                                                                                                       |
| 89    | 89    | 89     | <b>DR.AGARWAL'S EYE HOSPITAL No.479,</b><br>Patheon Road,<br>Egmore,<br>Chennai- 600 008.                                                                              | 044-<br>28194001                      | Ophthalmology                                                                                                       |
| 90    | 90    | 90     | <b>Dr.AGARWAL'S EYE HOSPITAL</b><br>Chennai - Tiruvallur High<br>Road, Near Rakki Theatre,<br>Ambattur,<br>Chennai,<br>Tamil Nadu -600 053.                            | 044-<br>26583577                      | Ophthalmology                                                                                                       |
| 91    | 91    | 91     | <b>DR.AGARWAL'S EYE HOSPITAL</b><br>No.10 , 1st Main Road,<br>Near Vodafone Showroom,<br>Nanganallur,<br>Chennai- 600 061.                                             | 044-<br>33182591<br>944444860<br>1    | Ophthalmology                                                                                                       |
| 92    | 92    | 92     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>Plot No.105&106, Near<br>Airtel office,<br>Nolambur Main Road,<br>Mogappair West,<br>Chennai- 600 037.                            | 044-<br>42605533<br>994087377<br>7    | Ophthalmology                                                                                                       |
| 93    | 93    | 93     | <b>DR.K.K. SURGICAL &amp; PAEDIATRIC CENTRE PVT. LTD.</b> No.238/310,<br>Velachery Main Road,<br>Selaiyur,<br>East Tambaram,<br>Chennai-600 073.                       | 044-<br>22395525/<br>044-<br>22390394 | General Surgery, Gastroenterology,<br>Paediatrics, Ophthalmology                                                    |
| 94    | 94    | 94     | <b>DR. MOHAN'S DIABETES SPECIALITIES CENTRE PVT. LTD.</b><br>No.6, Conran Smith Road,<br>Gopalapuram,<br>Chennai - 600 086.                                            | 044-<br>43968888                      | General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Orthopaedics, Neurology,<br>/Ophthalmology |
| 95    | 95    | 95     | <b>DR. RAVIKUMAR'S VISION CARE CLINIC</b><br>No.6/85 Bazullah Road,<br>T.Nagar,<br>Chennai-600 017                                                                     | 095000<br>89086                       | Ophthalmology                                                                                                       |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                  | Contact Number                                           | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 96    | 96    | 96     | <b>DR. RELA INSTITUTE AND MEDICAL CENTER</b><br>No.7, CLC Works Road,<br>Chromepet,<br>Chennai - 600 044                                                           | 044-<br>66667777                                         | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Cardiothoracic surgery,<br>Interventional cardiology,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, Gynaecology,<br>ENT, Surgical Oncology, Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery, Paediatrics,<br>Medical Oncology,<br>Renal Transplant, Liver Transplant |
| 97    | 97    | 97     | <b>ESWARI NURSING HOME</b><br>1/255,10th Street,<br>S.R.P.Colony,<br>Chennai-600 082.                                                                              | 044-<br>25508343,<br>25508048                            | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 98    | 98    | 98     | <b>EYE RESEARCH FOUNDATION [VIJAYA]</b><br>180 - NSK Salai,<br>Chennai - 600 026.                                                                                  | 044-<br>24802165,<br>6664666,<br>66616661                | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 99    | 99    | 99     | <b>EZHIL HOSPITAL</b><br>No.583, Thiruvottiyur High<br>Road,<br>Tondiarpet,<br>Chennai-600 081.                                                                    | 044-<br>25916556<br>044-<br>25916868<br>044-<br>25915747 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                                                                                                                                 |
| 100   | 100   | 100    | <b>F.O.R. ORTHO &amp; NEURO HOSPITAL</b><br>No.39,40,41,<br>Dhanrajpuram Extension,<br>200 Feet Road,<br>Ambedkar Nagar Bus Stop,<br>Kolathur,<br>Chennai-600 099. | 044-<br>262502100<br>/<br>044-<br>262502101              | Orthopaedics                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 101   | 101   | 101    | <b>FAITH MULTI-SPECIALITY HOSPITAL</b><br>No.33/17, Sannathi Street,<br>Villivakkam,<br>Chennai-600049.                                                            | 044-<br>43584333/<br>43558777                            | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery, ENT, Genitourinary<br>Surgery                                                                                                                                                                                                                                                                                                                |
| 102   | 102   | 102    | <b>FATHIMAH EYE CLINIC</b><br>23, Arulanandam Street,<br>Santhome,<br>Chennai - 600 004.                                                                           | 044-<br>24640902                                         | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 103   | 103   | 103    | <b>FLAMINGO HEALTH CARE CENTRE</b><br>43, Redhills Road,<br>Vinayagapuram,<br>Ambatur,<br>Chennai 600053                                                           | 915056588<br>8/044<br>26582424                           | General Medicine, Paediatrics,<br>Diabetology, Cardiology, Pulmonary,<br>Medical Gastroenterology,<br>Neurology, Nephrology, General<br>surgery, Gynaecology,<br>Orthopaedics and spine surgery,<br>Urology, Surgical Gastroenterology,<br>ENT, Vascular surgery,<br>Surgical oncology                                                                                                                                                                           |
| 104   | 104   | 104    | <b>FORTIS MALAR HOSPITAL</b><br>52, Gandhi Nagar,<br>First Main Road,<br>Adyar<br>Chennai - 600 020.                                                               | 044-<br>42892222,<br>24914023                            | Cardiology.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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THEIR ELIGIBLE FAMILY MEMBERS.**

| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                             | Contact Number            | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 105   | 105   | 105    | <b>FOUSIYA HOSPITAL New #119, Old # 56,</b><br>Dr.Natesan Road,<br>Triplicane,<br>Chennai- 600 005.                                           | 044-28446033              | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 106   | 106   | 106    | <b>FRONTIER LIFELINE DR. K. M. CHERIAN HEART FOUNDATION</b><br>R-30-C, Ambattur<br>Industrial Estate Road,<br>Mogappair,<br>Chennai -600 101. | 044-28567200              | Cardiology, Cardiothoracic Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 107   | 107   | 107    | <b>GAJANAN HOSPITAL (P) LTD.</b><br>29, Kannan Street,<br>West Tambaram,<br>Chennai - 600 045.                                                | 044-22266550,<br>22266649 | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                                                                              |
| 108   | 108   | 108    | <b>GEM HOSPITAL</b><br>No.227/2, MGR Road,<br>Thiruvankadam Nagar,<br>Perungudi,<br>Chennai – 600 096                                         | 044-61666666              | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Cardiothoracic surgery,<br>Interventional cardiology,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, Orthopaedics,<br>Gynaecology, ENT, Surgical<br>Oncology, Neurology, Neurosurgery,<br>Plastic Surgery, Vascular Surgery,<br>Paediatrics, Medical Oncology,<br>Renal transplant, Liver Transplant |
| 109   | 109   | 109    | <b>GERI CARE HOSPITAL</b><br>No.8, Dr.Nair Road,<br>Behind Vani Mahal,<br>T. Nagar,<br>Chennai - 600 017.                                     | 044-40614061              | General medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Orthopaedics, General<br>Surgery, Gynaecology, Urology,<br>Nephrology, Medical Gastro-<br>enterology, Surgical Gastro-<br>enterology, ENT, Surgical Oncology,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery,<br>Paediatrics, Medical Oncology.                                                                                                                         |
| 110   | 110   | 110    | <b>GKM HOSPITAL PVT.LTD.,</b><br>#120/113, Perambur<br>Barracks Road,<br>Purasawalkam,<br>Chennai-07.                                         | 044-43903333              | General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Nephrology, Medical<br>Gastroenterology,<br>Orthopaedics, General Surgery,<br>Pulmonology, Gynaecology, Medical<br>Oncology, Urology, ENT, Surgical<br>Oncology, Neurology, Neurosurgery,<br>Plastic Surgery, Vascular Surgery                                                                                                                                                                        |
| 111   | 111   | 111    | <b>GLOBAL HOSPITALS &amp; HEALTH CITY</b><br>439, Cheran Nagar,<br>Perumbakkam,<br>Chennai-600 100.                                           | 044-22777000              | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Cardiology, Cardiothoracic Surgery,<br>ENT, Gastroenterology, Neurology,<br>Plastic & Facio Maxillary,<br>Vascular Surgery.                                                                                                                                                                                                                                                                               |
| 112   | 112   | 112    | <b>HANDE HOSPITAL</b><br>45,Lakshmi Talkies Road,<br>Shenoy Nagar,<br>Chennai-600 030.                                                        | 044-30584402,<br>30584403 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Surgical Gastroenterology.                                                                                                                                                                                                                                                                                                                                                                                |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                        | Contact Number                                                            | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 113   | 113   | 113    | <b>HARIHARAN DIABETES AND HEART CARE HOSPITALS (P) LIMITED</b><br>No.24 & 26, :SWATHI", 29th Street,<br>Nanganallur,<br>Chennai - 600 061.               | 044-2224<br>7720044-<br>2224<br>7721044-<br>2224<br>7722044-<br>2224 7723 | General Medicine-Medical Care,<br>General Surgery, Cardiology,<br>Cardio- Thoracic Surgery.                                                                                                                                                                                                                                                                                                                                                |
| 114   | 114   | 114    | <b>HYCARE SUPER SPECIALITY HOSPITAL</b><br>No.37, Razack Garden Road,<br>M.M.D.A. Colony,<br>Arumbakkam ,<br>Chennai-600 106.                            | 044-<br>23638800                                                          | General Medicine - Medical Care,<br>Orthopaedics, General Surgery                                                                                                                                                                                                                                                                                                                                                                          |
| 115   | 115   | 115    | <b>I CARE EYE CARE EYE HOSPITAL,</b><br>No.20, Hanumar foil street,<br>Radha Nagar,<br>Chromepet,<br>Chennai -600 044.                                   | 044-<br>22654736<br>98840<br>65173                                        | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 116   | 116   | 116    | <b>ISWARYA HOSPITAL</b><br>No.110 A, Rajiv Gandhi Salai OMR,<br>SRP Junction,<br>Chennai- 600 041                                                        | 044-<br>20252025                                                          | General Medicine, General Surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastro- enterology, Surgical<br>Gastro-enterology, Pulmonology,<br>Gynaecology, Medical Oncology,<br>Urology, Cardiothoracic Surgery,<br>Endocrinology, Ophthalmology,<br>Haematology, Surgical Oncology,<br>Rheumatology, Neurology, Neuro<br>surgery, Plastic Surgery, Vascular<br>Surgery, Interventional Cardiology,<br>Interventional Radiology |
| 117   | 117   | 117    | <b>IYYAPPA HOSPITALS &amp; DIABETES RESEARCH CENTRE PRIVATE LIMITED</b><br>No.308, 310, MPM Road,<br>Vyasarpadi Post,<br>Perambur,<br>Chennai – 600 039. | 044-<br>43517526/<br>044-<br>25581210                                     | General Medicine - Medical Care,<br>Gynaecology, Orthopaedic Surgery,<br>General Surgery                                                                                                                                                                                                                                                                                                                                                   |
| 118   | 118   | 118    | <b>JAGADGURU KANCHI CHANDRASEKARA NETHRALAYA</b><br>No.33, Pycrofts Garden Road,<br>Thousand Lights West,<br>Nungambakkam,<br>Chennai- 600 006.          | 044-<br>28271616                                                          | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 119   | 119   | 119    | <b>JAYA EYE CARE CENTRE</b><br>No.41/50, 4th Trust Cross Street,<br>Mandavelipakkam,<br>Chennai - 600 028.                                               | 044-<br>24952573<br>044-<br>24952574                                      | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 120   | 120   | 120    | <b>JV HOSPITAL</b><br>No.31, Railway Border Road,<br>Akbarabad,<br>Kodambakkam,<br>Chennai - 600 024.                                                    | 044-<br>24725582                                                          | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology,<br>Orthopaedics, Gynaecology, ENT,<br>Neurology, Neurosurgery, Plastic<br>Surgery                                                                                                                                                                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                         | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 121   | 121   | 121    | <b>JYOTI HOSPITAL</b><br>No.895, TH Road,<br>Old Washermenpet,<br>Chennai 600 021                                         | 044-<br>25959595                     | General Surgery, General Medicine, Gastroenterology, Cardiology, Neurology, Ortho, Urology, ENT, Vascular Surgery                                                                                                                                                                                                          |
| 122   | 122   | 122    | <b>K M HOSPITAL</b><br>No.64, Medavakkam Tank Road,<br>Kilpauk,<br>Chennai - 600 010.                                     | 044-<br>26613655                     | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology                                                                                                                                                              |
| 123   | 123   | 123    | <b>K.J. HOSPITAL PRIVATE LIMITED</b><br>New No.182, Poonamallee High Road,<br>Chennai-600 084.                            | 044-<br>26411000                     | General Medicine - Medical Care, General Surgery.                                                                                                                                                                                                                                                                          |
| 124   | 124   | 124    | <b>K.K. EYE CARE AND RESEARCH CENTRE</b><br>34, Gandhi Road,<br>West Tambaram,<br>Chennai - 600 045.                      | 044-<br>22263130,<br>45076004        | Ophthalmology.                                                                                                                                                                                                                                                                                                             |
| 125   | 125   | 125    | <b>K.V.T.HEALTH CENTRE</b><br>No.16, G.N.T.Road,<br>Moolakadai,<br>Chennai-600 060.                                       | 044-<br>64555777<br>044-<br>64999555 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                    |
| 126   | 126   | 126    | <b>KANNAPPA MEMORIAL HOSPITAL</b><br>Old No.193 / New No.301,<br>Poonamallee, High Road,<br>Kilpauk,<br>Chennai - 600 010 | 075500<br>05997                      | General Medicine, General Surgery, Paediatrics, Medical Oncology, Haematology, Surgical Oncology, Orthopaedics                                                                                                                                                                                                             |
| 127   | 127   | 127    | <b>KAUVERY HOSPITAL</b><br>23/1 Arcot Road,<br>Vadapalani,<br>Chennai 600026                                              | 735831655<br>5/044<br>40006000       | General Medicine, Cardiology, Nephrology, Paediatrics, Gastroenterology, Orthopaedics, General Surgery, Pulmonary, Gynaecology, Urology, Cardiothoracic Surgeries, ENT, Endocrinology, Ophthalmology, Rheumatology, Neurology, Neurosurgery, Plastic surgery                                                               |
| 128   | 128   | 128    | <b>KAUVERY HOSPITAL</b><br>No.81, T.T.K. Road,<br>Alwarpet,<br>Chennai - 600018.                                          | 044-<br>39244444                     | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology, Cardiology, Cardio-Thoracic Surgery, ENT, Neuro Surgery, Nephrology, Oncology.                                                                                                                                                |
| 129   | 129   | 129    | <b>KEDAR HOSPITAL</b><br>No.19, Mugalivakkam Main Road,<br>Mugalivakkam,<br>Porur<br>Chennai-600 125                      | 044-<br>22523407                     | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 130   | 130   | 130    | <b>KHM HOSPITAL</b><br>AB-14, 6th Main Road,<br>Anna Nagar,<br>Chennai - 600040.                                          | 044-<br>26212218                     | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery.                                                                                                                                                                                                                                        |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                          | Contact Number                 | Specialities Available                                                                                                                                                                                                                                                                                                                                 |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 131   | 131   | 131    | <b>KKR ENT HOSPITAL &amp; RESEARCH INSTITUTE (P) LTD.</b><br>274, Poonamallee High Road,<br>Kilpauk,<br>Chennai - 600 010. | 044-42601021                   | E.N.T.                                                                                                                                                                                                                                                                                                                                                 |
| 132   | 132   | 132    | <b>KLARITI EYE CARE</b><br>No.115, Lakshmenasainy salai, K.K.Nagar,<br>Chennai - 600 078.                                  | 044-42035999<br>94441<br>38088 | Ophthalmology.                                                                                                                                                                                                                                                                                                                                         |
| 133   | 133   | 133    | <b>KRISHNA EYE &amp; ENT HOSPITALS</b><br>39, Burkit Road,<br>T.Nagar,<br>Chennai - 600 017.                               | 044-24355152                   | E.N.T. & Ophthalmology.                                                                                                                                                                                                                                                                                                                                |
| 134   | 134   | 134    | <b>KUMARAN EYE SPECIALITY CENTRE</b><br>79,Choolaimedu High Road,<br>Krishnapuram,<br>Choolaimedu,<br>Chennai -600 094.    | 044-24839557                   | Ophthalmology                                                                                                                                                                                                                                                                                                                                          |
| 135   | 135   | 135    | <b>KUMARAN HOSPITALS PVT LTD.</b><br>214, P.H. Road,<br>Kilpauk,<br>Chennai - 600 010.                                     | 044-42956777                   | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Oncology.                                                                                                                                                                                                                                                    |
| 136   | 136   | 136    | <b>KVT SPECIALITY HOSPITALS</b><br>Plot No.1, 2, 3, Ethirajsamy Salai,<br>Erukanchery,<br>Chennai – 600 118.               | 044-42834516/<br>044-42830256  | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                                                                        |
| 137   | 137   | 137    | <b>LAKSHA HOSPITALS</b><br>No.15, P.S.Sivasamy Salai,<br>Mylapore,<br>Chennai -600 004.                                    | 044-24997955/<br>044-24997956  | General Medicine - Medical Care,<br>Gynaecology, Orthopaedic Surgery,<br>General Surgery                                                                                                                                                                                                                                                               |
| 138   | 138   | 138    | <b>LAKSHMI HOSPITAL</b><br>47, Govindan Road,<br>West Mambalam,<br>Chennai-600 033.                                        | 044-32559182,<br>24580400      | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                      |
| 139   | 139   | 139    | <b>LASER AND LAPROSCOPIC HOSPITAL</b><br>New No-121, G N Chetty Road,<br>T.Nagar,<br>Chennai - 600 017.                    | 044-28150651                   | General Surgery, Surgical<br>Gastroenterology.                                                                                                                                                                                                                                                                                                         |
| 140   | 140   | 140    | <b>LIFE CARE HOSPITAL,</b><br>Old No.29, New No.77,<br>Adithanar Salai,<br>Pudupet,<br>Chennai - 600 002.                  | 044-4264t671                   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Orthopaedics, General<br>Surgery, Gynaecology, Urology,<br>Nephrology, Medical Gastro-<br>enterology, Surgical Gastro-<br>enterology, ENT, Surgical Oncology,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery,<br>Paediatrics, Medical Oncology. |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                         | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                      |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 141   | 141   | 141    | <b>LIFELINE RIGID HOSPITAL</b><br>47/3, New Avadi Road, Kilpauk, Chennai - 600 010.                                                       | 044-42949494                         | General Medicine - Medical Care, General Surgery, Gynaecology, Surgical Gastroenterology.                                                                                                                                                                                                   |
| 142   | 142   | 142    | <b>M.N. EYE HOSPITAL</b><br>781, T.H. Road, Tondiarpet, Chennai - 600 081.                                                                | 044-25956403                         | Ophthalmology.                                                                                                                                                                                                                                                                              |
| 143   | 143   | 143    | <b>MADHA MEDICAL COLLEGE &amp; RESEARCH INSTITUTE</b><br>Thandalam, Kovur, Chennai-600 128.                                               | 8148066666                           | General Medicine - Medical Care, General Medicine - Critical Care, Nephrology, Medical Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Cardiology |
| 144   | 144   | 144    | <b>MADRAS MEDICAL MISSION</b><br>4-A, Dr. J J Nagar, Mogappair, Chennai - 600 037.                                                        | 044-26561801, 26565961               | Cardiology, Cardiothoracic Surgery.                                                                                                                                                                                                                                                         |
| 145   | 145   | 145    | <b>MAHALAKSHMI HOSPITAL</b><br>No.37, M.T.H Road, Ambattur, Chennai-600 053.                                                              | 044-26581060, 8056281666             | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                     |
| 146   | 146   | 146    | <b>MAHALAKSHMI MULTISPECIALITY HOSPITAL</b><br>Old No.2/576, New No.1/164, Mount Poonamallee High Road, Iyyappanthangal, Chennai-600 056. | 044-48678283, 044-48678284           | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                     |
| 147   | 147   | 147    | <b>MAXIVISION SUPERSPECIALITY HOSPITALS</b><br>Old door No.12/New door No.5,E Block 1/A street, Anna nagar, Chennai-600102                | 044-46074741,9 154747870, 9390035948 | Ophthalmology                                                                                                                                                                                                                                                                               |
| 148   | 148   | 148    | <b>MED FIRST HOSPITAL</b><br>No.129, Velachery Main Road, Pallikaranai, Chennai-600 100.                                                  | 044-48654100                         | General Medicine - Medical Care, General Medicine - Critical Care, Nephrology, Medical Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery             |
| 149   | 149   | 149    | <b>MEDICARE EYE HOSPITAL</b><br>No.37, TTK Road, (Opp: Music Academy Entry Gate) Royapettah, Chennai - 600 014.                           | 044-28111937                         | Ophthalmology                                                                                                                                                                                                                                                                               |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                                      | <b>Contact Number</b>              | <b>Specialities Available</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------|--------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>150</b>   | <b>150</b>   | <b>150</b>    | <b>MEDWAY HOSPITALS</b><br>No.2/26, 1st Main Road,<br>United India colony,<br>Kodambakkam,<br>Chennai - 600 024.                              | 044-<br>24734455<br>996298598<br>5 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                                                                                                                                 |
| <b>151</b>   | <b>151</b>   | <b>151</b>    | <b>MEHTA<br/>MULTISPECIALITY<br/>HOSPITALS INDIA PVT.<br/>LTD</b><br>No.2, MC Nichols Road,<br>3rd Lane<br>Chetpet,<br>Chennai-600 031.       | 044-<br>42271000                   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Interventional<br>cardiology, Cardiothoracic surgery,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology,<br>Orthopaedics, Gynaecology, ENT,<br>Surgical Oncology, Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery, Paediatrics,<br>Medical Oncology,                                                     |
| <b>152</b>   | <b>152</b>   | <b>152</b>    | <b>MEHTA<br/>MULTISPECIALITY<br/>HOSPITALS INDIA PVT.<br/>LTD</b><br>No.50, Poonamallee High<br>Road,<br>Velappanchavadi,<br>Chennai-600 077. | 044-<br>40474057                   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology,<br>Orthopaedics, Gynaecology, ENT,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery                                                                                                                                                                                   |
| <b>153</b>   | <b>153</b>   | <b>153</b>    | <b>MERIDIAN HOSPITAL</b><br>Block 46-D, Jawaharlal<br>Nehru Salai,<br>Madhavaram,<br>Chennai-600 099.                                         | 044-<br>25564843                   | Cardiology, Cardiothoracic Surgery,<br>Urology,<br>Oncology, Neurology, Vascular<br>Surgery, Gastroenterology, Plastic<br>and Facio Maxillary, ENT, General<br>Medicine - Medical Care, General<br>Medicine - Critical Care,<br>Haematology, Pulmonology,<br>General Surgery, Genito Urinary<br>Surgery, Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                         |
| <b>154</b>   | <b>154</b>   | <b>154</b>    | <b>MGM HEALTH CARE</b><br>No.72, Nelson Manickam<br>Road,<br>Near Sky Walk, Aminjikarai,<br>Chennai.600 029                                   | 044-<br>23746574                   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Cardiothoracic surgery,<br>Interventional cardiology,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, Gynaecology,<br>ENT, Surgical Oncology, Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery, Paediatrics,<br>Medical Oncology, Renal transplant,<br>Liver Transplant |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                        | Contact Number                         | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 155   | 155   | 155    | <b>MGM HEALTHCARE<br/>MALAR ADYAR</b><br>No.52, 1st Main Road,<br>Gandhi Nagar,<br>Adyar,<br>Chennai 600 020                                             | 91 444289<br>2222                      | General Medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro - enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, Cardiothoracic Surgery, Surgical Gastro - enterology, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Radiation Oncology, Rheumatology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Interventional Cardiology, Interventional Radiology, Orthopaedics |
| 156   | 156   | 156    | <b>MINT HOSPITAL</b><br>No.19/1,1st Avenue,<br>Sastri Nagar,<br>Adyar,<br>Chennai-600 020.                                                               | 044-<br>24466722<br>733877722<br>2     | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                                                                                                                                                                   |
| 157   | 157   | 157    | <b>MIOT HOSPITALS</b><br>4/112, Mount Poonamallee Road,<br>Manapakam,<br>Chennai - 600 089.                                                              | 044-<br>22492288                       | Orthopaedic Surgery, Plastic & Facio Maxilliary, Cardiology, Cardiothoracic Surgery, Oncology.                                                                                                                                                                                                                                                                                                                                                                            |
| 158   | 158   | 158    | <b>MK SPECIALITY CLINIC</b><br>Old No.86A, New No.161, 1 st Floor, Sree Sabari Complex Santhome High Road,<br>MRC Nagar,<br>R.A.Puram<br>Chennai-600028. | 044- 2493<br>5555<br>91-99625<br>15555 | General Medicine, Cardiology, Nephrology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Cardiothoracic Surgeries, ENT, Plastic Surgery                                                                                                                                                                                                                                                                                                             |
| 159   | 159   | 159    | <b>MMRV HOPITAL PVT.LTD.</b><br>Plot No.5/PC 2, Bharathi Salai,<br>J.J. Nagar,<br>Mogappair West,<br>Chennai-600 037.                                    | 044-<br>26534121<br>044-<br>65104000   | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery. Ophthalmology                                                                                                                                                                                                                                                                                                                                                    |
| 160   | 160   | 160    | <b>MURUGAN HOSPITAL</b><br>No.264/125, Kilpauk Garden Road,<br>Kilpauk,<br>Chennai -600 010.                                                             | 044-<br>26448989                       | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                                                                                                        |
| 161   | 161   | 161    | <b>MUTHU HOSPITAL</b><br>No.105, Pulianthope High Road,<br>Opp P1 Police Station,<br>Chennai - 600 012.                                                  | 044-<br>43599416                       | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                                                                                                                                 |
| 162   | 162   | 162    | <b>MUTHU HOSPITAL</b><br>No.336, Paper Mills Road,<br>Perambur,<br>Chennai-600 011                                                                       | 044-<br>79620543                       | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Gastroenterology, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery                                                                                                                                                                                                                                                     |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                                            | <b>Contact Number</b>                  | <b>Specialities Available</b>                                                                                                                                                                                                                                                 |
|--------------|--------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>163</b>   | <b>163</b>   | <b>163</b>    | <b>NAGAMANI HOSPITAL</b><br>No.186,190 (Old 116, 118)<br>G.A.Road,<br>Old Washermenpet,<br>Chennai-600 021.                                         | 044- 2595<br>2727<br>044- 4043<br>4444 | General Medicine, Cardiology.<br>Nephrology, Paediatrics, Gastro-<br>enterology, Orthopaedics, General<br>Surgery, Pulmonology, Gynaecology,<br>Obstetrics, Medical Oncology,<br>Urology, ENT, Endocrinology,<br>Ophthalmology, Haematology,<br>Rheumatology, Plastic Surgery |
| <b>164</b>   | <b>164</b>   | <b>164</b>    | <b>NANTHINI HOSPITAL</b><br>168, Chandra Sekaran<br>Avenue,<br>Thoraipakkam,<br>Chennai-600 097.                                                    | 044-<br>24580400                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                             |
| <b>165</b>   | <b>165</b>   | <b>165</b>    | <b>NARAYANA HOSPITAL</b><br>18,Tana Street,<br>Purasawakam,<br>Chennai-600 007.                                                                     | 044-<br>2650899                        | General Surgery, Gynaecology.                                                                                                                                                                                                                                                 |
| <b>166</b>   | <b>166</b>   | <b>166</b>    | <b>NAVASUJA SANKARA<br/>NETHRALAYA</b><br>No. 73,<br>Venkata Krishna Road,<br>Raja Annamalaipuram,<br>Chennai-600 028.                              | 044-<br>49083500                       | Ophthalmology                                                                                                                                                                                                                                                                 |
| <b>167</b>   | <b>167</b>   | <b>167</b>    | <b>NEW HOPE MEDICAL<br/>CENTRE</b><br>No.814, Poonamlee High<br>Road,<br>Kilpauk,<br>Chennai-600 010.                                               | 044-<br>43441544<br>044-<br>25321532   | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery, Neurology, Neuro Surgery                                                                                                                                    |
| <b>168</b>   | <b>168</b>   | <b>168</b>    | <b>NEW LIFE HOSPITAL</b><br>No.174, Appar Street,<br>Velachery Main Road,<br>Rajakilpakkam,<br>Chennai - 600 073.                                   | 044-<br>22282477                       | General Medicine - Medical Care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, ENT,<br>Paediatrics                                                                                                                                                               |
| <b>169</b>   | <b>169</b>   | <b>169</b>    | <b>NIRMALS' EYE HOSPITAL</b><br>(A unit of Dr.Nirmals'<br>Healthcare Pvt. Ltd.)<br>No.108/5, Ayyasamy Street,<br>West Tambaram,<br>Chennai-600 045. | 044-<br>22266123/<br>984074606<br>2    | Ophthalmology                                                                                                                                                                                                                                                                 |
| <b>170</b>   | <b>170</b>   | <b>170</b>    | <b>NOBLE HOSPITAL</b><br>No.4, Audiappa Mudali<br>Street,<br>Purasawalkam,<br>Chennai-600 084.                                                      | 044-<br>40042222                       | General Surgery, General Medicine -<br>Medical Care, Orthopaedic Surgery,<br>Gastro Enterology, Genitourinary<br>Surgery.                                                                                                                                                     |
| <b>171</b>   | <b>171</b>   | <b>171</b>    | <b>ORTHOMED HOSPITAL</b><br>No.83, 85, Royapettah High<br>Road,<br>Royapettah,<br>Chennai-600 014.                                                  | 044-<br>42229222                       | Orthopaedic Surgery, General<br>Surgery                                                                                                                                                                                                                                       |
| <b>172</b>   | <b>172</b>   | <b>172</b>    | <b>P&amp;G NURSING HOME</b><br>No.42, Old No.60, 100 Feet<br>Road,<br>Vadapalani,<br>Chennai-600 026.                                               | 044- 2484<br>2214<br>044- 4281<br>1999 | General Medicine, Cardiology,<br>Paediatrics, Gastro-enterology,<br>General Surgery, Gynaecology,<br>Obstetrics, Medical Oncology,<br>Urology, Ophthalmology,<br>Surgical Oncology, Neurology                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                    | Contact Number                | Specialities Available                                                                                                                                                                                                                                                                              |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 173   | 173   | 173    | <b>PANIMALAR MEDICAL COLLEGE HOSPITAL &amp; RESEARCH INSTITUTE</b><br>Varadharajapuram,<br>Poonamallee,<br>Chennai-600 123.                          | 044-61616161                  | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Gynaecology, Nephrology, Orthopaedic Surgery. |
| 174   | 174   | 174    | <b>PARVATHY HOSPITAL</b><br>241, G.S.T. Road,<br>Chrompet,<br>Chennai-600 044.                                                                       | 044-22382748,<br>22382248     | Orthopaedic Surgery, Plastic & Facio Maxilliary.                                                                                                                                                                                                                                                    |
| 175   | 175   | 175    | <b>PATERSON CANCER CENTRE [VIJAYA]</b><br>NSK Salai,<br>Vadapalani,<br>Chennai - 600 026.                                                            | 044-24724243,<br>52,62,72.    | Oncology.                                                                                                                                                                                                                                                                                           |
| 176   | 176   | 176    | <b>PAVITHRA HOSPITALS PVT LTD.</b><br>No.7,Ethiraj Swamy salai,<br>Erukkencherry,<br>Chennai- 600 118.                                               | 044-65175418<br>044-42810200  | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                             |
| 177   | 177   | 177    | <b>PCMC HOSPITAL</b><br>No.11, Bharthi Nagar, 1st Street,<br>Zamin Pallavaram,<br>Chennai-600 043.                                                   | 044-22661192/<br>044-22660707 | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Paediatrics                                                                                                                                                                                                     |
| 178   | 178   | 178    | <b>PON MALLIGAI HOSPITAL PVT LTD.,</b><br>No.1, First Cross Street,<br>Kakkan Nagar,<br>Adambakkam,<br>Chennai-600 088.                              | 98840<br>20980                | General Medicine - Medical Care, General Medicine - Critical Care, Nephrology, Medical Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery                     |
| 179   | 179   | 179    | <b>PRAJA HOSPITAL</b><br>No.1B, Ragavan Nagar,<br>Kadappa Road,<br>Puthagaram,<br>Kolathur,<br>Chennai - 600 099.                                    | 700007666<br>7                | General Medicine, General Surgery, Nephrology, Paediatrics, Endocrinology, Orthopaedics                                                                                                                                                                                                             |
| 180   | 180   | 180    | <b>PRASAD'S MULTISPECIALITY HOSPITAL</b><br>949, Thiruvottiyur High Road,<br>Sathiyamoorthy Nagar,<br>Kaladipet,<br>Tondiarpet,<br>Chennai - 600019. | 044-25994987                  | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                           |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                | Contact Number                             | Specialities Available                                                                                                                                                                                                                                                                                                        |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 181   | 181   | 181    | <b>PRASANTH MULTI-SPECIALITY HOSPITAL</b><br>No.76 & 77, Harrington road,<br>Chetpet,<br>Chennai - 600 031.                      | 044-42277777<br>044-28366666               | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, ENT, Surgical<br>Oncology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery,<br>Paediatrics, Medical Oncology.    |
| 182   | 182   | 182    | <b>PRASHANTH HOSPITALS</b><br>No.36&36A, Velachery Main Road,<br>Velachery,<br>Chennai-600 042.                                  | 044-46805544<br>044-22439494<br>9380998099 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery, Cardiology, Cardiothoracic<br>Surgery                                                                                                                                                                       |
| 183   | 183   | 183    | <b>PRASHANTH SUPERSPECIALITY HOSPITALS</b><br>Old No.1354/Block No.45,<br>Jawaharlal Nehru Road,<br>Kolathur,<br>Chennai-600 099 | 044-25577777                               | Cardiology, Cardiothoracic Surgery,<br>Urology, Oncology, Neurology,<br>Vascular Surgery, Gastroenterology,<br>Plastic and Facio Maxillary,<br>ENT, General Medicine - Medical<br>Care, General Medicine - Critical<br>Care, Haematology,<br>Pulmonology, General Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery |
| 184   | 184   | 184    | <b>PRIDE SUPER SPECIALITY HOSPITALS</b><br>No.105, Pulliyanthope High Road,<br>Chennai - 600 012.                                | 044-43599416<br>044-43599417               | General Medicine - Medicare,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, TNT                                                                                                                                                                                                                                   |
| 185   | 185   | 185    | <b>PRIME CARE NURSING HOME</b><br>New No.3, Sakthi Nagar Main Road,<br>Adambakkam,<br>Chennai -600 088                           | 044-22533119                               | Urology, General Surgery,<br>Gynaecology                                                                                                                                                                                                                                                                                      |
| 186   | 186   | 186    | <b>PRIME INDIAN HOSPITALS</b><br>1051, Poonamalle High Road,<br>Arumbakkam,<br>Chennai -600 106.                                 | 044-23639999                               | Cardiology, General Medicine -<br>Medical Care,<br>General Surgery, Genito Urinary<br>Surgery, Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                |
| 187   | 187   | 187    | <b>PRIYA NURSING HOME</b><br>No.6(Old No.82 ), Kappal Polu Street,<br>Old washermenpet,<br>Chennai -600 021.                     | 044-25951878<br>044-25957466               | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                                                              |
| 188   | 188   | 188    | <b>PROMED HOSPITAL</b><br>1/IOA, East coast road,<br>Kottivakkam,<br>Chennai-600 041                                             | 044-43591199                               | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery, Cardiology, Vascular<br>Surgery, ENT                                                                                                                                                                        |
| 189   | 189   | 189    | <b>PUBLIC HEALTH CENTRE New</b><br>No.174, Old No.114, Lake View Road,<br>West Mambalam,<br>Chennai-600 033.                     | 044-24893101                               | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology,<br>Orthopaedic Surgery, Cardiology                                                                                                                                                                                                  |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                         | Contact Number                                      | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 190   | 190   | 190    | <b>R G STONE UROLOGY &amp; LAPAROSCOPY HOSPITAL</b><br>391/392, Anna Salai,<br>Opp.New Bus Stand,<br>Saidapet,<br>Chennai - 600 015.      | 044-43993600,<br>65855521,<br>65855524,<br>24336240 | Urology.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 191   | 191   | 191    | <b>R.K.EYE CENTRE'</b><br>No.14/20, Chart street,<br>T.Nagar,<br>Chennai - 600 017.                                                       | 044-28141583<br>044-28142287                        | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                |
| 192   | 192   | 192    | <b>R.S.EYE CLINIC &amp; LASER CENTRE</b><br>No.36 Fourth Main Road<br>Rajaannamalai puram<br>Chennai - 600028                             | 044-24954566,0<br>44-24640529,9<br>940054150        | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                |
| 193   | 193   | 193    | <b>RAADHA RAJENDRAN HOSPITAL PVT. LTD. No.7 -10,</b><br>Vembuli Amman koil Street,<br>Alandur,<br>Chennai-600 016.                        | 044-42009552/<br>044-42009553                       | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT. Neurosurgery, Medical &<br>Surgical gastroenterology, Medical<br>oncology, Surgical Oncology.                                                                                                                                               |
| 194   | 194   | 194    | <b>RADHATRI NETHRALAYA EYE HOSPITAL</b><br>12, Hindi Prachara Sabha<br>Street,<br>T.Nagar,<br>Chennai - 600 017.                          | 044-24311550,<br>24332229                           | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                                                               |
| 195   | 195   | 195    | <b>RAINBOW CHILDREN MEDICARE LIMITED</b><br>No.157 to 160,Anna salai,<br>Near Little Mount metro<br>Station,<br>Guindy,<br>Chennai-600015 | 910011134<br>9                                      | General medicine, General surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastroenterology<br>Pulmonology, Gynaecology,<br>Medical oncology, Urology, Cardio<br>thoracic surgery,<br>Surgical Gastroenterology, ENT,<br>Dental, Transplant, Endocrinology,<br>Haematology, surgical oncology,<br>Neurology, Neurosurgery, Plastic<br>surgery,<br>Vascular surgery, Interventional<br>cardiology,<br>Orthopaedics |
| 196   | 196   | 196    | <b>RAJAN DENTAL INSTITUTE PVT LTD.</b><br>No: 56, Dr.Radhakrishnan<br>Salai,<br>Mylapore,<br>Chennai - 600004.                            | 044-28472266                                        | Plastic & Facio Maxillary.                                                                                                                                                                                                                                                                                                                                                                                                   |
| 197   | 197   | 197    | <b>RAJAN EYE CARE HOSPITAL (P) LTD.</b><br>5, Vidyodhaya East 2nd<br>Street,<br>T.Nagar,<br>Chennai – 600 017.                            | 044-28340500,<br>0300                               | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                                                               |
| 198   | 198   | 198    | <b>RAJU HOSPITAL PVT. LTD.</b><br>No.43, South Usman Road,<br>T.Nagar,<br>Chennai-600 017.                                                | 044-24341901/<br>044-24342894                       | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                                                                                                                                              |



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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                 | <b>Contact Number</b>         | <b>Specialities Available</b>                                                                                                                                                                                                                                                                                                                                    |
|--------------|--------------|---------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>199</b>   | <b>199</b>   | <b>199</b>    | <b>RAKSHITH HOSPITAL</b><br>No.153, Arcot Road, Sai Square Complex, Valasaravakkam, Chennai- 600 087.                    | 044-42729999/<br>044-42749916 | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                                                                                                                 |
| <b>200</b>   | <b>200</b>   | <b>200</b>    | <b>RAMANA EYE CENTRE</b><br>24, Venkatraman Street, T.Nagar, Chennai - 600 017.                                          | 044-28155454                  | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                   |
| <b>201</b>   | <b>201</b>   | <b>201</b>    | <b>RAVINA HOSPITAL</b><br>No.99, Poonamallee High Road, Maduravoyal, Chennai-600 095.                                    | 044-66787878                  | General Medicine - Medical Car-e, General Medicine - Critical care, Cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology                                        |
| <b>202</b>   | <b>202</b>   | <b>202</b>    | <b>RETTERI SRI KUMARAN HEALTH CENTRE (P) LTD</b><br>No.1419, 200 Feet Road, Retteri Junction, Kolathur, Chennai-.600 099 | 044-71967345                  | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                        |
| <b>203</b>   | <b>203</b>   | <b>203</b>    | <b>RIGHT HOSPITALS (P) LTD</b><br>#1, Prof. Subramaniam Street, Kilpauk, Chennai - 600 010.                              | 044-26403939                  | General Medicine - Medical Care, Orthopaedics, General Surgery, Urology, Plastic Surgery                                                                                                                                                                                                                                                                         |
| <b>204</b>   | <b>204</b>   | <b>204</b>    | <b>RKP MULTISPECIALITY HOSPITAL</b><br>No. 5, Vaithyalingam Nagar, Medvakkam Main Road, Nanmangalam, Chennai 600129      | 9384676001                    | General medicine, General surgery, Paediatrics, Urology, Gynaecology                                                                                                                                                                                                                                                                                             |
| <b>205</b>   | <b>205</b>   | <b>205</b>    | <b>ROYAL BALAJI HOSPITALS</b><br>No 7, Works Road, Chromepet, Chennai-600 044.                                           | 044-22412009,<br>22412010     | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                   |
| <b>206</b>   | <b>206</b>   | <b>206</b>    | <b>RPS HOSPITAL</b><br>65/2, Water Canal Road, TVS Nagar, Korattur, Chennai- 600 076                                     | 044-26512600                  | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, Gynaecology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                  | Contact Number                          | Specialities Available                                                                                                                                                                                                                                                                                                |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 207   | 207   | 207    | <b>RUTHRAAN HOSPITAL</b><br>New:383,Konnur High Road,<br>Ayanavaram,<br>Chennai-600 023                                            | 044-26749854/<br>9940032299             | General surgery, Obstetrics & Gynaecology, Orthopaedics, Medical oncology, ENT, Cardiology, Nephrology, Surgical gastro-enterology, Medical Gastro-enterology, Urology, Paediatrics                                                                                                                                   |
| 208   | 208   | 208    | <b>S.S. EYE HOSPITAL</b><br>New No.149, Old No.74,<br>Thambu Chetty Street,<br>Mannady,<br>Chennai-600 001.                        | 044-25211518/<br>044-25266866           | Ophthalmology                                                                                                                                                                                                                                                                                                         |
| 209   | 209   | 209    | <b>SAKTHI HOSPITAL &amp; RESEARCH CENTRE</b><br>175/86, Big Street,<br>Triplicane,<br>Chennai 600 005.                             | 044-28442626,<br>52156633               | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                        |
| 210   | 210   | 210    | <b>SAMPAT NURSING HOME,</b><br>Nachiappa Street,<br>Mylapore,<br>Chennai - 600 004.                                                | 044-24981630                            | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                        |
| 211   | 211   | 211    | <b>SANKARA EYE HOSPITAL</b><br>No.1, 3rd Cross Street,<br>Sri Sankara Nagar,<br>Pammal,<br>Chennai - 600 075.                      | 044-22484799                            | Ophthalmology                                                                                                                                                                                                                                                                                                         |
| 212   | 212   | 212    | <b>SANKARA NETHRALAYA [MEDICAL RESEARCH FOUNDATION]</b><br>18, College Road,<br>Chennai – 600 006.                                 | 044-42271805,<br>42271500,<br>42271600. | Ophthalmology.                                                                                                                                                                                                                                                                                                        |
| 213   | 213   | 213    | <b>SATISH EYE HOSPITAL</b><br>15 (New No: 57), Ormes Road,<br>Kilpauk,<br>Chennai - 600 010.                                       | 044-26424935,<br>26426464,<br>26651828  | Ophthalmology.                                                                                                                                                                                                                                                                                                        |
| 214   | 214   | 214    | <b>SEN HOSPITAL</b><br>18, Bunder Garden Street,<br>Perambur,<br>Chennai - 600 011.                                                | 044-42769724,<br>42769725               | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                         |
| 215   | 215   | 215    | <b>SHANMUGAM MULTI-SPECIALITY HOSPITAL</b><br>Old No.79, New No.139,<br>East Mada Church Street,<br>Royapuram,<br>Chennai-600 013. | 044- 2596 3424<br>044- 2590 2425        | General Medicine, Cardiology Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, ENT, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Rheumatology, Neurology, Neuro surgery, Plastic Surgery, Vascular Surgery |
| 216   | 216   | 216    | <b>SHIVAS EYE CARE</b><br>No.9/3362,'R', AE Block,<br>8th Street,<br>10th Main Road,<br>Anna Nagar,<br>Chennai - 600 040.          | 044-26182803/<br>044-26186500           | Ophthalmology                                                                                                                                                                                                                                                                                                         |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                 | Contact Number                                | Specialities Available                                                                                                                                                                                                                                                                                                                                               |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 217   | 217   | 217    | <b>SHRI TANISHQ NAKSHATRA MULTISPECIALTY HOSPITAL</b><br>No.170, Thiruvottiyur High Road, (Opp.Shanmugam Park), Thiruvottiyur, Chennai - 600 019. | 044-25993955                                  | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                            |
| 218   | 218   | 218    | <b>SIMS HOSPITAL</b><br>No.1, Jawaharlal Nehru Salai, 100 Feet Road, Vadapalani, Chennai - 600 026.                                               | 044-20002001                                  | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                           |
| 219   | 219   | 219    | <b>SINUS AND NOSE HOSPITAL</b><br>No.35A, Santhome High Road, Mylapore, Chennai - 600 004.                                                        | 044-24984474                                  | ENT, Plastic Surgery                                                                                                                                                                                                                                                                                                                                                 |
| 220   | 220   | 220    | <b>SIR IVAN STEDEFORD HOSPITAL</b><br>C.T.H. Road, Ambattur, Chennai - 600 053.                                                                   | 04-26585398,<br>044-26583256,<br>044-26581432 | General Medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro- enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, Cardiothoracic Surgery, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Neuro surgery, Plastic Surgery, Vascular Surgery, Interventional Cardiology, Orthopaedics |
| 221   | 221   | 221    | <b>SIVAM HOSPITAL</b><br>No:3, Srinivasan Street, Jagathambal Colony, Ullagaram, Chennai-91                                                       | 044-22424742/<br>044-22424743                 | General Medicine, General surgery, Orthopaedics,                                                                                                                                                                                                                                                                                                                     |
| 222   | 222   | 222    | <b>SOORIYA HOSPITAL</b><br>No 1, Arunachallam Road, Saligaramam, Chennai - 600093.                                                                | 044-23761751,<br>23761756                     | Cardiology, Cardiothoracic Surgery, Neurology, Orthopaedic Surgery.                                                                                                                                                                                                                                                                                                  |
| 223   | 223   | 223    | <b>SRI BALAJI HOSPITAL No.36, New No.77,</b><br>Brickkiln Road, Chennai-600 012.                                                                  | 044-26623111                                  | General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, General Surgery, Gastroenterology, Oncology, ENT, Urology, Nephrology, Neuro surgery                                                                                                                                                                                                              |
| 224   | 224   | 224    | <b>SRI BALAJI HOSPITAL PVT LTD</b><br>No.1, Lawyer Jaganathan Street, Guindy, Chennai - 600 032.                                                  | 044-43535393,<br>755005255<br>2               | General Medicine, General Surgery, Medical Gastro-enterology, Surgical Gastro-enterology, Urology, Surgical Gastro-enterology, Haematology, Rheumatology, Neurology, Orthopaedics.                                                                                                                                                                                   |
| 225   | 225   | 225    | <b>SRI BALAJI HOSPITAL</b><br>Nolambur, Mogappair West, Nolambur, Chennai -600095.                                                                | 782401599<br>3                                | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                            |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                      | <b>Contact Number</b>                   | <b>Specialities Available</b>                                                                                                                                                                                                                                                                                                                     |
|--------------|--------------|---------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>226</b>   | <b>226</b>   | <b>226</b>    | <b>SRI HOSPITAL</b><br>No.32, Varadharaja Perumal Koil Street, Tondiarpet, Chennai -600 081.                  | 044-25967725                            | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                |
| <b>227</b>   | <b>227</b>   | <b>227</b>    | <b>SRI KAUVERY MEDICAL CARE INDIA LTD</b><br>No:2/473,Radial road, Kovilambakam, Chennai-600 129.             | 044-6111611,044-40504050,9491194977     | General Medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro- enterology, Pulmonology, Surgical Gastro-enterology, Gynaecology, Medical oncology, Urology, Cardiothoracic surgery, Endocrinology, Surgical oncology, Rheumatology, Neurology, Plastic surgery, Vascular surgery, Interventional radiology, Orthopaedics |
| <b>228</b>   | <b>228</b>   | <b>228</b>    | <b>SRI KUMARAN MULTI-SPECIALITY HOSPITAL</b><br>No-532, Suriya Narayana Street, Royapuram, Chennai - 600 013. | 044-25960206                            | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                     |
| <b>229</b>   | <b>229</b>   | <b>229</b>    | <b>SRI RAMACHANDRA HOSPITAL</b><br>1, Ramachandra Nagar, Porur, Chennai - 600 116.                            | 044-24761541, 24765512                  | Multi-Speciality.                                                                                                                                                                                                                                                                                                                                 |
| <b>230</b>   | <b>230</b>   | <b>230</b>    | <b>SRI SRINIVASA HOSPITAL PRIVATE LIMITED</b><br>No.47, Railway Station Road, Kodambakkam, Chennai – 600 024. | 93848 07484<br>044-4357 8630, 4357 8690 | General Medicine, General Surgery, Nephrology, Paediatrics, Medical Gastro - enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical oncology, Urology, Cardiothoracic surgery, Endocrinology, Haematology, Surgical oncology, Rheumatology, Neurology, Plastic surgery, Vascular surgery, Orthopaedics                         |
| <b>231</b>   | <b>231</b>   | <b>231</b>    | <b>SRI VENKATESHWARA'S C.M. HOSPITAL</b><br>No:1, 47th Street, 5th Main Road, Nanganallur, Chennai - 600 061. | 044-22247621, 22242499                  | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                    |
| <b>232</b>   | <b>232</b>   | <b>232</b>    | <b>SRINIVAS EYE HOSPITAL</b><br>335, Thiruvallur Salai, Paneer Nagar, Mugappair, Chennai - 600 037.           | 044-43550111                            | Ophthalmology.                                                                                                                                                                                                                                                                                                                                    |
| <b>233</b>   | <b>233</b>   | <b>233</b>    | <b>SRINIVAS PRIYA HOSPITAL</b><br>106, Patel Road, Perambur, Chennai - 600 011.                               | 044-25515502                            | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                     |
| <b>234</b>   | <b>234</b>   | <b>234</b>    | <b>SRUSHTI HOSPITAL PVT. LTD.</b><br>No.1, Padmavathy Street, Thirumalai Nagar, Ramapuram, Chennai - 600 089. | 044-24861144                            | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                         |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                          | Contact Number                   | Specialities Available                                                                                                                                                                                                                                                                                                              |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 235   | 235   | 235    | <b>STAR BONE AND JOINT CENTRE</b><br>No.158/284, Triplicane High Road, Triplicane, Chennai-600 005.                        | 044- 2854 4948<br>044- 4206 1992 | Orthopaedics, General Surgery, Neurosurgery, Plastic Surgery                                                                                                                                                                                                                                                                        |
| 236   | 236   | 236    | <b>SUCHA EYE CURE</b><br>Plot.5, Door No.4, Nagi Reddy Street, Devi Karumari Amman Nagar, Valsarawakkam, Chennai -600 087. | 044- 23717373/<br>915035780 0    | Ophthalmology                                                                                                                                                                                                                                                                                                                       |
| 237   | 237   | 237    | <b>SUDAR HOSPITALS &amp; DIAGNOSTICS</b><br>No:15/4, Duraisamy Reddy Street, West Tambaram, Chennai - 600 045.             | 044- 40264444                    | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                           |
| 238   | 238   | 238    | <b>SUDAR HOSPITALS PRIVATE LIMITED</b><br>No.1, Kannan Avenue,Balaji Nagar, Camp Road,Selayiur, Chennai – 600 073.         | 044- 42833702                    | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                           |
| 239   | 239   | 239    | <b>SUDAR HOSPITALS</b><br>No. 30, Ayyasami Street, Nehru Nagar, Chromepet, Chennai - 600 044.                              | 044- 22235211                    | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                           |
| 240   | 240   | 240    | <b>SUDAR HOSPITALS</b><br>No.349, MR Road, West Tambaram, Chennai - 600 045.                                               | 044- 40254444                    | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                           |
| 241   | 241   | 241    | <b>SUGAM HOSPITAL</b><br>349, Thiruvottiyur High Road, Thiruvottiyur, Chennai-600 019.                                     | 044- 40506070                    | General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology.                                                                                                                                                                                                                                              |
| 242   | 242   | 242    | <b>SUGAM HOSPITAL</b><br>No.107A, G.S.T. Road, Zamin Pallavaram, Chromepet, Chennai - 600 044.                             | 858585855 0                      | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastroenterology, Surgical Gastroenterology, Gynaecology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology |
| 243   | 243   | 243    | <b>SUMAN HOSPITAL</b><br>No.40, Sathangadu High Road, Kaladipet, Thiruvottiyur, Chennai-600 019                            | 044- 25992424                    | General Medicine - Medical Care, General Medicine - Critical Care, Nephrology, Medical Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery                                                     |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                               | Contact Number                         | Specialities Available                                                                                                                                                                                                                                                                                                                                           |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 244   | 244   | 244    | <b>SUNDARAM MEDICAL FOUNDATION</b><br>Shanthi Colony,<br>Anna Nagar,<br>Chennai - 600 040.                                                                      | 044-26268844                           | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, Gynaecology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology |
| 245   | 245   | 245    | <b>SUPREME SPECIALITY HOSPITALS PVT LIMITED,</b><br>No.1/56, Old<br>Mahabalipuram Road,<br>Padur,<br>Chennai-603 103                                            | 044-67453535                           | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Cardiology                                                                                                                       |
| 246   | 246   | 246    | <b>SUSI HOSPITAL</b><br>No.665, Tiruvottiyur High Road,<br>Near Kavi Bharathi Vidhyalaya Higher Secondary School, (Soundarapandiyanar Nagar)<br>Chennai-600 019 | 044-48674544                           | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                        |
| 247   | 247   | 247    | <b>SWAMY EYE CLINIC</b><br>No.11, South Mada Street, Villivakkam,<br>Chennai-600 049.                                                                           | 044- 2617 3742<br>044- 4286 3309       | Ophthalmology                                                                                                                                                                                                                                                                                                                                                    |
| 248   | 248   | 248    | <b>TAMIL NADU GOVERNMENT MULTI SUPER SPECIALITY HOSPITAL.</b><br>Anna Salai,<br>Triplicane,<br>Chennai-600 005.                                                 | 044-25381216                           | Multi-Speciality.                                                                                                                                                                                                                                                                                                                                                |
| 249   | 249   | 249    | <b>TAMIL NADU UROLOGICAL RESEARCH CENTRE PVT LTD.</b><br>76, Nelson Manickam Road, Aminjikarai,<br>Chennai-600 029.                                             | 044-23743300,<br>23743500              | Urology.                                                                                                                                                                                                                                                                                                                                                         |
| 250   | 250   | 250    | <b>THE BEST HOSPITAL PRIVATE LTD</b><br>No.9, Vellala Street, Kodambakkam,<br>Chennai -600 024.                                                                 | 044-24832777                           | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                               |
| 251   | 251   | 251    | <b>THE HEART INSTITUTE, VIJAYA HEALTH CENTER</b><br>323 and 434, NSK Salai, Vadapalani,<br>Chennai-600 026.                                                     | 044-24802165,<br>66646664,<br>66616661 | Cardiology, Cardiothoracic Surgery.                                                                                                                                                                                                                                                                                                                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                        | Contact Number               | Specialities Available                                                                                                                                                                                                                                                                                                                                |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 252   | 252   | 252    | <b>THE VOLUNTARY HEALTH SERVICES MULTISPECIALITY HOSPITAL &amp; RESEARCH INSTITUTE</b><br>Rajiv Gandhi Salai (OMR),<br>Madhyakailash,<br>Taramani,<br>Chennai - 600 113. | 044-22542971                 | General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Nephrology, Gastroenterology,<br>Orthopaedics, General Surgery,<br>Pulmonology, Gynaecology, Medical<br>Oncology, Urology, ENT, Surgical<br>Oncology, Neurology, Neurosurgery,<br>Vascular Surgery                                                                           |
| 253   | 253   | 253    | <b>TOSH HOSPITALS PVT. LTD.</b><br>No.34/72, Olmes Raod,<br>Kilpauk,<br>Chennai - 600 010.                                                                               | 044-49034903                 | Orthopaedic                                                                                                                                                                                                                                                                                                                                           |
| 254   | 254   | 254    | <b>TRINITY ACUTE CARE HOSPITAL</b><br>No.33, Desikan Road,<br>Mylapore,<br>Chennai-600 004                                                                               | 044-24991488                 | Cardiology, Cardiothoracic Surgery,<br>Urology, Oncology, Neurology,<br>Vascular Surgery, Gastroenterology,<br>Plastic and Facio Maxillary, ENT,<br>General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Haematology, Pulmonology, General<br>Surgery, Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery |
| 255   | 255   | 255    | <b>TRUST HOSPITAL</b><br>No:122, Medavakam Tank<br>Road,<br>Ayanavaram,<br>Chennai - 600 023.                                                                            | 044-26461722,                | Nephrology / Urology.                                                                                                                                                                                                                                                                                                                                 |
| 256   | 256   | 256    | <b>UDHI EYE HOSPITALS</b><br>9, Murrays Gate Road,<br>Alwarpet,<br>Chennai - 600018.                                                                                     | 044-43471111,<br>42188844    | Ophthalmology.                                                                                                                                                                                                                                                                                                                                        |
| 257   | 257   | 257    | <b>UMA EYE CLINIC PVT LTD.</b><br>No:1957, 10th Main Road,<br>Anna Nagar,<br>Chennai - 600 104.                                                                          | 044-26213670,<br>26263189    | Ophthalmology.                                                                                                                                                                                                                                                                                                                                        |
| 258   | 258   | 258    | <b>UNITTAS MULTISPECIALITY HOSPITAL PRIVATE LIMITED</b><br>No.16/17, M.K.Reddy<br>Street,<br>West Tambaram,<br>Chennai - 600 045.                                        | 044-40124012                 | General Medicine - Medical Care,<br>Medical Gastro-enterology,<br>Orthopaedics, General Surgery,<br>Gynaecology, Neurology                                                                                                                                                                                                                            |
| 259   | 259   | 259    | <b>V SMART HEALTH VENTURES PVT LTD.</b><br>No.115, Kamaraj Avenue,<br>2nd Street,<br>Adyar,<br>Chennai-600 020.                                                          | 044-33143314<br>044-42665165 | Ophthalmology                                                                                                                                                                                                                                                                                                                                         |
| 260   | 260   | 260    | <b>V.S. HOSPITAL</b><br>13, East Spurtank Road,<br>Chetpet,<br>Chennai - 600 031.                                                                                        | 044-12001000,<br>28190920    | Oncology. Orthopaedics, General<br>Surgery, Urology, Neurology,<br>Nephrology, Gynaecology, General<br>Medicine Care, ENT.                                                                                                                                                                                                                            |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                               | <b>Contact Number</b>         | <b>Specialities Available</b>                                                                                                                              |
|--------------|--------------|---------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>261</b>   | <b>261</b>   | <b>261</b>    | <b>VARAMM HEALTHCARE PVT LTD</b><br>Plot No.780-A,31st Street, TNHB Colony, Korattur, Chennai – 600 080.               | 9047998865                    | General Medicine, General Surgery, Internal Medicine, Cardiology, Nephrology, Gastro-enterology, Orthopaedics, Gynaecology, Urology, ENT, Plastic Surgery. |
| <b>262</b>   | <b>262</b>   | <b>262</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>No. 201, GST Road, Opp. to Chrompet Bus Stop, Chrompet, Chennai - 600 044.           | 044-33724800                  | Ophthalmology.                                                                                                                                             |
| <b>263</b>   | <b>263</b>   | <b>263</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>No.310,TTK Road, Alwarpet, Chennai-600 018.                                          | 044-33724400                  | Ophthalmology.                                                                                                                                             |
| <b>264</b>   | <b>264</b>   | <b>264</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>118, Bazaar Road, Saidapet, Chennai - 600 015.                                       | 044-43400000, 39890000        | Ophthalmology.                                                                                                                                             |
| <b>265</b>   | <b>265</b>   | <b>265</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>New No:976, Old No: 447, T.H Road, (Old Washermenpet) Tondiarpet, Chennai - 600 021. | 044-43400660                  | Ophthalmology.                                                                                                                                             |
| <b>266</b>   | <b>266</b>   | <b>266</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>No 77, 3rd Avenue, Opp K4 Police Station), Anna Nagar East, Chennai - 600 102.       | 044-33724800                  | Ophthalmology.                                                                                                                                             |
| <b>267</b>   | <b>267</b>   | <b>267</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>No. 100/101, Triplicane High Road, Triplicane Chennai - 600 005.                     | 044-39923000                  | Ophthalmology.                                                                                                                                             |
| <b>268</b>   | <b>268</b>   | <b>268</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>No. 115/1, Kamaraj Avenue, 2nd Street, Adyar, Chennai-600 020.                       | 044-33724700                  | Ophthalmology.                                                                                                                                             |
| <b>269</b>   | <b>269</b>   | <b>269</b>    | <b>VASAN EYE CARE HOSPITAL</b><br>No.50, Arcot Road, Valasaravakkam, Chennai-600 087.                                  | 044-33701300                  | Ophthalmology.                                                                                                                                             |
| <b>270</b>   | <b>270</b>   | <b>270</b>    | <b>VASAN EYE CARE</b><br>683/5, Mahalingam Street, Near Ayyappan Temple Bus Stop, Madipakkam, Chennai - 600 091.       | 044-33724216/<br>044-33724200 | Ophthalmology                                                                                                                                              |
| <b>271</b>   | <b>271</b>   | <b>271</b>    | <b>VASANTHRAM HOSPITAL (P) LIMITED</b><br>No.7, Varadhappan Street, West Mambalam, Chennai -600 033.                   | 044-24723815/<br>9444257730   | General Medicine - Medical care, General Surgery, Gastroenterology                                                                                         |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                      | Contact Number                                  | Specialities Available                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 272   | 272   | 272    | <b>VENKATESWARA HOSPITAL</b><br>36-A, Muthuramalinga Devar Salai, Nandanam, Chennai - 600 035.                         | 044-45114511                                    | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 273   | 273   | 273    | <b>VIHAA MULTI-SPECIALITY HOSPITAL</b><br>E-5, Third Avenue, Anna nagar East, Chennai - 600 102.                       | 97104 00000                                     | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology   |
| 274   | 274   | 274    | <b>VIJAYA GROUP OF HOSPITALS</b><br>NSK Salai, Vadapalani, Chennai - 600 026.                                          | 044-24802221, 24802165                          | General Medicine-Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery, Neurology, Plastic & Facio Maxillary, Gastroenterology, Neurosurgery, ENT, Cardiology.                                                                                                               |
| 275   | 275   | 275    | <b>VIJAY'S NURSING HOME</b><br>39, West Road, West C.I.T. Nagar, Chennai - 600 035.                                    | 044-24338245, 24336795                          | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                                                                                                                                                                                                                 |
| 276   | 276   | 276    | <b>VISHNU EYE CLINIC</b><br>C-46, Second Avenue, Anna Nagar East, Chennai-600 102.                                     | 044-2626 1188<br>044-2626 1166<br>044-2628 1166 | Ophthalmology.                                                                                                                                                                                                                                                                                                             |
| 277   | 277   | 277    | <b>VISION XPERTS EYE HOSPITAL</b><br>Old No•20, New, No-30, 7th Avenue, Ashok Nagar, Chennai- 600 083                  | 044-48685767<br>91767 85767                     | Ophthalmology                                                                                                                                                                                                                                                                                                              |
| 278   | 278   | 278    | <b>VS SUPER SPECIALITY CENTER FOR ADVANCED SURGERIES</b> No.815/306, Poonamalle High Road, Kilpauk, Chennai - 600 010. | 044-46008000                                    | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                         | Contact Number                                 | Specialities Available                                                                                                                                                                                                                                                                                                                      |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 279   | 279   | 279    | <b>WEST MINSTER HEALTH CARE</b><br>Old No.145, New No. 2,<br>Opp: The Park Hotel,<br>Nungambakkam High Road,<br>Chennai - 600 034.                                        | 044-61006100                                   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Interventional<br>cardiology, Orthopaedics, General<br>Surgery, Gynaecology, Urology,<br>Nephrology, Medical Gastro-<br>enterology, Surgical Gastro-<br>enterology, Gynaecology, ENT,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery |
| 280   | 280   | 280    | <b>XCELLENT CARE HOSPITAL</b><br>7th Cross Street, Raja<br>Lakshmi Nagar,<br>100 Feet Velachery Bye<br>Pass Road, Near Velachery<br>Lake, Velachery,<br>Chennai -600 042. | 044-40000006                                   | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                              |
|       |       |        | <b>II. THIRUVALLUR DISTRICT</b>                                                                                                                                           |                                                |                                                                                                                                                                                                                                                                                                                                             |
| 281   | 281   | 1      | <b>B.R. Hospital</b><br>No. 10 & 12, Alamaram<br>Street,<br>Tiruttani - 631 029                                                                                           | 044-27885635                                   | General Medicine - Medical Care,<br>Paediatrics, Orthopaedics, General<br>Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                |
| 282   | 282   | 2      | <b>BHATS EYE HOSPITAL</b><br>Vijaya Complex, No 1,<br>M.T.H.Road,<br>Ambattur OT,<br>Chennai - 600 053.                                                                   | 044-26581566                                   | Ophthalmology                                                                                                                                                                                                                                                                                                                               |
| 283   | 283   | 3      | <b>CHENNAI HEALTH FOUNDATION</b><br>2B2, Aishwarya Nagar,<br>M.T.H Road,<br>Opp. To Vivekanandha<br>School,<br>Thirumullaivoyal,<br>Ambattur,<br>Chennai - 600 053.       | 94999<br>46879<br>84382<br>82144               | General Medicine, General Surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastroenterology, Surgical<br>Gastro-enterology, Pulmonology,<br>Gynaecology, Medical oncology,<br>Urology, Cardiothoracic surgery,<br>Endocrinology, Neurology, Plastic<br>surgery, Vascular surgery,<br>Interventional Cardiology,<br>Orthopaedics  |
| 284   | 284   | 4      | <b>DEEPAM EYE HOSPITALS</b><br>No.77/1, C.V.Naidu Salai,<br>Thiruvallur - 602 001                                                                                         | 827022222<br>44                                | Ophthalmology                                                                                                                                                                                                                                                                                                                               |
| 285   | 285   | 5      | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>157, JN Road,<br>Tiruvallur - 602001.                                                                                                | 044-27666868                                   | Ophthalmology                                                                                                                                                                                                                                                                                                                               |
| 286   | 286   | 6      | <b>GRAND CARE MULTISPECIALITY HOSPITAL</b><br>No,10,Thanthai periyar<br>salai,<br>Rajajipuram,<br>Thiruvallur-602001                                                      | 044-27666766<br>044-47989799<br>893996697<br>6 | General medicine, Cardiology,<br>Nephrology, Paediatrics, Medical<br>Gastroenterology,<br>Surgical Gastroenterology,<br>Pulmonology,<br>Gynaecology, Urology,<br>Endocrinology, Haematology,<br>Surgical oncology, Rheumatology,<br>Neurology, Neurosurgery,<br>Plastic surgery, vascular surgery,<br>Orthopaedics                          |
| 287   | 287   | 7      | <b>LOGIDASAN HOSPITAL</b><br>14, Rajaji Street,<br>Manavala Nagar,<br>Tiruvallur - 602 002.                                                                               | 044-27640496                                   | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                                            |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                      | Contact Number                                                           | Specialities Available                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 288   | 288   | 8      | <b>MANGALAM HOSPITAL</b><br>No.1,JCN Street,<br>Poonamallee,<br>Tiruvallur-600 056.                                    | 755108662<br>4<br>960009575<br>6<br>812219874<br>7                       | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical Gastroenterology, Pulmonology, Gynaecology, Rheumatology, Neurology, Orthopaedics                                                                                                                                                          |
| 289   | 289   | 9      | <b>MV LIFECARE MULTISPECIALITY HOSPITAL</b><br>156B, PH Road,<br>Ondikuppam,<br>Manavala Nagar,<br>Thriuvallur 602002  | 956620044<br>2/9840250<br>442                                            | General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastroenterology, Orthopaedics, Pulmonology, Gynaecologist, ENT, Neurology, Psychiatrist, Neuro surgery, Oral & Maxillofacial surgery                                                                                                                        |
| 290   | 290   | 10     | <b>PEACOCK HOSPITALS</b><br>No.5,Arakkonam Road,<br>Tiruttani,<br>Tiruvallur - 631 209.                                | 631209/04<br>4-<br>27286000/<br>27880555/<br>27885555/<br>948758105<br>3 | Critical care, General Medicine, General Surgery, cardiology, Cardiothoracic surgery Interventional cardiology, Urology, Nephrology, Paediatrics, Medical Gastroenterology, Surgical Gastro- enterology, Pulmonology,                                                                                                      |
|       |       |        | <b>III. KANCHIPURAM DISTRICT</b>                                                                                       |                                                                          |                                                                                                                                                                                                                                                                                                                            |
| 291   | 291   | 1      | <b>APJ MULTI-SPECIALITY HOSPITAL</b><br>Near Walajabad Bus stand,<br>Vinotha Nagar,<br>Walajabad - 631 605             | 044-<br>27256006<br>81481<br>64769                                       | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Gynaecology, Urology, Medical Gastro- enterology, Surgical Gastro-entrolgy, ENT, Neurology, Plastic Surgery, Paediatrics.                                                                                                |
| 292   | 292   | 2      | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>32-B, Indiragandhi Street,<br>Opp. to Municipal Office,<br>Kanchipuram - 631 502. | 044-<br>37281600,<br>37281601,3<br>7281603                               | Ophthalmology.                                                                                                                                                                                                                                                                                                             |
| 293   | 293   | 3      | <b>EMMESS WOMEN CARE CENTRE</b><br>No.33-C, Hospital Road,<br>Kanchipuram – 631 502                                    | 962935351<br>3                                                           | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                              |
| 294   | 294   | 4      | <b>GG HOSPITAL</b><br>No.63B,Shekpet street,(Opp taluk office),<br>Kanchipuram-631501                                  | 877801305<br>8                                                           | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical Gastroenterology, Surgical Gastroenterology, Pulmonology, Gynaecology, Urology, Endocrinology, surgical oncology, Rheumatology, Plastic surgery, vascular surgery, Orthopaedics                                                            |
| 295   | 295   | 5      | <b>LIFECARE HOSPITAL</b><br>No.15, Railway Road,<br>Kanchipuram-631502.                                                | 044-<br>27231090                                                         | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                  |
| 296   | 296   | 6      | <b>MEENAKSHI MEDICAL COLLEGE HOSPITAL &amp; RESEARCH INSTITUTE</b><br>Enathur,<br>Karrapettai -631 552.                | 044-<br>27261074/<br>337/338                                             | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                                                    | <b>Contact Number</b>                                | <b>Specialities Available</b>                                                                                                                                                                                                                                                           |
|--------------|--------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>297</b>   | <b>297</b>   | <b>7</b>      | <b>PANDIAN HOSPITAL</b><br>No-19, Mahatma Gandhi Nagar,<br>Sriperumbudur.                                                                                   | 044-<br>27163676                                     | General Surgery, Gynaecology.                                                                                                                                                                                                                                                           |
| <b>298</b>   | <b>298</b>   | <b>8</b>      | <b>PSP MEDICAL COLLEGE HOSPITAL &amp; RESEARCH INSTITUTE</b><br>Tambaram-Kanchipuram main road, Oragadam, panruti, sriperumbudur (TK), Kanchipuram - 631604 | 970811234<br>5<br>970831234<br>5<br>044-<br>67186700 | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical gastroenterology, Surgical Gastroenterology, Pulmonology, Gynaecology, Urology, Cardiothoracic surgery, Ophthalmology, Neurology, Orthopaedics                                                          |
| <b>299</b>   | <b>299</b>   | <b>9</b>      | <b>RAPHAEL LIFE CARE HOSPITAL</b><br>No.45,ST 02,Paruthikollai, Uthiramerur to chengalpattu Main road, Uthiramerur, Kanchipuram-603406                      | 880750084<br>7<br>902533465<br>6                     | General medicine, General surgery, Nephrology, Paediatrics, Gynaecology, Urology, Neurology, Plastic surgery                                                                                                                                                                            |
| <b>300</b>   | <b>300</b>   | <b>10</b>     | <b>RMD SPECIALITIES HOSPITAL</b><br>No.162, Kundrathur, Sriperumbudur Road, Parvathi Nagar, Amarabedu, Sriperumbudur, Chennai 600 069                       | 944441121<br>9                                       | General Medicine - Medical Care, General surgery, Gynaecology, Orthopaedics, Nephrology, Neurology, ENT, Ophthalmology, Gastro- enterology, Medical Oncology, surgical oncology, Urology                                                                                                |
| <b>301</b>   | <b>301</b>   | <b>11</b>     | <b>SAVEETHA MEDICAL COLLEGE &amp; HOSPITAL</b><br>Saveetha Nagar, Thandalam Village, Sriperumbudur, Kancheepuram – 602 105.                                 | 044-<br>26810299/<br>044-<br>26811299                | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, Cardiology, ENT, Cardiothoracic Surgery, Paediatrics, Ophthalmology, Gastroenterology, Medical Oncology, Surgical Oncology |
| <b>302</b>   | <b>302</b>   | <b>12</b>     | <b>SAYEE SPECIALITY HOSPITAL</b><br>No.234, Walajabath Main Road, Padappai , Kanchipuram - 601 301                                                          | 044-<br>27175028                                     | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                               |
| <b>303</b>   | <b>303</b>   | <b>13</b>     | <b>Sri MAMALLAN HOSPITAL</b><br>Plot 1, Madhar Nagar, Near New Railway station flyover, Ponnerikarai, Kanchipuram-632009                                    | 044-<br>48655500                                     | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology, Cardiology, Oncology, ENT, Neurosurgery, Nephrology                                                                                                                                        |
| <b>304</b>   | <b>304</b>   | <b>14</b>     | <b>SRI NE FOUNDATION</b><br>53, MM Avenue Main Road, Kanchipuram-631501.                                                                                    | 044-<br>27228614                                     | Cardiology, General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery.                                                                                                                                                                  |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                            | Contact Number                         | Specialities Available                                                                                                                                                                                                                                                                           |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 305   | 305   | 15     | <b>VASAN EYE CARE HOSPITAL</b><br>No.1, Vallal Pachaiyappan Street,<br>Kanchipuram - 631 501.                                | 044-37281850                           | Ophthalmology.                                                                                                                                                                                                                                                                                   |
|       |       |        | <b>IV. CHENGALPATTU DISTRICT</b>                                                                                             |                                        |                                                                                                                                                                                                                                                                                                  |
| 306   | 306   | 1      | <b>BALAJI HOSPITAL</b><br>14, Varadhanar Street,<br>Vedachalam Nagar,<br>Chengalpattu-603 001.                               | 044-27428304                           | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                |
| 307   | 307   | 2      | <b>DEEPAM EYE HOSPITALS</b><br>No.36, MIT colony, GST Road,<br>Urapakkam,<br>Chennai - 603210.                               | 827022224<br>4/044-42020550            | Ophthalmology                                                                                                                                                                                                                                                                                    |
| 308   | 308   | 3      | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>No:6, TDK Towers,<br>Duraismy Street,<br>West Tambaram - 600045.                        | 044-37281600,<br>37281601,<br>37281603 | Ophthalmology.                                                                                                                                                                                                                                                                                   |
| 309   | 309   | 4      | <b>Dr.KAMAKSHI MEMORIAL HOSPITAL</b><br>No.6/484, Rajiv Gandhi Salai(OMR),<br>Siruseri Branch Egattur,<br>Chennai - 600 130. | 988440065<br>1                         | General medicine, General Surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastro-enterology, Surgical<br>Gastro enterology, Pulmonology,<br>Gynaecology, Urology,<br>Ophthalmology, Endocrinology ,<br>Neuro surgery, Orthopaedics                                                   |
| 310   | 310   | 5      | <b>GUDUVANCHERY MEDIC CENTRE PVT.LTD</b><br>No. 6, G.S.T Road,<br>Nandhivaram,<br>Guduvanchery-603 202                       | 044-27466622                           | Urology, Neurology, Vascular Surgery,<br>Gastroenterology, Plastic and Facio Maxillary,<br>ENT, General Medicine - Medical Care, General Medicine - Critical Care,<br>Haematology, Pulmonology, General Surgery,<br>Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery         |
| 311   | 311   | 6      | <b>HINDU MISSION HOSPITAL</b><br>103, G.S.T Road,<br>West Tambaram,<br>Chennai-600 045.                                      | 044-22262244                           | General Medicine - Medical Care,<br>General Surgery, Gynaecology /Ophthalmology, Ortho,<br>Neurosurgery, Interventional Radiology, Cardiothoracic surgeries,<br>Surgical Oncology, Medical Oncology, Interventional Cardiology,<br>Urology, Vascular Surgery, Pulmonology, Gastroenterology, ENT |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                      | Contact Number                 | Specialities Available                                                                                                                                                                                                                                                                                                                                                                   |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 312   | 312   | 7      | <b>J.S.P. HOSPITALS (P) LTD.</b><br>70, Kancheepuram High Road,<br>Chengalpattu-603 002.                                                                               | 044-27426829,<br>27428851      | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                           |
| 313   | 313   | 8      | <b>JEEVAN SUMYUKTHA HOSPITALS</b><br>#P14/3, 2nd Avenue,<br>Domestic Tariff Area,<br>Mahindra World City,<br>Chengalpattu - 603 002.                                   | 044-27460044                   | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                                                |
| 314   | 314   | 9      | <b>KARPAGA VINAYAKAR INSTITUTE OF MEDICAL SCIENCES</b><br>GST Road, Chinna Kolambakkam,<br>Palayanoor (PO),<br>Madhuranthangam (Tk),<br>Chengalpattu 603 308.          | 044-27565160,<br>27665195      | General Medicine - Medical Care, General Surgery, Gynaecology, ENT, Gastroenterology, Neurology, Plastic & Facio Maxillary, Vascular Surgery.                                                                                                                                                                                                                                            |
| 315   | 315   | 10     | <b>KAVITHA ORTHOPAEDIC SURGERY &amp; MULTISPECIALITY HOSPITAL</b><br>No.144, Radha Nagar Main Road,<br>Chromepet,<br>Chennai - 600 044.                                | 044-22653812                   | Orthopaedic Surgery, General Medicine.                                                                                                                                                                                                                                                                                                                                                   |
| 316   | 316   | 11     | <b>MANOHAR GENERAL HOSPITAL</b><br>No.28,Railway Road,<br>Kanchipuram-631501                                                                                           | 936030458<br>0                 | General medicine, Cardiology, Nephrology, Paediatrics, Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecologist, Medical Oncology, Urology, ENT, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Radiation Oncology, Rheumatology, Neurology, Plastic Surgery, Vascular surgery                                                                         |
| 317   | 317   | 12     | <b>MELMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH</b><br>Melmaruvathur - 603 319.                                                             | 044-27529230                   | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Cardiothoracic surgery, Interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, Gynaecology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology |
| 318   | 318   | 13     | <b>ONE HEALTH HOSPITAL</b><br>No 174/4B, GST Road,<br>Vandalur,<br>Chennai - 603 203.                                                                                  | 044-22752555<br>94450<br>25558 | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Urology, Nephrology.                                                                                                                                                                                                                                                                                 |
| 319   | 319   | 14     | <b>SAI FERTILITY CENTRE &amp; HOSPITAL</b><br>New No.43, Old No.21,<br>Devarajanar Street,<br>Vedhachalam Nagar,<br>(Behind New Bus Stand),<br>Chengalpattu - 603 001. | 910009600<br>0                 | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                                                |

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| S. No                      | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                   | Contact Number                            | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 320                        | 320   | 15     | <b>SREE RENGHA HOSPITAL</b><br>No. 12 Varada Reddy Street,<br>Vedachala Nagar,<br>Chengalpattu-603 001.                             | 044-<br>27432240                          | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                                                         |
| 321                        | 321   | 16     | <b>SRI VENKATESWARA HOSPITAL</b><br>No.2/27, Gandhi Street,<br>Railway Station Road,<br>Singaperumal Koil<br>Chengalpattu- 603 204. | 044-<br>27464555                          | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                                                         |
| 322                        | 322   | 17     | <b>SRINGERI SHARADA EQUITAS HOSPITAL</b><br>No.175,Velacherry<br>Tambaram Main Road,<br>Gowrivakkam,<br>Chengalpattu-600073         | 984047554<br>5/<br>960001316<br>9         | General medicine, Paediatrics,<br>Diabetology, Cardiology, Medical<br>Gastroenterology, Neurology,<br>Nephrology, General Surgery,<br>Gynaecology, Orthopaedics,<br>Urology, Surgical Gastrology, ENT,<br>Vascular surgery, Oncology                                                                                                                                                                                                                      |
| 323                        | 323   | 18     | <b>SRM GLOBAL HOSPITALS</b><br>Mahatma Gandhi Road,<br>SRM Nagar,<br>Potheri, Kattankulathur,<br>Chennai - 603 203                  | 044670068<br>00                           | General medicine, General Surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastro-enterology, Surgical<br>Gastro enterology, Pulmonology,<br>Gynaecology, Medical Oncology,<br>Urology, Cardiothoracic Surgery,<br>Ophthalmology, Haematology,<br>Endocrinology, Surgical Oncology,<br>Rheumatology, Neurology,<br>Neurosurgery, Plastic surgery,<br>vascular surgery, Interventional<br>Cardiology, Interventional<br>Radiology, Orthopaedics |
| 324                        | 324   | 19     | <b>SRM MEDICAL COLLEGE</b><br>S.R.M Nagar,<br>Kattankulathur-603 203.                                                               | 044-<br>2745603                           | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Cardiology, Cardiothoracic Surgery,<br>ENT, Gastroenterology, Neurology,<br>Plastic & Facio Maxillary,<br>Vascular Surgery.                                                                                                                                                                                                                                                          |
| 325                        | 325   | 20     | <b>ST.THOMAS HOSPITAL</b><br>No.5/105 Defence colony<br>Road,<br>St.Thomas Mount,<br>Chennai-60016                                  | 044<br>61739393/<br>22319393/<br>22314133 | General medicine, Diabetology,<br>Oncology, Cardiology, Neurology,<br>Paediatrics, endocrinology, Dental,<br>Urology,Gastroenterology,Gynecolog<br>ist,Pulmonary,Nephrology,Orthoped<br>ics,ENT,Rheumatology,Hematology                                                                                                                                                                                                                                   |
| 326                        | 326   | 21     | <b>TAGORE MEDICAL COLLEGE &amp; HOSPITAL</b><br>Rathinamangalam,<br>Melakottaiur Post - 600<br>127.                                 | 044-<br>30101111                          | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>Cardiology, ENT                                                                                                                                                                                                                                                               |
| <b>V. VELLORE DISTRICT</b> |       |        |                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 327                        | 327   | 1      | <b>ARUN HOSPITAL</b><br>No.15, Thiyagarajapuram,<br>Vellore-632 001                                                                 | 0416-<br>2234217                          | General Medicine - Medical Care,<br>Paediatrics, Orthopaedics, General<br>Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                                                                                              |
| 328                        | 328   | 2      | <b>BABA HOSPITAL</b><br>No.1311-A, South Avenur<br>Road, Phase-II,<br>Sathuvachari,<br>Vellore - 632 009.                           | 0416-<br>2253744                          | General Medicine - Medical Care,<br>General Surgery, Genito Urinary<br>Surgery, Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                                                                                                                                                           |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                               | Contact Number                        | Specialities Available                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 329   | 329   | 3      | <b>CHRISTIAN EYE HOSPITAL</b><br>Schell Campus Arni Road,<br>Vellore - 632 004.                                                                 | 0416-2283174,<br>2282593,<br>22820202 | Ophthalmology                                                                                                                                                                                                                                                                                                              |
| 330   | 330   | 4      | <b>CHRISTIAN MEDICAL COLLEGE &amp; HOSPITAL</b><br>IDA Scudder Road,<br>Vellore - 632 004.                                                      | 0416-2283174,<br>2282593,<br>22820202 | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary Surgery.                                                                                                                                                               |
| 331   | 331   | 5      | <b>DHANYA MEDICAL CENTER</b><br>No.19, Pillaiyar Koil street,<br>Velapadi,<br>Vellore-632 001                                                   | 989439932<br>6                        | General Medicine - Medical Care, General Surgery, Urology, Orthopaedics, Vascular Surgery, Neurology, Cardiology                                                                                                                                                                                                           |
| 332   | 332   | 6      | <b>DHINESH HOSPITAL</b><br>73,Arni Road,<br>Rathinasingh Kulam Street,<br>Vellore-632 001.                                                      | 0416-2227700                          | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                         |
| 333   | 333   | 7      | <b>DHINESH NURSING HOME</b><br>Bagayam,(Arni Road),<br>Edayanchathu,<br>Vellore-632 002.                                                        | 0416-2263300                          | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                         |
| 334   | 334   | 8      | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>19/1, Officers Line,<br>Vellore - 632 001                                                                  | 0416-3092611                          | Ophthalmology                                                                                                                                                                                                                                                                                                              |
| 335   | 335   | 9      | <b>INDIRA NURSING HOME</b><br>No.452, Main Bazaar Road,<br>Saidapet,<br>(Near CMC)<br>Vellore-632 012.                                          | 0416-2225253                          | General Medicine-Medical Care, General Surgery.                                                                                                                                                                                                                                                                            |
| 336   | 336   | 10     | <b>INDIRA SUPER SPECIALITY HOSPITAL</b><br>No.320/3A1.320, Chittoor main Road,<br>Gandhi Nagar<br>Katpadi,<br>Vellore-632 006                   | 98423<br>24425                        | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 337   | 337   | 11     | <b>K.V.R.KIDNEY &amp; DIABETIC CENTRE</b><br>No.438, Civil supply Godown main street,<br>Behind priya mahal otteri bus stop,<br>Vellore-632 002 | 0416-2266555                          | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                         |
| 338   | 338   | 12     | <b>KUMARAN HOSPITALS PVT LTD.</b><br>112, Katpadi Road,<br>Gandhi Nagar,<br>Vellore - 632 006.                                                  | 0416-2243630                          | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                              |
| 339   | 339   | 13     | <b>LAKSHMI HOSPITAL</b><br>7/8, Pillayarkoil Street,<br>Dharapadavedu, Katpadi,<br>Vellore - 632 007.                                           | 0416-2242670                          | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                 | Contact Number                  | Specialities Available                                                                                                                                                                                                                                                                                                                                                                       |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 340   | 340   | 14     | <b>MAA HOSPITAL</b><br>No.50,Vallimalai road,<br>Katpadi,<br>Vellore -632007                                                      | 934466314<br>5                  | General medicine, General surgery,<br>Cardiology, Paediatrics,<br>Gynaecology, surgical<br>Gastroenterology, plastic surgery,<br>surgical oncology                                                                                                                                                                                                                                           |
| 341   | 341   | 15     | <b>MANISUNDARAM<br/>MEDICAL MISSION</b><br>No.288, South Avenue<br>Road, Phase- I, Vallalar,<br>Sathuvachari,<br>Vellore-632 009. | 0416-<br>2256007/<br>22540047   | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                                                                               |
| 342   | 342   | 16     | <b>NARUVI HOSPITALS</b><br>Collector Office Road,<br>Bangalore-Chennai<br>Highway (NH 48),<br>Vellore-632 004                     | 0416-<br>6661111                | Cardiology, Cardiothoracic Surgery,<br>Urology, Oncology, Neurology,<br>Vascular Surgery, Gastroenterology,<br>Plastic and Facio Maxillary, ENT,<br>General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Haematology, Pulmonology, General<br>Surgery, Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                        |
| 343   | 343   | 17     | <b>PALAR HOSPITAL<br/>PRIVATE LIMITED</b><br>No.28&29 Gandithi Road,<br>Nadupet, Gudiyattam,<br>Vellore - 632 602.                | 04171-<br>229595/75<br>98981595 | General Medicine, General surgery,<br>Obstetrics & Gynaecology, Urology,<br>ENT, Dental Surgeon, Spine<br>surgery, Surgical oncology                                                                                                                                                                                                                                                         |
| 344   | 344   | 18     | <b>SAM HEALTH CARE<br/>SERVICES</b><br>290/4 Vellore Main Road,<br>Darapadaveedu,<br>Katpadi,<br>Vellore - 632 007.               | 986691954,<br>0416-<br>2246677  | Dialysis                                                                                                                                                                                                                                                                                                                                                                                     |
| 345   | 345   | 19     | <b>SANDHYA HOSPITAL &amp;<br/>FERTILITY CENTRE</b><br>No.565, 16th Cross, Phase-<br>I,<br>Sathuvachari,<br>Vellore-632 009.       | 0416-<br>2253357                | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                                                                               |
| 346   | 346   | 20     | <b>SANKARI HOSPITAL 32,</b><br>G.P.H . Road,<br>Vellore - 632 001.                                                                | 0416-<br>2222667,<br>2222578    | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                                                                                                                                                                                                                                          |
| 347   | 347   | 21     | <b>SATHISH EYE HOSPITAL</b><br>No.112, Arni Road, Kosapet,<br>Near 'More Super market',<br>Vellore - 632 001.                     | 958587509<br>2                  | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                |
| 348   | 348   | 22     | <b>SRI NARAYANI HOSPITAL<br/>AND RESEARCH CENTRE</b><br>Thirmalaikodi, Vellore - 632<br>055.                                      | 0416-<br>2206324                | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>cardiology interventional, Medical<br>Management, cardiothoracic<br>surgery, ENT, Gastroenterology<br>Medical & surgical Gynaecology,<br>Liver Transplant, Medical Oncology,<br>Nephrology, Neurology,<br>Neurosurgery, Ophthalmology,<br>ortho, Radiation oncology, Renal<br>transplant, surgical oncology,<br>Urology |

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| S. No                           | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                      |
|---------------------------------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 349                             | 349   | 23     | <b>SRI RAGAVENDRA HEALTH CARE</b><br>No.218, Phase-1, South service road, Sathuvachari, Vellore - 630 009.                       | 0416-2255288<br>95976<br>49557       | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro- enterology, Surgical Gastro- enterology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology. |
| 350                             | 350   | 24     | <b>THE EYE FOUNDATION SUPERSPECIALITY HOSPITALS</b><br>No.47/1A,Katpadi main road, Near palar bridge viruthampet, Vellore-632006 | 0416<br>02999970                     | Ophthalmology                                                                                                                                                                                                                                                                                                               |
| 351                             | 351   | 25     | <b>VASAN EYE CARE-VELLORE</b><br>No. 30/1, Officer'S Line, (Near Khanna Hotel), Vellore.632 001.                                 | 0416-221188                          | Ophthalmology                                                                                                                                                                                                                                                                                                               |
| <b>VI. RANIPET DISTRICT</b>     |       |        |                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                             |
| 352                             | 352   | 1      | <b>CHRISTIAN MEDICAL COLLEGE (Ranipet Campus)</b><br>Kilminal Village, Ranipet 602517                                            | 041-2283174,<br>2282593,<br>22820202 | General Surgery, General Medicine, Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary surgery                                                                                                                                                                  |
| 353                             | 353   | 2      | <b>SCUDDER MEMORIAL HOSPITAL, RANIPET</b><br>No. 42-D/1, Kellys Road, Ranipet - 632401                                           | 04172-270212 /<br>272741             | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery. Urology, ENT, Ophthalmology                                                                                                                                                                                      |
| 354                             | 354   | 3      | <b>SUNDARAM HEALTH CENTRE</b><br>Sholinghur, Ranipet - 631 102                                                                   | 915258439<br>1                       | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                      |
| 355                             | 355   | 4      | <b>THIRUMALAI MISSION HOSPITAL</b><br>Thirumalai Nagar, Vanapadi Road, Ranipet-632 404.                                          | 04172-244520<br>04172-244521         | General Surgery, Ortho, Dialysis, Gynaecology, ENT                                                                                                                                                                                                                                                                          |
| <b>VII. TIRUPATHUR DISTRICT</b> |       |        |                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                             |
| 356                             | 356   | 1      | <b>AR SPECIALITY HOSPITAL</b><br>130/8, Mandi Dademiyan Street, Neelfield, Vaniyambadi 635751                                    | 894032707<br>0/04174<br>227070       | Ophthalmology                                                                                                                                                                                                                                                                                                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                     | Contact Number               | Specialities Available                                                                                                                                                                                                                                                                                |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 357   | 357   | 2      | <b>EYE CARE CLINIC &amp; NURSING HOME</b><br>No.390, Gandhi Road, Sama Nagar, Achamangalam, Tirupathur - 635601                       | 04179-220874                 | Ophthalmology                                                                                                                                                                                                                                                                                         |
| 358   | 358   | 3      | <b>GOOD SAMARITAN RURAL DEVELOPMENT PROJECT MATRAPALLI EYE HOSPITAL</b><br>Matrapalli Village, Vishamangalam (Via), Tirupattur 635652 | 4179249221                   | Ophthalmology                                                                                                                                                                                                                                                                                         |
| 359   | 359   | 4      | <b>J J NETHRALAYA &amp; GLAUCOMA FOUNDATION</b><br>No.19/8-B, Ramakapettai, 3rd street, Tirupathur - 635 601.                         | 97874 26136                  | Ophthalmology                                                                                                                                                                                                                                                                                         |
| 360   | 360   | 5      | <b>K.V EYE HOSPITAL</b><br>Vallar Nagar, Tirupattur 635601                                                                            | 4179222161                   | Ophthalmology                                                                                                                                                                                                                                                                                         |
| 361   | 361   | 6      | <b>KRISHNA NEURO AND MULTISPECIALITY HOSPITAL</b><br>No:93/41A,Ambur Bypass Rd.Krishnapuram. Ambur-635802                             | 97897141 98                  | General Medicine, General Surgery, Orthopaedics, Urology, ENT, Dental Surgery, Plastic Surgery, Oncology, Nephrology, Dialysis, Paediatric Surgery, Neurology, Neurosurgery, Obstetrics & Gynaecology                                                                                                 |
| 362   | 362   | 7      | <b>NU HOSPITALS</b><br>No:75/2F2, NH 48 MC Road, Solur Ambur, Tirupattur - 635814                                                     | 6366428822<br>6366498822     | General surgery, Gynaecology, Dialysis, Orthopaedics, Nephrology, Urology                                                                                                                                                                                                                             |
| 363   | 363   | 8      | <b>VJAYA MULTI-SPECIALITY HOSPITAL</b><br>No.75, Cutchery Street, Tirupattur – 635601                                                 | 04179-220864, 63693191 10    | General Medicine , General Surgery, Surgical Gastro-enterology, Pulmonology, Gynaecology, Urology, Surgical oncology,Neurology, Interventional Radiology                                                                                                                                              |
|       |       |        | <b>VIII. THIRUVANNAMALAI DISTRICT</b>                                                                                                 |                              |                                                                                                                                                                                                                                                                                                       |
| 364   | 364   | 1      | <b>AMUDHAM HOSPITALS</b><br>No.1/1A, TS No.1826/48, Thandarampet Main Road, Tiruvannamalai - 606 601.                                 | 94869 91100 / 04175 299999   | General medicine, General surgery, Cardiology, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Gynaecology, Medical oncology, Ophthalmology, Haematology, Surgical oncology, Radiation oncology, Neurology, Neurosurgery, Plastic surgery, Interventional Radiology, Orthopaedics |
| 365   | 365   | 2      | <b>ARUNAI MEDICAL COLLEGE &amp; HOSPITAL</b><br>Velu Nagar, Theninatliur, Tiruvannamalai - 606 603.                                   | 04175-256256<br>04175-256200 | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Cardiology, Cardiothoracic surgery, Interventional cardiology, Orthopaedics, Gynaecology, Urology, Nephrology, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics.                      |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                               | Contact Number                     | Specialities Available                                                                                                                                                                                                                                                                |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 366   | 366   | 3      | <b>DHANABAKKIYAM SPECIALITY HOSPITAL</b><br>32G/13, Vettavalam Road (opp vijaya mall),<br>Tiruvannamalai 606601 | 4175290202                         | Gastro-enterology, General Medicine, General Surgery, Urology<br>Laparoscopic surgeries, Paediatrics, Gynaecology, Neurology, Nephrology, Oncology, Cardiology, Orthopaedics<br>Plastic surgery, Facio Maxillary & Dental surgery, ENT, Ophthalmology                                 |
| 367   | 367   | 4      | <b>Dr. BALA'S STAR</b><br>34/64, Durgai Amman Koil Street,<br>Tiruvannamalai 606601                             | 9677871782/04175252520             | General Medicine, Gastro-enterology, General Surgery, Orthopaedics surgery, Urology, Physiotherapy, Paediatrics, Endoscopy, Laparoscopic surgeries, Cardiology, Neurology, Nephrology, Psychiatry, ENT, Plastic surgery, Gynaecologist, Pulmonology                                   |
| 368   | 368   | 5      | <b>K V S HOSPITAL</b><br>No.7/12, Pey Gopura Street,<br>Tiruvannamalai - 606 601.                               | 04175-224003<br>04175-251875       | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Orthopaedics, Gynaecology, Urology, Paediatrics.                                                                                                                                                  |
| 369   | 369   | 6      | <b>R.K.HOSPITAL</b><br>135, Old Police Line S.T., Opp. to Bus Stand, Chengam,<br>Tiruvannamalai- 606 701.       | 04188-222263                       | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                         |
| 370   | 370   | 7      | <b>RAJ HOSPITAL</b><br>No.10/7C, Mannu Pillai Nagar,<br>Pey Gopuram First Street, Thiruvannamalai - 606 601.    | 04175-222555<br>04175-222666       | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Medical Gastro-enterology, Surgical Gastro - enterology, ENT, Surgical Oncology, Plastic Surgery, Vascular Surgery, Paediatrics. |
| 371   | 371   | 8      | <b>S.S. HOSPITAL</b><br>19, Mathalangulam Street, Tiruvannamalai-606 601.                                       | 04175-254470                       | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                    |
| 372   | 372   | 9      | <b>SAI RAM HOSPITAL</b><br>No.1596/1A, Thandarampet Road, Angalamman Temple Opp. Tiruvannamalai-606601          | 9789067575/7810016228/04175-225262 | Cardiology, Plastic Surgery, Urology, paediatrics, Obstetrics, Gynaecology, Orthopaedics Surgery, Dermatology, Psychology, General Surgery, Surgical Oncology, General Medicine, Neurology, ENT, Pulmonology, Radiology                                                               |
| 373   | 373   | 10     | <b>SENTHIL EYE CLINIC No.40,</b><br>High School Othavadi Street, Cheyyar, Tiruvannamalai -604 407.              | 04182-222128<br>9444181366         | Ophthalmology                                                                                                                                                                                                                                                                         |
| 374   | 374   | 11     | <b>SHANTALA HOSPITAL</b><br>117-Polur Road, Tiruvannamalai - 606 601.                                           | 04188-222523                       | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                         |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                    | Contact Number                                                | Specialities Available                                                                                                                                                                                                                     |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 375   | 375   | 12     | <b>SHIVAM HOSPITAL AND KRISHNA FERTILITY CENTER</b><br>78A & 78B, Annasalai - Tindivanam Road, Navakkarai, Tiruvannamalai - 606 601. | 04175-220699,975<br>7033225/8<br>489500858                    | General medicine, General surgery, Cardiology, Medical Gastro-enterology, Gynaecology, Urology, Surgical Gastro-enterology, Surgical oncology, Neurology, Neurosurgery, Interventional Cardiology, Orthopaedics                            |
| 376   | 376   | 13     | <b>SRI BALAJI NURSING HOME</b><br>4/E2 Durb Ali Street , Tiruvannamalai - 606 601.                                                   | 04175-221433,<br>222864                                       | General Medicine - Medical Care, General Surgery, Gynaecology. Ophthalmology.                                                                                                                                                              |
| 377   | 377   | 14     | <b>SRI RAMANA MAHARISHI EYE HOSPITAL</b><br>No.51/C, Somavara Kula St, Thiruvannamalai-606 601.                                      | 04175-237108                                                  | Ophthalmology                                                                                                                                                                                                                              |
| 378   | 378   | 15     | <b>SRI RAMANA MAHARISHI RANGAMMAL HOSPITAL</b><br>Siva Nagar, Athiyandal Village, Tiruvannamalai-606 603.                            | 04175-237108,<br>320030                                       | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                              |
| 379   | 379   | 16     | <b>ST.THOMAS HOSPITAL &amp; LEPROSY CENTRE</b><br>Chettupattu(Taluk), Tiruvannamalai -606 801.                                       | 04181-252263<br>04181-252366                                  | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                    |
| 380   | 380   | 17     | <b>SUGAM MULTISPECIALITY HOSPITAL</b><br>No.26,Vettavalam road(near Thiruvalluvar statue, Truvannamalai-606601)                      | 866760049<br>5                                                | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical Gastroenterology, Surgical enterology Gastrology, Pulmonology, Gynaecology, Urology, Ophthalmology, Neurology, Vascular surgery, Orthopaedics              |
| 381   | 381   | 18     | <b>SUGASTHALAA HOSPITAL</b><br>No.2, 6th Street, Gandhi Nagar Main Road, Tiruvannamalai - 606 601.                                   | 04175-222605                                                  | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                     |
| 382   | 382   | 19     | <b>SURIYAN HOSPITAL</b><br>No.9-B, Gandhi Nagar, 5th Street, Tiruvannamalai - 606 601.                                               | 701025381<br>5/7812815<br>555/04175-226666/<br>934276342<br>7 | General medicine, General surgery, Cardiology, Nephrology, Urology, Gastro-enterology, Orthopaedics, Medical oncology, Obstetrics & Gynaecology, Neurology, Neurosurgery, Plastic surgery, Paediatrics, Vascular surgery, Pulmonology, ENT |
| 383   | 383   | 20     | <b>SWATHI SHREE HOSPITAL</b><br>No:74A,Mathalangula Main St, Tiruvannamalai - 606 601.                                               | 868686314<br>7/04175-254081                                   | General Medicine, Orthopaedics General surgery, Obstetrics & Gynaecology, Cardiology, Diabetology                                                                                                                                          |
| 384   | 384   | 21     | <b>T.N.K. NURSING HOME</b><br>Tiruvoodai St, Tiruvannamalai- 606 601.                                                                | 04175-221982,<br>222982                                       | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                              |
| 385   | 385   | 22     | <b>VIVEKANANDA EYE HOSPITAL</b><br>32, G/C Vettavalam Road, Tiruvannamalai - 606 602.                                                | 04175-223771,<br>223783                                       | Ophthalmology                                                                                                                                                                                                                              |
|       |       |        | <b>IX. VILLUPURAM DISTRICT</b>                                                                                                       |                                                               |                                                                                                                                                                                                                                            |
| 386   | 386   | 1      | <b>ASHWINI HOSPITAL</b><br>40, Nehruji Road, Villupuram - 605 602.                                                                   | 04146-223044                                                  | General Medicine - Medical Care, General Surgery, Gynaecology, Ophthalmology.                                                                                                                                                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                    | Contact Number             | Specialities Available                                                                                                                                                                                                                                                                        |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 387   | 387   | 2      | <b>DEVAKI HOSPITAL No.1,</b><br>Chairman Chidambaram Street,<br>West Shanmugapuram,<br>Villupuram – 605 602.                         | 04146-251023               | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                       |
| 388   | 388   | 3      | <b>DHANVIDH SPECIALITY HOSPITAL</b><br>No.68/1B,Aadhil Nagar,<br>Sakkarapuram,<br>Gingee<br>Villupuram-604202                        | 7418692947                 | General medicine, General surgery, Cardiology, Paediatrics, Gynaecology, Urology, Ophthalmology, surgical oncology, Neurology, Neurosurgery, plastic surgery, Interventional cardiology, Interventional Radiology                                                                             |
| 389   | 389   | 4      | <b>DR. AGARWAL'S EYE HOSPITAL LTD.</b><br>19-Trichy Trunk Road,<br>Villuppuram- 605 602.                                             | 4146227556                 | Ophthalmology                                                                                                                                                                                                                                                                                 |
| 390   | 390   | 5      | <b>DURAI GASTRO CARE HOSPITAL</b><br>Kamal Nagar Extn.,<br>Opp.Collector Office,<br>Villupuram-605 602.                              | 04146-251351<br>9443723677 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                       |
| 391   | 391   | 6      | <b>E.S.HOSPITAL</b><br>32B, Trichy Trunk Road,<br>Villupuram- 605 602.                                                               | 04146-221100               | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                 |
| 392   | 392   | 7      | <b>i-MED SUPER SPECIALITY HOSPITALS</b><br>No.55/1B, Wahab Nagar,<br>Marakanam Road,<br>Opp. To Fire Station,<br>Tindivanam -604 001 | 04147-250011               | General Medicine - Medical care, General Medicine - Critical care, Nephrology, Paediatric, Medical Gastro-enterology, Orthopaedics, General Surgery, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Rheumatology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 393   | 393   | 8      | <b>MARAGADAM HOSPITAL</b><br>686/687, Nehruji Road,<br>Villupuram- 605 602.                                                          | 04146-225406               | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                 |
| 394   | 394   | 9      | <b>P.R.G.HOSPITAL</b><br>No.85, Sakkarapuram,<br>Thiruvannamalai Road,<br>Gingee,<br>Villupuram - 604 202.                           | 04145-223762               | General Medicine, General Surgery, Nephrology, Paediatrics, Surgical Gastro -enterology, Gynaecology, Urology, Surgical Oncology, Vascular Surgery, Interventional Radiology, Orthopaedics.                                                                                                   |
| 395   | 395   | 10     | <b>SENTHIL HOSPITAL</b><br>No.73,Villupuram road,Gingee,<br>Villupuram(DT)-604202                                                    | 6379543401/8985315037      | Gynaecology, Orthopaedics                                                                                                                                                                                                                                                                     |
| 396   | 396   | 11     | <b>SRI BHARANI HOSPITAL</b><br>No.5, Chairman Subrayar Street,<br>West Sanmugapuram,<br>Villupuram - 605 602.                        | 04146-224775               | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                 |
| 397   | 397   | 12     | <b>SUMATHY HOSPITAL</b><br>No.39, Mampazhapattu Road,<br>Villupuram - 605 602.                                                       | 04146-223217               | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                        |
|       |       |        | <b>X. KALLAKURUCHI DISTRICT</b>                                                                                                      |                            |                                                                                                                                                                                                                                                                                               |
| 398   | 398   | 1      | <b>ANBU HOSPITAL</b><br>No.49,Gandhi Road,<br>Kallakurichi-606 202                                                                   | 04151-291819               | General Medicine-Medical care, General surgery, Urology, ENT, Nephrology, Orthopaedics, Vascular surgery                                                                                                                                                                                      |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                             | Contact Number                   | Specialities Available                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 399   | 399   | 2      | <b>ANNAI MEDICAL CENTRE No.62/8A,</b><br>Annamalai Towers,<br>Durugam Road,<br>Kallakurichi-626 202.                          | 04151-225333/<br>04151-225444    | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                            |
| 400   | 400   | 3      | <b>DR. MURUGESAN HOSPITAL</b><br>Sundaravinayagar Coil St,<br>Kallakurichi - 606 202.                                         | 04151-222014,<br>226222          | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                           |
| 401   | 401   | 4      | <b>K.S. EMERGENCY &amp; MEDICAL CENTRE,</b><br><b>Salem Main Road,</b><br>Opp. to KPR Petrol Bunk,<br>Kallakurichi - 606 202. | 04151-222026                     | General Medicine - Medical Care,<br>Paediatrics, Orthopaedics, General<br>Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                               |
| 402   | 402   | 5      | <b>KANNAN HOSPITAL</b><br>No.88/17/11,Durugam<br>Road,<br>Kallakurichi Town,<br>Kallakurichi(DT)-606202                       | 917663129<br>2<br>822060172<br>4 | General surgery, Gynaecology,<br>Urology, Surgical Gastroenterology,<br>Ophthalmology, Orthopaedics                                                                                                                                                                                                        |
| 403   | 403   | 6      | <b>MAHALAKSHMI HOSPITAL</b><br>No.6, Jubilee Road,<br>(Near Bus Stand)<br>Ulundurpet<br>Kallakurichi - 606 107                | 04149-220335                     | General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Nephrology, Medical<br>Gastroenterology, Orthopaedics,<br>General Surgery, Pulmonology,<br>Gynaecology, Medical Oncology,<br>Urology, ENT, Surgical Oncology,<br>Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery |
| 404   | 404   | 7      | <b>RK SPECIALITY HOSPITALS</b><br>Sevalai Road, Deviagaram<br>Village,<br>Tirukkoyilur Taluk,<br>Kallakurichi - 605 757.      | 04153-252255,962<br>6392078      | General Medicine, General Surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Gynaecology, Ophthalmology,<br>Neurology, Plastic Surgery,<br>Orthopaedics.                                                                                                                                                  |
| 405   | 405   | 8      | <b>SA HOSPITAL</b><br>No.351, Main Road,<br>Moorarpalayam,<br>Sankarapuram Taluk ,<br>Kallakurichi.                           | 04151-230333                     | General Medicine - Medical Care,<br>Paediatrics, Orthopaedics, General<br>Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                               |
| 406   | 406   | 9      | <b>SAI SPECIALITY HOSPITAL</b><br>No.27 K/2, Raja Nagar,<br>Kallakurichi- 606 202.                                            | 04151-223355                     | General Medicine - Medical Care,<br>General Surgery, Genito Urinary<br>Surgery, Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                            |
| 407   | 407   | 10     | <b>SRI HARI MULTISPECIALITY HOSPITAL</b><br>No.288/7B, Rajambal<br>Nagar, Salem Main koad,<br>Kallakurichi-606 202.           | 04151-227199                     | General Medicine, Cardiology,<br>Paediatrics, Gastro- enterology,<br>Orthopaedics, General Surgery,<br>Pulmonology, Gynaecology,<br>Obstetrics, Medical Oncology,<br>Urology, ENT, Ophthalmology,<br>Surgical Oncology, Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery                   |
| 408   | 408   | 11     | <b>SRI RAJU HEART &amp; SKIN HOSPITAL</b><br>LLP., No.13, Manikoundu<br>Street,<br>Kallakurichi- 606 202.                     | 04151-225555<br>97156<br>66770   | General Medicine - Medical Care<br>General Medicine - Critical care,<br>General Surgery, Cardiology,<br>Orthopaedics, Urology.                                                                                                                                                                             |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                         | Contact Number                                            | Specialities Available                                                                                                                                    |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 409   | 409   | 12     | <b>SRI RAM HOSPITAL</b><br>No.1, Malligai Nagar Extension,<br>Aasanur Road, Santhapet,<br>Thirukovilur -605766            | 04153-252522                                              | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                    |
| 410   | 410   | 13     | <b>SRI SANJEEVI HOSPITAL</b><br>Durga Road,<br>Kallakurichi - 606 202.                                                    | 04151-224447                                              | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                             |
| 411   | 411   | 14     | <b>THAJ HEALTH CARE CENTRE</b><br>NO.223/2,st-1,Poottai Road,<br>Sankarapuram-606401                                      | 9940462564<br>9655577344                                  | General medicine, General surgery, Cardiology, Paediatrics, Pulmonology, Gynaecology, Urology, Orthopaedics, Ophthalmology                                |
|       |       |        | <b>XI. CUDDALORE DISTRICT</b>                                                                                             |                                                           |                                                                                                                                                           |
| 412   | 412   | 1      | <b>ABIRAAMI HOSPITAL</b><br>No:24, A.L.C. Campus,<br>Cuddalore - 607 001.                                                 | 04142-231600, 22,<br>04142-222119                         | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                            |
| 413   | 413   | 2      | <b>CHANDRA HOSPITAL</b><br>No.118/835 Junction Road,<br>Virudhachalam,<br>Cuddalore – 606 001.                            | 04143-260621                                              | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                 |
| 414   | 414   | 3      | <b>CUDDALORE SPECIALITY HOSPITAL</b><br>45, Bashyam Street,<br>Manjakuppam,<br>Cuddalore 607 001                          | 04142-233233                                              | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedics, Gastroenterology, Urology, Oncology                                          |
| 415   | 415   | 4      | <b>DR.AGARWAL EYE HOSPITAL</b><br>No.47, Cuddalore Main Road.<br>Mantharakuppam,<br>Neyveli-607 802.                      | 9769843259                                                | Ophthalmology                                                                                                                                             |
| 416   | 416   | 5      | <b>Dr.KUMARAN HOSPITAL</b><br>No.1, 2nd Cross Street,<br>Ellaipillai Chavadi,<br>Sithananda Nagar,<br>Pondicherry         | 0413-2205088 &<br>89/<br>6380283547                       | Cardiology, General Medicine, General Surgery, ENT, Surgical Oncology, Urology, Obstetrics & Gynaecology, Orthopaedics                                    |
| 417   | 417   | 6      | <b>Dr.R.VASUDEVAN EYE HOSPITAL</b><br>No.33, West Sannathi,<br>Chidambaram – 608 001.                                     | 04144-223127                                              | Ophthalmology                                                                                                                                             |
| 418   | 418   | 7      | <b>J.M.HOSPITAL</b><br>No.4A,2-5, Main Road,<br>Thittakudi,<br>Cuddalore - 606 106.                                       | 04143-294295/90<br>80661091/<br>801513995<br>5/8015139966 | Cardiology, General Medicine, General Surgery, ENT, Paediatrics, Surgical Oncology, Urology, Obstetrics & Gynaecology, Orthopaedics, Nephrology, Dialysis |
| 419   | 419   | 8      | <b>KALYAAN SPECIAALITY HOSPITAL</b><br>No.32, Gundusalai Road,<br>Alpet, (Near Collector Office),<br>Cuddalore – 607 001. | 04142-220055                                              | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                 |
| 420   | 420   | 9      | <b>KANNAN HOSPITAL</b><br>17, Bashyam Street,<br>Manjakuppam,<br>Cuddalore - 607 001.                                     | 04142-230370,<br>230025                                   | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                            |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                | Contact Number               | Specialities Available                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 421   | 421   | 10     | <b>KRISHNA CANCER INSTITUTE</b><br>R.S.No.76/2, Thottapattu, Nellikuppam Main Road, Cuddalore-607 109.                           | 04142-291002                 | Oncology. Radiation Oncology                                                                                                                                                                                                                                                                                               |
| 422   | 422   | 11     | <b>KRISHNA HOSPITAL No.17-A,</b><br>Hospital Road, Cuddalore-607 001.                                                            | 04142-231711<br>04142-231714 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                    |
| 423   | 423   | 12     | <b>LAKSHMI HOSPITAL</b><br>No.39, 40 Bashyam Street, Manjakuppam, Cuddalore 607001                                               | 04142-220604                 | General Medicine - Medical Care, General Medicine - Critical care, Gynaecology, Orthopaedics                                                                                                                                                                                                                               |
| 424   | 424   | 13     | <b>MARUTHI GASTRO CARE HOSPITAL</b><br>42, 43, Sekar Nagar, Semmandalam, Cuddalore - 607 001.                                    | 04142-284666                 | General Surgery, Gynaecology, Surgical Gastroenterology.                                                                                                                                                                                                                                                                   |
| 425   | 425   | 14     | <b>RR SPECIALITY HOSPITAL</b><br>No.55, Sanjeevi Naidu street, Thiruppapuliur, Cuddalore - 607 002.                              | 0414-2234443                 | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Gyneecology, Urology, Nephrology, ENT, Paediatrics                                                                                                                                                                                     |
| 426   | 426   | 15     | <b>S.M.HOSPITAL AND V N LAPAROSCOPY CENTRE</b><br>Plot No.11&12, K.S.R.C Nagar, (Behind Bus Stand), Panruti, Cuddalore -607 106. | 04142-243771<br>04142-240771 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                    |
| 427   | 427   | 16     | <b>S.R. HOSPITAL &amp; ENT RESEARCH FOUNDATION</b><br>25, A.L.C. Campus, Cuddalore - 607 001.                                    | 04142-284710                 | E.N.T.                                                                                                                                                                                                                                                                                                                     |
| 428   | 428   | 17     | <b>SUBHA ANANDHAM MEDICAL CENTRE</b><br>No.11 A/3, Hospital Road, Red Cross Street, Cuddalore-607 001.                           | 04142-222092<br>9442122092   | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                    |
| 429   | 429   | 18     | <b>SURENDRA MULTISPECIALITY HOSPITAL</b><br>No.9, Imperial Road, Cuddalore-607 002.                                              | 04142-236999                 | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 430   | 430   | 19     | <b>VALLI VILAS HOSPITAL</b><br>45/2, Bharathi Road, Cuddalore - 607 001.                                                         | 04142-221879                 | General Surgery, General Medicine-Medical Care, Gynaecology.                                                                                                                                                                                                                                                               |
| 431   | 431   | 20     | <b>VASAN EYE CARE HOSPITAL</b><br>No.18 & 19, Lawrence Road, Near Bus Stand, Thiruppapuliur, Cuddalore-607 002.                  | 04142-305708,<br>398900      | Ophthalmology.                                                                                                                                                                                                                                                                                                             |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                 | Contact Number           | Specialities Available                                                                                                                                                                                                                                                             |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 432   | 432   | 21     | <b>VELUDAIYAAN HOSPITAL</b><br>100-c, Pondy Road (near Manikundu)<br>Majakuppam,<br>Cuddalore-607 001.                            | 04142-233606             | Orthopaedic                                                                                                                                                                                                                                                                        |
|       |       |        | <b>B. CENTRAL CLUSTER</b>                                                                                                         |                          |                                                                                                                                                                                                                                                                                    |
|       |       |        | <b>XII. PERAMBALUR DISTRICT</b>                                                                                                   |                          |                                                                                                                                                                                                                                                                                    |
| 433   | 1     | 1      | <b>AMMA HOSPITAL</b><br>Four Road,<br>Perambalur-621 220                                                                          | 8870523334               | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT, Oncology                                                                                                                                                                                |
| 434   | 2     | 2      | <b>DHANALAKSHMI SRINIVASAN INSTITUTE OF MEDICAL SCIENCE &amp; HOSPITAL</b><br>Thuraiyur Road,<br>Perambalur 621212                | 22820202                 | General Medicine, Paediatrics, Pulmonology, Psychiatry, General Surgery, Orthopaedics, Ophthalmology, Gynaecology, Cardiology, Urology & surgery, Oncology, Neuro Surgery, ENT, Gastro enterology, Cardiothoracic surgery, Radiology                                               |
| 435   | 3     | 3      | <b>DHANALAKSHMI SRINIVASAN MEDICAL COLLEGE HOSPITAL</b><br>NH 45, Trichy Chennai Bypass,<br>Siruvachur,<br>Perambalur -621 113.   | 04328-327999             | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology, Cardiology, Cardio-Thoracic Surgery, ENT, Neuro Surgery, Nephrology. Oncology, Neurology, Ophthalmology, Vascular, Medical Gastroenterology, Surgical Gastroenterology, Plastic Surgery |
| 436   | 4     | 4      | <b>DHANALAKSHMI SRINIVASAN SUPER SPECIALITY HOSPITAL</b><br>NH 45,Trichy Chennai By Pass, Siruvachur,<br>Perambalur - 621 113.    | 04328-254600             | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT, Cardiology, Interventional cardiology                                                                                                                 |
| 437   | 5     | 5      | <b>KAVY HOSPITAL &amp; NEURO FOUNDATION</b><br>No:70,Madhana Gopalapuram ,<br>Sangu Pettai,Aathur Main Road,<br>Perambalur-621212 | 04328-450555,450999      | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Surgical Gastro-enterology, Pulmonology, Gynaecology, Urology, ,Ophthalmology, Neurology, Neurosurgery, ENT, vascular surgery, Orthopaedics                                                                |
| 438   | 6     | 6      | <b>LAKSHMI NURSING HOME (LAKSHMI HOSPITAL)</b><br>No.7A/44-1D<br>Madanagopalapuram<br>Perambalur-621 212                          | 04328-278787 /9444172675 | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                                      |
| 439   | 7     | 7      | <b>MAXVISION SUPER SPECIALITY EYE HOSPITALS</b><br>Kamban Main Road,<br>Perambalur                                                | 0431-4001200             | Ophthalmology                                                                                                                                                                                                                                                                      |
| 440   | 8     | 8      | <b>NIRANJAN NURSING HOME</b><br>229-A/19, Mettu Street,<br>Perambalur - 621 212.                                                  | 04328-277269             | Oncology, Orthopaedic surgery, Urology                                                                                                                                                                                                                                             |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                           | Contact Number                      | Specialities Available                                                                                                                                                                                                                           |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 441   | 9     | 9      | <b>PRIYAM HOSPITAL</b><br>174z/18, North Street-2,<br>Raja nagar,<br>Thuraimangalam,<br>Perambalur -621220.                 | 782591000<br>1/ 04328<br>224133     | General medicine, General Surgery, Urology, Neurosurgery, Plastic surgery, Dental, Psychiatry, Orthopaedics, ENT                                                                                                                                 |
| 442   | 10    | 10     | <b>SKS HOSPITAL</b><br>No:61, Trichy Main Road,<br>Venkatesapuram,<br>Perambalur - 621 212.                                 | 04328-<br>225882                    | General Surgery, General Medicine - Medical Care, Gynaecology. Ophthalmology                                                                                                                                                                     |
| 443   | 11    | 11     | <b>VASAN EYE CARE HOSPITAL</b><br>No.183-A,N.S.B.Road,<br>Old Busstand,<br>Perambalur-621212                                | 04328 398<br>900                    | Ophthalmology                                                                                                                                                                                                                                    |
|       |       |        | <b>XIII. ARIYALUR DISTRICT</b>                                                                                              |                                     |                                                                                                                                                                                                                                                  |
| 444   | 12    | 1      | <b>A.S. NURSING HOME</b><br>27/E, Pattunoolkara Street,<br>Ariyalur - 621704                                                | 04329-<br>222425                    | General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery.                                                                                                                          |
| 445   | 13    | 2      | <b>ARIYALUR GOLDEN HOSPITAL (P) LTD</b><br>81 A, Sendurai Road,<br>Ariyalur - 621 704.                                      | 04329-<br>222530                    | General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery.                                                                                                                          |
| 446   | 14    | 3      | <b>EZHIL SURGICAL AND MATERNITY HOSPITAL</b><br>44 A1/A2, Jayankondan,<br>South Vellala Street,<br>Ariyalur - 621 802.      | 04331-<br>321818,<br>290650         | General Surgery, Gynaecology , Genito Urinary Surgery.                                                                                                                                                                                           |
| 447   | 15    | 4      | <b>JOSEPH EYE HOSPITAL</b><br>No.3/664, New Market<br>Street,<br>Chetty Lake Area,<br>Ariyalur – 621 704.                   | 04329-<br>222170,<br>296399         | Ophthalmology                                                                                                                                                                                                                                    |
| 448   | 16    | 5      | <b>NEW LIFE CRITICAL CARE CENTER</b><br>M62A/M62B,J.J.Nagar,<br>Opp. To Stadium,<br>Sendurai Main Road,<br>Ariyalur-621 713 | 04329-<br>296596,<br>94435<br>61317 | General Medicine, General Surgery, Obstetrics & Gynaecology, Nephrology , Urology, Plastic Surgery, Cardiology, Dialysis, ENT                                                                                                                    |
| 449   | 17    | 6      | <b>SANTHI HOSPITAL</b><br>22-D,Vilangara Street,<br>(Near Kannan Javuli Store),<br>Ariyalur-621 704                         | 975000011<br>6/9600417<br>222       | General Medicine, General Surgery, paediatrics, Cardiology Neurology, Medical oncology Endocrinology, Ophthalmology, Haematology, Surgical oncology, Rheumatology, Nephrology, pulmonology, Orthopaedics, Gynaecology, Urology, Plastic Surgery. |
|       |       |        | <b>XIV. NAGAPATTINAM DISTRICT</b>                                                                                           |                                     |                                                                                                                                                                                                                                                  |
| 450   | 18    | 1      | <b>DR.A.ANSARI HOSPITAL</b><br>Naganathar Sannathi,<br>Nagapattinam-611 106.                                                | 04365-<br>224527,<br>224329         | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                    |
| 451   | 19    | 2      | <b>MC HOSPITAL</b><br>No.38/2, Sivan Sannathi<br>Street,<br>Nagapattinam – 611 001.                                         | 04365-<br>247990                    | Nephrology and Urology, General surgery, Gastroenterology surgical                                                                                                                                                                               |
| 452   | 20    | 3      | <b>V.P.N. EYE HOSPITAL</b><br>25 Neela West Street,<br>Nagapatinam- 611 001.                                                | 04365-<br>221144                    | Ophthalmology.                                                                                                                                                                                                                                   |
|       |       |        | <b>XV. MAYILADUTHURAI DISTRICT</b>                                                                                          |                                     |                                                                                                                                                                                                                                                  |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                         | Contact Number                   | Specialities Available                                                                                                                                                 |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 453   | 21    | 1      | <b>ARUN PRIYA NURSING HOME</b><br>Pattamangala Street,<br>Mayiladuthurai-609 001.                                                         | 04364-222331                     | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                         |
| 454   | 22    | 2      | <b>GUHAN HOSPITAL &amp; INFERTILITY CENTRE</b><br>42/168, Mahadhana Street,<br>Mayiladuthurai - 609 001.                                  | 04364-226542,<br>243258          | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                          |
| 455   | 23    | 3      | <b>KRISHNA HOSPITAL</b><br>8 , Pattamangala Street ,<br>Mayiladuthurai-609 001.                                                           | 04364-227872                     | General Surgery, General Medicine - Medical Care,<br>Gynaecology                                                                                                       |
| 456   | 24    | 4      | <b>RAM BONE AND JOINT CLINIC</b><br>66,Mahadhana Street,<br>Mayiladuthurai-609 001.                                                       | 04364-224712                     | Orthopaedic Surgery.                                                                                                                                                   |
| 457   | 25    | 5      | <b>SANTHI HOSPITAL</b><br>No.4, Narayana Pillai Street,<br>Mayiladurai                                                                    | 04364-222906                     | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                              |
| 458   | 26    | 6      | <b>VAIRAM MULTI-SPECIALITY HOSPITAL</b><br>46/12, Pattamangala Street,<br>Mayiladuthurai, - 609 001 .                                     | 04364-227879,<br>04364-229798    | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                          |
|       |       |        | <b>XVI. THIRUVARUR DISTRICT</b>                                                                                                           |                                  |                                                                                                                                                                        |
| 459   | 27    | 1      | <b>ARUN MEDICAL CENTRE</b><br>No. 84, North Main Street,<br>Thiruvapur - 610 001.                                                         | 04366-240579<br>96269<br>10700   | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Orthopaedics, Gynaecology, Medical Gastro- enterology, Surgical Gastro-enterology. |
| 460   | 28    | 2      | <b>HANIFA NURSING HOME</b><br>51-C,Hospital Street,<br>Thiruthuraipoondi-614 713.                                                         | 04369-222312                     | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                          |
| 461   | 29    | 3      | <b>LAKSHANA HOSPITAL</b><br>19, Kamalayalayam West Bank,<br>Thiruvapur -614 712.                                                          | 04366-240210,<br>241583          | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                          |
| 462   | 30    | 4      | <b>LIONS EYE HOSPITAL</b><br>Vandampalai,<br>Kanglancheri PO,<br>Tiruvapur-610 101.                                                       | 04366-240099                     | Ophthalmology                                                                                                                                                          |
| 463   | 31    | 5      | <b>N.V.K.HOSPITAL</b><br>32-A, Railway Station Road,<br>Thiruthuraipundi-614 713.                                                         | 04369-222353                     | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                          |
| 464   | 32    | 6      | <b>NAVA JEEVAN MEDICAL FOUNDATION PRIVATE LIMITED</b><br>No.3/4B, Thanjai Salai,<br>Near TNCSC Godown,<br>Vilamal,<br>Tiruvapur- 610 004. | 959703510<br>8<br>989490610<br>8 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                |
| 465   | 33    | 7      | <b>P.K.T.NURSING HOME</b><br>30 A&B , Tiruvapur Road,<br>Thiruthuraipoondi- 614 713.                                                      | 04369-220502                     | General Medicine - Medical Care, General Surgery                                                                                                                       |
| 466   | 34    | 8      | <b>RAJ HOSPITAL</b><br>No.10, Balakrishna Nagar,<br>Mannargudi - 614 001.                                                                 | 04367-252457                     | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                     |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                 | Contact Number                     | Specialities Available                                                                                                                                                                                                                                                                                                                                                               |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 467   | 35    | 9      | <b>SRI VENKATESWARA NURSING HOME</b><br>87, Hospital Street,<br>Thiruthuraipoondi - 614 712.                                                                      | 04369-222991                       | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                                        |
| 468   | 36    | 10     | <b>THULIR MULTISPECIALITY HOSPITAL</b><br>Thanjavur main Road,Vilamal,<br>Thiruvarur-610004                                                                       | 7094919494<br>7094929494           | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical gastroenterology, Surgical Gastroenterology, Pulmonology, Gynaecology, Urology, Medical oncology, Endocrinology, Ophthalmology, surgical oncology, Rheumatology, Plastic surgery, vascular surgery, Orthopaedics, Haematology, Vascular surgery, Interventional cardiology, Interventional radiology |
| 469   | 37    | 11     | <b>TIRUVARUR MEDICAL CENTRE (P) LTD.</b><br>27, Javulikara Street,<br>Tiruvarur-610 101.                                                                          | 04366-242292,<br>240292,<br>241665 | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary                                                                                                                                                                                                                                                 |
| 470   | 38    | 12     | <b>V.S.HOSPITAL</b><br>47, Pidari Koil Street,<br>Tiruvarur-610 101.                                                                                              | 04366-243320                       | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                                        |
|       |       |        | <b>XVII. TIRUCHIRAPALLI DISTRICT</b>                                                                                                                              |                                    |                                                                                                                                                                                                                                                                                                                                                                                      |
| 471   | 39    | 1      | <b>A.G. EYE HOSPITAL AND INSTITUTE OF OPHTHALMIC RESEARCH AND TRAINING</b><br>70, Officers Colony, Puthur,<br>Trichy - 620 017.                                   | 0431-2792901,<br>2795199           | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                       |
| 472   | 40    | 2      | <b>A.J. HOSPITAL</b><br>No.45, Vandipettai Street,<br>Police Line,<br>Manapparai-621306.                                                                          | 04332-260969                       | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                                            |
| 473   | 41    | 3      | <b>AIYSHWARIYA HOSPITAL</b><br>No.5/2-1, Vathukkara Street,<br>Salai Road Housing Colony,<br>Woraiyur, Trichirappalli-620 003.                                    | 0431-2750476                       | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                   |
| 474   | 42    | 4      | <b>AMRISH ONCOLOGY SERVICES PRIVATE LIMITED,</b><br>(C/o.G.Viswanathan CBCC Cancer Centre)<br>Trichy-Chennai Trunk Road, Periyar road,<br>Mambalasalai,<br>Trichy | 0431-6600400                       | Oncology, Radiation Therapy                                                                                                                                                                                                                                                                                                                                                          |
| 475   | 43    | 5      | <b>ANAND EYE CARE</b><br>Trichy Main Road,<br>Thuraiyur,<br>Trichy 621 010                                                                                        | 7397087359                         | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                        |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                       | Contact Number                          | Specialities Available                                                                                                                                                                                                                                                |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 476   | 44    | 6      | <b>ANANTHAGIRI HOSPITAL (DR. ANANTHAGIRI NURSING HOME)</b><br>C1,1st Cross Street, North East Extension, Thillai Nagar, Trichy-620 018. | 0431-2750789                            | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                         |
| 477   | 45    | 7      | <b>APOLLO SPECIALITY HOSPITALS</b><br>Chennai Highway, Ariyamangalam Area, Near Old Paalpannai, Tiruchirapalli-620010.                  | 0431-3307777                            | General Medicine - Medical Care, General Surgery, Cardiology, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery, ENT, Genitourinary Surgery                                                                                                                     |
| 478   | 46    | 8      | <b>AROKYA HOSPITAL</b><br>No.C40, Ramalinga Nagar, 3rd Main Road, Woraiyur, Trichy                                                      | 0431-4021166                            | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                |
| 479   | 47    | 9      | <b>ARTHREYA RETINAL CENTRE</b><br>No.1, 5th cross, Thillai Nagar, Triuchirappalli -620 018.                                             | 0431-2741501                            | Ophthalmology                                                                                                                                                                                                                                                         |
| 480   | 48    | 10     | <b>ARUL HOSPITAL No.6A, T.V.K.Nagar,</b><br>Vannarpet, Puthur, Trichy-620 017.                                                          | 0431-2773857                            | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                         |
| 481   | 49    | 11     | <b>ARUN HOSPITAL</b><br>No.11/3, 1st Cross (East), Thillai Nagar, Trichy - 620 01 8.                                                    | 0431-2765777<br>0431-2765877            | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Orthopaedics, Gynaecology, Urology, Nephrology, Medical Gastro- enterology, Surgical Gastro- enterology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics. |
| 482   | 50    | 12     | <b>ASSURED BEST CARE HOSPITAL (P) LTD. (ABC HOSPITAL)</b><br>No 1, Annamalai Nagar , Main Road, Trichy - 620 018.                       | 0431-2760859, 2750238, 2750239, 4077111 | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxilliary, Genitourinary Surgery                                                                                                          |
| 483   | 51    | 13     | <b>ATLAS HOSPITAL</b><br>No.34/1-First Cross, V.N.Nagar, Near Chathiram Bus Stand, Tiruchirapalli-620 002.                              | 0431-2701248                            | Orthopaedics, Gastroenterology, Nephrology, Pulmonology, Oncology, Urology, ENT, Neurosurgery & Neurology                                                                                                                                                             |
| 484   | 52    | 14     | <b>BABY HOSPITAL</b><br>No.6, Marudur Road, Samayapuram, Trichy -621 112                                                                | 0431-2670323                            | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                |
| 485   | 53    | 15     | <b>BM HOSPITAL</b><br>No.2/2/65,Aathupatty, Manaparai Road, Thuvarkuruchi, Trichy - 621314                                              | 8438433094                              | General medicine, General surgery, Paediatrics, Gynaecology, Urology                                                                                                                                                                                                  |
| 486   | 54    | 16     | <b>CHILD JESUS HOSPITAL</b><br>Post Box No 17, Cantonment, Trichy 620 001.                                                              | 0431-2415816                            | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                         |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                         | Contact Number              | Specialities Available                                                                                                                                                                                             |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 487   | 55    | 17     | <b>CITY MEDICAL CENTER</b><br>8-D, Ramarayar Street,<br>Tennur,<br>Trichy 620017                                                                          | 0431-<br>2742999            | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                   |
| 488   | 56    | 18     | <b>CSI MISSION HOSPITAL</b><br>8, Victoria Road, Woriyur,<br>Tiruchirappalli - 620 003.                                                                   | 0431-<br>2761927            | General Medicine - Medical<br>Care, General Surgery, Gynaecology                                                                                                                                                   |
| 489   | 57    | 19     | <b>DAYAL NURSING HOME</b><br>No.20, Ramasamy Street,<br>Manaparai-621 306.                                                                                | 04332-<br>260419            | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                     |
| 490   | 58    | 20     | <b>DAYAL NURSING HOME</b><br>No.312/11A, Trichy Main<br>road,<br>Manaparai,<br>Trichy.                                                                    | 04332-<br>260419            | Radiation Oncology                                                                                                                                                                                                 |
| 491   | 59    | 21     | <b>DEEPAN HOSPITAL</b><br>50, Bishop Road,<br>Puthur,<br>Trichy-620 017                                                                                   | 0431-<br>2794989            | General Medicine - Medical Care,<br>General<br>Medicine - Critical Care,<br>Nephrology, Medical<br>Gastroenterology, General Surgery,<br>Gynaecology,<br>Urology, ENT, Neurology,<br>Neurosurgery, *<br>Cardiology |
| 492   | 60    | 22     | <b>DR. G. VISWANATHAN<br/>SPECIALITY HOSPITALS<br/>PRIVATE LIMITED) G V N<br/>HOSPITAL</b><br>27, Babu Road,<br>Trichy-620 008.                           | 0431-<br>2700811<br>2703945 | Oncology                                                                                                                                                                                                           |
| 493   | 61    | 23     | <b>Dr.AGARWAL'S EYE<br/>HOSPITAL</b><br>B-31, Shashtri Road,<br>Near Fort Station Road,<br>North East Extn, Thillai<br>Nagar,<br>Tiruchirappalli-620 018. | 0431-<br>2762765            | Ophthalmology                                                                                                                                                                                                      |
| 494   | 62    | 24     | <b>Dr.M.SUNDARAM<br/>HOSPITAL PRIVATE<br/>LIMITED</b><br>No.17, EVR Road,<br>Puthur,<br>Trichy-620 017                                                    | 0431-<br>2771221            | Orthopaedic surgery, Cardiology,<br>Nephrology/Urology, Neurology,<br>Vascular surgery, Surgical<br>Gastroenterology, ENT, Neuro<br>surgery                                                                        |
| 495   | 63    | 25     | <b>DR.MALA'S HOSPITAL</b><br>No.112A,Trichy Road,<br>Opp.Dhanvandri Scan,<br>Manapparai,<br>Trichy -621 306.                                              | 04332-<br>264444            | General Medicine - Medical Care,<br>Paediatrics, Orthopaedics, General<br>Surgery, Gynaecology, Urology, ENT                                                                                                       |
| 496   | 64    | 26     | <b>Dr.SHRI RAMYAA MULTI-<br/>SPECIALITY HOSPITAL</b><br>9/1, Naidu Colony,<br>EVR Road,Puthur,<br>Tiruchirappalli-620 017.                                | 952424771<br>1              | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                     |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                         | Contact Number                               | Specialities Available                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 497   | 65    | 27     | <b>FRONT LINE HOSPITAL &amp; RESEARCH INSTITUTE</b><br>No.37 & 39, Near Anna Statue,<br>Chathiram Bus Stand,<br>Trichy - 620 002.                                         | 0431-3980000                                 | Urology, Nephrology, Neurology, Orthopaedics Neurosurgery, ENT, Plastic Facio maxillary surgery, Pulmonology, Oncology, Vascular surgery, Surgical Gastroenterology                                                                                                                                                        |
| 498   | 66    | 28     | <b>GALAXY CHEST &amp; MULTISPECIALITY HOSPITAL (P) LTD. No.B-35, (S),</b><br>11th Cross East,<br>Thillai Nagar,<br>Tiruchirapalli -620 018.                               | 0431-4051300/<br>0431-2741340/<br>9659651300 | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                                                                           |
| 499   | 67    | 29     | <b>GITANJALI MEDICAL CENTER</b><br>Opp. to Bishop Heber College Ground,<br>Vayalur Road<br>Puthur,<br>Trichy - 620 017.                                                   | 0431-4060075,<br>4060095,<br>2771569         | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                              |
| 500   | 68    | 30     | <b>GKM SURGICAL HOSPITAL</b><br>95,Trichy Road,<br>Manapparai-621 306.                                                                                                    | 04332-267056                                 | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                              |
| 501   | 69    | 31     | <b>GVN HOSPITAL (P) LTD, GVN RIVER SIDE HOSPITAL</b><br>Ward-c Block 52,<br>Trichy Chennai Bypass,<br>Thimmaraya samuthiram village,<br>Srirangam Zone,<br>Trichy-620 006 | 97872<br>92838                               | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 502   | 70    | 32     | <b>GVN HOSPITAL (SINGARATHOPE)</b><br>46, Singarathope,<br>Trichy-620 008.                                                                                                | 0431-2700811,<br>2703945                     | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary Surgery. Cardiology - Interventional, Cardiology - Medical Management                                                                                                  |
| 503   | 71    | 33     | <b>HARSHAMITRA ONCOLOGY PRIVATE LIMITED</b><br>No.I 01/4A, Maathur Panchayat Road Junction,<br>N11 45B Trichy Madurai Highway,<br>Nagamangalam,<br>Trichy-620 012.        | 0431-2680009                                 | Medical Oncology, Surgical Oncology                                                                                                                                                                                                                                                                                        |
| 504   | 72    | 34     | <b>HARSHAMITRA SUPER SPECIALITY CANCER CENTRE &amp; RESEARCH INSTITUTE PVT LTD.</b><br>No.41, Nachiyar kovil road,<br>Woraiyur<br>Tiruchirappalli - 620003.               | 0431-2751008,<br>7373731007                  | Medical Oncology. Radiotherapy                                                                                                                                                                                                                                                                                             |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                            | Contact Number                   | Specialities Available                                                                                                                                                                                                                                               |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 505   | 73    | 35     | <b>HINDU MISSION HOSPITAL</b><br>Anna Nagar Main Road,<br>(Opp.Ukkirakaliamman Koil),<br>Thennur,<br>Trichy - 620 017        | 0431-2791090                     | Nephrology                                                                                                                                                                                                                                                           |
| 506   | 74    | 36     | <b>INDIRA SESHADHRI NURSING HOME</b><br>5, Collector'S Office Road,<br>Raja Colony,<br>Trichy-620 001.                       | 0431-2411199,<br>2460699,        | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                     |
| 507   | 75    | 37     | <b>JANET NURSING HOME</b><br>21-23, Renganathapuram,<br>Puthur - 620 017.                                                    | 0431-2792543,<br>27922824        | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                        |
| 508   | 76    | 38     | <b>JEYAM MULTI-SPECIALITY HOSPITAL</b><br>No.7, Taj Mahal Salai,<br>Karur By- Pass Road,<br>Trichirappalli-620 018.          | 0431-6549654                     | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                   |
| 509   | 77    | 39     | <b>JOSEPH'S EYE HOSPITAL</b><br>Post Box No. 138,<br>Melapudur,<br>Tiruchirappalli - 620 001.                                | 0431-2415275                     | Ophthalmology                                                                                                                                                                                                                                                        |
| 510   | 78    | 40     | <b>KATHIR HOSPITAL</b><br>No.101-A, Salai Road,<br>(Rukmani Bus Stop)<br>Woraiyur,<br>Trichy-620 003.                        | 0431- 497 2409<br>0431- 296 2825 | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery                           |
| 511   | 79    | 41     | <b>KAUVERY HOSPITAL,</b><br>Heart city, Old No,12, New No.52, Alexandria Road,<br>Cantonment,<br>Trichy - 620 001.           | 0431-4003500                     | Cardiac Care                                                                                                                                                                                                                                                         |
| 512   | 80    | 42     | <b>KAVERI MEDICAL CENTRE AND HOSPITAL</b><br>1, KC Road,<br>Tennur,<br>Trichy - 620 017.                                     | 0431-4022535                     | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary Surgery, Cardiology, Cardiothoracic Surgery. Radiation Oncology.                                                 |
| 513   | 81    | 43     | <b>KAVI HOSPITAL &amp; NEURO FOUNDATION</b><br>No. 205/1, Kumaran Roed,<br>Sangiliyandapuram Main Road,<br>Trichy - 620 001. | 0431-2300003<br>97900 08959      | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Orthopaedics, Gynaecology, Urology, Nephrology, Medical Gastro- enterology, Surgical Gastro-enterology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics. |
| 514   | 82    | 44     | <b>KMC SPECIALITY HOSPITAL(I) LTD.</b><br>6, Royal Road,<br>Trichy - 620 001.                                                | 0431-2415665                     | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary Surgery                                                                                                          |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                               | Contact Number                  | Specialities Available                                                                                                                                                                                                                                                                       |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 515   | 83    | 45     | <b>KRISHNA MULTISPECIALITY HOSPITAL</b><br>C-159/3,1-24, 9th Cross East, Thillai Nagar, Trichy 620018           | 0431-4020883,2740572            | Pulmonology, Urology, Oncology, Orthopaedic, Neurosurgeon, ENT                                                                                                                                                                                                                               |
| 516   | 84    | 46     | <b>L.G NURSING HOME 37, T.Pet</b><br>Road, Musiri, Trichy - 621 211.                                            | 04326-260232                    | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                |
| 517   | 85    | 47     | <b>LAKSHMI EYE HOSPITAL</b><br>68-H, Ragavendra Complex, Ammamandabam Road, Srirangam, Trichy - 620 006.        | 0431-2431523                    | Ophthalmology                                                                                                                                                                                                                                                                                |
| 518   | 86    | 48     | <b>LALITHA NURSING HOME</b><br>B-2(S), 10th 'A' Cross, Thillainagar, Trichy - 18.                               | 0431-2740788<br>043 I -2741 788 | Ophthalmology                                                                                                                                                                                                                                                                                |
| 519   | 87    | 49     | <b>MAA KAUVERY (A Unit of KMC Speciality Hospitals (India) Ltd</b><br>No:27,Alexandria Road, Cantonment, Trichy | 0431-4077777/0431-2415402       | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Surgical Gastro-enterology, Medical Gastro-enterology, Pulmonology, Gynaecology, Medical oncology, Urology, haematology, Surgical oncology, Neurology, Neurosurgery, Plastic surgery, Vascular surgery, Orthopaedics |
| 520   | 88    | 50     | <b>MAHATHMA EYE HOSPITAL</b><br>No. 6, Seshapuram, Tennur Tiruchirappalli - 620 017.                            | 0431-7240494, 7241198           | Ophthalmology.                                                                                                                                                                                                                                                                               |
| 521   | 89    | 51     | <b>MANGALAM HOSPITAL</b><br>No.C 105, Fort Station Road, 5th Cross, Thillainagar, Trichy - 620 018.             | 0431-2765646                    | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                       |
| 522   | 90    | 52     | <b>MANI MEMORIAL MEDICARE (M M M HOSPITAL)</b><br>#39,Karur Bye Pass Road, Trichy- 620 002.                     | 0431-2711033                    | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                |
| 523   | 91    | 53     | <b>MARUTHI HOSPITALS</b><br>95, Pattabiraman Street, Thennur, Tiruchirappalli-620 017.                          | 0431-2240000, 2791564           | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary Surgery. Cardio-Thoracic Surgery, Cardiology - Interventional, Cardiology - Medical Management                                           |
| 524   | 92    | 54     | <b>MAXIVISION SUPER SPECIALITY</b><br>Plot.No.B9-1,2nd Cross Street West Extension, Thillainagar, Trichy-18.    | 0431-4001200                    | Ophthalmology                                                                                                                                                                                                                                                                                |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                       | Contact Number       | Specialities Available                                                                                                                                                                                                                                                     |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 525   | 93    | 55     | <b>MAXIVISION SUPER SPECIALITY EYE HOSPITALS</b><br>No.73, Annamalai Nagar Main Road, Trichy-18                         | 0431-4001200         | Ophthalmology                                                                                                                                                                                                                                                              |
| 526   | 94    | 56     | <b>MOORTHYS HOSPITAL PRIVATE LTD.</b><br>48/2, V.O.C. Road, Annanagar, Tennur, Trichy - 620 017.                        | 0431-2794444         | Cardiology                                                                                                                                                                                                                                                                 |
| 527   | 95    | 57     | <b>MUKESH ARTHRO CARE (MAC) HOSPITAL</b><br>No. 12, Annamalai Nagar, Lakshmi Complex Bus stop, Tiruchirapalli - 620 018 | 0431-2762395         | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                           |
| 528   | 96    | 58     | <b>NALAM HOSPITAL</b><br>Highways Colony, Subramaniyapuram, Trichy-620 020.                                             | 04546-253777, 254777 | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                              |
| 529   | 97    | 59     | <b>NEURO ONE HOSPITAL</b><br>No.55/1, Karur Bye pass Road, Trichy - 620 002.                                            | 0431-2221222         | General Medicine - Medical Care, Orthopaedics, Neurology, Neurosurgery, Plastic surgery, General Surgery, Gynaecology, Urology, ENT                                                                                                                                        |
| 530   | 98    | 60     | <b>NRSLJ SPECIALITY HOSPITAL</b><br>22A, Santhapalayam, Musiri Bypass road, Musiri, Trichy.                             | 04326-299399         | General Medicine - Medical Care, General Medicine - Critical Care, Nephrology, Medical Gastroenterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT, Surgical Oncology, Neurology, Neurosurgery, Vascular Surgery, Cardiology |
| 531   | 99    | 61     | <b>PANKAJAM SITHARAM NURSING HOME</b><br>No.5, Renganathapuram East, Srirangam-620 006.                                 | 4,31,24,32, 605      | General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                     |
| 532   | 100   | 62     | <b>PANNEER NURSING HOME</b><br>13-A, Thiurthanthoni Road, Woraiyur, Trichy- 620 003.                                    | 0431-2761519         | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                              |
| 533   | 101   | 63     | <b>PARKAVAN HOSPITAL</b><br>Thiruvalluvar Avenue, Bikshandar Kovil, No.1, Tolgate, Trichy-621 216.                      | 0431-2591855         | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                              |
| 534   | 102   | 64     | <b>QMED HOSPITAL PRIVATE LTD</b><br>No.25, Officer's Colony, Renganathapuram, Puthur, Trichirappalli -620 017.          | 0431-4200711         | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                         |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                    | Contact Number                 | Specialities Available                                                                                                   |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 535   | 103   | 65     | <b>RAMAKRISHNA MEDICAL CENTRE (RAMAKRISHNA NURSING HOME)</b><br>20-21,Vivekananda Nagar, Woraiyur, Trichy-620 003.   | 0431-4244333, 4040444, 4040555 | General Medicine - Medical Care, General Surgery, Gynaecology                                                            |
| 536   | 104   | 66     | <b>RAMANA EYE CARE</b><br>B34, First Main Road, tarnalinga Nagar, Trichy-3, (Landmark: Near Aruna Theati-e)          | 0431-2773444 97877 00086       | Ophthalmology                                                                                                            |
| 537   | 105   | 67     | <b>RANA HOSPITAL(RANA MATERNITY HOSPITAL)</b><br>A-10/156, Salai Road, Thillai Nagar, Trichy-620 018.                | 0431-2767536, 2763570          | General Medicine - Medical Care, General Surgery, Gynaecology                                                            |
| 538   | 106   | 68     | <b>RATHNA MEDICAL CENTRE</b><br>No.9, Kumaran Nagar, Vayalur Main Road, Trichy - 620 017.                            | 0431-2775001                   | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                   |
| 539   | 107   | 69     | <b>RETNA GLOBAL HOSPITAL</b><br>95-1 Pattabiraman Street, Tennur - 620 017.                                          | 0431-2491450, 24915030         | General Medicine - Medical Care, General Surgery, Gynaecology                                                            |
| 540   | 108   | 70     | <b>RNR HOSPITAL</b><br>No.2A, Dindigul Main Road, Dheeran Nagar, Pirattiyar(PO), Trichy-9.                           | 827040572 6/0431-2403115       | General medicine, General surgery, Orthopaedics, ENT, Dermatology, Neurosurgery, Cardiology, Nephrology, Plastic surgery |
| 541   | 109   | 71     | <b>SAI CARE HOSPITAL,</b><br>No.7, Hospital Road, Woraiyur, Trichy - 620 003.                                        | 0431-4002973 97897 221 17      | Ophthalmology                                                                                                            |
| 542   | 110   | 72     | <b>SAKTHI HOSPITAL</b><br>No.75. Poovalur Road, Lalgudi, Trichy-621 601.                                             | 94871 91981 96599 82280        | General Medicine, Cardiology, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Obsterics, Urology, ENT           |
| 543   | 111   | 73     | <b>SANKARA EYE HOSPITAL</b><br>10/03,Thuraiyur Road, Musiri, Trichy-621 211.                                         | 04326-261988                   | Ophthalmology                                                                                                            |
| 544   | 112   | 74     | <b>SENTHIL NURSING HOME</b><br>No.91, Butter Worth Road, Trichy- 620 002.                                            | 0431-2703220                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                            |
| 545   | 113   | 75     | <b>SHRI MUTHU NURSING HOME</b><br>95, Big Sowrastra Street, (Near Kadaiveethi Bus Stop), Woraiyur, Trichy - 620 003. | 0431-2760082                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                            |
| 546   | 114   | 76     | <b>SILVERLINE SPECIALITY HOSPITAL</b><br>No.C-23, 4th Cross, West Extension, Thillai nagar, Trichy -620 018.         | 0431-2760030                   | Oncology                                                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                         | Contact Number                                           | Specialities Available                                                                                                                                                                                                                                                                                                                 |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 547   | 115   | 77     | <b>SINDUJA HOSPITAL</b><br>No.76, Madurai Road,<br>Manapparai,<br>Tiruchirapalli- 621 306.                                | 04332-<br>263101/<br>04332-<br>263102/<br>944316310<br>1 | Cardiology, Cardiothoracic surgery,<br>Cardio Interventional, General<br>surgery                                                                                                                                                                                                                                                       |
| 548   | 116   | 78     | <b>SMS HOSPITAL</b><br>No.128/75 , K Salai Road,<br>(Jayanthi Bus stop)<br>Tiruchirapalli- 620018.                        | 0431-<br>2760480                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                                                                     |
| 549   | 117   | 79     | <b>SREE PADUKA<br/>SPECIALITY<br/>HOSPITAL</b><br>C-103, Fort Station Road,<br>Thillainagar,<br>Trichy - 620 018.         | 0431-<br>4000177<br>0431-<br>2765444                     | Urology                                                                                                                                                                                                                                                                                                                                |
| 550   | 118   | 80     | <b>SRI KAUVERY MEDICAL<br/>CARE INDIA LIMITED-<br/>DIALYSIS</b><br>5, Royal Road,<br>Thillai Nagar,<br>Trichy 620018      | 0431-<br>407781                                          | Dialysis Centre                                                                                                                                                                                                                                                                                                                        |
| 551   | 119   | 81     | <b>SRI KAUVERY MEDICAL<br/>CARE INDIA LTD</b><br>No.7C,7-C/1 Alexandria<br>road,<br>Cantonment,<br>Trichy-620001          | 994409411<br>0/0431-<br>4077777                          | Oncology                                                                                                                                                                                                                                                                                                                               |
| 552   | 120   | 82     | <b>SRI KUMARAN HOSPITAL</b><br>No.50/9, Viralmalai Road,<br>Manapparai,<br>Tiruchirapalli – 621 306.                      | 04332-<br>261444/<br>04332-<br>261445                    | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                                                        |
| 553   | 121   | 83     | <b>SRI RAMAKRISHNA<br/>SPECIALITY HOSPITALS</b><br>B - 20, 2ND Cross, Thillai<br>Nagar (West)<br>Tiruchirapalli - 620 018 | 0431-<br>4346123,90<br>47146123                          | General medicine, General Surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Surgical Gastro-enterology, Medical<br>Gastro-enterology, Pulmonology,<br>Gynaecology, Medical oncology,<br>Urology, haematology,<br>Endocrinology, Surgical oncology,<br>Neurology, Neurosurgery, Plastic<br>surgery, Vascular surgery,<br>Orthopaedics |
| 554   | 122   | 84     | <b>SRI VENKATESHWARA<br/>HOSPITAL</b><br>57, Bajanaikoodam Street,<br>Trichy - 620 001.                                   | 0431-<br>232769                                          | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology.                                                                                                                                                                                                                                                                   |
| 555   | 123   | 85     | <b>SRINIVASAN SUPER<br/>SPECIALITY HOSPITAL<br/>NH-45,</b><br>Samayapuram,<br>Tiruchirapalli -621 112.                    | 0431-<br>2677777/<br>0431-<br>2676666                    | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>Cardiology, ENT, Cardiothoracic<br>Surgery, Paediatrics,<br>Ophthalmology, Gastroenterology,<br>Medical Oncology, Surgical<br>Oncology, Radiation          |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                                                                                                                         | Contact Number                         | Specialities Available                                                                                                                                                   |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 556   | 124   | 86     | <b>STAR KIMS HOSPITALS</b><br>No.D6, 5th Cross,<br>Thillai Nagar(West Extn),<br>Tiruchirapalli - 620 018.                                                                                                                                                                 | 0431-<br>2764571<br>737376303<br>1     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                         |
| 557   | 125   | 87     | <b>SUDARSANA HOSPITAL</b><br>No.6A/7, First Main Road,<br>Ramalinga Nagar, Woraiyur,<br>Trichy-620 003                                                                                                                                                                    | 0431-<br>2771271                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                         |
| 558   | 126   | 88     | <b>SUDHARSAN EYE CENTRE</b><br>FS-3, Tamil cauvery,<br>Kumbakonam- Kallanai<br>Road,<br>Thiruvanaikovil,<br>Trichy-620 005.                                                                                                                                               | 97891<br>82577<br>98942<br>67877       | Ophthalmology                                                                                                                                                            |
| 559   | 127   | 89     | <b>SUGAM HOSPITAL</b><br>No.63/5, Madurai Road,<br>Manapparai,<br>Tiruchirapalli -621 306.                                                                                                                                                                                | 04332-<br>260055<br>978788955<br>6     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                         |
| 560   | 128   | 90     | <b>SUHAM HOSPITAL (P) LTD</b><br>12, Royal Garden, Trunk<br>Road,<br>Thiruvanaikovil,<br>Trichy-620 005                                                                                                                                                                   | 0431-<br>2902989                       | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic, Nephrology,<br>Neurology,<br>ENT                                                       |
| 561   | 129   | 91     | <b>SVH SPECIALITY HOSPITAL</b><br>34, 7th Cross,<br>Thillai Nagar,<br>Trichy - 620 018.                                                                                                                                                                                   | 0431-<br>2741234<br>6535363            | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                         |
| 562   | 130   | 92     | <b>THE EYE FOUNDATION</b><br>27, Williams Road,<br>Cantonment,<br>Trichy 62001                                                                                                                                                                                            | 0431<br>4514100,45<br>13200            | Ophthalmology                                                                                                                                                            |
| 563   | 131   | 93     | <b>THILAK HOSPITAL</b><br>103,A/2 Devar Colony,<br>1st Cross Thillai Nagar,<br>Trichy-620 018.                                                                                                                                                                            | 0431-<br>2762277,<br>88                | ENT                                                                                                                                                                      |
| 564   | 132   | 94     | <b>THIRUCHI EYE CARE HOSPITAL</b><br>No:7/3,Karur By Pass Road,<br>Near Kalainagar<br>Arivalayam,<br>Trichy-620 002                                                                                                                                                       | 994360912<br>3                         | Ophthalmology                                                                                                                                                            |
| 565   | 133   | 95     | <b>TIRUCHY MEDICAL CENTRE &amp; HOSPITAL LTD</b><br>No.B-17, 11-B Cross,<br>Thillainagar West,<br>Tiruchirapalli - 620018.                                                                                                                                                | 0431-<br>2741919                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                       |
| 566   | 134   | 96     | <b>TRICHY SRM MEDICAL COLLEGE HOSPITAL &amp; RESEARCH CENTRE (CHENNAI MEDICAL COLLEGE HOSPITAL &amp; RESEARCH CENTRE (SRM GROUP))</b><br>Irungalur, Mannachanallur,<br>Trichy - 621 105<br>SRM Nagar,<br>Trichy - Chennai Highway,<br>Near Samayapuram,<br>Trichy-621 105 | 0431-<br>22011218/<br>0431-<br>2258687 | General Surgery, General Medicine -<br>Medical Care, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>Maxilliary, Genitourinary Surgery |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                       | Contact Number                                | Specialities Available                                                                                                                                                                                                                                                                                         |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 567   | 135   | 97     | <b>VAISHALI DIGESTIVE DISEASES CARE</b><br>159, Salai Road,<br>Thillai Nagar,<br>Tiruchirappali 620018                                                  | 0431-<br>2766892/2<br>766888                  | Gastro-enterology, Orthopaedic, General Surgery, Ophthalmology, Urology, Surgical Oncology, Cardiology, General medicine, Pulmonology, Medicine Oncology                                                                                                                                                       |
| 568   | 136   | 98     | <b>VASAN EYE CARE HOSPITAL</b><br>No.77-4B,Vignesh Nagar,<br>Kattur,<br>Trichy-620019                                                                   | 0431 253<br>3200                              | Ophthalmology                                                                                                                                                                                                                                                                                                  |
| 569   | 137   | 99     | <b>VASAN EYE CARE HOSPITAL (VASAN'S EYE HOSPITAL (ANNAMALAI NAGAR))</b><br>No,10, Annamalai Nagar<br>Main Road,<br>Trichy-620 018                       | 0431-<br>2204000,<br>3989060                  | Ophthalmology                                                                                                                                                                                                                                                                                                  |
| 570   | 138   | 100    | <b>VELAN SPECIALITY HOSPITALS PVT. LTD.</b><br>No.1, Highways Colony,<br>Jail comer.<br>Pudukkottai main road,<br>Subramaniyapuram.<br>Trichy-620 020.  | 0431- 233<br>4444                             | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Urology, Cardiothoracic Surgeries, ENT, Endocrinology, Haematology, Surgical Oncology, Rheumatology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 571   | 139   | 101    | <b>VIGNESH HOSPITAL AND GUNA FERTILITY CENTRE</b><br>No.48,85-A, 2nd cross,<br>Paramasingapuram,<br>Lalgudi,<br>Trichy                                  | 0431-<br>2541121,74<br>02047668,8<br>43834768 | General medicine, General surgery, Obstetrics & Gynaecology, Paediatrics, ENT, Orthopaedics, Cardiology, Urology, Andrology                                                                                                                                                                                    |
| 572   | 140   | 102    | <b>VIHAS HOSPITAL</b><br>31,Bishop Road,<br>Puthur,<br>Trichy-620 017.                                                                                  | 0431-<br>2741177                              | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                  |
| 573   | 141   | 103    | <b>VIJAYALAKSHME EYE HOSPITAL</b><br>No.92, Ganapathi Nagar,<br>Uyyakondan Thirumalai,<br>Vayalur Main Road,<br>Tiruchirapalli - 620102                 | 0431-<br>2782277                              | Ophthalmology                                                                                                                                                                                                                                                                                                  |
| 574   | 142   | 104    | <b>VINOTH EYE CARE HOSPITAL</b><br>C-8, 2nd Cross East,<br>Thillai Nagar,<br>Tiruchirappalli-620 018                                                    | 99522<br>43444                                | Ophthalmology                                                                                                                                                                                                                                                                                                  |
| 575   | 143   | 105    | <b>WELL CARE HOSPITAL &amp;RESEARCH INSTITUTE</b><br>No.C-165, 9th A<br>Cross(West),<br>Near VKN Building,<br>Thillai Nagar,<br>Tiruchirapalli -620 018 | 0431-<br>2742111<br>962609000<br>2            | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                        |

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THEIR ELIGIBLE FAMILY MEMBERS.**

| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                 | Contact Number                       | Specialities Available                                                                                                                                                                                                                              |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |       |        | <b>XVIII. THANJAVUR DISTRICT</b>                                                                                                  |                                      |                                                                                                                                                                                                                                                     |
| 576   | 144   | 1      | <b>A to Z HOSPITAL</b><br>24, David & Co Avenue,<br>Serfoji College Road,<br>Near New Bus Stand,<br>Thanjavur                     | 04362-234001                         | General Medicine, Cardiology, Urology, Psychiatry, Medical Oncology, ENT, General Surgery,, Neurosurgery, Cardiothoracic surgery, Plastic surgery, Gynaecology, Paediatrics, Vascular surgery, Surgical Oncology, Radiation Oncology, Physiotherapy |
| 577   | 145   | 2      | <b>A.V.R. RAMANI POLY CLINIC</b><br>34.A, Karaikal Main Road,<br>Srinivasanallur,<br>Thirunageswaram Post,<br>Kumbakonain-612 204 | 0435-2412455                         | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Orthopaedics, Gynaecology, ENT, Neurology, Neurosurgery, Plastic Surgery, Cardiology |
| 578   | 146   | 3      | <b>AADHITHYA MEDICAL CENTRE</b><br>No 64, 4th Cross Street.<br>Cauvery Nagar South,<br>Thanjavur – 613 005.                       | 04362-272433<br>04362-276433         | General Medicine, Cardiology, Nephrology, Gastro- enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Surgery, Urology, ENT, Endocrinology, Surgical Oncology, Rheumatology, Neurology, Plastic Surgery, Vascular Surgery  |
| 579   | 147   | 4      | <b>ANBU HOSPITAL</b><br>4&5, Lakshmi Villas Street,<br>Near Selvam Theatre ,<br>Kumbakonam- 612 001.                              | 0435-2432165,<br>2432167,<br>2431114 | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                       |
| 580   | 148   | 5      | <b>ANU HOSPITAL</b><br>69,Trichy Road, (Near<br>Convent), Thanjavur-613 007.                                                      | 04362-275091, 93                     | Cardiology, Cardiothoracic surgery, Nephrology, Neurology, Neurosurgery, Orthopaedics, Gastroenterology, Vascular surgeries, General Medicine - Critical care, Urology, ENT                                                                         |
| 581   | 149   | 6      | <b>APEX HEART HOSPITAL PVT LTD.</b><br>No.9A, Selvam Nagar,<br>(Near Ganapathy Nagar Bus Stop),<br>M.C. Road, Thanjavur-613 007.  | 04362-273322<br>7373739413           | Cardiology and Cardiothoracic Surgery                                                                                                                                                                                                               |
| 582   | 150   | 7      | <b>DR AGARWAL EYE HOSPITAL</b><br>No.2851/ 30A, VOC Nagar,<br>Trichy Main Road,<br>Thanjavur-613 007.                             | 04362-277826                         | Ophthalmology                                                                                                                                                                                                                                       |
| 583   | 151   | 8      | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>2/381, Indira Nagar,<br>Kumbakonam - 612 001.                                                | 0435-2410320                         | Ophthalmology                                                                                                                                                                                                                                       |
| 584   | 152   | 9      | <b>DR.ARAVIND VISION CARE</b><br>No.12,Mutt Street,<br>Kumbakonam,<br>Thanjavur -612 001.                                         | 0435-2420088<br>8925086413           | Ophthalmology                                                                                                                                                                                                                                       |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                     | Contact Number                                                   | Specialities Available                                                                                                                                                                                                                                                                                        |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 585   | 153   | 10     | <b>DR.NAVAMANI HOSPITAL (NAVAMANI HOSPITAL)</b><br>No.90, East Main Street, Thanjavur-613 001.                        | 94437<br>13985<br>04362-<br>230985                               | Ophthalmology                                                                                                                                                                                                                                                                                                 |
| 586   | 154   | 11     | <b>DR.R.G.K.EYE CARE CENTRE</b><br>No.29, Marutham, New Housing Unit, Thanjavur-613 005.                              | 04362-<br>227417<br>04362-<br>400514                             | Ophthalmology                                                                                                                                                                                                                                                                                                 |
| 587   | 155   | 12     | <b>DR.TVS MULTISPECIALITY HOSPITAL</b><br>No.1,Cholan nagar, Nagai Road Near Tholkkapiar square, Thanjavur-613001     | 04362-<br>230055<br>/45190/<br>999471627<br>6/<br>936351441<br>1 | General medicine, General surgery, Nephrology, Paediatrics, Medical Gastroenterology, Surgical Gastroenterology, Pulmonology, Gynaecology, Medical oncology, Urology, Endocrinology, Ophthalmology, surgical oncology, Rheumatology, Neurology, Neurosurgery, plastic surgery, vascular surgery, Orthopaedics |
| 588   | 156   | 13     | <b>Dr.VANCHILINGAM HOSPITAL (TANJORE) PVT. LTD.</b><br>No:7, K.S Nagar, Pudukkottai Road, Thanjavur - 613 005.        | 04362-<br>226297                                                 | General Medicine - Medical Care, General Medicine - Critical, Neurology, Neurosurgery, Orthopaedics, General Surgery                                                                                                                                                                                          |
| 589   | 157   | 14     | <b>K.G. MULTISPECIALITY HOSPITAL AND RESEARCH CENTRE</b><br>3048,3049, 2nd Street, V.O.C. Nagar, Thanjavur - 613 007. | 04362-<br>239919                                                 | Cardiothoracic surgery, Interventional cardiology                                                                                                                                                                                                                                                             |
| 590   | 158   | 15     | <b>K.S HOSPITAL</b><br>No.60, Mutt Street, Kumbakonam, Thanjavur -612 001.                                            | 0435-<br>2423004                                                 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                       |
| 591   | 159   | 16     | <b>KANAKESA THEVAR MEMORIAL HOSPITAL(P) LTD.,</b><br>No.66, Chinnaiah street, Pattukkottai- 614 602                   | 04373-<br>252670                                                 | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology, Cardiology, Cardio-Thoracic Surgery, ENT, Neuro Surgery, Nephrology, Oncology, Vascular surgery                                                                                                                  |
| 592   | 160   | 17     | <b>KANNAN HOSPITAL</b><br>No.40, MIG, Marutham New Housing Unit, Pudhukottai Road, Thanjavur - 613005.                | 04362-<br>226363                                                 | Nephrology, Oncology, Neurology and Neuro surgery, Vascular surgery, Gastroenterology, Plastic and Facio Maxillary, General Medicine-critical care, Pulmonology, Endocrinology, Major dental surgical Procedures, Cardio Thoracic Surgery.                                                                    |
| 593   | 161   | 18     | <b>KDR HOSPITAL No.1&amp; 2 ,</b><br>Ramakrishna Puram, Thanjavur - 613007.                                           | 04362-<br>230379                                                 | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                            |
| 594   | 162   | 19     | <b>KEERTHANA HOSPITAL (P) LTD.</b><br>No 58, G.A.Canal Road, Near Hotel Parisutham, Thanjavur - 613 001.              | 04362-<br>279827                                                 | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                                   | Contact Number                       | Specialities Available                                                                                                                                                                                                    |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 595   | 163   | 20     | <b>M R HOSPITAL</b><br>1,Yagappa Nagar,<br>Pudukkottai Road,<br>Thanjavur-613 007.                                                                                                  | 04362-<br>278005,                    | Oncology, Orthopaedics, Urology,<br>Gastroenterology, Nephrology,<br>Neurology                                                                                                                                            |
| 596   | 164   | 21     | <b>M.V.K. NURSING HOME (MVK HOSPITAL)</b><br>No.2772/1, Nanayakara chetty street,<br>Thanjavur- 613 001                                                                             | 04362-<br>230949,<br>231470          | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                          |
| 597   | 165   | 22     | <b>MAXIVISION EYE SUPERSPECIALITY</b><br>T.S.No.712/2,Door.No.39,3<br>9A/39B,39C & 39D,Sri<br>Saragapani Swami Kovil<br>Keezhvadham Bokki St,<br>Kumbakonam,<br>Thanjavur - 612001  | 070929<br>55500                      | Ophthalmology                                                                                                                                                                                                             |
| 598   | 166   | 23     | <b>MAXIVISION EYE HOSPITAL</b><br>499, Kurunji Street,<br>New Housing Unit,<br>Thanjavur 613005                                                                                     | 703666555<br>0                       | Ophthalmology                                                                                                                                                                                                             |
| 599   | 167   | 24     | <b>MEDWAY HOSPITALS No.142-B,</b><br>Sri Balasubramaniyan<br>Nagar,<br>Pillayampettai,<br>Ammachathiram(Post),<br>Thiruvidadimarudhur(Taluk),<br>Kumbakonam,<br>Thanjavur -612 103. | 0435-<br>2412345<br>0435-<br>2413245 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                          |
| 600   | 168   | 25     | <b>MEENAKSHI HOSPITAL</b><br>244-2, Trichy Main Road,<br>Near New Bus Stand,<br>Nilagiri Therkkku Thottam,<br>Thanjavur - 613 005.                                                  | 04362-<br>226474                     | Oncology, Pulmonology, Medical<br>Gastroenterology, Neurology,<br>Rheumatology, Dental Major<br>Surgeries                                                                                                                 |
| 601   | 169   | 26     | <b>MS HOSPITAL</b><br>53/743, Kamaraj Road,<br>Kumbakonam,<br>Thanjavur - 612 001.                                                                                                  | 0435-<br>2422890,<br>892559323<br>0  | General Medicine, General Surgery,<br>Cardiology, Nephrology,<br>Paediatrics, Pulmonology,<br>Gynaecology, Medical Oncology,<br>Urology, Surgical oncology,<br>Neurology, Neurosurgery, Vascular<br>surgery, Orthopaedics |
| 602   | 170   | 27     | <b>N M HOSPITAL (P) LTD. Plot No.3275,1/A-1,</b><br>Ramakrishna Puram,<br>Thanjavur-613 007.                                                                                        | 04362-<br>231824                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                         |
| 603   | 171   | 28     | <b>NATIONAL PHARMA HOSPITAL &amp; RESEARCH INSTITUTE</b><br>No.111, Medical College<br>Road,<br>Thanjavur-613 004.                                                                  | 04362-<br>241241<br>952424124<br>1   | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                          |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                | Contact Number                                   | Specialities Available                                                                                                                                                                                                                                                                                    |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 604   | 172   | 29     | <b>OUR LADY OF HEALTH MULTISPECIALITY HOSPITAL (A UNIT OF THE DIOCESE OF TANJORE SOCIETY, THANJAVUR)</b><br>1st cross, Arulananda Nagar,<br>Thanjavur - 613 007. | 04362-232829/310370                              | General Medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Surgical Gastro-Enterology, Medical Oncology, Urology, Cardiothoracic surgery, Endocrinology, haematology, Surgical oncology, Neurology, Neurosurgery, Plastic surgery, Vascular surgery, Interventional Cardiology, Orthopaedics |
| 605   | 173   | 30     | <b>R.K.HOSPITAL FOR WOMEN &amp; CHILDREN PVT.LTD.,</b><br>No.7, First Street,<br>V.O.C.Nagar,<br>Thanjavur                                                       | 04362-271171                                     | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                             |
| 606   | 174   | 31     | <b>RAKHURAM EYE HOSPITAL</b><br>No-2-State bank colony,<br>Kumbakonam-612 001                                                                                    | 0433-2430044<br>9443 1 3 0 5 5 0                 | Ophthalmology                                                                                                                                                                                                                                                                                             |
| 607   | 175   | 32     | <b>ROHINI HOSPITALS</b><br>T.S.No.3279-3281/1,<br>Arulananda Nagar Extn.<br>Pudukkottai Road,<br>Thanjavur - 613 007.                                            | 04362-237421                                     | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                             |
| 608   | 176   | 33     | <b>ROYAL HOSPITAL</b><br>1624,South Main Road,<br>Thanjavur- 613 009.                                                                                            | 04362-659065                                     | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                            |
| 609   | 177   | 34     | <b>RSS HOSPITAL</b><br>Cauvery nagar,6th cross,<br>Pudukkottai road,Opp to new housing unit,<br>Thanjavur-613005                                                 | 6385522663/<br>04362-231111<br>235111/<br>290973 | General medicine, General surgery, Nephrology, Paediatrics, Medical Gastroenterology surgical Gastroenterology ,Urology, Neurology, Plastic surgery                                                                                                                                                       |
| 610   | 178   | 35     | <b>S.B. HOSPITAL (S.B. HOSPITAL UROLOGY AND FERTILITY RESEARCH CENTRE)</b><br>2nd Street, Rajappa Nagar,<br>Medical College Road,<br>Thanjavur- 613 007.         | 04362-230268,<br>04362-230169                    | General Medicine - Medical Care, General Surgery, Urology, Nephrology, Cardiology, Cardio thoracic, Vascular Surgery                                                                                                                                                                                      |
| 611   | 179   | 36     | <b>SARAVANA SPECIALITY HOSPITAL</b><br>No.15-A,first street,<br>VOC nagar,<br>Behind vinothagan hospital,<br>Thanjavur-613007                                    | 7397772001/<br>7397772002/<br>7397772003         | General medicine, General surgery, Gynaecology, Orthopaedics                                                                                                                                                                                                                                              |
| 612   | 180   | 37     | <b>SRI NAADI HOSPITAL</b><br>No.121 & 122,<br>Nadiyambal puram,<br>Mayilpalayam,<br>Pattukottai-614 602.                                                         | 04373-255499<br>04373-256499                     | General Medicine, Cardiology Nephrology, Gastro- enterology, Orthopaedics, General Surgery, Medical Oncology, Urology, Cardiothoracic Surgeries, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery                                                                                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                        | Contact Number                | Specialities Available                                                                                                                                                                                           |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 613   | 181   | 38     | <b>SRI KAMATCHI MEDICAL CENTRE</b><br>No.37, Trichy Main Road,<br>Near Serfoji College,<br>Thanjavur-613 005                                             | 8680860111                    | General Medicine-Medical Care,<br>General Surgery, Urology,<br>Gynaecology , Nephrology,<br>Orthopaedic Surgery, Neurology,<br>Plastic & Facio Maxillary,<br>Gastroenterology, Neurosurgery,<br>ENT, Cardiology. |
| 614   | 182   | 39     | <b>SRI KUMARAN HOSPITAL</b><br>Municipal Colony,<br>Eswari Nagar,<br>Thanjavur-613 007                                                                   | 04362-246881                  | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic Surgery                                                                                                    |
| 615   | 183   | 40     | <b>SRI NEEVI SUGAM HOSPITAL</b><br>66/2, G.H.Road,<br>Peravurani,<br>Thanjavur,<br>Tamilnadu - 614 804                                                   | 9865065782/7418361189         | General Medicine, Paediatrics<br>,Gynaecology, Orthopaedics, Dentist                                                                                                                                             |
| 616   | 184   | 41     | <b>SRI SURIYA MULTISPECIALITY HOSPITAL</b><br>No.201-P,Pandian nagar,<br>Mangalapuram Bus Stop,<br>Medical college Road,<br>Thanjavur-613004             | 8610701123/<br>7200567722     | General medicine, General surgery,<br>Neurosurgery, Surgical<br>Gastroenterology, plastic surgery,<br>Orthopaedics                                                                                               |
| 617   | 185   | 42     | <b>SUDAR HOSPITAL AND RESEARCH INSTITUTE</b><br>1085/2, Mission Church Street,<br>Maharnombuchavady,<br>Thanjavur- 613 001.                              | 04362-233848                  | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                |
| 618   | 186   | 43     | <b>SUGAM MULTI-SPECIALITY HOSPITAL</b><br>No.1, New Railway Station Road,<br>Kumbakonam - 612 001.                                                       | 0435-2402345,<br>2403020      | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                 |
| 619   | 187   | 44     | <b>THANJAVUR CANCER CENTRE</b><br>(Unit Of Jeeva Centenary Trust)<br>No.165/16,<br>By-Pass Road, Mathakottai,<br>Thulukkampatti,<br>Thanjavur - 613 005. | 04362-226686/<br>04362-227786 | Surgical Oncology, Medical<br>Oncology, Radiation Oncology                                                                                                                                                       |
| 620   | 188   | 45     | <b>THIRUMALA ORTHO CENTRE KALPANA HOSPITAL</b><br>No.70, Trichy Road,<br>Near Convent School,<br>Thanjavur-613 007.                                      | 04362-230626                  | Ophthalmology, Neuro surgery,<br>Vascular surgery, ENT, Neurology,<br>Dental Major Surgical Procedure                                                                                                            |
| 621   | 189   | 46     | <b>VASAN EYE CARE HOSPITAL</b><br>No. 22, Nageshwaran East Street,<br>Kumbakonam-612 001.                                                                | 0435-3983900                  | Ophthalmology.                                                                                                                                                                                                   |
| 622   | 190   | 47     | <b>VASAN EYE CARE HOSPITAL</b><br>No. 51, Gandhiji Road,<br>Near Railway Station,<br>Tanjavur.613 001.                                                   | 04362-234511                  | Ophthalmology                                                                                                                                                                                                    |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                             | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                                      |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 623   | 191   | 48     | <b>VINODHAGAN MEMORIAL HOSPITAL</b><br>(P) LTD.<br>3120 & 3121, Trichy Road,<br>Thanjavur - 625 531.                                                                          | 04362-240527,<br>234885,<br>234883   | Neuro surgery, Neurology, Urology, Oncology, Cardiology and Cardiothoracic surgery, ENT, Gastroenterology, Nephrology, General Medicine - Critical care                                                                                                                                                                                     |
| 624   | 192   | 49     | <b>VISHNU MULTI-SPECIALITY HOSPITAL &amp; CANCER INSTITUTE</b><br>No.52,53, Centre Point Nagar, Opp. To Kamalasubramaniam School,<br>Pudukottai Road,<br>Thanjavur - 613 005. | 04362-227111                         | Cardiology, General Medicine - Medical Care, General Surgery, Oncology, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                |
|       |       |        | <b>XIX. PUDUKOTTAI DISTRICT</b>                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                             |
| 625   | 193   | 1      | <b>BE WELL HOSPITAL No.537/1/5,</b><br>Alangudi Road,<br>Pudukottai-622 001.                                                                                                  | 04322-267010                         | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                                     |
| 626   | 194   | 2      | <b>JANAGIRAM MULTISPECIALITY HOSPITAL &amp; RESEARCH CENTRE</b><br>26,Taluk Office Road,<br>Aranthangi - 614 616.                                                             | 04371-223865,<br>222765              | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                                                                                               |
| 627   | 195   | 3      | <b>M. MALAR HOSPITALS T.S. No.5590/91, 92,</b><br>Santhanathapuram 6th Street,<br>Pudukottai - 622 001.                                                                       | 04322-223941,<br>224441              | General Surgery, General Medicine - Medical Care, Gynaecology , Cardiology                                                                                                                                                                                                                                                                  |
| 628   | 196   | 4      | <b>MANIMEGALAI MEDICAL CENTRE</b><br>T.S.No. 1900, North Main Street,<br>Pudukkottai - 622001                                                                                 | 04322-224458                         | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                   |
| 629   | 197   | 5      | <b>MEENAKSHI PERIYANNAN HOSPITAL</b><br>No.626, Opposite to BSNL Exchange,<br>Ponnamaravathy,<br>Pudukottai-622 407.                                                          | 04333-261234/04333-262626/8925828428 | General Medicine, General Surgery, ENT, Paediatrics, Cardiology, Orthopaedics, Dental, Urology, Neuro surgery, Nephrology, Neurology, Dermatology, Pulmonology                                                                                                                                                                              |
| 630   | 198   | 6      | <b>MUTHUMEENAKSHI HOSPITALS</b><br>(P) LTD. TS No.5542,<br>South 4th Street,<br>Pudukottai-622 001.                                                                           | 04322-242424                         | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery. Cardio-Thoracic Surgery, Cardiology - Interventional, Cardiology - Medical Management, Neurology, Neuro Surgery, Surgical Oncology, Medical Oncology, Gastroenterology (Surgical), Renal Transplant, Urologist, Ophthalmology, ENT |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                       | Contact Number               | Specialities Available                                                                                                                                                                                                                                                                                                                                              |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 631   | 199   | 7      | <b>MUTHURAJAS HOSPITAL</b><br>3652. West 4th Street,<br>(Near Santhaipettai),<br>Pudukkottai-622 001.   | 04322-225521<br>04322-225522 | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Rheumatology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery                     |
| 632   | 200   | 8      | <b>PUDUGAI STAR HOSPITAL</b><br>No.50,51, Ramachandra Nagar,<br>Alangudi Road,<br>Pudukkottai - 622001. | 04322-267575                 | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                           |
| 633   | 201   | 9      | <b>RR HOSPITAL</b><br>TS 5470/5471,<br>Marthandapuram, 1st Street,<br>Pudukkottai – 622 001.            | 04322-225515                 | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                           |
| 634   | 202   | 10     | <b>S.S. HOSPITAL</b><br>5767, Santhanathapuram.<br>3rd Street,<br>Pudukkottai-622 001.                  | 04322-229494                 | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Radiation Oncology, Rheumatology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 635   | 203   | 11     | <b>SANJEEVANI HOSPITAL</b><br><b>T.S.No.4053,</b><br>South 4th Street,<br>Pudukkottai - 622 001.        | 04322-232363                 | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                  |
| 636   | 204   | 12     | <b>SHRI SARADHA HOSPITAL</b><br>133, Poonga Nagar Main Road,<br>Aranthangi-614 616.                     | 04371-221727                 | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                                                                                                                       |
| 637   | 205   | 13     | <b>SHRI SARRADHA EYE HOSPITAL No.5882/13-P,</b><br>Lakshmipuram 2nd Street,<br>Pudukkottai - 622001.    | 04322-221979                 | Ophthalmology                                                                                                                                                                                                                                                                                                                                                       |
| 638   | 206   | 14     | <b>SREE MEENAKSHI POLY CLINIC</b><br>T S No.4215,South Fourth Street,<br>Pudukkottai-622 001.           | 04322-220234                 | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                                                                                                                       |
| 639   | 207   | 15     | <b>SREE VIJAY HOSPITALS</b><br>E.C.Road, Manamelkudi-614 620.                                           | 04371-250548                 | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                  |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                 | Contact Number                | Specialities Available                                                                                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 640   | 208   | 16     | <b>SRI DURGA SURGICAL CLINIC &amp; RESEARCH CENTRE</b><br>Dr.Abdul Kalam Salai,<br>Thottiyampatty,<br>Ponamaravathy Post,<br>Pudukkottai-622 407. | 04332-612555,<br>612460       | General Surgery, General Medicine - Medical Care, Gynaecology, Oncology                                                                                                                                                                                                                                                                                                                    |
| 641   | 209   | 17     | <b>SRI KRISHNA EYE HOSPITAL</b><br>No.5594/1, South 4th Street,<br>Pudukkottai - 622 001.                                                         | 04322-222178                  | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                              |
| 642   | 210   | 18     | <b>TEAM SPECILITY HOSPITAL</b><br>10, Sathia Moorthy Road,<br>Opp New Bus Stand,<br>Pudukkottai - 622 001.                                        | 04322-228866                  | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                                                                                                                                              |
| 643   | 211   | 19     | <b>VASAN EYE CARE HOSPITAL</b><br>806 - Near Brindhavan Corner,<br>Keelaraja Veethi (East Main Road),<br>Pudukkottai - 622 001.                   | 04322-398900                  | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                              |
|       |       |        | <b>XX. KARUR DISTRICT</b>                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                            |
| 644   | 212   | 1      | <b>A.P.J Hospital</b><br>Thogaimalai,<br>Karur-621313                                                                                             | 9025488389                    | General medicine, General surgery, Orthopaedics surgery, Urologist surgery, Gynaecology surgery, Dental surgery, Neuro surgery                                                                                                                                                                                                                                                             |
| 645   | 213   | 2      | <b>AARTHY EYE HOSPITAL</b><br>16, Sengunthapuram Main Road,<br>Karur - 639 002.                                                                   | 04324-233163                  | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                              |
| 646   | 214   | 3      | <b>ABIRAMI MATERNITY CENTRE No.27/33,</b><br>Narashimmapuram South,<br>Karur - 639 001.                                                           | 04324-261997/<br>04324-261165 | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                                                                                                                                           |
| 647   | 215   | 4      | <b>ABISHEK ORTHO CENTER</b><br>No.5/300, Ashok Nagar,<br>AndanKoil East,<br>Covai Road,<br>Karur - 639 002.                                       | 9790555151                    | Orthopaedics                                                                                                                                                                                                                                                                                                                                                                               |
| 648   | 216   | 5      | <b>ABS HOSPITAL</b><br>No.161,B/5,Sivasakthi Nagar,<br>Thanthoni (North)<br>Thanthonimalai,<br>karur-639005                                       | 04324<br>255300/255301        | Cardiology, Cardiothoracic surgery, Interventional cardiology, General medicine, General surgery, Pulmonology, Psychiatry, Orthopaedics, Trauma care, Joint Replacement surgery, Ophthalmology, ENT, Urology, Neurology & Neurosurgery, Plastic & Reconstructive surgery, Paediatrics, Medical & surgical oncology, Nephrology, Surgical Gastroenterology, Radiology, Laparoscopic surgery |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                   | Contact Number                                                          | Specialities Available                                                                                                                                                                                                                                      |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 649   | 217   | 6      | <b>AMARAVATHY HOSPITAL</b><br>Old No : 26, New No:74,<br>Ramanujam Nagar,<br>Kovai Road,<br>Karur-639 002.          | 04324-<br>241597,<br>241288                                             | General Medicine - Medical Care,<br>General Surgery, Gynaecology.<br>Cardio-Thoracic Surgery, Cardiology<br>- Interventional, Cardiology -<br>Medical Management                                                                                            |
| 650   | 218   | 7      | <b>AMMAYAPPA HOSPITAL</b><br>33/1, West Gowripuram,<br>Karur - 639 002.                                             | 04324-<br>241918                                                        | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                                                                                                         |
| 651   | 219   | 8      | <b>APOLLO LOGO HOSPITAL</b><br>163, A-E, Allwyn Nagar,<br>Kovai Road,<br>Karur - 639 002.                           | 04324-<br>241900,<br>248432                                             | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology , Orthopaedic Surgery                                                                                                                                                                   |
| 652   | 220   | 9      | <b>ARASAN EYE HOSPITAL</b><br>No.96, Vaiyapuri Nagar Bus<br>Stop,<br>Kovai Main Road,<br>Karur -2.                  | 04324-<br>274420,<br>975023666<br>3                                     | Ophthalmology                                                                                                                                                                                                                                               |
| 653   | 221   | 10     | <b>DEEPA KANNAN HOSPITAL</b><br>No:33, Muthu Nagar,<br>Karur-63 9002                                                | 04324-<br>274999/23<br>5499/9952<br>55099/994<br>0929009/9<br>943060099 | General Medicine, General surgery,<br>Nephrology,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, Pulmonology,<br>Medical oncology, Urology, Surgical<br>oncology,<br>Neurology, Neurosurgery,<br>Plastic surgery, Orthopedics,<br>Diabetology |
| 654   | 222   | 11     | <b>DR.G.C.HOSPITAL</b><br>No.30,North Pradakshanag<br>Road,<br>Karur-639 001.                                       | 04324-<br>231010                                                        | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology /Orthopaedic                                                                                                                                                                            |
| 655   | 223   | 12     | <b>E.R.S. HOSPITAL</b><br>1-A, N.P.Road,<br>Karur- 639 002.                                                         | 04324-<br>234750,<br>232850                                             | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                            |
| 656   | 224   | 13     | <b>EASAN EYE CARE</b><br>No.32,sengunthapuram<br>Main Road,<br>Karur-639002                                         | 04324-<br>350003<br>638144774<br>7                                      | Ophthalmology                                                                                                                                                                                                                                               |
| 657   | 225   | 14     | <b>K.G. HOSPITAL</b><br>99, Old Bypass Road,<br>Karur - 639 001.                                                    | 04324-<br>262777                                                        | General Medicine - Medical<br>Care, General Surgery, Gynaecology                                                                                                                                                                                            |
| 658   | 226   | 15     | <b>KARUR KIDNEY CARE HOSPITAL</b><br>No.48, Brahmma<br>Theertham Road,<br>Near Uzhavar Santhai,<br>Karur - 639 001. | 04324-<br>264939                                                        | Nephrology                                                                                                                                                                                                                                                  |
| 659   | 227   | 16     | <b>KRISHNA MEDICAL CENTER</b><br>No.3/335/1, Kovai Road,<br>Karur - 2.                                              | 737374364<br>6                                                          | General Medicine, General surgery,<br>Paediatrics, Surgical Gastro-<br>enterology, Pulmonology,<br>Gynaecology, Urology, Surgical<br>oncology, Neurology, Plastic<br>surgery, Orthopaedics                                                                  |
| 660   | 228   | 17     | <b>NAREN KAN MARUTHUVAMANAI</b><br>No.5, Renganayagipuram,<br>Ann nagar water Tank road,<br>Karur-639 002           | 875476383<br>5                                                          | Ophthalmology                                                                                                                                                                                                                                               |
| 661   | 229   | 18     | <b>NESI EYE CARE CENTRE No.6,</b><br>Gandhipuram Main Road,<br>Sengunthapuram(PO),<br>Karur-639 002.                | 04324-<br>234599<br>960035443<br>9                                      | Ophthalmology                                                                                                                                                                                                                                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                           | Contact Number             | Specialities Available                                                                                                                                          |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 662   | 230   | 19     | <b>NIRMALA NURSING HOME</b><br>D.No.9-D/12, East Ramakrishnapuram, Karur-639 001.                                           | 04324-231085               | General Surgery, Gynaecology /Nephrology                                                                                                                        |
| 663   | 231   | 20     | <b>RAJ ORTHO HOSPITAL</b><br>No.35,GowripuramWest, Karur-639 002.                                                           | 04324-241172<br>8940364792 | Orthopaedics                                                                                                                                                    |
| 664   | 232   | 21     | <b>SOMASUNDARAM EYE HOSPITAL</b><br>No.22/1 Coimbatore Road, Senguntahpuram, Karur                                          | 04324-274465               | Ophthalmology                                                                                                                                                   |
| 665   | 233   | 22     | <b>VASAN EYE CARE HOSPITAL</b><br>No. 121, Kovai Road, Vaiyaburi Nagar Bus Stop, Opp. To Hotel Badma, Karur-639 002.        | 04324-398900               | Ophthalmology                                                                                                                                                   |
| 666   | 234   | 23     | <b>VELAN EYE HOSPITAL</b><br>98/3/1000J Covai Road, Near Parrys Plaza, Karur 639002                                         | 04324-240274/241240        | Ophthalmology                                                                                                                                                   |
|       |       |        | <b>C. WESTERN CLUSTER</b>                                                                                                   |                            |                                                                                                                                                                 |
|       |       |        | <b>XXI. KRISHNAGIRI DISTRICT</b>                                                                                            |                            |                                                                                                                                                                 |
| 667   | 1     | 1      | <b>ARK NURSING HOME</b><br>75/29-A, 4Th Cross Co-Operative Colony, Krishnagiri - 635 001.                                   | 04343-237436,<br>233059    | General Medicine - Medical Care, General Surgery, Gynaecology. Cardiology                                                                                       |
| 668   | 2     | 2      | <b>BMS MULTISPECIALITY HOSPITAL</b><br><b>No.302</b> , Near National Petrol Bunk, Opp. Lal, Hosur, Krishnagiri – 635 126.   | 04344-278999               | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery,ENT |
| 669   | 3     | 3      | <b>DR AGARWAL EYE HOSPITAL</b><br>"No.36A, 4th Cross Street, Opp. to ICICI Bank, Co-operative Colony, Krishnagiri- 635 001. | 04343-305200               | Ophthalmology                                                                                                                                                   |
| 670   | 4     | 4      | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>72/3, Rs Towers, Bengaluru Main Road, Hosur - 635109.                                  | 04344-242211               | Ophthalmology                                                                                                                                                   |
| 671   | 5     | 5      | <b>JEEVA HOSPITAL</b><br>No.269-G, Bangalore Main Road, Krishnagiri – 635 001                                               | 04343-236043               | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                       |
| 672   | 6     | 6      | <b>JJ NETHRALAYA &amp; GLAUCOMA FOUNDATION</b><br>No.46,Near Busstand, Uthangarai, Krishnagiri(Dt)-635207                   | 04341-291644<br>9384937776 | Ophthalmology                                                                                                                                                   |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                                              | Contact Number            | Specialities Available                                                                                                                                                                                                                                                                                                 |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 673   | 7     | 7      | <b>JOTHI LASER EYE HOSPITAL</b><br>No.113/1B, Salem Main Road,<br>Krishnagiri, 635001                                                                                                          | 92451-55560/70104-10921   | Ophthalmology                                                                                                                                                                                                                                                                                                          |
| 674   | 8     | 8      | <b>KAUVERY HOSPITAL MEDICAL SERVICE PVT LTD (AROGYA SEVA HOSPITAL ( UNIT OF KAUVERY HOSPITAL)</b><br>No.35, Denkanikotta Road, Opp.CSI Church, Shanthi Nagar,<br>Hosur,<br>Krishnagiri-635 109 | 04344-225555              | General Medicine - Medical care, General Medicine - Critical care, Cardiology, Interventional cardiology, Nephrology, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 675   | 9     | 9      | <b>KRISHNAGIRI SUPER SPECIALITY HOSPITALS PCT LTD (ROYAL HOSPITAL)</b><br>No.197, Bangalore Road, Opp. Taluk Office,<br>Krishnagiri - 635 001.                                                 | 95143 67999 / 96298 67047 | General medicine, General surgery, Cardiology, Ophthalmology, Nephrology, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Urology, Neurology, Plastic surgery, Vascular surgery, Orthopaedics, Surgical oncology, Radiation Oncology, Neurosurgery, Gynaecology                                    |
| 676   | 10    | 10     | <b>MEERA NURSING HOME</b><br>M.G. Road,<br>Hosur - 635 109.                                                                                                                                    | 04344-242827 / 242335     | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                          |
| 677   | 11    | 11     | <b>MIRA EYE CARE CENTER HI,</b><br>10th cross, Shanti Niketan, old ASTC Hudco, Hosur-635109                                                                                                    | 9500031903 / 9886623903   | Ophthalmology                                                                                                                                                                                                                                                                                                          |
| 678   | 12    | 12     | <b>MK MULTISPECIALITY HOSPITAL</b><br>No.1/391,Santhur main road ,<br>Puliyampatti, Pochampalli-635 206,<br>Krishnagiri-dt                                                                     | 9042238031                | General medicine, General surgery, Cardiology, paediatrics, Nephrology, Medical Gastroenterology, Surgical Gastroenterology ,Gynaecology, Medical oncology, Urology, Haematology, Orthopaedics                                                                                                                         |
| 679   | 13    | 13     | <b>NATHANS SPECIALITY HOSPITAL</b><br>No.4th Cross, Co- operative Colony,<br>Near KVB Bank,<br>Krishnagiri - 635001                                                                            | 9152633287                | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                              |
| 680   | 14    | 14     | <b>OM SAKTHI HOSPITAL</b><br>No.64, 2nd Cross,<br>Co-operative Colony,<br>Krishnagiri - 635001.                                                                                                | 04343-233111              | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                              |
| 681   | 15    | 15     | <b>PSV MULTISPECIALITY HOSPITAL</b><br>Orappam, Bargur Taluk,<br>Krishnagiri-635 108                                                                                                           | 9361083110                | General Medicine - Medical care, General surgery, Gynaecology, Orthopaedics surgery, Nephrology, Neurology, Plastic Facio maxillary, Genitourinary surgery, Cardiology, ENT, Ophthalmology, Gastroenterology, Medical Oncology, Surgical Oncology                                                                      |
| 682   | 16    | 16     | <b>S.B.S. HOSPITAL PVT LTD.</b><br>13/80, Tank Street, Hosur,<br>Krishnagiri- 635 109.                                                                                                         | 04344-242555              | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                          |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                           | Contact Number                           | Specialities Available                                                                                                                                                                                                                                                                                                                               |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 683   | 17    | 17     | <b>SABHARI EYE CARE HOSPITAL &amp; RETINA CENTRE</b><br>No.33/3, Rajeev Nagar, Bagalur Road, Hosur, Krishnagiri – 635 109.                  | 04344-243222/<br>9842755835              | Ophthalmology                                                                                                                                                                                                                                                                                                                                        |
| 684   | 18    | 18     | <b>SHREE ARUNACHALA HOSPITAL</b><br>No.32, PTV colony, Krishnagiri-635 001                                                                  | 8903921111                               | General Medicine - Medical care, General surgery, Gynaecology, Orthopaedics surgery, Nephrology, Neurology, Plastic Facio maxillary, Genitourinary surgery, Cardiology, ENT, Ophthalmology, Gastroenterology, Medical Oncology, Surgical Oncology                                                                                                    |
| 685   | 19    | 19     | <b>SRI CHANDRA SEKARA HOSPITAL</b><br>M-1 & H-23, SF 749, Avalapalli Housing Board, Bagalur Road, Hosur, Krishnagiri -635 102               | 04344-607607<br>04344-608608             | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery /Cardiology, Interventional Cardiology, Cardio Thoracic Surgery                                                                                                                                                                              |
| 686   | 20    | 20     | <b>SRI SARASWATHI HOSPITAL AND SURGICAL CENTRE</b><br>No.303-A, Near Register Office, Salem Main Road, Krishnagiri-635 001.                 | 04343-235553                             | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                                              |
| 687   | 21    | 21     | <b>ST.PETER'S MEDICAL COLLEGE, HOSPITAL AND RESEARCH INSTITUTE</b><br>Dr.M.G.R Nagar, Near AERI Campus, Opposite SIPCOT - II, HOSUR- 635130 | 04344-261223/<br>261224                  | Cardiology, General Medicine, Pulmonology, Psychiatry, General Surgery, Gynaecology, Orthopaedics, Trauma care Joint Replacement Surgery, Ophthalmology, ENT, Urology, Neurology & Neurosurgery, Plastic & Reconstructive Surgery, Paediatrics, Medical & Surgical Oncology, Nephrology, Surgical Gastroenterology, Radiology, Laparoscopic Surgery, |
| 688   | 22    | 22     | <b>SURYA HOSPITAL</b><br>22, Tank Street, Hosur, Krishnagiri - 635 109.                                                                     | 04344-220405                             | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                                                        |
| 689   | 23    | 23     | <b>SVN HOSPITAL</b><br>No.22,New Housing Board, Opp.state bank, Rayakottai Road, Krishnagiri-635001                                         | 04343-202005<br>9043962272<br>9790821326 | General medicine, General surgery, Gynaecology, Ophthalmology, Paediatrics surgery, Orthopaedics, Intensive care                                                                                                                                                                                                                                     |
| 690   | 24    | 24     | <b>TAK HOSPITAL</b><br>No.252A, Avvai Nagar, Near LIC office, Krishnagiri - 635 001.                                                        | 04343-233350<br>97870<br>88890           | General Medicine - Medical Care, General Medicine • Critical care, General Surgery, Medical Gastro•enterology, Surgical Gastro•enterology                                                                                                                                                                                                            |
| 691   | 25    | 25     | <b>UMARANI HOSPITAL No.1/136A,</b><br>Annai Sathya Nagar, Near LIC Office, Salem Road, Krishnagiri-635 001.                                 | 04343-233366/<br>9843560606              | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                                                                                                     |

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THEIR ELIGIBLE FAMILY MEMBERS.**

| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                 | Contact Number              | Specialities Available                                                                                                                                                                                                                                                 |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 692   | 26    | 26     | <b>VARAM SUPER SPECIALITY HOSPITAL &amp; FERTILITY CENTRE</b><br>No.78,RVN Plaza<br>Opp to Govt Hospital,<br>Denkanikottai Road,<br>Hosur-635 109 | 9790068666                  | General Medicine - Medical care,<br>General surgery, Gynaecology,<br>Orthopaedics surgery, Nephrology,<br>Neurology, Plastic Facio maxillary,<br>Genitourinary surgery, Cardiology,<br>ENT, Ophthalmology,<br>Gastroenterology, Medical Oncology,<br>Surgical Oncology |
| 693   | 27    | 27     | <b>VASAN EYE CARE HOSPITAL</b><br>80 Feet Road,<br>Bengaluru Bye Pass Road,<br>Vaishnavi Nagar,<br>Hosur-635 109.                                 | 04344-398900                | Ophthalmology                                                                                                                                                                                                                                                          |
| 694   | 28    | 28     | <b>VIJAY HOSPITAL</b><br>76 R, Old Bengaluru Road,<br>Hosur,<br>Krishnagiri - 635 109.                                                            | 04344-242898,<br>320888     | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                       |
|       |       |        | <b>XXII. DHARMAPURI DISTRICT</b>                                                                                                                  |                             |                                                                                                                                                                                                                                                                        |
| 695   | 29    | 1      | <b>BGR HOSPITAL</b><br>No 2B, Ramalingam Chetti Street,<br>(Near LIC)<br>Dharmapuri-636701.                                                       | 0452-4268211                | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                        |
| 696   | 30    | 2      | <b>DNV ORTHO HOSPITAL</b><br>No 72AB , Salem Main Road,<br>Dharmapuri-636705.                                                                     | 04342-231822 / 230355       | Orthopaedics                                                                                                                                                                                                                                                           |
| 697   | 31    | 3      | <b>DNV POLYCLINIC</b><br>No.7, Rajagopal Goundar Street,<br>Dharmapuri - 636 701.                                                                 | 04342-265091                | General Surgery, General Medicine - Medical Care,<br>Gynaecology.                                                                                                                                                                                                      |
| 698   | 32    | 4      | <b>DR KALAI MATERNITY &amp; CHILDRENS HOSPITAL</b><br>No.2/252/E,Paruvathanahalli<br>4th street,Pennagaram,<br>Dharmapuri-636810                  | 04342-255661<br>255662      | General medicine, General surgery                                                                                                                                                                                                                                      |
| 699   | 33    | 5      | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>136, Ist Floor, Nehthaji Bye Pass Road,<br>Opp to Hotel Rama,<br>Dharmapuri - 636 701.                       | 04342-2305201,<br>305208    | Ophthalmology.                                                                                                                                                                                                                                                         |
| 700   | 34    | 6      | <b>Dr.M.RAJENDRAN HOSPITAL</b><br>No.5/147,Dodampatti Road,<br>Palacode,<br>Dharmapuri – 636 808                                                  | 04348-222204/97<br>87675157 | General Medicine, General Surgery,<br>Obstetrics & Gynaecology Critical care ,Cardiology                                                                                                                                                                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                     | Contact Number                     | Specialities Available                                                                                                                            |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 701   | 35    | 7      | <b>GLOBAL CRITICALCARE HOSPITAL</b><br>No.3/34-2A,Nethaji Bypass Road,<br>Opposite to Govt Arts College,<br>Dharmapuri - 636 705.     | 842842420<br>0/7373730<br>337      | General Surgery, Gynaecology, Paediatrics, General Medicine, Cardiology, Urology, Nephrology, Orthopaedics                                        |
| 702   | 36    | 8      | <b>GURU HOSPITAL</b><br>No:32 A/2 Nethaji Bypass Road,<br>Opposite of Govt Medical College Hospital,<br>Dharmapuri-636 701            | 04342 262<br>266                   | General Medicine -,Medical Care, General Surgery, Gynaecology, Nephrology                                                                         |
| 703   | 37    | 9      | <b>JN HOSPITAL</b><br>No.47/1,Nethaji byepass road,<br>Dharmapuri-636701                                                              | 04342-<br>266108<br>848973161<br>1 | General medicine, General surgery, Paediatrics, Gynaecology, Urology, Orthopaedics                                                                |
| 704   | 38    | 10     | <b>JOTHI LASER EYE CARE CENTER</b><br>110,Duraisamy Naidu Street,<br>Dharmapuri-636 701.                                              | 04342-<br>263636                   | Ophthalmology.                                                                                                                                    |
| 705   | 39    | 11     | <b>K.J.HOSPITAL</b><br>11A, Nedumaran Nagar,<br>Dharmapuri - 636 701.                                                                 | 04342-<br>260588                   | Urology                                                                                                                                           |
| 706   | 40    | 12     | <b>K.S.HOSPITAL</b><br>1, CK Srinivasa Rao Street,<br>Dharmapuri- 636 701.                                                            | 04342-<br>261948                   | General Surgery, Gynaecology.                                                                                                                     |
| 707   | 41    | 13     | <b>K.V.HOSPITAL</b><br>No.107, Bypass Road,<br>Dharmapuri - 636 701                                                                   | 995210099<br>8                     | General Medicine - Medical Care, General Surgery, Urology, Nephrology, Medical Oncology, Gynaecology                                              |
| 708   | 42    | 14     | <b>KAMALAM NURSING HOME</b><br>234, Nethaji Bye Pass Road,<br>Dharmapuri - 636 701.                                                   | 04342-<br>260707                   | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                    |
| 709   | 43    | 15     | <b>KAVAN HOSPITAL</b><br>No.2/343, A Netaji Nagar,<br>Moppripatti village & Post,<br>Harur (taluk)                                    | 04346-<br>221222                   | General Medicine, General Surgery, Gynaecology, Ophthalmology, Vascular surgery, Plastic surgery, Gastroenterology, ENT, Pulmonology, Paediatrics |
| 710   | 44    | 16     | <b>KRISHNA EYE FOUNDATION</b><br>No.73, Kandasamy Vathiyar street,<br>Opp Municipality Office,<br>Dharmapuri-636 701.                 | 04342-<br>262625                   | Ophthalmology                                                                                                                                     |
| 711   | 45    | 17     | <b>MADHUMITHA GASTRO CARE &amp; MULTISPECIALITY HOSPITAL</b><br>ASTC Nagar, Pennagaram Main Road,<br>Dharmapuri, Tamil Nadu - 636 705 | 995254248<br>7/8122486<br>568      | General Medicine, General surgery, Gastro -enterology, Orthopaedics, Urology, Paediatrics, Obstetrics & Gynaecology                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                        | Contact Number                               | Specialities Available                                                                                                                                                                                                      |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 712   | 46    | 18     | <b>MANI ORTHO &amp; MULTISPECIALITY HOSPITAL</b><br>No.44-E/1,Priya perumal Goundar street, Near Government dharmapuri medical college Dharmapuri-636705 | 720071973<br>4/9489581<br>070                | General medicine, General surgery, Urology, Neurosurgery, Plastic surgery, Orthopaedics                                                                                                                                     |
| 713   | 47    | 19     | <b>MEENAKSHI HOSPITAL &amp; FERTILITY' CENTRE</b><br>No.18/61, Seligodipuram, Dharmapuri - 636 701                                                       | 04342-<br>269010                             | General Medicine - Medical Care, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro- enterology, Surgical Gastro- enterology Orthopaedics, Nephrology, ENT, Paediatrics, Medical Oncology, Vascular Surgery. |
| 714   | 48    | 20     | <b>NIRANJAN HOSPITAL</b><br>No.14Q,14R,salem main road, (opp Govt medical college & hospital, Dharmapuri-637701                                          | 04342-<br>263616<br>637474596<br>3           | General medicine, General surgery, Gynaecology, Paediatrics, Plastic surgery, Orthopaedics                                                                                                                                  |
| 715   | 49    | 21     | <b>NITHYA HOSPITAL</b><br>No.14-b, Nethaji Bye-Pass Road, Opp to Govt Hospital, Salem Main Road, Dharmapuri-636701.                                      | 0442-<br>260371                              | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                   |
| 716   | 50    | 22     | <b>OM SAKTHI HOSPITAL4,</b><br>Sengodipuram, Dharmapuri- 636 701.                                                                                        | 04342-<br>260388                             | General Surgery, Gynaecology.                                                                                                                                                                                               |
| 717   | 51    | 23     | <b>RANGA SUPER SPECIALITY HOSPITAL &amp; NEURO CARE</b><br>No.4/484/B-1,Pennagaram Main Road, Dharmapuri-1                                               | 04342-<br>292933<br>915077932<br>9           | General medicine, General surgery, Cardiology, surgical oncology, Surgical Gastroenterology, Nephrology, Urology, Gynaecology, Neurology, Neurosurgery, Plastic surgery, Vascular surgery, Orthopaedics                     |
| 718   | 52    | 24     | <b>S.K HOSPITAL</b><br>Salem Main Road, Opp to Arts College, Nehru Nagar, Dharmapuri-5.                                                                  | 04342<br>294233,<br>230261<br>96007<br>09556 | General Medicine, General surgery, Urology, Orthopaedics, Obstetrics & Gynaecology                                                                                                                                          |
| 719   | 53    | 25     | <b>SAI RAJ HOSPITAL</b><br>No.05/309-06, Periyar Nagar West, Opp Govt Girls Hr Sec School, Harur, Dharamapuri – 636 903.                                 | 999406367<br>8,94448536<br>70                | General Medicine, General surgery, Cardiology, Obstetrics & Gynaecology, Paediatrics, Urology                                                                                                                               |
| 720   | 54    | 26     | <b>SRI ANNAI HOSPITAL</b><br>No.5-C, Narasimha Achari Street, Dharmapuri – 636 701                                                                       | 04342-<br>260738                             | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                   |
| 721   | 55    | 27     | <b>SRI RAGAVENDARA HOSPITAL</b><br>No.79, S.V. Road, Dharmapuri.                                                                                         | 04342-<br>265432                             | General Medicine - Medical Care, Cardiology, Nephrology, Paediatric, Medical Gastro-enterology, Orthopaedics, General Surgery, Gynaecology, Medical Oncology, Urology, ENT                                                  |

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| S. No                        | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                      | Contact Number                               | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 722                          | 56    | 28     | <b>SRI SAI HOSPITAL</b><br>No.259A, Annai Sathya Nagar Bus Stop(Opp), Pennagaram Main Road, Dharmapuri.                                | 867575978<br>6/8270497<br>129/63854<br>80309 | General Medicine, General surgery, Urology, Medical oncology, Obstetrics & Gynaecology, Orthopaedics                                                                                                                                                                                                                                                                                                                  |
| 723                          | 57    | 29     | <b>SUPA HOSPITAL CARDIAC CARE CENTRE</b><br>Siddha Veeraapa Chety Street, Near Bus Stand, Dharamapuri- 636 107.                        | 04342-260576                                 | General Surgery, General Medicine - Medical Care, Gynaecology, Cardiology.                                                                                                                                                                                                                                                                                                                                            |
| 724                          | 58    | 30     | <b>THANGAM HOSPITAL</b><br>76/41C, Salem Main Road, Dharmapuri - 636 705.                                                              | 04342-233888                                 | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                                                                                                                        |
| 725                          | 59    | 31     | <b>VASAN EYE CARE HOSPITAL</b><br>1,P.R. Sundaram Street, Dharmapuri. - 636 701.                                                       | 04342-398900                                 | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                                                        |
| 726                          | 60    | 32     | <b>VENKATESH ORTHO HOSPITAL</b><br>No:31,Narasimman street, Dharmapuri-636701                                                          | 04342-261048<br>984396104<br>8               | Gynaecology, Orthopaedics                                                                                                                                                                                                                                                                                                                                                                                             |
| 727                          | 61    | 33     | <b>VIJAY SUPER SPECIALITY HOSPITAL &amp; CANCER CENTRE</b><br>No.18/1B1A, Konanginaickanahalli, Baisuhalli Post, Dharmapuri – 635 205. | 095008<br>48820                              | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Surgical Gastro enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, Cardiothoracic Surgery, Ophthalmology, haematology, Endocrinology ,Surgical Oncology, Rheumatology, Neurology, Neurosurgery, Plastic surgery, vascular surgery, Interventional cardiology, Interventional Radiology, Orthopaedics |
| 728                          | 62    | 34     | <b>VIJYAYA MULTISPECIALITY HOSPITAL</b><br>No.4/486-A, Pennagaram Main Road, Dharmapuri-636 703                                        | 04342-280108                                 | General Medicine - Medical Care, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro- enterology, Surgical Gastro-enterology, Surgical Oncology, ENT, Vascular Surgery, Orthopaedics                                                                                                                                                                                                                    |
| <b>XXIII. SALEM DISTRICT</b> |       |        |                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 729                          | 63    | 1      | <b>A.P.MEDICAL CENTER</b><br>Saradha College Road, Salem-636 016.                                                                      | 0427- 277<br>9999                            | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, Endocrinology, Surgical Oncology, Rheumatology, Neurology, Neuro surgery, Plastic Surgery, Vascular Surgery                                                                                                                                 |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                                                       | Contact Number               | Specialities Available                                                                                                                                                                                                                                                                                        |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 730   | 64    | 2      | <b>A.V.M. (APPU VENKATACHALAM MEDICAL CENTRE PRIVATE LIMITED) HOPISTAL</b><br>No.5/112, Kattoor, Seelanickenpatty, Trichy-Bangalore By-Pass Road, (Near P.K.Matric Hr. Sec. School)<br>Salem - 636 010. | 0427-2270 500.               | General Medicine-Medical Care, General Surgery, Genitourinary Surgery, Gynaecology, Orthopaedics, Nephrology, Cardiology.                                                                                                                                                                                     |
| 731   | 65    | 3      | <b>AADHI EYE HOSPITAL AND ADHI OPTICALS</b><br>No.17A,Ground Floor, Vanchinathan Iyer Street, Swarnapuri, Salem-636004                                                                                  | 790428356 0<br>0427-3512103  | Ophthalmology                                                                                                                                                                                                                                                                                                 |
| 732   | 66    | 4      | <b>ABHI EYE HOSPITAL</b><br>Ramadoss Nursing Home, Jothi Nagar, Attur-636 102.                                                                                                                          | 04282-250739                 | Ophthalmology                                                                                                                                                                                                                                                                                                 |
| 733   | 67    | 5      | <b>ADVEKA HOSPITAL</b><br>No. 93-C1, West Smeet, K.Puthur, Poolampatty Main Road, Edappadi Taluk, Salem.                                                                                                | 91590 12123 80722 12123      | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Urology, Nephrology, Cardiology, Orthopaedics, General Surgery, Gynaecology, Medical Gastro-enterology, Surgical Gastro-enterology, Surgical Oncology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, ENT. |
| 734   | 68    | 6      | <b>AISHWARYAM HOSPITAL/AISHWARYAM SPECIALITY HOSPITAL PRIVATE LIMITED</b><br>114/1, Salem-Bangalore By-Pass Road, Nedunchalai Nagar, Service Road, Salem- 636 005.                                      | 0427-2777555                 | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology, Plastic & Facio Maxillary Surgery. Nephrology                                                                                                                                                                      |
| 735   | 69    | 7      | <b>ALAGAPPA EYE HOSPITAL</b><br>No.213/1. Aadavan Complex. Plot No.27, K.A.S. Park Road Near Volkswagon car showroom, Narasodipatti, Salem-636 004.                                                     | 944302866 9                  | Ophthalmology                                                                                                                                                                                                                                                                                                 |
| 736   | 70    | 8      | <b>AMMANI HOSPITAL</b><br>No.10,Gandhi Road, Hasthampatty, Salem-636 007.                                                                                                                               | 0427-2314142<br>0427-2314143 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                       |
| 737   | 71    | 9      | <b>ANNAPOORNA MEDICAL COLLEGE AND HOSPITALS</b><br>Sankari Main Road, Kobadipatty, Veerapandi, Salem 636308                                                                                             | 0427-2203000                 | General Medicine, General Surgery, Cardiology, Cardiothoracic, Orthopaedics, Gynaecology, Neurology, Urology, Nephrology & Dialysis, ENT, Ophthalmology, Paediatric, Oncology, Psychiatry, Paediatric surgery, Radio-Diagnosis, Physiotherapy                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                | Contact Number                     | Specialities Available                                                                                                                                                                                                                                                                                                                                            |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 738   | 72    | 10     | <b>ARAVIND EYE HOSPITAL</b><br>64, Sankagiri Main Road,<br>Nethimedu,<br>Salem - 636 002.                                                                        | 0427-<br>4366100,<br>4356100       | Ophthalmology                                                                                                                                                                                                                                                                                                                                                     |
| 739   | 73    | 11     | <b>ARAVIND HOSPITAL</b><br>Nainampatty,<br>Idappadi,<br>Salem - 637 101.                                                                                         | 0427-<br>222044                    | General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                                                      |
| 740   | 74    | 12     | <b>ARUL EYE CARE</b><br>No. I IA, Gandhi Road,<br>Hasthampatty,<br>Salem - 636 007.                                                                              | 0427-<br>2311567<br>90033<br>19000 | Ophthalmology                                                                                                                                                                                                                                                                                                                                                     |
| 741   | 75    | 13     | <b>C.N.HOSPITAL</b><br>4/103-1, Salem Main Road,<br>Kakapalayam,<br>Salem-637 504                                                                                | 0427 291<br>1112                   | General medicine, General Surgery, Paediatrics, Gynaecology, Medical Oncology, Urology, Endocrinology, Surgical Oncology, Plastic surgery, vascular surgery, Orthopaedics                                                                                                                                                                                         |
| 742   | 76    | 14     | <b>DEEPAM HOSPITAL</b><br>2/1,Ganapathy Nagar,<br>Near Belur Junction Road,<br>Kadaloor Main Road,<br>Vazhapady(PO)(Tk),<br>Salem - 636 115.                     | 04292-<br>223131                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                     |
| 743   | 77    | 15     | <b>DHARAN HOSPITAL</b><br>#14, Seelanakkan Patty,<br>Bye-Pass,<br>Salem-636 201.                                                                                 | 0427-<br>2281717                   | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Cardiology medical management, cardiology Interventional, Urology, Gastroenterology surgical, cardiothoracic surgery, ENT, Medical Oncology, surgical Oncology, Radiation Oncology, Neurosurgery, Medical gastro enterology |
| 744   | 78    | 16     | <b>Dr. SASI EYE CARE</b><br>No. 5/1, Perumal Kovil<br>Street,<br>Swarnapuri,<br>Salem - 636 004.                                                                 | 0427-<br>2443933                   | Ophthalmology                                                                                                                                                                                                                                                                                                                                                     |
| 745   | 79    | 17     | <b>DR. THIRU NEURO &amp; MULTI-SPECIALITY HOSPITAL PRIVATE LTD.</b><br>No.562/5, Cuddalore Main Road,<br>Kamarajar Nagar Colony,<br>Ammamet,<br>Salem - 636 014. | 0427-<br>2555999                   | General Medicine - Medical care, General medicine - Critical care, Cardiology, Interventional cardiology, Paediatric, General Surgery, Gynaecology, Urology, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Medical oncology, surgical oncology, orthopaedic, surgical Gastroenterology, Medical gastroenterology, Nephrology                   |
| 746   | 80    | 18     | <b>DR.AGARWAL'S EYE HOSPITAL</b><br>No.372, Rathna Complex<br>Omalur Main Road,<br>5 Roads,<br>Salem-636 004.                                                    | 097698<br>43277                    | Ophthalmology                                                                                                                                                                                                                                                                                                                                                     |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                       | Contact Number                         | Specialities Available                                                                                                                                                                                                                        |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 747   | 81    | 19     | <b>DR.LATHA'S HOSPITAL</b><br>No.9, Mettu Street,<br>Near Sugavaneswarar Kovil,<br>Salem – 636 001.                                                                     | 0427-<br>2451422/<br>0427-<br>4962288  | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                               |
| 748   | 82    | 20     | <b>Dr.SUNDARARAJAN<br/>NEURO HOSPITAL</b><br>166 F, Ammachi Gounder<br>Street,<br>Ramakrishna Road,<br>Salem - 636 007.                                                 | 0427-<br>2316071/<br>72/ 73            | Neurology, Cardiology, General<br>Medicine - Medical Care, General<br>Surgery, Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                     |
| 749   | 83    | 21     | <b>EKA HOSPITAL</b><br>40, Peramanur Main Road,<br>Near Four Roads,<br>Salem - 636 004.                                                                                 | 0427-<br>4973989/<br>0427-<br>4973999  | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT, Gastroenterology                                             |
| 750   | 84    | 22     | <b>FAIRLANDS EYE CURE<br/>HOSPITAL</b><br>No.392, First Floor,<br>New Fairlands Main Road,<br>Behind Rathinavel Gounder<br>Kalyana Mandapam,<br>Salem - 636 016.        | 0427-<br>4043300                       | Ophthalmology                                                                                                                                                                                                                                 |
| 751   | 85    | 23     | <b>G.V.JAYAM MULTI SUPER<br/>SPECIALITY CENTRE</b><br>No.323- 1/ 140, Sri Ram<br>Nagar,<br>Veeranam Main Road,<br>(Near Rajasekaran Kalyana<br>Mandabam),<br>Salem-3.   | 0427- 229<br>6056                      | General Medicine, Cardiology,<br>Nephrology, Paediatrics, Gastro-<br>enterology, Orthopaedics, General<br>Surgery, Pulmonology, Gynaecology,<br>Obstetrics, Urology, ENT,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular<br>Surgery |
| 752   | 86    | 24     | <b>GEETH RAGUNATH<br/>HOSPITAL</b><br>No.2, Gandhi Nagar,<br>Attur-636 102.                                                                                             | 04282-<br>240556/<br>243338/<br>240154 | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                |
| 753   | 87    | 25     | <b>GLOBAL MEDICAL<br/>CENTRE</b><br>10-3/5, Jagir<br>Ammapalayam,<br>Salem - 636 302.                                                                                   | 0427-<br>2340260                       | Urology, Nephrology, Genitourinary<br>Surgery                                                                                                                                                                                                 |
| 754   | 88    | 26     | <b>J.S HOSPITAL</b><br>5-A, Ramakrishna Road,<br>Salem - 636 007.                                                                                                       | 0427-<br>2317264                       | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology, ENT                                                                                                                                                                      |
| 755   | 89    | 27     | <b>JAAIDEV HOSPITAL (P)<br/>LTD.</b><br>7th Mile,<br>Chinnagoundapuram,<br>Minnampalli,<br>Salem-636106.                                                                | 0427-<br>2770000                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                            |
| 756   | 90    | 28     | <b>JAY KIDNEY LASER /<br/>LAPAROSCOPY CENTRE &amp;<br/>THARUN DENTAL CARE</b><br>No.10, Vinayagar Kovil St,<br>(Near) New Bus stand,<br>Swarnapuri,<br>Salem - 636 004. | 0427 233<br>2333                       | Nephrology, Urology                                                                                                                                                                                                                           |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                          |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 757   | 91    | 29     | <b>JB EYE HOSPITAL</b><br>76/19-D, Saradha College Road,<br>Salem 636007                                         | 0472-2316124                         | Ophthalmology                                                                                                                                                                                                                                                                                                   |
| 758   | 92    | 30     | <b>JJ MEDICAL CENTER</b><br>No.230/2 sivaya nagar,<br>Alagapuram,<br>Salem-636004                                | 9677666699                           | General medicine, General surgery, Nephrology, Paediatrics, Medical Gastroenterology, Medical oncology, Surgical Gastroenterology, Pulmonology, Gynaecology, Urology, ENT, Endocrinology, haematology, surgical oncology, Neurology, Neurosurgery, plastic surgery, vascular surgery, Orthopaedics, anaesthesia |
| 759   | 93    | 31     | <b>K.M.NATRAJ'S NURSING HOME</b><br>No.127, [Ind Agrapharam,<br>Salem-636 001                                    | 0427-2263125                         | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic, Urology, Neurology, ENT                                                                                                                                                                                                             |
| 760   | 94    | 32     | <b>KAARUNYA MEDICAL CENTRE</b><br>76/19d, Saradha College Road,<br>Salem 636007                                  | 0427-2902324/290944                  | General Medicine ,General Surgery, Laparoscopic surgery, Nephrology, Neurology, Neurosurgery, Gynaecology, Orthopaedic, Traumatology, Paediatrics, Paediatrics surgery, Urology, Diabetology, Gastroenterology                                                                                                  |
| 761   | 95    | 33     | <b>KAMALA HOSPITAL</b><br>Sree Krishna Complex,<br>256, Second Agrapharam,<br>Salem - 636001.                    | 0427-2260468                         | General Surgery, General Medicine - Medical Care, Gynaecology , Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary                                                                                                                                                                           |
| 762   | 96    | 34     | <b>KARTHICK MEDICAL CENTRE</b><br>5/148A-A, Chinna Nachiyur,<br>Veerappampalayam,<br>Idappadi,<br>Salem - 637105 | 04283-222310 / 223309                | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                       |
| 763   | 97    | 35     | <b>KAUVERY HOSPITAL No.9/50,</b><br>Trichy Main Road, Opp to IOB,<br>Seelanaickenpatty,<br>Salem-636 201.        | 0427-2465555/<br>0427-2677777        | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary surgery, ENT, Gastroenterology, Cardiology. Cardio-Thoracic Surgery, Cardiology - Interventional, Cardiology - Medical Management                           |
| 764   | 98    | 36     | <b>KIRUBA HOSPITAL</b><br>Rajaji Road,<br>Salem - 636 007.                                                       | 0427-2315160,<br>2317260,<br>2318460 | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology                                                                                                                                                                                                                                        |
| 765   | 99    | 37     | <b>KRISHNA HOSPITAL1/66,</b><br>Trichy Main Road,<br>Nilavarapatti,<br>Salem - 636 201.                          | 0427-2280070                         | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                              |
| 766   | 100   | 38     | <b>KUMAR EYE HOSPITAL No.470,</b><br>Kamarajanar Road,<br>Attur,<br>Salem- 636 102.                              | 04282-240667                         | Ophthalmology                                                                                                                                                                                                                                                                                                   |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                    | Contact Number                     | Specialities Available                                                                                                                                                                                                                                                                                                                                  |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 767   | 101   | 39     | <b>KURINJI HOSPITAL</b><br>Teejay Hospital Road,<br>Five Road,<br>Salem-636 016.                                                                     | 0427-<br>2433304                   | General Surgery, General Medicine - Medical Care, Gynaecology , Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary                                                                                                                                                                                                                   |
| 768   | 102   | 40     | <b>LEPROSY RELIEF RURAL CENTRE(LRRC)</b><br>No:1/368,RC Chettipatty,<br>Omalur (TK) ,<br>Salem -636 455                                              | 04290-<br>220251,979<br>1911313    | General medicine, General Surgery, Paediatrics, Pulmonology, Gynaecology, Medical Oncology, Urology, Ophthalmology, Surgical Oncology, Neurology ,Neurosurgery, Interventional radiology, Orthopaedics, ENT                                                                                                                                             |
| 769   | 103   | 41     | <b>LONDON ORTHO SPECIALITY (LONDON ORTHOPAEDIC SURGERY HOSPITAL)</b><br>Opp. to Anna Park, Near Four Roads,<br>Omalur Main Road,<br>Salem - 636 009. | 0427-<br>2353033                   | Orthopaedic Surgery                                                                                                                                                                                                                                                                                                                                     |
| 770   | 104   | 42     | <b>LOTUS EYE HOSPITAL AND INSTITUTE LIMITED</b><br>86 Brindavan Road<br>Fairlands,<br>Salem-636016.                                                  | 0427-<br>246464,<br>2413868        | Ophthalmology                                                                                                                                                                                                                                                                                                                                           |
| 771   | 105   | 43     | <b>MALAR MATERNITY HOSPITAL</b><br>No.11/A,Gandhi Road,<br>Hsthampatty,<br>Salem-636007                                                              | 0427-<br>2311566                   | General surgery, Gynaecology,                                                                                                                                                                                                                                                                                                                           |
| 772   | 106   | 44     | <b>MANIMA HOSPITAL</b><br>No.106/2/27, Trichy Main Road,<br>Seelanaickenpatty, Salem-<br>636 201.                                                    | 0427-<br>2221111/2<br>280222       | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, ENT Endocrinology, haematology, Surgical Oncology, Rheumatology, Neurology, Neurosurgery, Plastic surgery, vascular surgery, Interventional radiology, Orthopaedics |
| 773   | 107   | 45     | <b>MANIPAL HOSPITAL</b><br>Dalmia Board,<br>Bengaluru Highway,<br>Salem - 636012.                                                                    | 0427-<br>2346600                   | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary                                                                                                                                                                                                                    |
| 774   | 108   | 46     | <b>MAXVISION SUPER SPECIALITY EYE HOSPITALS</b><br>217, Meyyanur Main Road,<br>Opp. to Sri Vidhya Mandir School,<br>Salem 636004                     | 0427-<br>2210021                   | Ophthalmology                                                                                                                                                                                                                                                                                                                                           |
| 775   | 109   | 47     | <b>NANDI HOSPITAL</b><br>No.9/2-49,9/2-49-<br>1A,Taramangalam,<br>Salem-636502                                                                       | 04290-<br>358600<br>638361474<br>5 | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Surgical Gastroenterology, Pulmonology, Gynaecology, Urology, ENT, Endocrinology, surgical oncology, Neurology, plastic surgery, vascular surgery, Orthopaedics, Anaesthesia                                                                                                    |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                    | Contact Number                                         | Specialities Available                                                                                                                                                                                                                                                                                                                                             |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 776   | 110   | 48     | <b>NATHAN SUPER SPECIALITY HOSPITAL</b><br>Advaith Ashram Road,<br>Opp.Holi Flower School,<br>Salem-636 016.         | 0427-<br>64264101                                      | Orthopaedic Surgery, Plastic & Facio Maxillary, General Medicine-Medical Care, cardiology medical management, Interventional, ENT, Ophthalmology, Neurology, Neurosurgery, Gynaecology.                                                                                                                                                                            |
| 777   | 111   | 49     | <b>NEURO FOUNDATION</b><br>Meyyanoor Road, Three Roads,<br>Salem - 636 009.                                          | 0427-<br>2777100                                       | General Medicine-Medical Care, Neuro Surgery, Neurology, General Surgery, Orthopaedics, Cardiology, Ent, Nephrology, Urology, Plastic And Facio- Maxillary Surgery, Vascular Surgery.                                                                                                                                                                              |
| 778   | 112   | 50     | <b>NITHISH GE &amp; MULTI-SPECIALITY HOSPITAL No.163-167</b> , Arisipalayam Main Road, Four Roads,<br>Salem-636 009. | 0427-<br>2352030<br>0427-<br>2352040<br>944214667<br>7 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                                                            |
| 779   | 113   | 51     | <b>PRANAV HOSPITAL</b><br>108/38, Brindavan Road,<br>Opp New Bus Stand,<br>Salem - 636 007.                          | 0427-<br>2336788                                       | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary                                                                                                                                                                                                                               |
| 780   | 114   | 52     | <b>PREETHAM HOSPITALS</b><br>No.75/6, Brindavan Road,<br>Opp. New Bus Stand,<br>Fairlands,<br>Salem – 636 004.       | 095786<br>06867                                        | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, Cardiothoracic Surgery, ENT, haematology, Surgical Oncology, Rheumatology, Neurology ,Neurosurgery, Plastic surgery, vascular surgery, Interventional cardiology, Orthopaedics |
| 781   | 115   | 53     | <b>PRIYAM SPECIALITY HOSPITALS</b><br>No.247, Bangalore ByePass Road,<br>Kondalampatty,<br>Salem - 636010.           | 0247-<br>2273733                                       | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                          |
| 782   | 116   | 54     | <b>R.P.S. HOSPITAL</b><br>3/392-C, Trichy Main Road,<br>S.K Nagar,<br>Seelanaickenpatty,<br>Salem - 636 201.         | 0427-<br>2467644,<br>2465521                           | General Surgery, General Medicine - Medical Care, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary Surgery                                                                                                                                                                                                        |
| 783   | 117   | 55     | <b>RAAJAM HOSPITAL</b><br>Near Kaliyammann Koil,<br>Karuppur,<br>Salem - 636 012.                                    | 0427-<br>2345589                                       | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                      |
| 784   | 118   | 56     | <b>RADHAI WOMEN CARE AND NANDHAN ORTHOPAEDICS</b><br>No.6, Kalaimagal Street,<br>Swarnapuri,<br>Salem - 636 004.     | 0427-<br>2442555/2<br>443555/94<br>44007555            | General medicine, General Surgery, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Gynaecology, ENT, Rheumatology, Neurology, Neurosurgery, Plastic surgery, vascular surgery, Orthopaedics                                                                                                                                                    |
| 785   | 119   | 57     | <b>RAMALINGAMS HOSPITAL</b><br>167, Itteri road, Ram nagar,<br>Meyyanur,<br>Salem                                    | 0427-<br>2332337                                       | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                             |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                          | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                   |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 786   | 120   | 58     | <b>RISHI NETHRALAYA</b><br>126-A, Cherry Road,<br>Salem-636 007.                                           | 0427-<br>2401167                     | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                            |
| 787   | 121   | 59     | <b>S S MEDICAL CENTRE</b><br>No.14-1, Arthanari Nagar,<br>Opp. To New Bus Stand,<br>Salem-636 004.         | 0427-<br>2430405<br>0427-<br>4550405 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology,<br>Urology, Orthopaedic Surgery.                                                                                                                                                                                                                                                                                        |
| 788   | 122   | 60     | <b>S.P.EYE HOSPITAL</b><br>No.95-FC, Poolampatti<br>Road,<br>Idappadi-637 101.                             | 04283-<br>222567<br>98425<br>56717   | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                            |
| 789   | 123   | 61     | <b>SALEM POLYCLINIC</b><br>No.250, Omalur Road.<br>Salem-636 007.                                          | 0427- 231<br>2020                    | General Medicine, Cardiology,<br>Nephrology, Paediatrics, Gastro-<br>enterology, Orthopaedics, General<br>Surgery, Pulmonology,<br>Gynaecology, Obstetrics, Medical<br>Oncology, Urology, Cardiothoracic<br>Surgeries, ENT, Endocrinology,<br>Ophthalmology, Haematology,<br>Surgical Oncology, Radiation<br>Oncology, Rheumatology,<br>Neurology, Neurosurgery, Plastic<br>Surgery,<br>Vascular Surgery |
| 790   | 124   | 62     | <b>SALEM GOPI HOSPITALS<br/>PRIVATE LIMITED</b><br>23-B, Ramakrishna Road,<br>Salem 636 007                | 0427-<br>2666444                     | Nephrology / Urology                                                                                                                                                                                                                                                                                                                                                                                     |
| 791   | 125   | 63     | <b>SALEM MEDICAL CENTRE</b><br>No.50,Kannankurchi Road,<br>Hasthampatty,<br>Salem-636 007.                 | 0427-<br>2418213                     | General Surgery, General Medicine -<br>Medical Care, Gynaecology,<br>Orthopaedic<br>Surgery, Nephrology, Neurology,<br>Plastic & Facio Maxillary.                                                                                                                                                                                                                                                        |
| 792   | 126   | 64     | <b>SARAVANA HOSPITAL</b><br>No.14, Thillai nagar, 1st<br>Cross,<br>Ponnammapet,<br>Salem - 636001.         | 0427-<br>2295229                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                                                                       |
| 793   | 127   | 65     | <b>SELVA HOSPITAL</b><br>58/1, Sankari Main Road,<br>Kondampatty,<br>Salem 636007                          | 0427-<br>2912342                     | General Medicine ,General Surgery,<br>Orthopaedics, Medical & surgical,<br>Gastroenterology, Cardiology,<br>Nephrology, Neurosurgery, Urology,<br>Paediatrics surgery, Oncology,<br>Psychiatry, Vascular surgery                                                                                                                                                                                         |
| 794   | 128   | 66     | <b>SENTHIL HOSPITAL</b><br>27, Salem Main Road,<br>Vellandivalasu,<br>Idappadi 637105                      | 805627888<br>7                       | General Medicine ,General Surgery,<br>Orthopaedics, Gynaecology,<br>Surgical oncology                                                                                                                                                                                                                                                                                                                    |
| 795   | 129   | 67     | <b>SHANMUGA HOSPITALS &amp;<br/>SALEM CANCER<br/>CENTER24,</b><br>Sarada College Road,<br>Salem - 636 007. | 0427-<br>2315293,<br>2319469         | General Surgery, General Medicine -<br>Medical Care,<br>Gynaecology , Oncology.                                                                                                                                                                                                                                                                                                                          |
| 796   | 130   | 68     | <b>SHANTHI NURSING HOME</b><br>New Mariamman Kovil<br>Street,<br>Near Prabha Signal,<br>Salem - 636 006.   | 0427-<br>2469499                     | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                                                                                           |

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|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 797   | 131   | 69     | <b>SHRI BHARATHI NURSING HOME</b><br>No.50, Sasthri Nagar,<br>Sankari Main Road,<br>Annathanapatti,<br>Salem-636 002.                                     | 0427-<br>2272211             | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic Surgery                                                                                                                              |
| 798   | 132   | 70     | <b>SHRI HOSPITALS</b><br>No.103-C, Tamil Sangam<br>Road,<br>Sankar Nagar,<br>Salem-636 007                                                                | 0427-<br>4300027             | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic, Pulmonology, Urology,<br>Cardiology, Neurology, Nephrology.                                                                                              |
| 799   | 133   | 71     | <b>SHRI SURAKSHA SPECIALITY MEDICAL CENTRE</b><br>154/5, Junction Main<br>Road,<br>Thiruvagoundanoor<br>Rountana,<br>Salem 636005                         | 0427-<br>4067575             | General Medicine-Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Urology                                                                                                                                            |
| 800   | 134   | 72     | <b>SIMS CHELLUM HOSPITAL</b><br>31/3-C,<br>Vijayaragavachariyar Road,<br>Off. Gandhi Road, Salem -<br>636 007.                                            | 0427-<br>2319395             | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                             |
| 801   | 135   | 73     | <b>SKS HOSPITALS INDIA PVT. LTD.</b><br>Alagapuram,<br>Opp New Bus Stand,<br>Salem - 636 004.                                                             | 0427-<br>4033007,<br>4033191 | General Surgery, General Medicine -<br>Medical Care, Gynaecology ,<br>Orthopaedic Surgery, Nephrology,<br>Neurology,<br>Plastic & Facio Maxilliary,<br>Ophthalmology.                                                                      |
| 802   | 136   | 74     | <b>SREE BALA HOSPITAL</b><br>No 33-A. Perumal street,<br>Valapady-636 113.                                                                                | 04292-<br>224466             | General Medicine, Cardiology,<br>Nephrology, Paediatrics,<br>Orthopaedics, General Surgery,<br>Obstetrics, Gynaecology, Urology,<br>ENT, Ophthalmology,<br>Rheumatology, Neurology,<br>Neurosurgery , Plastic Surgery,<br>Vascular Surgery |
| 803   | 137   | 75     | <b>SREE VASANTHAM HOSPITAL</b><br>52/1, Sankagiri Main Road,<br>Opp. Police Commissioner<br>Office,<br>Near Annathapatty Bus<br>Stop,<br>Salem - 636 006. | 0427-<br>2465114             | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                           |
| 804   | 138   | 76     | <b>SRI GOKULAM HOSPITAL</b><br>3/60, Meyyanur Road,<br>Salem - 636 004.                                                                                   | 0427-<br>2448171,<br>76      | General Surgery, General Medicine -<br>Medical Care, Gynaecology ,<br>Orthopaedic Surgery, Nephrology,<br>Neurology,<br>Plastic & Facio Maxilliary                                                                                         |
| 805   | 139   | 77     | <b>SRI GOKULAM SPECIALITY HOSPITAL</b><br>202, Bengaluru<br>Byepass Road,<br>Salem - 636 004.                                                             | 0427-<br>2448171             | General Surgery, General Medicine -<br>Medical Care, Gynaecology ,<br>Orthopaedic<br>Surgery, Nephrology, Neurology,<br>Plastic & Facio Maxilliary                                                                                         |
| 806   | 140   | 78     | <b>SRI JAYAM ORTHO AND MULTISPECIALITY HOSPITAL</b><br>Mallur-636 203.                                                                                    | 0427-<br>2422411             | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                             |

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|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 807   | 141   | 79     | <b>SRI NARAYANA EYE HOSPITAL &amp; CORNEA CENTRE</b><br>319/2 CNNP Building,<br>Perumalmalai Road,<br>Narasothipatti,<br>kuranguchavadi,<br>Salem 636004 | 9940814568               | Ophthalmology                                                                                                                                                              |
| 808   | 142   | 80     | <b>SRI PALANIANDI MUDALIAR MEMORIAL HOSPITAL</b><br>No.29, Cuddalore Main Road,<br>Ammamet Bazaar,<br>Salem - 636 003.                                   | 0427-2244500             | General Surgery, General Medicine - Medical Care, Gynaecology , Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Cardiology, Cardiothoracic Surgery. |
| 809   | 143   | 81     | <b>SRI SHELLAPPA HOSPITAL</b><br>239, Rajaram Nagar,<br>Near Gandhi Stadium,<br>Salem - 636 007.                                                         | 0427-2421271,<br>2421266 | General Medicine - Medical Care, General Surgery, Gynaecology , Orthopaedic Surgery.                                                                                       |
| 810   | 144   | 82     | <b>SRI SHIVASURIYAA HOSPITAL (SHIVASURIA POLYCLINIC)</b><br>No.18/2, R.R. Fairlands,<br>Kondalampatty By-pass,<br>Salem - 636 010.                       | 0427-2273270             | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT           |
| 811   | 145   | 83     | <b>ST.MARY'S HOSPITAL</b><br>146, Main Road,<br>Arisipalayam,<br>Salem - 636 009                                                                         | 0427-2352988             | General Medicine - Medical Care, General Surgery, Oncology, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery, ENT, Urology                                          |
| 812   | 146   | 84     | <b>SUBAM HOSPITAL</b><br>Kakapalyam Main Road,<br>Opp. to Bus Stand,<br>Elampillai,<br>Salem -637 502.                                                   | 0427-2492004             | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                    |
| 813   | 147   | 85     | <b>SUGAM EYE CLINIC</b><br>1-1, Pillaiyar Koil to<br>Sunaikaradu Road,<br>Mallur,<br>Salem 636203.                                                       | 0427-2422853             | Ophthalmology                                                                                                                                                              |
| 814   | 148   | 86     | <b>SUNDARAM HOSPITAL (SUNDARAM MULTISPECIALITY HOSPITAL)</b><br>Sadagopan Street,<br>North Udayarpalayam,<br>Attur, Salem-636 102.                       | 04282-250135             | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT           |
| 815   | 149   | 87     | <b>T.M.S. EYE HOSPITAL</b><br>8, L.R.N. Colony,<br>Saradha College Road,<br>Salem - 636 007.                                                             | 0427-2316955             | Ophthalmology.                                                                                                                                                             |
| 816   | 150   | 88     | <b>THANGAVELU HOSPITAL</b><br>2/1-139 A, 2/1-139 A1,<br>Salem Main Road,<br>Gonur PO<br>Veerakkalpudhur,<br>Kunjandiyur,<br>Salem - 636 404              | 04298 230668             | General medicine, General Surgery, Nephrology, Gynaecology, Urology , ENT, Ophthalmology, Neurosurgery, Plastic surgery, vascular surgery, Orthopaedics                    |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                     | Contact Number                    | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                    |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 817   | 151   | 89     | <b>THE EYE FOUNDATION</b><br>GRL Arcade Complex.<br>MG Road Comer,<br>MG Road New Fairlands,<br>Alagapuram,<br>Periyaputhur-636 016.  | 91422<br>4242000                  | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                             |
| 818   | 152   | 90     | <b>UNIVERSAL CANCER HOSPITAL LIMITED</b><br>No. 370, Jari<br>Kondalampatty,<br>Near Kondalampatty<br>Roundana,<br>Salem-636010.       | 0427-<br>2273477                  | Oncology, General Medicine -<br>Medical Care, General Surgery,<br>Gynaecology, Neurology,<br>Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                                              |
| 819   | 153   | 91     | <b>VALLI SUPER SPECIALITY HOSPITAL</b><br>No.154/2D,Meyyanoor<br>Road,<br>Salem -636004                                               | 900341711<br>1                    | General medicine, General surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medcial Gastroenterology, Surgical<br>Gastroenterology, Pulmonology,<br>Medical oncology, Urology,<br>haematology, surgical oncology,<br>Rheumatology, Neurology,<br>Neurosurgery ,plastic surgery,<br>vascular surgery, Orthopaedics                                                                                       |
| 820   | 154   | 92     | <b>VASAN EYE CARE HOSPITAL</b><br>F-22, Raman Road, AVK<br>Nager,<br>Opp. New Bus Stand,<br>Salem - 636 004.                          | 0427-<br>3989050                  | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                                            |
| 821   | 155   | 93     | <b>VH SPECIALITY HOSPITAL</b><br>No.11,Dr.N.V.Sundharam<br>Garden,<br>Brindavan Road,<br>Salem-636004                                 | 0427-<br>404317<br>900399155<br>5 | General medicine, General surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastroenterology, Surgical<br>Gastroenterology, Pulmonology,<br>Gynaecology, Urology, ENT,<br>Endocrinology, Ophthalmology,<br>surgical oncology, Rheumatology,<br>Neurology, Neurosurgery ,plastic<br>surgery, vascular surgery,<br>Interventional cardiology,<br>Interventional Radiology,<br>Orthopaedics        |
| 822   | 156   | 94     | <b>VINAYAKA MISSION'S KIRUPANANDA VARIYAR MEDICAL COLLEGE &amp; HOSPITAL</b><br>Sankari Main Road,<br>Seeragapadi,<br>Salem - 636 308 | 044-<br>24343271                  | General medicine, General Surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, Pulmonology,<br>Gynaecology, Medical Oncology,<br>Urology, ENT, Dermatology,<br>Psychiatry Ophthalmology, Surgical<br>Oncology, Neurology, Neurosurgery,<br>Plastic surgery, vascular surgery,<br>Orthopaedics, Radio Diagnosis,<br>Pathology, Emergency Medicine |



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| S. No                       | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                       | Contact Number               | Specialities Available                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 823                         | 157   | 95     | <b>VINAYAKA MISSIONS SUPERSPECIALITY HOSPITAL PVT LTD (VINAYAKA MISSION)</b><br>HOSPITALSankari Main Road,<br>Chinnaseeragapadi,<br>Veerapandi Post,<br>Salem - 636 308 | 0427-3509000                 | General Surgery, General Medicine - Medical Care, Critical Care, Cardiology, Nephrology, Gastroenterology, Orthopaedics, Pulmonology, Gynaecology, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Rheumatology, Neurology, Neurosurgery, Plastic & Facio Maxilliary, Vascular surgery |
| 824                         | 158   | 96     | <b>VISU EYE HOSPITAL</b><br>NH-44,223/4,Chinnusamy Nagar,<br>Near NPR school,<br>Salem-636201                                                                           | 9600786958                   | Ophthalmology                                                                                                                                                                                                                                                                                                                                                  |
| <b>XXIV. ERODE DISTRICT</b> |       |        |                                                                                                                                                                         |                              |                                                                                                                                                                                                                                                                                                                                                                |
| 825                         | 159   | 1      | <b>ABHI S.K. HOSPITAL PVT LTD.</b><br>153 Sathy Main Road<br>Nalla Goundanpalayam<br>Gobichettipalayam,<br>Erode-6384533.                                               | 04285-222995                 | General Surgery, Gynaecology /General Medicine, Cardiology (including Interventional), Neurology, Nephrology, Orthopaedics, Urology, Neuro surgery, Oncology, ENT, Gastroenterology                                                                                                                                                                            |
| 826                         | 160   | 2      | <b>ABIRAMI KIDNEY CARE DR THANGAVELU HOSPITAL</b><br>No.581/582, Brough Road,<br>Near Ravi Theater, Erode-638 011                                                       | 0424-2269495/<br>9500794485  | Nephrology, Genitourinary Surgery                                                                                                                                                                                                                                                                                                                              |
| 827                         | 161   | 3      | <b>ACCHUTHA EYE CARE</b><br>No.210,<br>Pavalathampalayam,<br>Perundurai Main road,<br>Kathirampatti (Po),<br>Erode - 638 107                                            | '98436666<br>32,0424-4030804 | Ophthalmology                                                                                                                                                                                                                                                                                                                                                  |
| 828                         | 162   | 4      | <b>ANUSH HOSPITAL No. 1/2,</b><br>Mysore Trunk Road<br>Extention,<br>Sathyamangalam,<br>Erode-638 402.                                                                  | 04295-221011                 | Ophthalmology, Paediatrics, General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                                                                                   |
| 829                         | 163   | 5      | <b>ARASAN EYE HOSPITAL</b><br>26, Annamalai Layout,<br>Opp. Royal Theatre,<br>Near Bus Stand,<br>Erode-638 011.                                                         | 0424-2227019,<br>20          | Ophthalmology                                                                                                                                                                                                                                                                                                                                                  |
| 830                         | 164   | 6      | <b>ASHOK KRISHNA HOSPITAL</b><br>60 - A, Devapuram,<br>Bhavani. - 638 301.                                                                                              | 04256-232589                 | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                 |
| 831                         | 165   | 7      | <b>ASHWIN HOSPITAL</b><br>545, S.K.C. Road,<br>Erode - 638 001.                                                                                                         | 0424-2258393,<br>2258391     | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                 | Contact Number                                    | Specialities Available                                                                                                                                                                                                                                                  |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 832   | 166   | 8      | <b>BE WELL HOSPITAL No.5&amp;7,</b><br>Gandhiji Road, Erode-628 003.                                                              | 0424-2211122                                      | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                 |
| 833   | 167   | 9      | <b>BHARANI PAVENTHAN MULTISPECIALITY HOSPITAL</b><br>No.74, Sampath Nagar, Near Collectorate, Erode-638 011.                      | 0424-6450777/<br>2257075                          | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                                                                                                                                                              |
| 834   | 168   | 10     | <b>BHARATHI HEART &amp; MATERNITY HOSPITAL</b><br>No.3, E.V.N. Road, Surampatti Nall Road, Erode - 638009.                        | 0424-2277001                                      | Cardiology, General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                   |
| 835   | 169   | 11     | <b>C.K.HOSPITAL</b><br>41,Balasubbarayalu Street, Erode- 638 001.                                                                 | 0424-2262728,<br>2269635                          | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                          |
| 836   | 170   | 12     | <b>CARE24 MEDICAL CENTRE &amp; HOSPITAL</b><br>78, 1 to 10 Perundurai Road, Erode - 638 012.                                      | 0424-2430166,2430177<br>8883311993<br>/8883312033 | General Surgery, laparoscopy, Neuro-surgery, Paediatrics and Paediatric surgery, surgical Oncology, Cardiology, ENT, Surgical gastroenterology, General Medicine, Gynaecology, Orthopaedic Trauma, Plastic surgery, Pulmonology, Joint replacement, Vascular Surgeries. |
| 837   | 171   | 13     | <b>CITY HOSPITAL 87, RKV Road,</b><br>Erode - 638 003.                                                                            | 0424-2214000,<br>4560046                          | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                          |
| 838   | 172   | 14     | <b>DAKSHIN TRAUMA CENTRE &amp; HOSPITAL</b><br>2 A, Buddhar Street, Erode Main Road, Gopichettipalayam - 638 476.                 | 0424-221781                                       | Orthopaedic Surgery, Plastic & Facio Maxilliary.                                                                                                                                                                                                                        |
| 839   | 173   | 15     | <b>DR. AGARWAL'S EYE HOSPITAL LTD.</b><br>397/1, Perundurai Main Road, Opp. to KPK Petrol Bunk, Erode - 628 011.                  | 0424-2223666                                      | Ophthalmology.                                                                                                                                                                                                                                                          |
| 840   | 174   | 16     | <b>DR. K.M NALLASAMY HOSPITAL (RAMAKRISHNA NURSING HOME)</b><br>Dr. K.M. Nallasamy Building, 64, Power House Road, Erode-638 001. | 0424-2252122                                      | General Surgery, Gynaecology/Urology, Nephrology, Orthopaedic, Neurosurgery                                                                                                                                                                                             |
| 841   | 175   |        | <b>DR. KUMARASAMY HOSPITAL</b><br>No.22, Poosari Chennimalai Street, EVN Road, Erode-638 009                                      | 0424-2257222                                      | General Surgery, Gynaecology.                                                                                                                                                                                                                                           |
| 842   | 176   | 17     | <b>DR.KUMARASAMY HOSPITAL</b><br>No.22, Poosari Chennimalal Street, E.V.N Road, Erode -638 009.                                   | 2259222/2257222/9842925722/<br>9487125722         | General Medicine, Gynaecology, Urology, Surgical oncology ,Vascular surgery, Orthopaedics, Plastic surgery                                                                                                                                                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                 | Contact Number                           | Specialities Available                                                                                                                                             |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 843   | 177   | 18     | <b>DR.LOGANATHAN ORTHOPAEDIC HOSPITAL</b><br>412,Mettur Main Road,<br>Bhavani- 638 301.                                                           | 04256-231702                             | Orthopaedic Surgery, Plastic & Facio Maxilliary.                                                                                                                   |
| 844   | 178   | 20     | <b>ERODE CANCER CENTRE</b><br>Velavan Nagar(Near<br>Chinthamani Petrol Bunk)<br>Perundurai Road,<br>Thindal,<br>Erode-638 009.                    | 0424-2910700                             | Oncology.                                                                                                                                                          |
| 845   | 179   | 21     | <b>ERODE KIDNEY AND LAPAROSCOPIC CENTRE</b><br>13,Muthukaruppan Street,<br>(Opp.G.H. 2nd Street)<br>Gandhi Nagar,<br>Erode - 638 009.             | 0424-2256434                             | Nephrology / Urology, General Surgery.                                                                                                                             |
| 846   | 180   | 22     | <b>ERODE MEDICAL CENTRE</b><br>No.374/2B, 3B, Perundurai Road,<br>Erode - 638 011.                                                                | 0424-2888555                             | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                 |
| 847   | 181   | 23     | <b>ERODE ORTHOPAEDIC SURGERY CENTRE</b><br>803, EVN Road,<br>Near Railway Station,<br>Erode-638 001.                                              | 0424-2276201,<br>2276202                 | Orthopaedic Surgery.                                                                                                                                               |
| 848   | 182   | 24     | <b>GEM HOPITAL AND RESEARCH CENTRE PVT LTD</b> No.5,<br>Muthukaruppannan street,<br>Gandhi Nagar<br>Erode-638 009                                 | 0424-4031355                             | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery. Gastroenterology, Urology, Oncology, Nephrology.                               |
| 849   | 183   | 25     | <b>IRT-PERUNDURAI MEDICAL COLLEGE</b><br>Kunnathur Road,<br>Sanatorium-638 053.                                                                   | 0424-220910,<br>220913,220915,<br>220914 | General Medicine - Medical Care, General Surgery, Gynaecology, ENT, Gastroenterology, Neurology Plastic & Facio Maxilliary, Vascular Surgery, Orthopaedic Surgery. |
| 850   | 184   | 26     | <b>J.B.HOSPITAL</b><br>23,Veterinary Hospital Road,<br>Erode - 638 001                                                                            | 0424-2264345                             | Medicine - Medical Care, General Surgery                                                                                                                           |
| 851   | 185   | 27     | <b>K.K.S. HOSPITAL</b><br>Main Road,<br>Gobichettipalayam-638 476,<br>Erode                                                                       | 04285-222910/<br>222820                  | General Medicine, General Surgery, Urology, Oncology, Paediatrics, Psychiatry                                                                                      |
| 852   | 186   | 28     | <b>K.S. EYE HOSPITAL No.70,</b><br>Annamalai Layout,<br>Near Bus Stand,<br>Erode - 638 011.                                                       | 0424-2221576/<br>965536601<br>1          | Ophthalmology                                                                                                                                                      |
| 853   | 187   | 29     | <b>KALINGARAYAN MEDICAL CENTRE</b><br>No.68, Gandhi Nagar,<br>NGGO Colony Road,<br>Off Perundurai Road,<br>(Old KMCH Building),<br>Erode-638 009. | 0424-4559405                             | General Medicine - Medical Care, General Surgery, Gynaecology , Orthopaedics, Urology, ENT, Neuro Surgery, Vascular Surgery, Oncology                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                  | Contact Number                                       | Specialities Available                                                                                                                                                                                                                                                                                                                                                                           |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 854   | 188   | 30     | <b>KALYANI KIDNEY CARE CENTRE</b><br>104, Sampath Nagar,<br>Erode - 638 011.                                       | 0424-<br>2266949                                     | Nephrology / Urology.                                                                                                                                                                                                                                                                                                                                                                            |
| 855   | 189   | 31     | <b>KGR SURGICAL NURSING HOME</b><br>9.Kottanakaka Street,<br>Athani Road,<br>Sathyamangalam-638 401.               | 04295-<br>220406                                     | General Medicine - Medical Care,<br>General Surgery. / Gynaecology,<br>Gastroenterology, Orthopaedic,<br>Urology                                                                                                                                                                                                                                                                                 |
| 856   | 190   | 32     | <b>KMCH HOSPITAL</b><br>15, Palaniappa Street,<br>(Near Government Hospital),<br>Erode- 638 009.                   | 0424-<br>2264141,<br>4323702,<br>2256456             | General Medicine- Medical Care,<br>General Surgery, Gynaecology ,<br>ENT, Gastroenterology, Neurology,<br>Plastic & Facio Maxillary, Vascular<br>Surgery, Orthopaedic Surgery.                                                                                                                                                                                                                   |
| 857   | 191   | 33     | <b>L.V.S. EYE HOSPITAL</b><br>No.13A, Palaniappa Street,<br>Opp To Govt Hospital,<br>Erode - 638009.               | 0424-<br>2257131                                     | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                    |
| 858   | 192   | 34     | <b>LOTUS HOSPITAL &amp; RESEARCH CENTER LTD.</b><br>Poondurai Main Road,<br>Erode - 638 002.                       | 0424-<br>2282828,<br>2282621,<br>2282629,<br>2282635 | General Surgery, Gynaecology.<br>Ophthalmology                                                                                                                                                                                                                                                                                                                                                   |
| 859   | 193   | 35     | <b>MAARUTHI MEDICAL CENTRE HOSPITAL</b><br>564, Perundurai Road,<br>Near Collectorate,<br>Erode - 638 011.         | 0424-<br>2250517,<br>2264949,<br>2266768,<br>2264040 | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                |
| 860   | 194   | 36     | <b>NANDHA MEDICAL COLLEGE AND HOSPITAL</b><br>Perundurai Main Road,<br>Pitchandampalayam Post,<br>Erode – 638 052. | 04294-<br>222222                                     | General Medicine, Paediatrics,<br>Tuberculosis & Chest, Dermatology,<br>General Surgery, Orthopaedics,<br>Ophthalmology, Gynaecology,<br>Cardiology, Urology, Neurology,<br>Medical Oncology, Surgical<br>Oncology, ENT, Neurosurgery,<br>Interventional Neurology, Plastic<br>Surgery, Endocrinology, surgical<br>Gastroenterology, Medical<br>Gastroenterology, Rheumatology,<br>Critical care |
| 861   | 195   | 37     | <b>NEHA HOSPITAL</b><br>47, South Park street,<br>Gobichettipalayam,<br>Erode - 638 452                            | 04285-<br>221200                                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedics                                                                                                                                                                                                                                                                                                                |
| 862   | 196   | 38     | <b>ORTHO LIFE HOSPITAL</b><br>No.216, Anusha Hospital<br>Complex,<br>Opp. Erode G.H,<br>Erode-638 009.             | 0424-<br>2265040<br>0424-<br>2265041                 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                                                                 |
| 863   | 197   | 39     | <b>P K HOSPITAL</b><br>No.2, Erode-Sathy Road,<br>Krishnapuram,<br>Kavindapadi- 638 455.                           | 04256-<br>240311                                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                |
| 864   | 198   | 40     | <b>P.G.R. HOSPITAL 599,<br/>New Bus Stand,</b><br>Opp. to State Bank of India,<br>Bhavani - 638 301.               | 04256-<br>230505                                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                         | Contact Number                     | Specialities Available                                                                                                                         |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 865   | 199   | 41     | <b>RR HITEC CLINICS</b><br>No.6-A, Ram Nagar,<br>Cutcherry Medu,<br>New BSNL Off. Road,<br>Gobichettipalayam,<br>Erode-638 452            | 04285-<br>227535                   | Ophthalmology                                                                                                                                  |
| 866   | 200   | 42     | <b>S.K HOSPITAL</b><br>No.4, Poosari Chennimalai<br>Street,<br>E.V.N. Road,<br>Erode – 638 009.                                           | 0424-<br>2270232                   | Ortho                                                                                                                                          |
| 867   | 201   | 43     | <b>SAKTHI NURSING HOME</b><br>No.72, Jeevanantham<br>Street,<br>Indra Nagar,<br>Erode-638 002.                                            | 0424-<br>2281980                   | General Medicine-Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Urology                                                |
| 868   | 202   | 44     | <b>SENTHIL MULTI-<br/>SPECIALITY HOSPITAL</b><br>547, Perundundurai Road,<br>Erode-638 011.                                               | 0424-<br>2260375                   | General Surgery, Gynaecology.                                                                                                                  |
| 869   | 203   | 45     | <b>SRI BALAJI HOSPITAL<br/>TRAUMA AND<br/>ORTHOPAEDIC CENTRE</b><br>No.423/1, Burgur Road,<br>Anthiyur, Erode -638 501.                   | 04256-<br>260270<br>978890695<br>8 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                               |
| 870   | 204   | 46     | <b>SRI CHAKRA HOSPITAL</b><br>140-A, Sathy Main Road,<br>Opp. To K.P.K. Petrol Bunk,<br>Gobichettipalayam,<br>Erode-638 452.              | 04285-<br>223610                   | General Surgery, Gynaecology.                                                                                                                  |
| 871   | 205   | 47     | <b>SRI RAGHAVENDRA EYE<br/>HOSPITAL</b><br>No.72, Mosuvanna Street,<br>Erode 638 001.                                                     | 0424-<br>2262044                   | Ophthalmology.                                                                                                                                 |
| 872   | 206   | 48     | <b>SRI VIJAYA HITECH<br/>HOSPITAL</b><br>Opp. to Government<br>Hospital,<br>1051, EVN Road,<br>Erode - 638 009.                           | 0424-<br>2266660                   | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                              |
| 873   | 207   | 49     | <b>SSS HEALTHCARE INDIA<br/>PRIVATE LIMITED</b><br>No.167/2C1,Perundurai<br>Road,<br>Opp URC Nagar(SBI bank),<br>Thindal,<br>Erode-638009 | 0424-<br>2888777                   | General medicine, General surgery,<br>Cardiology, Nephrology, Surgical<br>Gastroenterology, Gynaecology,<br>Neurology, Intervention Cardiology |
| 874   | 208   | 50     | <b>SUDHA HOSPITAL</b><br>No.162/181, Perundurai<br>Road,<br>Erode - 638011.                                                               | 0424-<br>2454545                   | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Gynaecology, Neurology,<br>Nephrology, Orthopaedic Surgery                 |
| 875   | 209   | 51     | <b>THANGAM HOSPITAL</b><br>123, Periyar Nagar,<br>Erode - 638 001.                                                                        | 0424-<br>2259030,<br>2259330       | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology.                                                                           |
| 876   | 210   | 52     | <b>THE EYE FOUNDATION</b><br>No.62/1, Palayapalayam,<br>Perundurai Road,<br>Erode – 638 011.                                              | 0424-<br>2274600                   | Ophthalmology                                                                                                                                  |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                  | Contact Number                    | Specialities Available                                                                                                                                                     |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 877   | 211   | 53     | <b>TPN HOSPITAL</b><br>194/9, Perundurai Road,<br>Veerappampalayam Pirivu,<br>Erode - 638 012.                     | 0424-<br>2264500                  | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                             |
| 878   | 212   | 54     | <b>U M HOSPITAL</b><br>No.277, Sathy Main Road,<br>Amala School Bus Stop,<br>Gobichettipalayam<br>Erode - 638 452. | 04285-<br>223031                  | Ortho                                                                                                                                                                      |
| 879   | 213   | 55     | <b>VASAN EYE CARE HOSPITAL</b><br>285/1, E V Nanjappa Road,<br>Opp. to Power House,<br>Erode-638 009.              | 0424-<br>3989000                  | Ophthalmology.                                                                                                                                                             |
|       |       |        | <b>XXV. NAMAKKAL DISTRICT</b>                                                                                      |                                   |                                                                                                                                                                            |
| 880   | 214   | 1      | <b>AACHI MEDICAL CENTRE</b><br>Ward No.13, High School<br>Road,<br>Paramathi Velur, Namakkal<br>638182             | 986546186<br>5                    | Ophthalmology, Gynaecology,<br>General medicine, Paediatrics, ENT                                                                                                          |
| 881   | 215   | 2      | <b>AARA SPECIALITY EYE HOSPITAL</b><br>No.689 C/1, Near Murugan<br>Temple,<br>Salem Main Road,<br>Namakkal 637001  | 0428-<br>291484                   | Ophthalmology                                                                                                                                                              |
| 882   | 216   | 3      | <b>ADHITHYA NURSING HOME</b><br>No.15, Sendamangalam<br>Road,<br>Namakkal - 637 001.                               | 04286-<br>221084                  | Ophthalmology                                                                                                                                                              |
| 883   | 217   | 4      | <b>ARVINTH HOSPITAL</b><br>17, Rangar Sannathi Street,<br>Namakkal-637 001.                                        | 04286-<br>232333,<br>231333       | Orthopaedics surgery                                                                                                                                                       |
| 884   | 218   | 5      | <b>BHARATHI HOSPITAL</b><br>454,456, Salem Main Road,<br>Namakkal - 637 001.                                       | 04286-<br>276333                  | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                             |
| 885   | 219   | 6      | <b>CM BEST HOSPITALS</b><br>No. 74/47 A. Mohanur<br>Road,<br>Namakkal-637 001                                      | 04286-<br>220800                  | General Surgery, General Medicine -<br>Medical Care, General Surgery,<br>Gynaecology surgery, Urology,<br>Gastroenterology, ENT, Nephrology,<br>Ophthalmology, Cardiology, |
| 886   | 220   | 7      | <b>DEEPTHI HOSPITAL</b><br>No.31-A, Mohanur Road,<br>Namakkal- 637 001.                                            | 04286-<br>222396                  | General Surgery, General Medicine -<br>Medical Care, Gynaecology.                                                                                                          |
| 887   | 221   | 8      | <b>IMAYAM SPECIALITY HOSPITAL</b><br>No.194-A,Trichengode road,<br>Near pillaiyar kovil,<br>Namakkal-637001        | 971518009<br>9<br>/95859555<br>88 | General medicine, General surgery,<br>Orthopaedics, Paediatrics,<br>Urology, Dermatology, Anaesthesia                                                                      |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                   | Contact Number                             | Specialities Available                                                                                                             |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 888   | 222   | 9      | <b>JEYAM EYE HOSPITAL</b><br>No.4/135-B.Subedaur kaadu,<br>Rasipuram Road, Near ATC Depot,<br>Muthukalipatty,<br>Rasipuram-637 408. | 04287-297766                               | Ophthalmology                                                                                                                      |
| 889   | 223   | 10     | <b>KANTHAMALAI HOSPITAL</b><br>263-A, B.B. road,<br>Balerengapuram,<br>Rasikumaripalayam Street,<br>Mohanur-637 015.                | 04286-257257                               | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 890   | 224   | 11     | <b>KATHIR EYE HOSPITAL</b><br>No.151/12,<br>Kokkarayanpettai Road,<br>Valavai Gate,<br>Tiruchengode,<br>Namakkal -637 214.          | 04288-285946                               | Ophthalmology                                                                                                                      |
| 891   | 225   | 12     | <b>KRISHNA HOSPITAL</b><br>No.100/1, Velur Road ,<br>Opp. T.C.M.S. Petrol Bunk,<br>Tiruchengode,<br>Namakkal -637 211.              | 04288-254252<br>04288-254272               | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                            |
| 892   | 226   | 13     | <b>LATHA EYE HOSPITAL</b><br>7-A, Thuraiyur Road,<br>Namakkal - 637 002.                                                            | 04286-234545                               | Ophthalmology.                                                                                                                     |
| 893   | 227   | 14     | <b>M M HOSPITAL</b><br>6/288, Trichy Road,<br>Namakkal - 637 001.                                                                   | 04286-232363                               | Orthopaedics surgery, cardiology                                                                                                   |
| 894   | 228   | 15     | <b>MAHARAJA SPECIALITY HOSPITAL</b><br>No.78-C,Mohanur Road,<br>Urban-Next to Ayyappan kovil,<br>Namakkal-637001                    | 04286-234620<br>04286-234640<br>8870013464 | General medicine, General surgery, Paediatrics, Nephrology, Urology, Plastic surgery, vascular surgery                             |
| 895   | 229   | 16     | <b>MANICKKAM HOSPITAL</b><br>No.418, Anna Salai,<br>Rasipuram,<br>Namakkal-637 408.                                                 | 04287-222040                               | General Surgery, General Medicine - Medical Care, Gynaecology, Genitourinary Surgery.                                              |
| 896   | 230   | 17     | <b>MARUTHI HOSPITAL</b><br>123, Salem Road,<br>Namakkal - 637 001.                                                                  | 04286-277184                               | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                     |
| 897   | 231   | 18     | <b>R.K. HOSPITAL</b><br>No.11A, Mohanur Road,<br>Opp. to South School,<br>Namakkal - 637 001.                                       | 04286-231065                               | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                         |
| 898   | 232   | 19     | <b>R.K.EYE CARE CENTRE</b><br>18A,Ganapathy Vilas Rice Mill Street,<br>Rasipuram-637 408.                                           | 04287-220644,<br>225144                    | Ophthalmology.                                                                                                                     |
| 899   | 233   | 20     | <b>SAKTHI HOSPITAL</b><br>6 / 912, Trichy Road,<br>Namakkal - 637 001.                                                              | 04286-227610                               | General Surgery, General Medicine - Medical Care, Gynaecology                                                                      |
| 900   | 234   | 21     | <b>SANTHI HOSPITAL</b><br>160, Anna Salai,<br>Rasipuram,<br>Namakkal-637 408.                                                       | 04287-223344                               | General Surgery, General Medicine - Medical Care, Gynaecology                                                                      |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                        | Contact Number                                           | Specialities Available                                                                                                                                                                         |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 901   | 235   | 22     | <b>SARAVANA HOSPITAL</b><br>No.89, Trichy Main Road,<br>(Opp. Vinayaga Agencies),<br>Ganesapuram,<br>Namakkal – 637 001. | 04286-<br>222150/<br>04286-<br>231960/<br>984381515<br>5 | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT. Ophthalmology |
| 902   | 236   | 23     | <b>SHREE AKHSHAYA HOSPITAL</b><br>No.553/1, Salem Road,<br>OPP. Pandiyan Hotel,<br>Namakkal-637 001                      | 04286-<br>274108                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic, Pulmonology, Urology,<br>Neurology, Nephrology,<br>Gastroenterology, Cardiology.                             |
| 903   | 237   | 24     | <b>SHRI VIGNESWARA HOSPITAL</b><br>3, Main Road,<br>Sendamangalam-637 409.                                               | 04286-<br>270234                                         | General Surgery, General<br>Medicine - Medical Care,<br>Gynaecology                                                                                                                            |
| 904   | 238   | 25     | <b>SOORIYA MULTISPECIALITY HOSPITALS</b><br>No.164,Bungalow street,<br>Erode road,<br>Tiruchengode-637211                | 04288-<br>252520<br>04288-<br>252530                     | General medicine, General surgery,<br>Cardiology, Gynaecology,<br>Orthopaedics,<br>Paediatrics, Urology, Dermatology,<br>Anaesthesia,<br>Emergency medicine                                    |
| 905   | 239   | 26     | <b>SOORYA MULTI-SPECIALITY HOSPITAL</b><br>No.164, Bungalow street,<br>Erode Road,<br>Tiruchengode-637 211               | 04288-<br>252520                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic, Pulmonology, Urology,<br>Neurology, Nephrology,<br>Gastroenterology, Cardiology.                             |
| 906   | 240   | 27     | <b>SRI KARUNYAA HOSPITAL No.105 (1),</b><br>Sulthanpet,<br>Paramathi Velur,<br>Namakkal -638 182.                        | 04268-<br>220863                                         | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                |
| 907   | 241   | 28     | <b>SRI MALAR HOSPITAL</b><br>No.92, Subramaniapuram,<br>Mohanur,<br>Namakkal - 637 015.                                  | 04286-<br>255285                                         | General Medicine-Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Urology.                                                                                               |
| 908   | 242   | 29     | <b>SRI RAGAVENDRA HOSPITAL</b><br>30 D, Sankaran Road,<br>Opp State Bank,<br>Namakkal 637 001                            | 04286-<br>230551                                         | General Medicine - Medical Care,<br>Orthopaedics, General Surgery,<br>Gynaecology, ENT                                                                                                         |
| 909   | 243   | 30     | <b>SRI VENKATESH EYE HOSPITAL</b><br>No:55-B/1,Gandhi Salai,<br>(near aravind hospital),<br>Rasipuram-637408             | 948875707<br>3                                           | Ophthalmology                                                                                                                                                                                  |
| 910   | 244   | 31     | <b>SUBAM EYE CARE HOSPITAL</b><br>77/48A, Koneripatty,<br>Kattukottai,<br>Rasipuram 637 408                              | 969825506<br>6                                           | Ophthalmology                                                                                                                                                                                  |
| 911   | 245   | 32     | <b>SUGAM HOSPITAL</b><br>No .144F, Annasalai,<br>Opp To Union Office,<br>Rasipuram,<br>Namakkal- 637408.                 | 04287-<br>225399                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                             |
| 912   | 246   | 33     | <b>SURYA HOSPITAL</b><br>Salem Road, Rasipuram,<br>Namakkal - 637 408.                                                   | 04287-<br>223240                                         | General Surgery, General Medicine -<br>Medical Care,<br>Gynaecology                                                                                                                            |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                        | Contact Number              | Specialities Available                                                                                                                                          |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 913   | 247   | 34     | <b>THANGAM HOSPITAL</b><br>54, Dr Sankaran Road,<br>Namakkal- 637 001.                                                                   | 04286-230685                | General Surgery, General Medicine - Medical Care, Gynaecology , Orthopaedic Surgery, Neurology, Genitourinary Surgery                                           |
| 914   | 248   | 35     | <b>TIRUKUMARAN HOSPITAL</b><br>17B, Vaithialingam Thottam,<br>Erode Road,<br>Tiruchengode-637 211                                        | 04288-252009                | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology, Gastroenterology, ENT, Nephrology.                                 |
| 915   | 249   | 36     | <b>UNITED WELFARE TRUST &amp; NAMAKKAL ROTARY KIDNEY DIALYSIS CENTRE</b><br>No.285, Trichy Main Road,<br>Namakkal -637 001.              | 9585512333                  | DIALYSIS only                                                                                                                                                   |
| 916   | 250   | 37     | <b>VASAN EYE CARE HOSPITAL</b><br>No. 106 B, Sivagnanam Street,<br>Trichy Main Road,<br>Ganeshapuram,<br>Namakkal.637 001.               | 04286-398900                | Ophthalmology                                                                                                                                                   |
| 917   | 251   | 38     | <b>VISAKAN MEDICAL CENTRE</b><br>No.6, West Muniyappan kovil street,<br>Near jothi threatre,<br>Tiruchengode(TK),<br>Namakkal(DT)-637211 | 9715393939<br>9364393939    | General medicine, General surgery, Gynaecology, Orthopaedics, Paediatrics, Anaesthesia,                                                                         |
| 918   | 252   | 39     | <b>VIVEKANANDHA MEDICAL CARE HOSPITAL</b><br>Elayampalayam,<br>Tiruchengodu - 637 205                                                    | 04288-234677                | General Surgery, General Medicine - Medical Care, Gynaecology. Cardio-Thoracic Surgery, Cardiology - Interventional, Cardiology - Medical Mangagement           |
|       |       |        | <b>XXVI. THE NILGIRIS DISTRICT</b>                                                                                                       |                             |                                                                                                                                                                 |
| 919   | 253   | 1      | <b>BS HOSPITAL</b><br>190, Ettines Road,<br>Race Course, Ooty,<br>The Nilgiris- 643001                                                   | 0423<br>2443535,<br>2443636 | General Medicine, Interventional cardiology, critical care, laparoscopic and General surgery, Oncology, Gynaecology, Orthopaedics, ENT, Dialysis and Neurology. |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                        | Contact Number               | Specialities Available                                                                                                                                                    |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 920   | 254   | 2      | <b>HOLY FAMILY MISSION HOSPITAL</b><br>Cotherstone,<br>Kothagiri-643 217.                                                | 04266-271407                 | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                            |
| 921   | 255   | 3      | <b>KOTAGIRI MEDICAL FELLOWSHIP HOSPITAL</b><br>Kotagiri- 643 217.                                                        | 04266-273777,<br>272217      | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                            |
| 922   | 256   | 4      | <b>NANKAM HOSPITAL</b><br>Near YWCA,<br>Coonoor - 643 101.                                                               | 0423-2231550                 | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                            |
| 923   | 257   | 5      | <b>PUSHPAGIRI CHARITABLE TRUST</b><br>No.12 / 950B, Mica mount<br>Devarshola road,<br>Gudalur,<br>The Nilgiris-643212    | 04262-261352,<br>9489044110  | Nephrology/Dialysis                                                                                                                                                       |
| 924   | 258   | 6      | <b>SHIVA SHAKTHI MULTI-SPECIALITY CENTER</b><br>Blue Mountain School<br>Road,<br>Near Chandra Hundai,<br>Ooty - 643 001. | 0423-2441947                 | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                            |
| 925   | 259   | 7      | <b>SM Hospital</b><br>No.29/108, Coonoor Road,<br>Ooty-634 001                                                           | 4232442258,<br>4232442268    | General medicine, Nephrology, Cardiology, Paediatrics, Gastroenterology, Orthopaedics, General Surgery, Pulmonology Gynaecologist, Urology, ENT, Neurology, Neurosurgery. |
| 926   | 260   | 8      | <b>THE EYE FOUNDATION</b><br>Coonoor Road ,<br>Elk Hill Road Junction,<br>Ooty -643 001.                                 | 0423-2442881                 | Ophthalmology                                                                                                                                                             |
|       |       |        | <b>XXVII. COIMBATORE DISTRICT</b>                                                                                        |                              |                                                                                                                                                                           |
| 927   | 261   | 1      | <b>A S D NURSING HOME</b><br>91/1,Coimbatore Road,<br>Pollachi- 642 002/<br>A S D HOSPITAL                               | 04259-223382                 | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                            |
| 928   | 262   | 2      | <b>ABINAND HOSPITAL</b><br>237-F,Pollachi Main Road,<br>Sundarapuram,<br>Coimbatore- 641 024.                            | 0422-2573310                 | General Surgery, Gynaecology.                                                                                                                                             |
| 929   | 263   | 3      | <b>ALVA HOSPITAL</b><br>5,Kamarajar Street,<br>Vettaikaran Pudur,<br>Ambarampalayam,<br>Pollachi- 642 103.               | 04259-253303                 | General Surgery, Gynaecology.                                                                                                                                             |
| 930   | 264   | 4      | <b>ANP NURSING HOME</b><br>No.8/1,Jaya Nagar,<br>Poochiyur,<br>Thondamuthur(PO),<br>Coimbatore- 641 109.                 | 0422-2617770<br>0422-2617773 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                   |
| 931   | 265   | 5      | <b>ANURAG HOSPITAL</b><br>No.8, Krishna Nagar,<br>Sowri Palayam,<br>Coimbatore-641 028.                                  | 0422-4341486                 | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                                                                |
| 932   | 266   | 6      | <b>AR ORTHO HOSPITAL</b><br>No.42/1, New Scheme<br>Road, Pollachi - 642002.                                              | 04259-220440                 | General Surgery, General Medicine - Medical Care, Orthopaedics, Gynaecology                                                                                               |



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|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 933   | 267   | 7      | <b>ARATHANA HOSPITAL (ARATHANA ORTHOPAEDIC SURGERY CENTRE)</b><br>120 C, Coimbatore Road, Coimbatore, Polachi- 642 001.          | 04259-226040, 226039     | Orthopaedic Surgery, Plastic & Facio Maxillary.                                                                                 |
| 934   | 268   | 8      | <b>ARTHY HOSPITAL</b><br>No:52, Nanjundapuram, Near Ramanathapuram Signal, Coimbatore - 641 045.                                 | 0422-2320400             | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                  |
| 935   | 269   | 9      | <b>ARUN HOSPITAL</b><br>88, New Scheme Road, Pollachi - 642 002.                                                                 | 04259-219500, 219555     | General Surgery, Gynaecology. Cardio-Thoracic Surgery, Cardiology - Interventional, Cardiology - Medical Management, Nephrology |
| 936   | 270   | 10     | <b>ARVIND EYE HOSPITAL &amp; POSTGRADUATE INSTITUTE OF OPHTHALMOLOGY</b><br>Avinashi Road, Coimbatore - 641014.                  | 0422-4360400             | Ophthalmology.                                                                                                                  |
| 937   | 271   | 11     | <b>ASWIN HOSPITAL</b><br>No 1, Alamunagar Sathy Road, Coimbatore-641 012.                                                        | 0422-2525252             | General Surgery, Gynaecology.                                                                                                   |
| 938   | 272   | 12     | <b>BETHEL HOSPITAL (P) LTD.</b><br>223, Dr.Rajendra Prasad Road 100 Feet Road, Coimbatore-641 012.                               | 0422-2498884             | General Surgery, Gynaecology.                                                                                                   |
| 939   | 273   | 13     | <b>BRAGATHI HOSPITAL</b><br>No.336,Chinnasamy Road, Siddhapudur, Coimbatore-641 044.                                             | 0422-2525259 975060050 0 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                         |
| 940   | 274   | 14     | <b>BRJ ORTHO CENTRE AND MAK HOSPITAL</b><br>No. 2-1, Raju Nagar, Fertilizer Company Stop, Mettupalayam Road, Coimbatore- 641043. | 0422-2433306             | General Surgery, General Medicine - Medical Care, Orthopaedics, Gynaecology                                                     |
| 941   | 275   | 15     | <b>C.S.R.NURSING HOME</b><br>272, 7th Street Extn, Coimbatore - 641 012.                                                         | 0422-2524762             | General Surgery, Gynaecology.                                                                                                   |
| 942   | 276   | 16     | <b>CHINNIYAM PALAYAM HOSPITAL</b><br>2/143 Avinashi Road, Coimbatore - 641 062.                                                  | 0422-2627248             | General Surgery, Gynaecology.                                                                                                   |
| 943   | 277   | 17     | <b>COIMBATORE DIABETES FOUNDATION HOSPITAL (P) LTD SF.</b><br>No.357/2A, S.J.Garden, Maruthamalai Road, Coimbatore - 641 046.    | 0422-3233333             | Medicine, General Surgery, Endocrinology, Plastic Surgery                                                                       |
| 944   | 278   | 18     | <b>COIMBATORE KIDNEY CENTER</b><br>Puliakulam Road, Near Lakshmi Mills, Coimbatore - 641 045.                                    | 0422-2312006, 23112007   | Nephrology/Urology                                                                                                              |

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THEIR ELIGIBLE FAMILY MEMBERS.**

| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                      | Contact Number            | Specialities Available                                                                                                                                                                                                                                                     |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 945   | 279   | 19     | <b>D.J. HOSPITAL</b><br>No.604 K-1, Ooty Main Road,<br>Jothipuram (Post),<br>Coimbatore – 641 047.                                                     | 0422-2692517              | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                  |
| 946   | 280   | 20     | <b>DEEPAM HOSPITAL</b><br>No.687, Trichy Road,<br>Ramanathapuram,<br>Coimbatore-641045.                                                                | 0422-4395882              | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                  |
| 947   | 281   | 21     | <b>Dr AGARWAL'S EYE HOSPITAL</b><br>No.1091, Sakthi Arcade,<br>Mettupalayam Road,<br>R.S. Puram,<br>Near Old Maruthi Theatre,<br>Coimbatore - 641 002. | 0422-255133               | Ophthalmology                                                                                                                                                                                                                                                              |
| 948   | 282   | 22     | <b>DR.DASARATHAN MEMORIAL HOSPITAL</b><br>No 3/31, M.T.P Road,<br>K.Vadamadurai,<br>Coimbatore-641017.                                                 | 0422-2642248              | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                  |
| 949   | 283   | 23     | <b>DR.MUTHUS HOSPITAL PRIVATE LIMITED</b><br>281-D, Sathy Main Road,<br>Poonthottam Nagar,<br>Saravanampatti,<br>Coimbatore-641 035                    | 0422-4953222              | Cardiology, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 950   | 284   | 24     | <b>DR.MUTHU'S HOSPITAL</b><br>No.291, Trichy Road,<br>Opp to Bharath Petrol Bunk,<br>Singanallur,<br>Coimbatore- 641005.                               | 0422-4373517              | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                  |
| 951   | 285   | 25     | <b>EYE TRUST HOSPITAL</b><br>No.80, Valluvar street,<br>Sivananda Colony,<br>Coimbatore-641 012                                                        | 0422-4366927              | Ophthalmology                                                                                                                                                                                                                                                              |
| 952   | 286   | 26     | <b>EYEMED HOSPITAL &amp; CORNEA RESEARCH FOUNDATION</b><br>No:40- A, Bharathi Colony,<br>Lal Bahadur Colony,<br>Peelamedu - 641 004                    | 9345300036,<br>9345688756 | Ophthalmology                                                                                                                                                                                                                                                              |
| 953   | 287   | 27     | <b>G R HOSPITAL</b><br>No.30 Ram Gardens,<br>Sowripalayam Road,<br>Sowripalayam,<br>Coimbatore - 641 028.                                              | 0422-2315717,<br>2317012  | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                             |
| 954   | 288   | 28     | <b>GANGA MEDICAL CENTER &amp; HOSPITALS LTD.</b><br>313, Mettupalayam Road,<br>Coimbatore - 641 043.                                                   | 0422-2485000              | Orthopaedic Surgery, Plastic & Facio Maxillary /Neurosurgery, Neurology                                                                                                                                                                                                    |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                        | Contact Number                                 | Specialities Available                                                                                                                                                                                                                                |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 955   | 289   | 29     | <b>GEM HOSPITAL &amp; RESEARCH CENTRE (GEM HOSPITAL INDIA PVT LTD.)</b><br>45-A, Pankaja Mill Road, Ramanathapuram, Coimbatore-641 045.                  | 0422-2325100                                   | General Surgery, Surgical Gastroenterology /Gynaecology, Gastroenterology, Oncology, Urology                                                                                                                                                          |
| 956   | 290   | 30     | <b>GOWTHAM HOSPITAL No.414/1,</b><br>Palghat Main Road, Kuniamuthur, Coimbatore – 641 008.                                                               | 0422-2254456/<br>0422-2254457                  | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                      |
| 957   | 291   | 31     | <b>H.S. HOSPITAL</b><br>Gandhinagar, Kavundampalayam, Coimbatore-641 030.                                                                                | 0422-2440277                                   | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                        |
| 958   | 292   | 32     | <b>HEM HOSPITAL</b><br>5H,1-9, Mettupalayam Road, Near Viswanathapuram Bus Stop, Thudiyalur, Coimbatore - 641 034.                                       | 0422-2647766                                   | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                    |
| 959   | 293   | 33     | <b>HINDUSTHAN HOSPITAL (KURINJI HOSPITAL )</b><br>522/3, 523/3 Udayampalayam Road, Nava India, Sowripalayam Post, Coimbatore- 641 028.                   | 0422-4327777                                   | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                         |
| 960   | 294   | 34     | <b>ISWARYA WOMENS HOSPITAL &amp; FERTILITY CENTRE</b><br>No.238, Avarampalayam, Opp to Women's Polytechnic College, Near Gandhipuram, Coimbatore- 641044 | 0422-2241777                                   | Gynaecology, General medicine - Medical Care, General Surgery                                                                                                                                                                                         |
| 961   | 295   | 35     | <b>JM POLICLINIC</b><br>No.42, New Scheme Road, Pollachi-642 001, Coimbatore.                                                                            | 04259-233959                                   | General Medicine - Medical Care, General Surgery, Gynaecology, Ophthalmology, Orthopaedic, ENT                                                                                                                                                        |
| 962   | 296   | 36     | <b>JOSEPH HOSPITAL</b><br>10,1st Cross Street, Thirumalal Nagar, Peelamedu, Coimbatore-641 004.                                                          | 0422-2562345                                   | General Surgery, Gynaecology. Ophthalmology, Orthopaedic, ENT                                                                                                                                                                                         |
| 963   | 297   | 37     | <b>JP HOSPITAL</b><br>No:299/1-6,Trichy Road, Pappampatti Pirivu, Kannampalayam, Coimbatore                                                              | 0422-2477661/7<br>604838249<br>/98654599<br>11 | General Medicine, General surgery, Cardiology, Nephrology, Paediatrics, Gynaecology, Medical Gastroenterology, Surgical Gastroenterology, Pulmonology, Gynaecology, Urology, Surgical oncology, Neurology, Neurosurgery, Plastic surgery, Orthopedics |
| 964   | 298   | 38     | <b>K M HOSPITAL</b><br>110-14, Palakad Road, Pollachi, Coimbatore - 642 001.                                                                             | 04259-221921                                   | General Surgery, Gynaecology.                                                                                                                                                                                                                         |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                    | Contact Number                                       | Specialities Available                                                                                                                                                                                                                                                                                                                                                         |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 965   | 299   | 39     | <b>K.G.HOSPITAL<br/>K.GOVINDASAMY NAIDU<br/>MEDICAL TRUSTS.</b><br>Govt. Arts College Road,<br>Coimbatore - 641 018. | 0422-<br>2212121,29<br>,<br>2218001,09               | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurosurgery, Orthopaedic Surgery,<br>Ophthalmology Cardio-Thoracic<br>Surgery ENT, Plastic and Fascio-<br>Maxillary Surgery, Vascular<br>Surgery, Urology, Surgical<br>Oncology.                                                                                                                         |
| 966   | 300   | 40     | <b>K.G.M. HOSPITAL (P) LTD.</b><br>R. S. Puram,<br>Coimbatore - 641 002.                                             | 0422-<br>2627875                                     | General Surgery, General Medicine -<br>Medical Care, Gynaecology.                                                                                                                                                                                                                                                                                                              |
| 967   | 301   | 41     | <b>K.P.S. HOSPITALS<br/>PRIVATE LTD.</b><br>Annur Road,<br>Mettupalayam-641 301.                                     | 0422-<br>223118,<br>223119,<br>224314                | General Surgery, General Medicine -<br>Medical Care, Gynaecology<br>/Neurology, Gastroenterology, ENT,<br>Nephrology, Urology                                                                                                                                                                                                                                                  |
| 968   | 302   | 42     | <b>K.R.HEALTH CARE (P)<br/>LTD.</b><br>93F, Mettupalayam Road,<br>Periyanaicken Palayam,<br>Coimbatore - 641 020.    | 0422-<br>2692222,<br>2692223                         | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                  |
| 969   | 303   | 43     | <b>K.T.V.R. GROUP<br/>HOSPITAL</b><br>Narayana Guru Road,<br>Saibaba Colony,<br>Coimbatore - 641 011.                | 0422-<br>2445451                                     | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                  |
| 970   | 304   | 44     | <b>KALPANA MEDICAL<br/>CENTRE PVT LTD.</b><br>Mettupalayam Road,<br>Kavundampalayam,<br>Coimbatore- 641 030.         | 0422-<br>2435597,<br>2435598                         | General Surgery, General Medicine -<br>Medical Care, Gynaecology.                                                                                                                                                                                                                                                                                                              |
| 971   | 305   | 45     | <b>KARPAGAM HOPITAL</b><br>Pollachi main road,<br>Othakkalmandapam,<br>Coimbatore                                    | 0422-<br>3533533<br>986560060<br>0<br>834491300<br>0 | General medicine, General surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical gastroenterology, Surgical<br>Gastroenterology,<br>Pulmonology, Gynaecology, Medical<br>oncology, Urology, Cardiothoracic<br>surgery, Endocrinology,<br>Ophthalmology, surgical oncology,<br>Neurology, plastic surgery, vascular<br>surgery, Interventional cardiology,<br>Orthopaedics |
| 972   | 306   | 46     | <b>KAUSALYA MEDICAL<br/>CENTER</b><br>Opp. Kamachi Amman<br>Kovil,<br>Coimbatore-641 001.                            | 04259-<br>2223959                                    | General Surgery, General Medicine -<br>Medical Care, Gynaecology.                                                                                                                                                                                                                                                                                                              |
| 973   | 307   | 47     | <b>KMCH CITY CENTER</b><br>No.18, Vivekananda Road,<br>Ram Nagar,<br>Coimbatore - 641 009.                           | 0422-<br>4324647                                     | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Orthopaedics, General<br>Surgery, Gynaecology, Urology,<br>Nephrology, Medical Gastro-<br>enterology, Surgical Gastro-<br>enterology, Gynaecology, ENT,<br>Surgical Oncology, Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery, Paediatrics,<br>Medical Oncology          |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                              | Contact Number   | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 974   | 308   | 48     | <b>KMCH KOVILPALAYAM HOSPITAL,</b><br>87F, Sathy Road,<br>Sarkarsamakulam<br>Kovilpalayam,<br>Coimbatore-641 107                               | 9659433334       | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Orthopaedics, General Surgery,<br>Urology, Nephrology, Gastro-<br>enterology, Gynaecology, ENT,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery,<br>Cardiology                                                                                                                                                                                       |
| 975   | 309   | 49     | <b>KONGUNAD HOSPITALS (P) LTD.</b><br>79, 11Th Street, Tatabad,<br>Coimbatore 641 012.                                                         | 0422-4316000     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurosurgery, Orthopaedic Surgery<br>/ Gastroenterology, Vascular<br>surgery, Oncology, Urology,<br>Neurology, Nephrology, Cardiology,<br>ENT, General Medicine - Critical<br>Care, Pulmonology                                                                                                                                                                           |
| 976   | 310   | 50     | <b>KOVAI DIABETES SPECIALITY CENTER AND HOSPITAL</b><br>No.15, Vivekananda Road,<br>Ram Nagar,<br>Coimbatore - 641 009.                        | 0422-2236806     | General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Orthopaedics, Neurology                                                                                                                                                                                                                                                                                                                                               |
| 977   | 311   | 51     | <b>KOVAI HEART FOUNDATION (P) LTD.</b><br>687/1, Trichy Road,<br>Alvernia Convent Bus Stop,<br>Ramanathapuram<br>Pin- 641 045.                 | 0422-2320789     | Cardiology, Cardiothoracic Surgery.                                                                                                                                                                                                                                                                                                                                                                                                            |
| 978   | 312   | 52     | <b>KOVAI MEDICAL CENTER &amp; HOSPITAL LTD.</b><br>Post Box No.3209,<br>Avinashi Road,<br>Coimbatore - 641 014                                 | 0422-4323602,702 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Cardiology, Cardiothoracic Surgery,<br>ENT, Gastroenterology, Neurology,<br>Plastic & Facio Maxillary, Vascular<br>Surgery, Orthopaedic Surgery /<br>General Medicine - Critical care,<br>General Surgery Nephrology,<br>Oncology, Urology, Ophthalmology,<br>Major Dental Surgical Procedures,<br>Rheumatology, Pulmonology,<br>Haematology, Endocrinology,<br>Radiology |
| 979   | 313   | 53     | <b>KOVAI MEDICAL CENTRE HOSPITAL LTD</b><br>242 B, Trichy Road,<br>Mathiyalagan Nagar,<br>Sulur,<br>Coimbatore-641 402                         | 0422-2682940     | Cardiology, Cardiothoracic Surgery,<br>Urology, Oncology, Neurology,<br>Vascular Surgery, Gastroenterology,<br>Plastic and Facio Maxillary, ENT,<br>General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Haematology, Pulmonology, General<br>Surgery, Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                          |
| 980   | 314   | 54     | <b>KRISHNA SPECIALITY HOSPITAL</b><br>43/I,Vetrivel Nagar,<br>Near Ramalakshmi Mahal,<br>Off Avinashi Road,<br>Goldwins,<br>Coimbatore-641 014 | 0422-2626260     | General Medicine, Nephrology,<br>Urology                                                                                                                                                                                                                                                                                                                                                                                                       |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                 | Contact Number                           | Specialities Available                                                                                                                                                                                                               |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 981   | 315   | 55     | <b>LAKSHMI MEDICAL CENTRE AND HOSPITAL</b><br>18/121, MTP Road,<br>Thudiyalur,<br>Coimbatore -641 034.                            | 0422-<br>2644133                         | General Surgery, General Medicine-<br>Medical Care, Gynaecology,<br>Genitourinary Surgery, ENT.                                                                                                                                      |
| 982   | 316   | 56     | <b>LALITHAA HOSPITAL</b><br>828A, Cross-Cut Road,<br>Gandhipuram,<br>Coimbatore - 641 012.                                        | 0422-<br>2499533,<br>2499698             | General Surgery, Gynaecology.                                                                                                                                                                                                        |
| 983   | 317   | 57     | <b>LEO ORTHO CARE HOSPITAL</b><br>No.790, Trichy Road,<br>14 23IA 50A<br>Sowripalayam privu,<br>Coimbatore-641 045                | 0422-<br>2323944                         | Orthopaedic                                                                                                                                                                                                                          |
| 984   | 318   | 58     | <b>LOTUS EYE CARE HOSPITAL LTD.</b><br>18-19, Cowley Brown Road,<br>R.S.Puram,<br>Coimbatore-641 002.                             | 0422-<br>2626454,<br>2626565,<br>4229999 | Ophthalmology.                                                                                                                                                                                                                       |
| 985   | 319   | 59     | <b>LOTUS EYE CARE HOSPITAL LTD.1,</b><br>Avinashi Road,<br>Civil Aerodrome Post,<br>Coimbatore - 641 014.                         | 0422-<br>2626454,<br>2626565,<br>4229999 | Ophthalmology.                                                                                                                                                                                                                       |
| 986   | 320   | 60     | <b>M.V. EYE CARE CENTER</b><br>10, Kalidas Road,<br>Ram Nagar,<br>Coimbatore-641 009.                                             | 0422-<br>2231260,<br>2235296             | Ophthalmology.                                                                                                                                                                                                                       |
| 987   | 321   | 61     | <b>M/s.KUMARAN MEDICAL CENTRE</b><br>No.499/500, Sathy Main<br>Road,<br>Kurumbapalayam,<br>S.S.Kulam(Po),<br>Coimbatore - 641 107 | 0422-<br>2226222                         | General Medicine - Medical Care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, ENT<br>/Vascular Surgery, Oncology,<br>Cardiology Interventional, Cardio<br>Thoracic Surgery, Gastroenterology,<br>Nephrology, Neurology |
| 988   | 322   | 62     | <b>MADURAI EYE CENTER</b><br>137, East Periasamy Road,<br>R.S. Puram,<br>Coimbatore-641 002.                                      | 0422-<br>2553077                         | Ophthalmology.                                                                                                                                                                                                                       |
| 989   | 323   | 63     | <b>MANU HOSPITAL</b><br>No.1, Paari nagar,<br>Sungam Bye-pass, Sungam,<br>Coimbatore-641 045.                                     | 99526<br>69787<br>96777<br>65813         | General Medicine, Vascular<br>Surgery, Neurology, Nephrology,<br>Cardiology, Ortho, Gynaecology,<br>Neonatology, Paediatric Surgery                                                                                                  |
| 990   | 324   | 64     | <b>MEDWIN HOSPITAL</b><br>Site No.42&43, kothari<br>Layout,<br>Trichy Road,<br>Coimbatore - 641005.                               | 0422-<br>2316666                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                   |
| 991   | 325   | 65     | <b>MRS HOSPITAL &amp; FERTILITY CENTRE</b><br>3, MHSS backside,<br>Opp. to ATSC Theatre,<br>Pollachi,<br>Coimbatore-642 001.      | 04259-<br>225743                         | General Medicine-Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Urology.                                                                                                                                     |
| 992   | 326   | 66     | <b>N G HOSPITAL</b><br><b>577,Trichy</b><br><b>Road,Singanallur,</b><br>Coimbatore- 641 005.                                      | 0422-<br>2595963                         | General Surgery, Gynaecology /<br>General Medicine Critical Care,<br>Neurology (Medical), ENT,<br>Cardiology (Medical),<br>Gastroenterology                                                                                          |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                          | Contact Number                                              | Specialities Available                                                                                                                                                                                                                                                                                                            |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 993   | 327   | 67     | <b>N.M HOSPITAL</b><br>91,92, Rahman Sait Colony,<br>Sowri Palayam Pirivu,<br>Ramanatha Puram,<br>Coimbatore-641 045.                      | 0422-<br>2312383                                            | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                     |
| 994   | 328   | 68     | <b>NATARAJ MEDICAL CARE CENTRE</b><br>Bazaar Street,<br>Madukkarai,<br>Coimbatore-641 105.                                                 | 0422-<br>2622259 /<br>64                                    | General Surgery, General Medicine -<br>Medical Care, Gynaecology.                                                                                                                                                                                                                                                                 |
| 995   | 329   | 69     | <b>NEHRU UROLOGY CENTRE</b><br>No.58/1, 3rd Cross West,<br>Bharathy Colony,<br>Peelamedu,<br>Coimbatore - 641 004.                         | 0422-<br>2560081                                            | Urology                                                                                                                                                                                                                                                                                                                           |
| 996   | 330   | 70     | <b>NM HOSPITAL</b><br>3/253, Kovai Road,<br>Annur-641 653,<br>Coimbatore                                                                   | 04254-<br>262131                                            | General Medicine, Medical care<br>General medicine -Critical care,<br>Orthopaedics, General surgery,<br>Gynaecology, Urology, Nephrology,<br>ENT, Neurology, Neurosurgery,<br>Cardiology                                                                                                                                          |
| 997   | 331   | 71     | <b>NRP HOSPITAL</b><br>No 1, LIC Agents Colony,<br>Sundarapuram,<br>Coimbatore-641 024.                                                    | 0422- 267<br>2886<br>0422- 267<br>5979<br>0422- 267<br>1954 | General Medicine, Cardiology,<br>Nephrology, Paediatrics, Gastro-<br>enterology, Orthopaedics, General<br>Surgery, Pulmonology, Gynaecology,<br>Obstetrics, Medical Oncology<br>Urology, ENT, Endocrinology,<br>Haematology, Surgical Oncology.<br>Rheumatology. Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery |
| 998   | 332   | 72     | <b>ONE CARE MEDICAL CENTER</b><br>No.61, N.S.R. Road,<br>Saibaba Colony,<br>Coimbatore - 641 011.                                          | 0422-<br>2431010                                            | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology                                                                                                                                                                                       |
| 999   | 333   | 73     | <b>ORTHO ONE ORTHOPAEDIC SPECIALITY CENTRE</b><br>No.657, Trichy Road,<br>Singanallur Post,<br>Near Stock Exchange,<br>Coimbatore- 641005. | 0422-<br>4055100                                            | Orthopaedics                                                                                                                                                                                                                                                                                                                      |
| 1000  | 334   | 74     | <b>P.S.G. HOSPITALS</b><br>Avinashi Road, Peelamedu,<br>Coimbatore - 641 004.                                                              | 0422-<br>2570170                                            | Multi-Speciality.                                                                                                                                                                                                                                                                                                                 |
| 1001  | 335   | 75     | <b>PGS HOSPITAL (EECP)</b><br>14, Cowley Brown Road,<br>R S Puram,<br>Coimbatore-641 002.                                                  | 0422-<br>4366305,<br>6562955                                | Cardiology (EECP Only).                                                                                                                                                                                                                                                                                                           |
| 1002  | 336   | 76     | <b>PILLS HOSPITAL</b><br>No.70/53, Bharathi Road,<br>LIG Colony - 1,<br>Mahalingapuram,<br>Pollachi - 642002.                              | 04259-<br>235757                                            | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                                                                |
| 1003  | 337   | 77     | <b>PONNAMMAL DURAISAMY EYE HOSPITAL</b><br>No.90, Vivekananda Road,<br>Ram Nagar,<br>Coimbatore-641 009.                                   | 0422-<br>2232466/<br>0422-<br>4206845                       | Ophthalmology                                                                                                                                                                                                                                                                                                                     |

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|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1004  | 338   | 78     | <b>PRABHU POLY CLINIC</b><br>No.94, New Scheme Road, Pollachi<br>Coimbatore. – 642 002                                                              | 04259-224407               | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                  |
| 1005  | 339   | 79     | <b>PREETHI MEDICAL CENTRE AND HOSPITAL</b><br>258, 9th Street Exn., Opp. To CSI Church, Gandhipuram, Coimbatore 641 012.                            | 0422-2522544               | Medicine, General Surgery, Endocrinology, Plastic Surgery                                                                                                                                                                                                                                                                  |
| 1006  | 340   | 80     | <b>RAM POLY CLINIC</b><br>146/2A, New Scheme Road, Pollachi, Coimbatore- 642002.                                                                    | 04259-22919, 228989        | General Surgery, Gynaecology, Orthopaedic Surgery, Plastic & Facio Maxillary /General Medicine - Critical care, Neurology                                                                                                                                                                                                  |
| 1007  | 341   | 81     | <b>RASI HOSPITAL</b><br>558, D.B.Road, R.S.Puram, Coimbatore - 641 002.                                                                             | 0422-2540118, 2545120      | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                             |
| 1008  | 342   | 82     | <b>REX ORTHOPAEDIC SURGERY HOSPITAL</b><br>43, R & R Layout, Behind Shanmuga Theater, Poomarket Bus Stop, Mettupalayam Road, Coimbatore. - 641 002. | 0422-2542542, 2542540      | Orthopaedic Surgery.                                                                                                                                                                                                                                                                                                       |
| 1009  | 343   | 83     | <b>RICHMOND HOSPITAL</b><br>1287,Trichy Road, Opp. ICICI Bank, Coimbatore-641 018.                                                                  | 0422-2303630, 2303603      | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                                                             |
| 1010  | 344   | 84     | <b>ROYAL CARE SUPER SPECIALITY HOSPITAL No.372F,</b><br>Dr. Nanjappa Road, Coimbatore- 641 018.                                                     | 0422-4001000, 0422-2233000 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery, Cardiology                                                                                                                                                                                                        |
| 1011  | 345   | 85     | <b>ROYAL CARE SUPERSPECIALITY HOSPITAL</b><br>No.554 & 555,L & T Road, Neelambur, Coimbatore - 641 062.                                             | 0422-2227000/ 2227026      | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 1012  | 346   | 86     | <b>RS HOSPITAL</b><br>No. 224/6, East Sambandam Road, R.S. Puram, Coimbatore- 641 002.                                                              | 0422-2555278/ 0422-2555288 | Orthopaedics                                                                                                                                                                                                                                                                                                               |
| 1013  | 347   | 87     | <b>S.P.T. HOSPITAL</b><br>50, Vivekananda Road, Ram Nagar, Coimbatore-641 009.                                                                      | 0422-2232525, 4380543      | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                              |
| 1014  | 348   | 88     | <b>SAI HOSPITAL</b><br>No.2/198,Madukkarai Main Road, Nachipalayam, Coimbatore-641032                                                               | 958507975                  | General Medicine, General Surgery, Cardiology, Paediatrics, Pulmonology, Gynaecology, Urology, Surgical oncology, Plastic surgery, Vascular surgery,                                                                                                                                                                       |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                                                                               | <b>Contact Number</b>             | <b>Specialities Available</b>                                                                                                                                    |
|--------------|--------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1015</b>  | <b>349</b>   | <b>89</b>     | <b>SANGEETHA SUPER SPECIALITY HOSPITAL</b><br>No.402,H-Palakkad Main Road,<br>Kuniyamuthur,<br>Coimbatore-641 008.                                                                     | 0422-2252575                      | General Surgery, General Medicine - Medical Care, Gynaecology, Genitourinary Surgery.                                                                            |
| <b>1016</b>  | <b>350</b>   | <b>90</b>     | <b>SANKARA EYE CENTRE (SRI KANCHI KAMAKOTI MEDICAL TRUST)</b><br>16/16A,Sathyroad,<br>Sivanandapuram,<br>Coimbatore-641 035.                                                           | 0422-4256789                      | Ophthalmology.                                                                                                                                                   |
| <b>1017</b>  | <b>351</b>   | <b>91</b>     | <b>SANKARA EYE HOSPITAL (R.S PURAM)</b><br>Sankara Eye Centre,<br>Sathy Road,<br>Sivananda Puram,<br>Coimbatore-641 033.                                                               | 0422-4256789                      | Ophthalmology.                                                                                                                                                   |
| <b>1018</b>  | <b>352</b>   | <b>92</b>     | <b>SATHYA MEDICAL CENTRE &amp; HOSPITAL</b><br>No.58-63, Tatabad, 1st Street,<br>Sivanandha Colony,<br>Coimbatore- 641 012.                                                            | 915022500<br>5/<br>984326766<br>1 | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT |
| <b>1019</b>  | <b>353</b>   | <b>93</b>     | <b>SATHYAM KIDNEY CARE CENTRE</b><br>No.5/621A, Thadagam Road,<br>K.N.G. Pudur Pirivu, (Near Petrol Bunk),<br>Coimbatore - 641 108.                                                    | 0422-2400401                      | Nephrology, Urology                                                                                                                                              |
| <b>1020</b>  | <b>354</b>   | <b>94</b>     | <b>SATHYAN EYE CARE HOSPITAL &amp; COIMBATORE GLAUCOMA FOUNDATION</b><br>No.77,Om Sakthi Nagar,<br>Sowripalayam Pirivu,<br>Off. Trichy Road,<br>Ramanathapuram,<br>Coimbatore-641 045. | 0422-2321177<br>948985914<br>7    | Ophthalmology                                                                                                                                                    |
| <b>1021</b>  | <b>355</b>   | <b>95</b>     | <b>SENTHIL HOSPITAL</b><br>8/1, R&R Layout,<br>Mettupalayam Road,<br>Coimbatore - 641 002.                                                                                             | 0422-2549222                      | General Surgery, Gynaecology.                                                                                                                                    |
| <b>1022</b>  | <b>356</b>   | <b>96</b>     | <b>SHEELA CLINIC</b><br>46, East Power House Road,<br>Coimbatore - 641 012.                                                                                                            | 0422-4334500,<br>4334563          | General Surgery, Gynaecology.                                                                                                                                    |
| <b>1023</b>  | <b>357</b>   | <b>97</b>     | <b>SHRI ANDAVAR EYE CARE AND RETINA CENTRE</b><br>No.4, LIG Colony,<br>Palladam Road,<br>Pollachi,<br>Coimbatore -642 002.                                                             | 04259-221000/<br>944205676<br>7   | Ophthalmology                                                                                                                                                    |
| <b>1024</b>  | <b>358</b>   | <b>98</b>     | <b>SINDHIA HOSPITAL</b><br>54, LIC Colony,<br>Mahalingapuram,<br>Pollachi - 642 001.                                                                                                   | 04259-229163                      | Orthopaedic Surgery.                                                                                                                                             |

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| <b>S. No</b> | <b>C. No</b> | <b>D. No.</b> | <b>Cluster wise, District wise Network Hospitals and their Addresses</b>                                                               | <b>Contact Number</b>                 | <b>Specialities Available</b>                                                                                                                                                                                                                                                                                                    |
|--------------|--------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1025</b>  | <b>359</b>   | <b>99</b>     | <b>SNEKARAM HOSPITAL</b><br>5-1, Venkateshvara Lay-Out,<br>LIC Colony, Selvapuram,<br>Opp. B10 Police Station.<br>Coimbatore- 641 026. | 0422-<br>2341552                      | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                                   |
| <b>1026</b>  | <b>360</b>   | <b>100</b>    | <b>SOWMIYA HOSPITAL</b><br>Kannarpalayam,<br>Karamadai,<br>Coimbatore - 641 104.                                                       | 04254-<br>272212/<br>04254-<br>272041 | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                                                  |
| <b>1027</b>  | <b>361</b>   | <b>101</b>    | <b>SREE ABIRAMI HOSPITAL (P) LTD.</b><br>33, Madukarai Road,<br>Sundarapuram,<br>Coimbatore - 641 024.                                 | 0422-<br>2674999                      | General Medicine - Medical Care,<br>General Surgery, Gynaecology.<br>Cardio-Thoracic Surgery, Cardiology<br>- Interventional, Cardiology -<br>Medical Management /ENT,<br>Neurology (Surgical and Medical),<br>Nephrology, Oncology,<br>Orthopaedics, Pulmonology, Plastic<br>and Facial maxillary, Urology,<br>Vascular surgery |
| <b>1028</b>  | <b>362</b>   | <b>102</b>    | <b>SREE ABISHEK HOSPITALS</b><br>No. 1 , Raju Gardens,<br>Near T.V.S Nagar Bus Stop,<br>Thadagam Road,<br>Coimbatore- 641025.          | 0422-<br>2403030                      | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                                                               |
| <b>1029</b>  | <b>363</b>   | <b>103</b>    | <b>SREE RAM NURSING HOME</b><br>5/33, N G G O Colony,<br>Coimbatore- 641 022.                                                          | 0422-<br>2642933                      | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                                   |
| <b>1030</b>  | <b>364</b>   | <b>104</b>    | <b>SREE RAMAKRISHNA HOSPITAL</b><br>395, Sarojini Naidu Street,<br>Coimbatore - 641 044.                                               | 0422-<br>4500122,<br>4500123          | Multi-Speciality.                                                                                                                                                                                                                                                                                                                |
| <b>1031</b>  | <b>365</b>   | <b>105</b>    | <b>SRI BALA MEDICAL CENTRE &amp; HOSPITAL</b><br>901, Trichy Road,<br>Ramanathapuram (Near<br>Signal),<br>Coimbatore- 641 045.         | 0422-<br>2323333                      | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                                   |
| <b>1032</b>  | <b>366</b>   | <b>106</b>    | <b>SRI BALAJI HOSPITALS</b><br>314, Pollachi Main Road,<br>Sundarapuram,<br>Coimbatore - 641 024.                                      | 0422-<br>2673788,<br>2670288          | General Surgery, General Medicines<br>- Medical Care, Gynaecology,<br>Genitourinary Surgery, ENT.                                                                                                                                                                                                                                |
| <b>1033</b>  | <b>367</b>   | <b>107</b>    | <b>SRI KUMAR HOSPITAL</b><br>Koundampalayam,<br>Coimbatore - 641 030.                                                                  | 0422-<br>24484462                     | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                                   |
| <b>1034</b>  | <b>368</b>   | <b>108</b>    | <b>ST. MARY'S HOSPITAL</b><br>Church Road, Podanur,<br>Coimbatore<br>- 641 023.                                                        | 0422-<br>2410832,<br>2411995,         | General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                    |
| <b>1035</b>  | <b>369</b>   | <b>109</b>    | <b>SURIYA HOSPITAL</b><br>Arignar Anna Street,<br>Annur Road,<br>Mettupalayam -641 301,<br>Coimbatore.                                 | 04254-<br>227074                      | General Medicine - Medical care,<br>Cardiology, Paediatric,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, ENT                                                                                                                                                                                                       |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                             | Contact Number               | Specialities Available                                                                                                                                                                                               |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1036  | 370   | 110    | <b>THE EYE FOUNDATION</b><br>Near CTC Bus Depot,<br>Trichy Road , Sungam,<br>Coimbatore -641 018.                                             | 0422-<br>42783881            | Ophthalmology                                                                                                                                                                                                        |
| 1037  | 371   | 111    | <b>THE EYE FOUNDATION</b><br>No.146/D, K.A. Complex,<br>New Scheme Road, Pollachi<br>,<br>Coimbatore – 642002.                                | 04259-<br>238800             | Ophthalmology                                                                                                                                                                                                        |
| 1038  | 372   | 112    | <b>THE EYE FOUNDATION</b><br>No.4, Railway Station Road,<br>Mettupalayam,<br>Coimbatore- 641301                                               | 04254-<br>228833             | Ophthalmology                                                                                                                                                                                                        |
| 1039  | 373   | 113    | <b>THE EYE FOUNDATION,<br/>COIMBATORE.</b><br>No.582-A,D.B.Road,<br>R.S.Puram,<br>Coimbatore - 641 002.                                       | 0422-<br>4242000             | Ophthalmology.                                                                                                                                                                                                       |
| 1040  | 374   | 114    | <b>THE POLLACHI CARDIAC<br/>AND EYE CARE CENTRE</b><br>5/400, Tamilmani Nagar,<br>Coimbatore Road,<br>Poliachi - 642 002.                     | 04259-<br>222555             | Ophthalmology                                                                                                                                                                                                        |
| 1041  | 375   | 115    | <b>TRINITY SUPER<br/>SPECIALITY EYE<br/>HOSPITAL</b><br>No:557-558,Rasi Building,<br>DB Road, R.S.Puram,<br>Coimbatore-641002                 | 773684688<br>8               | Ophthalmology                                                                                                                                                                                                        |
| 1042  | 376   | 116    | <b>V.G HOSPITAL</b><br>Mettupalayam Road,<br>Coimbatore - 641 034.                                                                            | 0422-<br>4226777             | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                       |
| 1043  | 377   | 117    | <b>VASAN EYE CARE<br/>HOSPITAL</b><br>No.32 / 36, K. A. Complex,<br>New Scheme Road,<br>Pollachi.642 001.                                     | 04259-<br>305708,<br>398900  | Ophthalmology.                                                                                                                                                                                                       |
| 1044  | 378   | 118    | <b>VASAN EYE CARE<br/>HOSPITAL81/83,</b><br>Thiruvankata Samy Road<br>(West),<br>Opp.Kamachi Amman Koil,<br>R.S.Puram,<br>Coimbatore.641 002. | 0422-<br>3300004             | Ophthalmology.                                                                                                                                                                                                       |
| 1045  | 379   | 119    | <b>VEDANAYAGAM<br/>HOSPITAL (P) LIMITED</b><br>No.52, East Bashyakaralu<br>Road,<br>R.S. Puram,<br>Coimbatore-64 I 002                        | 0422-<br>4354455,<br>2540066 | Urology                                                                                                                                                                                                              |
| 1046  | 380   | 120    | <b>VELA HOSPITALS PVT<br/>LTD.</b><br>Kothari Mill Lane, Trichy<br>Road,<br>Singanallur,<br>Coimbatore 641005                                 | 948757817<br>8               | General Medicine, Cardiology,<br>Neurosurgery, Paediatrics,<br>Gastroenterology, Orthopaedics,<br>General surgery, Pulmonary,<br>Gynaecology, Oncology, Urology,<br>Vascular surgery, Plastic surgery,<br>Nephrology |

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|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1047  | 381   | 121    | <b>VGM HOSPITAL<br/>INSTITUTE OF GASTRO-ENTROLOGY</b><br>No.2100, Trichy Road,<br>(Rajalakshmi Mills Stop),<br>Coimbatore - 641 005.   | 0422-<br>2572573                                   | General Surgery, Gynaecology,<br>Surgical Gastroenterology.                                                                                                                                                                                                                                                                         |
| 1048  | 382   | 122    | <b>VIKRAM E N T HOSPITAL</b><br>69, West Venkatasamy<br>Road,<br>R S Puram,<br>Coimbatore-641 002.                                     | 0422-<br>2550633                                   | E.N.T.                                                                                                                                                                                                                                                                                                                              |
|       |       |        | <b>XXVIII. TIRUPPUR DISTRICT</b>                                                                                                       |                                                    |                                                                                                                                                                                                                                                                                                                                     |
| 1049  | 383   | 1      | <b>AKARAM HOSPITAL</b><br>No.4, R.V.E. Lay-Out Main<br>Road, Opp.<br>Kamachiamman Kovil,<br>Thennampalayam Exten,<br>Tiruppur-641 604. | 0421-<br>4978515/8<br>220888515<br>/82208885<br>25 | General Medicine, General Surgery,<br>ENT, Paediatrics, Cardiology,<br>Orthopaedics, Dental, Urology,<br>Neuro surgery, Nephrology,<br>Neurology, Dermatology,<br>Pulmonology, Medical Gastro-<br>enterology, Surgical Gastro-<br>enterology, Diabetology, Critical<br>care medicine, Orthopaedics,<br>Vascular surgery, Psychiatry |
| 1050  | 384   | 2      | <b>ARAVIND EYE HOSPITAL</b><br>112, Dhalli Road,<br>Palaniandavar Mills,<br>Udumalpet-642 126.                                         | 0425-<br>2260400                                   | Ophthalmology.                                                                                                                                                                                                                                                                                                                      |
| 1051  | 385   | 3      | <b>ARAVIND EYE HOSPITAL</b><br>Dharapuram Main Road,<br>Muthanampalayam,<br>K.Chettipalayam,<br>Tiruppur-641 608.                      | 0421-<br>3200939                                   | Ophthalmology.                                                                                                                                                                                                                                                                                                                      |
| 1052  | 386   | 4      | <b>ARESTA MEDICAL<br/>CENTER</b><br>No.141, Kamaraj Road,<br>Palladam Main Road,<br>Tiruppur -641 604.                                 | 0421-<br>4977720/<br>971524555<br>5                | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary surgery,<br>ENT                                                                                                                                                     |
| 1053  | 387   | 5      | <b>ARS HOSPITAL</b><br>Thennapalayam, 1st Cross<br>Street,<br>Palladam Road,<br>Tiruppur - 641 604.                                    | 0421-<br>2213333                                   | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                                    |
| 1054  | 388   | 6      | <b>BALA ORTHO HOSPITAL</b><br>Opp.Govt Hospital,<br>Dharapuram Road,<br>Tiruppur-641 604                                               | 0421-<br>4322226                                   | Orthopaedic                                                                                                                                                                                                                                                                                                                         |
| 1055  | 389   | 7      | <b>CARE ORTHO HOSPITAL</b><br>No.19, Stanes Road,<br>4th Street,<br>Odakkadu,<br>Pushpa Theatre stop,<br>Tiruppur-641 602              | 0421-<br>2200255                                   | Orthopaedics                                                                                                                                                                                                                                                                                                                        |

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|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1056  | 390   | 8      | <b>DEEPA HOSPITAL</b><br>55/23 Stanes 2nd Street,<br>Pusbha Theatre Town Bus<br>Stop Left Cut,<br>Near Geetha Pharmacy,<br>Avinashi Road,<br>Tirupur 641 602.         | 0421-<br>2242225                                  | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                              |
| 1057  | 391   | 9      | <b>DR.AGARWAL'S EYE HOSPITAL</b><br>No.32, Rayapandaram<br>Street,<br>Pushpa Theatre Bus Stop,<br>Near Pooja Scans,<br>Avinashi Road,<br>Tirupur-641 602.             | 098192<br>97138                                   | Ophthalmology                                                                                                                                                                                                                                                                                                                 |
| 1058  | 392   | 10     | <b>DSK HOSPITAL</b><br>19, Kathir Nagar,<br>Kangeyam Road,<br>Tirupur-641 604.                                                                                        | 0421-<br>2421350,                                 | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                              |
| 1059  | 393   | 11     | <b>GEETHA EYE HOSPITAL</b><br>No. 5, Kalpana road,<br>Udumalpet - 642 126,<br>Tirupur.                                                                                | 04252-<br>227919                                  | Ophthalmology                                                                                                                                                                                                                                                                                                                 |
| 1060  | 394   | 12     | <b>GEM HOSPITAL</b><br>No:315/1A,1B,TKT Mill Bus<br>Stop,<br>Palladam,Main Road,<br>Veerapandi Post,<br>Tirupur-641605                                                | 0421-<br>4325678,<br>900384422<br>2               | General Surgery, Medical Gastro-<br>enterology, Surgical Gastro-<br>enterology, Gynaecology, Surgical<br>Oncology                                                                                                                                                                                                             |
| 1061  | 395   | 13     | <b>KONGU HEART CENTRE HOSPITAL</b><br>No.80, Karuttankadu Bus<br>Stop,<br>Dharapuram Main Road,<br>Tiruppur - 641 608.                                                | 0421-<br>2427255                                  | Cardiology, Cardiothoracic Surgery,                                                                                                                                                                                                                                                                                           |
| 1062  | 396   | 14     | <b>L.G.MEDICAL CENTRE</b><br>No.185/10, Vee.yem<br>Gardens,<br>Kangayam Road,<br>Nallur,<br>Tirupur-641 606                                                           | 96774<br>96666                                    | Cardiology, Urology, Oncology,<br>Neurology, Vascular Surgery,<br>Gastroenterology, Plastic and Facio<br>Maxillary, ENT, General Medicine -<br>Medical Care, General Medicine -<br>Critical Care, Haematology,<br>Pulmonology, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery |
| 1063  | 397   | 15     | <b>LAVANYA HOSPITAL</b><br>2, Ramasamy Street,<br>Udumalpet,<br>Tiruppur - 642 126.                                                                                   | 0422-<br>2423131                                  | General Surgery, General Medicine -<br>Medical Care, Gynaecology.                                                                                                                                                                                                                                                             |
| 1064  | 398   | 16     | <b>LOTUS EYE HOSPITAL AND INSTITUTE LIMITED (LOTUS EYE CARE HOSPITAL LTD.)</b><br>415, Santhapetti Bus Stop,<br>Thennampalayam,<br>Pal ladam Road,<br>Tirupur-64I 604 | 0421-<br>4219999,<br>4346260/0<br>421-<br>4346060 | Ophthalmology                                                                                                                                                                                                                                                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                        | Contact Number             | Specialities Available                                                                                                                                                                                                             |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1065  | 399   | 17     | <b>MALAR PRIYA MEDICAL CENTRE</b><br># 8/1946 M,Ponnammal Nagar,<br>Pandian Nagar,<br>P.N.Road,<br>Tiruppur - 641 602.                   | 0421-2350205               | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                      |
| 1066  | 400   | 18     | <b>MOHANS ORTHO HOSPITAL</b><br>No.2, Nachimuthu Lay out,<br>Behind Anusham Theatre,<br>Udumalpet - 642126.                              | 8681010100,<br>8681010200  | Orthopaedic                                                                                                                                                                                                                        |
| 1067  | 401   | 19     | <b>NIVETHA HOSPITAL</b><br>No.130/114, Udumalai Road, Near To Fire Station,<br>Dharapuram - 638656                                       | 04258-225770               | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                          |
| 1068  | 402   | 20     | <b>OMS HOSPITAL</b><br>No.4/490A,Bharathi Nagar,<br>Veerapandi(PO),<br>Palladam Road<br>Tiruppur-641605                                  | 0421-4246444<br>8110071747 | General medicine, General surgery, Urology, Plastic surgery, vascular surgery, Orthopaedics                                                                                                                                        |
| 1069  | 403   | 21     | <b>P.M MEDICAL CENTRE</b><br>No:6/3,Covai Main Road,<br>Pallagoundanpalayam,<br>Uthukuli (TK),<br>Tiruppur-638 056                       | 8124240424/8124244069      | General Medicine, General Surgery, Orthopaedics, Plastic Surgery, Pulmonology, Dermatology. Critical care, Urology, Neurosurgery, Diabetology, Medical Oncology, Surgical Oncology                                                 |
| 1070  | 404   | 22     | <b>PONNI HOSPITAL</b><br>No.42, Trichy main road,<br>Pachapalayam<br>Palladam-641 664,<br>Tiruppur                                       | 04255-250000/256177        | General medicine, General surgery, Cardiology, Dermatology, Neurosurgery, Obstetrics & Gynaecology, Orthopaedics ,Paediatrics, Psychiatry, Surgical Gastro-enterology, surgical oncology, Urology, Vascular surgery, Dialysis, ENT |
| 1071  | 405   | 23     | <b>PRANAV'S ORTHOCARE</b><br>Pollachi Road,<br>Udumalpet - 642 126,<br>Tiruppur.                                                         | 0475-2227033               | Ortho                                                                                                                                                                                                                              |
| 1072  | 406   | 24     | <b>PRIYA ORTHOPAEDIC CENTRE</b><br>No.24, Andal Srinivasa Layout, Udumalpet-642 126.                                                     | 0421-224726                | Orthopaedic Surgery, Plastic & Facio Maxillary                                                                                                                                                                                     |
| 1073  | 407   | 25     | <b>RAMS MULTI-SPECIALITY CENTRE</b><br>82,Murugapalayam Main Road,<br>Opp. Bharath Petrol Bunk,<br>Avinashi Road,<br>Tiruppur - 641 603. | 0421-2200456               | General Medicine - Medical Care, General Surgery, Gynaecology , Orthopaedic Surgery                                                                                                                                                |
| 1074  | 408   | 26     | <b>REVATHY MEDICAL CENTRE</b><br>10, Kumar Nagar(West),<br>Tiruppur--641 603.                                                            | 0421-4332211               | General Surgery, General Medicine - Medical Care, Gynaecology , Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxillary, Genitourinary Surgery. ENT, Cardiology - Interventional, Cardiology - Medical Management    |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                       | Contact Number         | Specialities Available                                                                                                                                                                                                                                                                             |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1075  | 409   | 27     | <b>S.N.R HOSPITAL</b><br>No.10, Yasodha Ramalingam Layout, Udumalpet – 642 126, Tirupur.                                                | 04252-225011           | Ophthalmology                                                                                                                                                                                                                                                                                      |
| 1076  | 410   | 28     | <b>SHETTY HOSPITAL</b><br>No. 182/31 , Saravana Pillai Street, U dumalpet-624 126.                                                      | 04232-224244           | Ortho, Gynaecology, General Surgery, Urology                                                                                                                                                                                                                                                       |
| 1077  | 411   | 29     | <b>SK MEDICAL CENTRE</b><br>20, Saravana Street, Udumalpet, Tiruppur 642126                                                             | 04252 232233,232 332   | Gynaecology, General Surgery, Laparoscopic, Surgery                                                                                                                                                                                                                                                |
| 1078  | 412   | 30     | <b>SREE SARAN MEDICAL CENTRE</b><br>Poyampalayam Pirivu, Sneha Nagar, P N Road, Tiruppur - 641 602.                                     | 0421-2485455, 2486455. | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology. ENT, Gynaecology                                                                                                                                                                                        |
| 1079  | 413   | 31     | <b>SRI KUMARAN HOSPITAL</b><br>774,P.N.Road, Near New Bus Stand, Tirupur - 641 602.                                                     | 0421-4330000           | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                      |
| 1080  | 414   | 32     | <b>THE EYE FOUNDATION</b><br>Harvey Road, Tiruppur - 641 602.                                                                           | 0422-4242000           | Ophthalmology                                                                                                                                                                                                                                                                                      |
| 1081  | 415   | 33     | <b>TIRUPPUR AADHAAR MEDICAL CENTRE PRIVATE LTD.</b><br>No.541,543/338-34, Opp.Puspha Theatre Bus Stop, Avinasi Road, Tiruppur – 641 602 | 0421-2200000           | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                             |
| 1082  | 416   | 34     | <b>VASAN EYE CARE HOSPITAL</b><br>83, Perumanallur Road, Nesavalur Colony, Opp. to Bharat Petrol Pump, Tiruppur-641 602.                | 0421-3989000           | Ophthalmology                                                                                                                                                                                                                                                                                      |
| 1083  | 417   | 35     | <b>VEL HOSPITAL</b><br>No.24, Nehru Veethi, Udumalpet-642 126                                                                           | 04252-223195           | Cardiology, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                           | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                             |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1084  | 418   | 36     | <b>VEL HOSPITAL</b><br>No.99,Udumalai Road,<br>Near CTC Tippo,<br>Dharapuram -638 656                                       | 04258-222900                         | Cardiology, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
|       |       |        | <b>D. SOUTHERN CLUSTER</b>                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                    |
|       |       |        | <b>XXIX. MADURAI DISTRICT</b>                                                                                               |                                      |                                                                                                                                                                                                                                                                                                    |
| 1085  | 1     | 1      | <b>A.R. HOSPITAL</b><br>609, K.K. Nagar, (Near Hindu Office)<br>Madurai-625 020.                                            | 0452-2586 629                        | General Medicine-Medical Care, General Surgery, Genitourinary Surgery, Gynaecology, Orthopaedics, Nephrology.                                                                                                                                                                                      |
| 1086  | 2     | 2      | <b>AATHI EYE HOSPITAL</b><br>No.137, East Veli Street,<br>Panthadi 5th street<br>Opposite,<br>Madurai 625 001.              | 0452-4230233                         | Ophthalmology                                                                                                                                                                                                                                                                                      |
| 1087  | 3     | 3      | <b>ABHIMAN KIDNEY CENTRE 10E, B.B. Road,</b><br>Balerengapuram,<br>Opp. to Nanda Theatre,<br>Madurai - 625 009.             | 0452-2323654                         | Urology, Nephrology, General Surgery, Gynaecology                                                                                                                                                                                                                                                  |
| 1088  | 4     | 4      | <b>ADITHYA SPECIALITY HOSPITAL</b><br>277, GST Main Road, Thiru Nagar,<br>Madurai-625 006.                                  | 0452-2487830,<br>2486775             | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                                                      |
| 1089  | 5     | 5      | <b>ANAND EYE HOSPITAL</b><br>No.294. Karpaga Nagar,<br>K.Pudur,<br>Madurai-625 007.                                         | 0452- 450 4466<br>91- 787138629 2    | Ophthalmology                                                                                                                                                                                                                                                                                      |
| 1090  | 6     | 6      | <b>ANBU HOSPITAL</b><br>150/1, Kamarajar Salai,<br>Teppakulam,<br>Madurai - 625 009.                                        | 0452-2310257,<br>2310043,<br>2311559 | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                                                      |
| 1091  | 7     | 7      | <b>APOLLO FIRST MED HOSPITAL</b><br>No.484-B, West First street,<br>Near District Court,<br>K.K.Nagar,<br>Madurai - 625020. | 0452-4341066                         | General Medicine - Medical Care, General Surgery, Cardiology, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery, ENT, Genitourinary Surgery                                                                                                                                                  |
| 1092  | 8     | 8      | <b>APOLLO HOSPITALS</b><br>K K Nagar, Madurai-625 020.                                                                      | 0452-6461066                         | Multi-Speciality. Uterus Removal Excluded.                                                                                                                                                                                                                                                         |
| 1093  | 9     | 9      | <b>ARISTO SPECIALITY HOSPITAL</b><br>No.50-B, Bye - Pass Road,<br>pp To Aparna Towers,<br>Madurai - 625016.                 | 0452-4200788                         | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                          |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                      | Contact Number                  | Specialities Available                                                                                                             |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1094  | 10    | 10     | <b>AROMA HOSPITAL</b><br>165/a2, Alankar Koil Road, I.T.I Bus Stop, K.Pudhur, Madurai - 625 007.                       | 0452-4379220                    | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 1095  | 11    | 11     | <b>ARTHUR ASIRVATHAM HOSPITAL</b><br>42-A, Kuruvikaran Salai, Near Anna Bus Stand, Madurai-625 020.                    | 0452-2535266                    | General Surgery, Oncology                                                                                                          |
| 1096  | 12    | 12     | <b>ARVIND EYE HOSPITAL</b><br>1, Anna Nagar, Madurai - 625 020.                                                        | 0452-4356100                    | Ophthalmology                                                                                                                      |
| 1097  | 13    | 13     | <b>ASHWIN FED SPECIALITY HOSPITAL</b><br>No.29/64, Kuruvikaran Salai, 1st Cross Street, Anna Nagar, Madurai - 625 020. | 0452-252022                     | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 1098  | 14    | 14     | <b>ASIRVATHAM SPECIALITY HOSPITAL</b><br>22, Rajaji Street, Gandhi Nagar, Madurai - 625 020.                           | 0452-3061977                    | General Surgery, General Medicine - Medical Care, Gynaecology                                                                      |
| 1099  | 15    | 15     | <b>ASWINI HOSPITAL</b><br>4/17-2 Iyer Bungalow Road, Moondrumavadi, K Pudur, Madurai-625 007.                          | 0452-4255155, 2564092, 2564093. | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                         |
| 1100  | 16    | 16     | <b>AVSS HOSPITALS</b><br>32-A, Kuruvikaran Salai, Madurai- 625 009.                                                    | 0452-2326111                    | General Surgery, General Medicine - Medical Care, Gynaecology                                                                      |
| 1101  | 17    | 17     | <b>B.G.M. HOSPITAL</b><br>No.1/249, New Natham Road, Iyer Bungalow, Madurai - 625017.                                  | 0452-4268211                    | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                          |
| 1102  | 18    | 18     | <b>BALA HOSPITAL</b><br>No.207/3, Madurai Main Road, Usilampatti, Madurai-625 532.                                     | 0452-252122 / 252123            | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                         |
| 1103  | 19    | 19     | <b>BASKAR HOSPITAL</b><br>307,6th Main Road, Gomathipuram, Madurai - 625 020.                                          | 0452-2587676                    | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |
| 1104  | 20    | 20     | <b>BHARATHI HOSPITAL</b><br>115,Alangar kovil Road, K.Pudhur, Madurai - 625 007.                                       | 0452-2560709                    | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                             | Contact Number                         | Specialities Available                                                                                                                                                                                                                                                                                              |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1105  | 21    | 21     | <b>BHARATHI INFINITY HOSPITAL</b><br>No.19/28, Trichy - Madurai Highways,<br>Opp to Valar Nagar,<br>Ilandaikulam,<br>Madurai - 625 023.       | 052425078<br>5,90033854<br>44          | General Medicine, General Surgery, Cardiology, Paediatrics, Medical Gastro-Enterology, Surgical Gastro-Enterology, Urology, Cardiothoracic surgery, Endocrinology, Surgical oncology, Neurology, Neurosurgery, Plastic surgery, Vascular surgery, Interventional Cardiology, Interventional Radiology, Orthopaedics |
| 1106  | 22    | 22     | <b>BLUE MODERN HOSPITAL</b><br>No.75- B, Munichalai Road,<br>Madurai-625 009.                                                                 | 0452-<br>2626126                       | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                                                                    |
| 1107  | 23    | 23     | <b>BOOMA NURSING HOME</b><br>22, Gokhale Road.<br>Chinna Chokkikulam,<br>Madurai-625 002.                                                     | 0452- 400<br>2500<br>0452- 400<br>2510 | General Medicine, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Obstetrics, Medical Oncology, Urology, ENT, Rheumatology, Neurology, Neurosurgery                                                                                                                                                        |
| 1108  | 24    | 24     | <b>BRIGHT HOSPITAL</b><br>No.22, Dr. Thangaraj Salai,<br>K.K.Nagar,<br>Madurai - 625 020.                                                     | 0452-<br>2535300                       | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                  |
| 1109  | 25    | 25     | <b>BRINDHA EYE HOSPITAL</b><br>No.100-4,Mattuthavani -<br>Airport Ring Road,<br>Madurai-625020                                                | 999460506<br>0                         | Ophthalmology                                                                                                                                                                                                                                                                                                       |
| 1110  | 26    | 26     | <b>DEVADOSS MULTISPECIALITY HOSPITAL</b><br>No.75/1 Alagarkovil Main Road<br>Surveyor Colony<br>Madurai-625007.                               | 0452-<br>4521000                       | General Medicine - Medical Care, Orthopaedic Surgery. Cardiology                                                                                                                                                                                                                                                    |
| 1111  | 27    | 27     | <b>DEVAKI SPECIALITY HOSPITAL</b><br>26,Theni Main Road,<br>Arasaradi, Madurai-625 016.                                                       | 0452-<br>2288801                       | Oncology, Cardiology, Cardiothoracic Surgery.                                                                                                                                                                                                                                                                       |
| 1112  | 28    | 28     | <b>DINESH NURSING HOME</b><br>6-1-33,West Street,<br>Viswanathapuram,<br>Madurai- 625 014.                                                    | 0452-<br>2641834                       | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                      |
| 1113  | 29    | 29     | <b>DR CHIDAMBARM MEMORIAL MULTISPECIALTY HOSPITAL</b><br>No.9-10, Valluvar North Street,<br>Jaihindpuram, 2nd Main Road,<br>Madurai - 625 011 | 0452-<br>2672625                       | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                           |
| 1114  | 30    | 30     | <b>DR. AGARWAL'S EYE HOSPITAL</b><br>Plot No.1 DD Main Road,<br>Arappalayam,<br>Madurai - 625 016.                                            | 0452-<br>230133,<br>616                | Ophthalmology.                                                                                                                                                                                                                                                                                                      |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                               | Contact Number                 | Specialities Available                                                                                                                                                                                   |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1115  | 31    | 31     | <b>DR. ANIL KUMAR EYE HOSPITAL PVT.LTD.,</b><br>55A, Melaponnagaram,<br>7th Street, Arappalayam,<br>Madurai - 625016                                                            | 8270662266                     | Ophthalmology                                                                                                                                                                                            |
| 1116  | 32    | 32     | <b>Dr.AGARWAL'S EYE HOSPITAL</b><br>G.K.S.Complex,<br>D.No.30/1, Ward No.6,<br>Melur Road,<br>KK Nagar, Next to MIOT Hospital,<br>Opp. Industrial Estate,<br>Madurai - 625 020. | 0452-2581334                   | Ophthalmology                                                                                                                                                                                            |
| 1117  | 33    | 33     | <b>DR.MADHAVAN'S HEART CENTRE</b><br>No:3/424, Sivagangai Main Road,<br>2nd & 3rd Floor-Vikram hospital premises,<br>Ring road pandi koil Junction,<br>Madurai -625 020.        | 9677761123/0452-4362123        | General Medicine, Cardiology, Interventional cardiology, Cardiothoracic surgery, Vascular surgery, Neurology, Pulmonology, Nephrology, Urology                                                           |
| 1118  | 34    | 34     | <b>DR.RAO'S SERVICE HOSPITAL</b><br>No.59.Channel Road Melur,<br>Madurai-625 106.                                                                                               | 91-9655725673<br>91-9441026562 | General Medicine, Cardiology, Nephrology, Gastro-enterology, Orthopaedics, General Surgery, Urology                                                                                                      |
| 1119  | 35    | 35     | <b>Dr.SVR SPECIALITY HOSPITALS</b><br>No. 348, TNHB Colony, Pudhu Nagar, Villapuram,<br>Madurai-625 012                                                                         | 0452-2672483                   | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic, Pulmonology, Urology                                                                                                         |
| 1120  | 36    | 36     | <b>ESWARA HOSPITAL</b><br>No.1B, Old Post Office Road,<br>Thallakulam,<br>Madurai - 625 002.                                                                                    | 0452-2539555                   | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                                                                                               |
| 1121  | 37    | 37     | <b>FENN MULTI-SPECIALITY HOSPITAL</b><br>No.3, P.T. Rajan Road, 2nd Street, Madurai - 625 002.                                                                                  | 0452-2530116                   | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                |
| 1122  | 38    | 38     | <b>G V HOSPITALS</b><br>1, Suresh Street, Natarajan Nagar,<br>Madurai - 625 016.                                                                                                | 0452-4332286,<br>4352286       | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                           |
| 1123  | 39    | 39     | <b>GANESH PRIYA HOSPITAL</b><br>194, Bye-Pass Road,<br>Madurai - 625 016.                                                                                                       | 0452-2382668                   | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Orthopaedic Surgery /Cardiology and Cardiothoracic surgery, ENT, Gastroenterology, Neurology/Neuro surgery, Urology, Oncology |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                                                | Contact Number                                              | Specialities Available                                                                                                                                                                                                                                                                                                                                               |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1124  | 40    | 40     | <b>GENEZEN INDUS HOSPITAL</b><br>No.33 P&T Nagar Main Road,<br>Valluvar Colony,<br>Madurai-625 014.                                                                                              | 9442703311                                                  | General Medicine - Medical care,<br>General surgery, Gynaecology,<br>Orthopaedics surgery, Nephrology,<br>Neurology, Plastic Facio maxillary,<br>Genitourinary surgery, Cardiology,<br>ENT, Ophthalmology,<br>Gastroenterology, Medical Oncology,<br>Surgical Oncology                                                                                               |
| 1125  | 41    | 41     | <b>GOWSRI KIDNEY AND MATERNITY CENTRE</b><br>No.69-B, T.P.K. Main Road,<br>Palanganatham,<br>Madurai – 625 003.                                                                                  | 0452-2373100/<br>0452-2373101                               | Nephrology (Haemodialysis)                                                                                                                                                                                                                                                                                                                                           |
| 1126  | 42    | 42     | <b>GRACE KENNETT FOUNDATION HOSPITAL</b><br>No.8, Kennett Road,<br>Madurai-625 016                                                                                                               | 0452-2601849                                                | General Medicine - Medical Care,<br>General Medicine - Critical Care,<br>Nephrology, Medical<br>Gastroenterology, Orthopaedics,<br>General Surgery, Pulmonology,<br>Gynaecology, Medical Oncology,<br>Urology, ENT, Surgical Oncology,<br>Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery                                                           |
| 1127  | 43    | 43     | <b>GURU HOSPITAL 94, T.P.K.Road,</b><br>Pykara,<br>Madurai 625 009.                                                                                                                              | 0452-2371270                                                | General Surgery, Oncology.                                                                                                                                                                                                                                                                                                                                           |
| 1128  | 44    | 44     | <b>GURU HOSPITAL No.423 C,</b><br>Periyar Nagar, 2 <sup>nd</sup> Street,<br>Thirumangalam,<br>Madurai -625 706.                                                                                  | 04549-282929/<br>9360272814                                 | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                                                                                      |
| 1129  | 45    | 45     | <b>HANNAH JOSEPH HOSPITAL</b><br>No. 115/3B2&116/1 A2,<br>Madurai-Tuticorin Ring<br>Road, Chinthamani,<br>Madurai-625 009.                                                                       | 0452- 258<br>5822<br>0452- 258<br>8491<br>0452- 258<br>8402 | General Medicine, Cardiology,<br>Nephrology, Paediatrics, Gastro-<br>enterology, Orthopaedics, General<br>Surgery, Pulmonology, Gynaecology,<br>Urology, Cardiothoracic Surgeries,<br>ENT, Endocrinology,<br>Ophthalmology, Haematology,<br>Surgical Oncology, Radiation<br>Oncology, Rheumatology,<br>Neurology. Neurosurgery, Plastic<br>Surgery, Vascular Surgery |
| 1130  | 46    | 46     | <b>HARISH HOSPITAL ORTHOPAEDIC &amp; TRAUMA CARE</b><br>90 B/3, V.O.C street, Arul<br>Nagar, Bypass Road,<br>Madurai-16 (PRC Depot /<br>RTO Office Oppositse,<br>Near Indian Oil Petrol<br>Bunk) | 9842133026                                                  | General surgery, Orthopaedics.<br>Paediatrics Gastroenterology, Spine<br>Surgery, ENT, Nephrology<br>Neurology, Urology                                                                                                                                                                                                                                              |
| 1131  | 47    | 47     | <b>HARLEY-RRAM NURSING HOME</b><br>43-A, Krishna Rao Tank<br>Street,<br>Madurai-625 001.                                                                                                         | 0452-2340021                                                | General Surgery, General<br>Medicine - Medical Care,<br>Gynaecology.                                                                                                                                                                                                                                                                                                 |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                            | Contact Number               | Specialities Available                                                                                                                                                                                                                                                                                                                                                       |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1132  | 48    | 48     | <b>HARSHINI HOSPITAL</b><br>No.10, Sivagangai Main Road,<br>Near Anna Bus Stand,<br>Madurai - 625 020.       | 0452-2525075                 | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                                    |
| 1133  | 49    | 49     | <b>HARSHITHA HOSPITAL PRIVATE LTD</b><br>Aruppukottai Main Road,<br>Avaniyapuram,<br>Madurai -625 012.       | 0452-2551000                 | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                           |
| 1134  | 50    | 50     | <b>HEMA MEDICAL CENTRE</b><br>No.490, K.K.Nagar,<br>Madurai - 625 020.                                       | 9,56,63,29, 129              | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                           |
| 1135  | 51    | 51     | <b>INIYA HOSPITAL</b><br>No.802,A/1, Vandiyur Main Road,<br>Anna Nagar,<br>Madurai-625 020                   | 9842347284                   | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                                    |
| 1136  | 52    | 52     | <b>J C GANESAN HOSPITAL</b><br>Surveyor Colony,<br>Alagar Koil Road,<br>Madurai – 625 007                    | 0452-2564696                 | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                                                                    |
| 1137  | 53    | 53     | <b>J.K HOSPITAL</b><br>190,Alagar Nagar, 4th Street,<br>K Pudur,<br>Madurai-625 007.                         | 0452-2564899                 | General Medicine - Medical Care, General Surgery, Orthopaedic Surgery.                                                                                                                                                                                                                                                                                                       |
| 1138  | 54    | 54     | <b>JAISEE HOSPITAL</b><br>No.38, Thiruvallur Street,<br>S.S. colony,<br>Madurai-625 010.                     | 0452-4200067                 | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                                                                                                                                                                                                             |
| 1139  | 55    | 55     | <b>JAYAM HOSPITAL</b><br>No.3, Abdul Gafarkhan Street,<br>Chinna Chokkikulam,<br>Madurai - 625 002.          | 0452-2533566                 | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                           |
| 1140  | 56    | 56     | <b>KARUNAI MULTISPECIALITY HOSPITAL</b><br>202, Nethaji Main Road,<br>B.B. Kulam,<br>Madurai - 625 002.      | 0452-2530127, 2530476        | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                                                                                                                                |
| 1141  | 57    | 57     | <b>KRS NULIFE HOSPITALS (P) LTD</b><br>38 D, 1st cross, East main Road,<br>Anna Nagar,<br>Madurai - 625 020. | 0452-4009999<br>0452-4009000 | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Cardiothoracic surgery, Interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology. |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                          | Contact Number                           | Specialities Available                                                                                                                                                          |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1142  | 58    | 58     | <b>L P ANAND HOSPITAL</b><br>No.52, Main Road,<br>Palanganatham,<br>Madurai-625 003.                                                                       | 801215611<br>1/<br>801225611<br>1        | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT |
| 1143  | 59    | 59     | <b>L P HOSPITAL No.54,</b><br>Palanganatham Main Road,<br>Madurai-625 003.                                                                                 | 0452-<br>2670563/<br>737307056<br>3      | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT |
| 1144  | 60    | 60     | <b>LAKSHMANA MULTI-SPECIALITY HOSPITAL No.</b><br>23C, TPK Main Road,<br>Pykara,<br>Madurai - 625004.                                                      | 0452-<br>2371369                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic Surgery                                                                 |
| 1145  | 61    | 61     | <b>LEE KIDNEY CARE MULTISPECIALITY HOSPITAL</b><br>No.5, Vanamamalai Nagar,<br>Bye Pass Road,<br>Madurai-625 016.                                          | 0452-<br>2383120/<br>0452-<br>4200854    | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT |
| 1146  | 62    | 62     | <b>MADURAI CANCER CENTER</b><br>Harshitha Hospitals,<br>Basement Floor,<br>No.128, 128 /1A,<br>Aruppukottai Main Road,<br>Avaniyapuram,<br>Madurai -625012 | 984305091<br>1                           | Oncology                                                                                                                                                                        |
| 1147  | 63    | 63     | <b>MADURAI CITY HOSPITAL</b><br>No.34, Sivagangai Road,<br>Opp. Milk Project,<br>Madurai - 625 020.                                                        | 0452-<br>2580043,<br>2580099,<br>3048686 | General Medicine - Medical Care,<br>General Surgery, Gynaecology .                                                                                                              |
| 1148  | 64    | 64     | <b>MADURAI INSTITUTE OF ORTHOPAEDIC AND TRAUMATOLOGY</b><br>Plot.No.629, K.K.Nagar,<br>Madurai- 625 020.                                                   | 0452-<br>2583147,<br>2583146             | Orthopaedic Surgery.                                                                                                                                                            |
| 1149  | 65    | 65     | <b>MADURAI KIDNEY CENTRE AND TRANSPLANTATION RESEARCH INSTITUTE</b><br>6/6, B-2, Sivagangai Road,<br>Gandhi Nagar,<br>Madurai - 625 020.                   | 0452-<br>2584566,<br>2584397,<br>4392267 | Urology.                                                                                                                                                                        |
| 1150  | 66    | 66     | <b>MADURAI KIDNEY FOUNDATION / SUMATHY HOSPITALS AND INSTITUTE OF SUPER SPECIALITIES</b><br>334-A, Anna Nagar,<br>Madurai- 625 020.                        | 0452-<br>2534011                         | General Surgery, Genitourinary Surgery, Nephrology.                                                                                                                             |
| 1151  | 67    | 67     | <b>MANJARI HOSPITAL RRC 270D, G.S.T. Road,</b><br>Thiru Nagar 2nd Stop,<br>Madurai - 625 006.                                                              | 0452-<br>2456405                         | General Surgery, General Medicine - Medical Care, Gynaecology .                                                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                            | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1152  | 68    | 68     | <b>MAXIVISION EYE SUPER SPECIALITY HOSPITAL</b><br>No:10, Deputy Collector Colony,<br>K.K.Nagar,<br>Madurai-625020           | 0452-24985050                        | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1153  | 69    | 69     | <b>MEENAKSHI MISSION HOSPITAL &amp; RESEARCH CENTER</b><br>Lake Area,<br>Melur Road,<br>Madurai - 625 107.                   | 0452-4263034,<br>2543000,<br>4263000 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Cardiology, Cardiothoracic Surgery,<br>ENT, Gastroenterology, Neurology,<br>Plastic & Facio Maxillary,<br>Orthopaedic Surgery, Vascular Surgery, Oncology/ Haematology,<br>Nephrology, Neurosurgery,<br>Ophthalmology, Urology,<br>Pulmonology                                                                                                                        |
| 1154  | 70    | 70     | <b>MEENAKSHI SUPER SPECIALITY HOSPITAL</b><br>171, Lake Area, Melur Road,<br>Uthangudi,<br>Madurai - 625107                  | 045225440<br>00,4447000              | General Medicine, General Surgery ,Cardiology, Paediatrics, Medical Gastro-Enterology, Surgical Gastro-Enterology ,Urology, Cardiothoracic surgery ,Endocrinology, Surgical oncology ,Neurology, Neurosurgery, Plastic surgery, Vascular surgery, Interventional Cardiology, Interventional Radiology, Orthopaedics , Nephrology ,Pulmonology, Gynaecology, Medical oncology, Ophthalmology, Haematology, Radiation oncology, Rheumatology |
| 1155  | 71    | 71     | <b>MITHRAA HOSPITAL</b><br>No.22, Sivagangai Road,<br>Sathamangalam,<br>Near Anna Bus Stand,<br>Madurai - 625 020.           | 0452-2538282                         | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                                                                         |
| 1156  | 72    | 72     | <b>MMM EYE CARE CENTRE</b><br>No.248,Good shed street,<br>Madurai,TN-625002                                                  | 975111149<br>2                       | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1157  | 73    | 73     | <b>MOHAN MEDICITY HOSPITAL</b><br>11-A,,Vinayagar Nagar,<br>K.K.Nagar,<br>Madurai-625 020.                                   | 0452-2522727,<br>2521911             | General Surgery, Oncology                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1158  | 74    | 74     | <b>MUTHU HOSPITAL</b><br>No.11,Krishna Rao Tank st,<br>Madurai-625001                                                        | 0452-4959111/9<br>566656933          | Orthopaedic                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1159  | 75    | 75     | <b>NETRA EYE AND RETINA SPECIALITY HOSPITAL</b><br>No.172-A, Sivagangai Main Road,<br>Near Aavin Junction,<br>Madurai 626020 | 0452-2580072<br>944428111<br>9       | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1160  | 76    | 76     | <b>NITHILAA NURSING HOME</b><br>72, TPK Road,<br>Palanganatham,<br>Opp to Kumarangam Koil,<br>Madurai- 625003                | 0452-2372113                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                                                                                            |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                     | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                 |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1161  | 77    | 77     | <b>NTC HOSPITAL</b><br>No.187, Thathaneri Main Road,<br>(Opp To ESI Hospital)<br>Vaithyanathapuram,<br>Madurai- 625018.                                               | 0452-<br>2660064 /<br>2660664        | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                                                     |
| 1162  | 78    | 78     | <b>OM SAKTHI HOSPITAL</b><br>No.187/2, Alagar Koil Road,<br>K.Pudur,<br>Madurai-625 007.                                                                              | 915265071<br>9                       | General Medicine - Medical Care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, ENT                                                                                                                                                                                                                        |
| 1163  | 79    | 79     | <b>P.R.HOSPITALS</b><br>140, Munichalai Road,<br>(Opp.lsmailpurain<br>6th Street)<br>Madurai - 625 009.                                                               | 0452-<br>2622700<br>98421<br>11664   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Orthopaedics, General<br>Surgery, Gynaecology, Urology,<br>Nephrology, Medical<br>Gastroenterology, Surgical Gastro-<br>enterology, Surgical Oncology,<br>Plastic Surgery, Vascular<br>Surgery, Paediatrics, Medical<br>Oncology. |
| 1164  | 80    | 80     | <b>PANDIAN ADVANCED<br/>MEDICAL CENTRE</b><br>No.36/1, Sivagangai Road,<br>K.K Nagar,<br>Madurai – 625 020                                                            | 0452-<br>2536352                     | General Medicine - Medical Care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, ENT                                                                                                                                                                                                                        |
| 1165  | 81    | 81     | <b>PANDIAN HEART<br/>INSTITUTE</b><br>43,Shanmugam Pillai, 2nd<br>Street,<br>Alagarady,<br>Madurai- 625016                                                            | 0452-<br>2361577                     | Cardiology                                                                                                                                                                                                                                                                                                             |
| 1166  | 82    | 82     | <b>PANDIAN MULTI-<br/>SPECIALITY HOSPITAL</b><br>45,East Veli street,<br>New Rajmahal Near,<br>Madurai 625001                                                         | 944339870                            | Cardiology, Interventions<br>Cardiology, General surgery,<br>Orthopaedics, Neurosurgery,<br>Vascular Nephrology, General<br>Medicine, Oncology, Urology,<br>Surgical Gastro, Gynaecology and<br>Trauma care                                                                                                            |
| 1167  | 83    | 83     | <b>PONNI HOSPITAL &amp;<br/>FERTILITY RESEARCH<br/>CENTRE</b><br>No.2/408, Pillayar Kovil<br>Street,<br>Indian Bank Colony stop,<br>Narayanapuram,<br>Madurai-625 014 | 0452-<br>2682877                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                       |
| 1168  | 84    | 84     | <b>POOBATHIAMMAL<br/>HOSPITAL</b><br>49/2, Peraiyur Road,<br>Usilampatti - 625 532.                                                                                   | 04552-<br>253444                     | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                         |
| 1169  | 85    | 85     | <b>PREETHI HOSPITALS (P)<br/>LTD No. 50,</b><br>Melur Main Road,<br>Uthangudi,<br>Madurai - 625 107.                                                                  | 0452-<br>4219995<br>0452-<br>4219996 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery, Cardiology, Neurology,<br>Neuro Surgery                                                                                                                                                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                           | Contact Number                     | Specialities Available                                                                                                                                                            |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1170  | 86    | 86     | <b>PREETHI HOSPITALS PRIVATE LTD.</b><br>27 Ganesh Nagar, 120 Feet Road,<br>(Opp) Mattuthavani Bus Stand,<br>Madurai - 625 007.                             | 0452-4219995,<br>4219967.          | General Medicine - Medical Care, Orthopaedic Surgery                                                                                                                              |
| 1171  | 87    | 87     | <b>PUNITHAM HOSPITAL</b><br>No.6/558-A, Madurai Road, Checkanurani,<br>Madurai 625514                                                                       | 944270331<br>1                     | General Medicine, Trauma care, General surgery, Orthopaedics, Paediatrics, Urology                                                                                                |
| 1172  | 88    | 88     | <b>QUALITY CARE HOSPITAL (P) LTD.</b><br>32, Sarvodaya Main Road, Ellis Nagar,<br>Madurai - 625 016.                                                        | 0452-2600828,<br>2600829           | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                     |
| 1173  | 89    | 89     | <b>R.R. HOSPITAL</b><br>345, 80 Feet Road, Anna Nagar,<br>Madurai-625 020.                                                                                  | 0452-2533<br>932                   | General Medicine-Medical Care, General Surgery, Genitourinary Surgery, Gynaecology, Orthopaedics, Nephrology.                                                                     |
| 1174  | 90    | 90     | <b>RAGHAVENDHAR HOSPITAL</b><br>36,E, Kuruvikaran Salai,<br>Madurai - 625 009.                                                                              | 0452-2323651,<br>53,4226600<br>,69 | General Medicine - Medical Care, General Surgery, Gynaecology, Cardiology, Cardiothoracic Surgery, ENT, Gastroenterology, Neurology, Plastic & Facio Maxillary, Vascular Surgery. |
| 1175  | 91    | 91     | <b>RAJAMANI HOSPITAL</b><br>No.3, Meiyappan 3rd Street, Gnanolivupuram,<br>Madurai 16                                                                       | 0452-4358208                       | General surgery, Orthopaedics, Paediatrics, Gastroenterology, Spine surgery, ENT, Neurology, Urology                                                                              |
| 1176  | 92    | 92     | <b>RAJEEV HOSPITAL</b><br>47, Anna Nagar,<br>Madurai-625 020.                                                                                               | 0452-4395797                       | General Surgery, General Medicine - Medical Care, Gynaecology .                                                                                                                   |
| 1177  | 93    | 93     | <b>RAKS HOSPITALS PRIVATE LIMITED</b><br>No. 12/59, Kurivikaran Salai, 1st Cross Street (Cinipriya Theatre Back side),<br>Anna Nagar,<br>Madurai – 625 020. | 0452-4295111/<br>0452-4296111      | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                  |
| 1178  | 94    | 94     | <b>RAKSHA HOSPITAL</b><br>No.130, Anna Nagar,<br>Madurai - 625020.                                                                                          | 0452-2700700                       | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                         |
| 1179  | 95    | 95     | <b>RASI HOSPITAL</b><br>No.54-A, K.Salaipudur, Alamaram Bus stop,<br>Madurai – 625 018.                                                                     | 0452-2667061/<br>0452-2668737      | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, ENT                  |
| 1180  | 96    | 96     | <b>S.P. HOSPITAL, ORTHOPAEDIC SURGERY AND SURGICAL CENTRE</b><br>HIG 34, 80 Feet Road, Anna Nagar,<br>Madurai - 625 424.                                    | 0452-4395510                       | General Medicine - Medical Care, General Surgery, Gynaecology , Orthopaedic Surgery.                                                                                              |
| 1181  | 97    | 97     | <b>SAHAYA ANNAI HOSPITAL</b><br>No. 1, Alanganallur Main Road,<br>Koodal Nagar,<br>Madurai 625018.                                                          | 0452-260956                        | General medicine, Gastroenterology, Ortho and poly Trauma, Joint Replacement, Gynaecologist, Urology, Surgical oncology, Neurosurgery                                             |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                               | Contact Number                   | Specialities Available                                                                                                                                                             |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1182  | 98    | 98     | <b>SANDHEEP MEMORIAL HOSPITAL</b><br>96, Palace Road,<br>Madurai - 625 001                                                      | 8300655325                       | General Medicine, General Surgery, Surgical Gastro-Enterology, Urology, Surgical oncology                                                                                          |
| 1183  | 99    | 99     | <b>SANDHYA HOSPITAL</b><br>146, Arappalayam Main Road,<br>Madurai - 625 016.                                                    | 0452-4353112,<br>4354113         | E.N.T.                                                                                                                                                                             |
| 1184  | 100   | 100    | <b>SARAVANA HOSPITALS</b><br>7A, Maruthupandiar Nagar,<br>4th Main Road, Narimedu,<br>Madurai - 625 002.                        | 0452-3040002                     | General Medicine - Medical Care, General Surgery, Gynaecology , Cardiology, Cardiothoracic Surgery, ENT, Gastroenterology, Neurology, Plastic & Facio Maxillary, Vascular Surgery. |
| 1185  | 101   | 101    | <b>SHAMEEM GASTRO HOSPITAL</b><br>No.5/39, Indira Street,<br>Yanakulai Junction,<br>Anna Nagar,<br>Madurai - 625 020.           | 0452- 252 5535<br>0452- 252 6535 | General Medicine. Cardiology, Nephrology, Gastro-enterology, General Surgery, Pulmonology, Medical Oncology, Urology, Neurology, Vascular Surgery                                  |
| 1186  | 102   | 102    | <b>SHASTHA KIDNEY AND MULTISPECIALITY HOSPITAL</b><br>No.22,23 Telecom Nagar,<br>Ilanthikulam, Valarnagar,<br>Madurai - 625107. | 0452-4952986 / 987               | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                          |
| 1187  | 103   | 103    | <b>SHENBAGAM HOSPITAL PVT LTD.</b><br>15, 16th Cross IIIrd Street,<br>Anna Nagar,<br>Madurai - 625 020.                         | 0452-4393003, 06                 | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                      |
| 1188  | 104   | 104    | <b>SIVA POLYCLINIC S.L.HOSPITAL</b><br>71-71A, Narimedu Main Road,<br>Narimedu,<br>Madurai - 625 002.                           | 0452-2521898                     | General Surgery, General Medicine - Medical Care, Gynaecology .                                                                                                                    |
| 1189  | 105   | 105    | <b>SKV HOSPITAL</b><br>#10-7-14, Old Post Office Street,<br>Usilampatti - 625 532.                                              | 0452-252828                      | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                     |
| 1190  | 106   | 106    | <b>SRI HOSPITAL</b><br>No.312, Karpaga Nagar<br>11th Street,<br>Opp. To Apple Shopping Mall,<br>K.Pudur,<br>Madurai             | 959788942<br>9,7708064679        | General Medicine, General Surgery, Paediatrics, Medical Gastro-Enterology, Surgical Gastro-Enterology, Gynaecology, Urology, Surgical oncology                                     |
| 1191  | 107   | 107    | <b>SRI LAKSHMI HOSPITAL</b><br>No.210A, Bye Pass Road,<br>Bethaniyapuram,<br>Madurai-625016                                     | 0452-4396069                     | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                          |
| 1192  | 108   | 108    | <b>SRI RAJAN ORTHO HOSPITAL</b><br>Old No.29-B, New No.64,<br>T.B.Road,<br>Mahaboopalayam,<br>Madurai -625016                   | 0452-2300534                     | Orthopaedics. General Surgery, Gynaecology, ENT, Urology, Plastic Surgery and fasciomax surgery, Gastroenterology and Vascular surgery, Neuro surgery and Neurology                |
| 1193  | 109   | 109    | <b>SRI RAMCHANDRA EYE HOSPITAL</b><br>15, Goods Shed Street,<br>Madurai - 625 001.                                              | 0452-2340832                     | Ophthalmology.                                                                                                                                                                     |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                    | Contact Number          | Specialities Available                                                                                                                                                                                                  |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1194  | 110   | 110    | <b>SRI SUBAM NURSING HOME</b><br>No.23 West Ponnagaram Main road, Madurai-625016                                                                                     | 0452-2360543<br>2360923 | Gynaecology                                                                                                                                                                                                             |
| 1195  | 111   | 111    | <b>SRI VINAYAGA MULTI-SPECIALITY HOSPITAL</b><br>No:1-1-88/3B, Abbas Nagar, Periyaur, Madurai – 625 703.                                                             | 9566500369              | General medicine, General surgery, Obstetrics & Gynaecology, ENT, Urology, Nephrology, paediatrics, pulmonology, Dermatology, Plastic surgery, Surgical gastro-enterology, Psychiatry, Orthopaedics                     |
| 1196  | 112   | 112    | <b>SRK HOSPITAL ORTHO AND MATERNITY CENTRE</b><br>No.47, Akkanayakar Thoppu street, Ansari Nagar, 7th street, Madurai-625 016                                        | 0452-4380822            | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology, Gastroenterology                                                                                                           |
| 1197  | 113   | 113    | <b>ST. ANTONY'S HOSPITAL</b><br>No.2/50, Sarvodaya Main Road, New Ellis Nagar, Madurai- 625010                                                                       | 0452-4360369            | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                               |
| 1198  | 114   | 114    | <b>ST. MARY OF LEUCIA HOSPITAL</b><br>Moondrumavadi, K.Pudur, Madurai- 625 007.                                                                                      | 0452-2569287            | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                          |
| 1199  | 115   | 115    | <b>SUHAM SPECIALITY HOSPITAL</b><br>99/47, T.B. Road, Mahaboopalayam, Opp to ESI Hospital, Madurai 625016                                                            | 0452-26600770           | Cardiology, General surgery, General medicine & Emergency medical service, Gastroenterology, Neurology,(Medical & surgical), Obstetrician/Gynaecologist (OBGYNS),Orthopaedic (surgical & Medical), Pulmonology, Urology |
| 1200  | 116   | 116    | <b>SWARNA KAMALAM MULTI SPECIALITY HOSPITALS PRIVATE LTD</b><br>Old No.19/I, New No.34, Chinnamani street, Jawahar Nagar, 1st street, Thirumangalam, Madurai-625 706 | 04549-400800            | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery, Cardiothoracic, Pulmonology                                                                                    |
| 1201  | 117   | 117    | <b>TAJ HOSPITAL No.482, K.K.Nagar,</b><br>Opp to District Court, Madurai - 625 020.                                                                                  | 0452-4392181/82         | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                                                      |
| 1202  | 118   | 118    | <b>THAVAM MULTI-SPECIALITY HOSPITAL</b><br>No.150/1, KamarajarSalai, Near Mariamman Teppakulam, Madurai-625009                                                       | 0452-2337712            | Orthopaedics, Neuro spine surgery, Critical care medicine, Emergency Medicine, General Medicine, Cardiology, ENT, gynaecology, Plastic and Reconstructive surgery, Nephrology & Urology,                                |
| 1203  | 119   | 119    | <b>THE CHRISTIAN MISSION HOSPITAL</b><br>East Veli Street, Madurai - 625 001.                                                                                        | 0452-2326458            | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                           |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                       | Contact Number                      | Specialities Available                                                                                                                                                                                                                                                                  |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1204  | 120   | 120    | <b>THE EYE FOUNDATION</b><br>MIG 342,<br>80 feet road,<br>Anna nagar road,<br>Madurai - 625 020                                                         | 0452-<br>4961122                    | Ophthalmology                                                                                                                                                                                                                                                                           |
| 1205  | 121   | 121    | <b>THEMBAVANI HOSPITAL</b><br>A A Road, Gnana<br>Olivupuram,<br>Madurai -625 016.                                                                       | 0452-<br>2603914                    | General Surgery, General Medicine -<br>Medical Care,<br>Gynaecology.                                                                                                                                                                                                                    |
| 1206  | 122   | 122    | <b>THIRU SENTHILANDAVAR<br/>SPECIALITY HOSPITAL</b><br>Near R.C.Girls<br>Hr.Sec.School.<br>Theni Main Road,<br>Usilampatti,<br>Madurai -625 532.        | 04552-<br>253292<br>957814614<br>5  | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                        |
| 1207  | 123   | 123    | <b>V.N.NEURO CARE<br/>CENTRE &amp; HOSPITALS</b><br>72,Vakil'S New Street,<br>Simmakkal,<br>Madurai - 625 001.                                          | 0452-<br>2629629                    | General Surgery, General Medicine -<br>Medical Care, Neurology                                                                                                                                                                                                                          |
| 1208  | 124   | 124    | <b>VADAMALAYAN<br/>HOSPITALS</b><br>9-A, Vallabai Road,<br>Chokkikulam,<br>Madurai - 625 002.                                                           | 0452-<br>2545400,<br>4371000/<br>11 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Cardiology, Cardiothoracic Surgery,<br>ENT, Gastroenterology, Neurology,<br>Plastic & Facio Maxilliary,<br>Vascular Surgery                                                                                        |
| 1209  | 125   | 125    | <b>VALE HOSPITAL</b><br>No.45, First Floor,<br>Kuruvikaran Salai,<br>Anna Bus Stand,<br>Madurai 625020                                                  | 979152978<br>/98941032<br>59        | General Medicine, Orthopaedics,<br>Pediatrics                                                                                                                                                                                                                                           |
| 1210  | 126   | 126    | <b>VASAN EYE CARE<br/>HOSPITAL</b><br>No.272-1,Harvpatti,GST<br>Main Road,<br>Thiruparankundaram,<br>Thirunagar,<br>Madurai-625005                      | 0452-<br>4089000/2<br>534661        | Ophthalmology                                                                                                                                                                                                                                                                           |
| 1211  | 127   | 127    | <b>VASAN EYE CARE<br/>HOSPITAL</b><br>3,80 Feet Road, Anna<br>Nagar,<br>Madurai - 625 020                                                               | 0452-<br>3989000                    | Ophthalmology.                                                                                                                                                                                                                                                                          |
| 1212  | 128   | 128    | <b>VASAN EYE CARE<br/>HOSPITAL</b><br>No.72/128, Bypass road,<br>Ponmenipudur<br>Kalavasal,<br>Madurai 625 106                                          | 0452-<br>3989060                    | Ophthalmology                                                                                                                                                                                                                                                                           |
| 1213  | 129   | 129    | <b>VELAMMAL MEDICAL<br/>COLLEGE HOSPITAL AND<br/>RESEARCH INSTITUTE</b><br>Velammal Village,<br>Madurai- Tutiroin,<br>Anuppanadi,<br>Madurai - 625 009. | 0452-<br>2510000                    | General Medicine, General Surgery,<br>Gynaecology, Ophthalmology, ENT,<br>Plastic & Facio Maxillary Surgery,<br>Rheumatology, Surgical<br>Gastroenterology, Medical<br>Gastroenterology, Nephrology/<br>Urology, Cardiology, Cardiothoracic<br>Surgery, Neurology, Vascular<br>Surgery. |

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| S. No                      | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                         | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                                                            |
|----------------------------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1214                       | 130   | 130    | <b>VICTORY HOSPITAL</b><br>32, Arappalayam Main Road,<br>Madurai 16                                                                                       | 0452-2360937                         | ENT, General surgery, Neurology, Neuro surgery, Urology, General Medicine, Gastroenterology, Plastic surgery, Orthopaedics & Traumatology, Oncology                                                                                                                                                                               |
| 1215                       | 131   | 131    | <b>VIJAYA HOSPITAL</b><br>No.1, P.P.Chavadi, Theni Main Road,<br>Madurai 625 016.                                                                         | 0452-2385104                         | General Surgery, Paediatrics, Medical Gastro-Enterology, Surgical Gastro-Enterology, Urology, Neurology, orthopaedics                                                                                                                                                                                                             |
| 1216                       | 132   | 132    | <b>VIJAYARAJ SPECIALTY HOSPITAL</b><br>No.1-A, PP Chavadi, Theni Road,<br>Madurai 625016                                                                  | 0452-2381044                         | General Medicine, Cardiology, Nephrology ,Paediatrics, Gastroenterology, orthopaedics, General Surgery, Pulmonary, Gynaecologist, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Endocrinology, Haematology surgical Oncology, Ophthalmology, Rheumatology, Neurology, Neurosurgery, Plastic surgery, Vascular surgery |
| 1217                       | 133   | 133    | <b>VIKRAM HOSPITAL &amp; NEW VIKRAM HOSPITAL</b><br>No:3/424, Sivagangai Main Road,<br>Near Ring Road Junction, (Near Pandi Kovil),<br>Madurai - 625 020. | 0452-2535445,<br>2521272,<br>2534053 | General Medicine - Medical Care, General Surgery, Gynaecology, ENT, Gastroenterology, Neurology, Plastic & Facio Maxillary, Vascular Surgery.                                                                                                                                                                                     |
| 1218                       | 134   | 134    | <b>VINAYAGAM LASER HOSPITALS</b><br>No.74 A, Dhanappa Mudali Street,<br>Madurai-625 001.                                                                  | 0452-2347816                         | General Surgery, General Medicine - Medical Care, Gynaecology.                                                                                                                                                                                                                                                                    |
| <b>XXX. THENI DISTRICT</b> |       |        |                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                   |
| 1219                       | 135   | 1      | <b>ABHINAV ORTHO AND TRAUMA CENTRE</b><br>503/4, VPR Complex, Periakulam Road,<br>Theni 625531                                                            | 805669516<br>0/6379141<br>114        | Orthopaedic Surgery                                                                                                                                                                                                                                                                                                               |
| 1220                       | 136   | 2      | <b>ARAVIND EYE HOSPITAL</b><br>371, Periyakulam Road,<br>Theni - 625 531.                                                                                 | 04546-252658                         | Ophthalmology.                                                                                                                                                                                                                                                                                                                    |
| 1221                       | 137   | 3      | <b>ARUN HOSPITAL</b><br>No.51, Thevaram Road, Bodinayakanur,<br>Theni - 625 513.                                                                          | 04546-280501                         | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                           |
| 1222                       | 138   | 4      | <b>DEEPAM HOSPITAL,</b><br>No.12/3, 20th Ward, Thendral Nagar,<br>Bodinayakanur,<br>Theni - 625 513.                                                      | 04546-280784<br>04546-283784         | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                           |
| 1223                       | 139   | 5      | <b>DEVADHARSHINI MATERNITY CARE</b><br>cumbum Road,<br>Palanichettipatty,<br>Theni-625531                                                                 | 04546-265030                         | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Gastroenterology                                                                                                                                                                                                                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                            | Contact Number                                   | Specialities Available                                                                                                                                                                                                   |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1224  | 140   | 6      | <b>KEERTHI SHREE HOSPITAL</b><br>No.48 H,R I Office Road,<br>Bus Stand Southside,<br>Bodinayakanur,<br>Theni - 625 513.      | 04546-282282<br>9092876466                       | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                  |
| 1225  | 141   | 7      | <b>KRISHNAMMAL MEMORIAL HOSPITAL</b><br>293,Periyakulam Road,<br>Theni - 625 531.                                            | 04546-252721                                     | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Plastic & Facio Maxillary                                                                                                            |
| 1226  | 142   | 8      | <b>NALAM HOSPITAL</b><br>63 / 2,Lake Road,<br>Sriram Nagar,<br>Theni - 625 531.                                              | 04546-253777                                     | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                           |
| 1227  | 143   | 9      | <b>NRT HOSPITAL</b><br>Madurai Road,<br>Theni. - 625 531.                                                                    | 04546-252626                                     | General Medicine - Medical Care, General Surgery, Gynaecology. Cardio-Thoracic Surgery, Cardiology - Interventional, Cardiology - Medical Management                                                                     |
| 1228  | 144   | 10     | <b>R.G.HOSPITALS</b><br>31/1, Thandupalaiyam<br>Main Road,<br>Thenkarai,<br>Periyakulam, Theni 625601                        | 9884258732                                       | General Medicine, Nephrology, Gastro- enterology, General Surgery, Pulmonology, Gynaecologist, Urology, ENT, Neurology, Neurosurgery,                                                                                    |
| 1229  | 145   | 11     | <b>ROHAN SEKAR HOSPITAL</b><br>No.28C-W-22, Ranger Office Road,<br>Cumbum,<br>Theni-625516.                                  | 04554-274414                                     | Nephrology, Genitourinary                                                                                                                                                                                                |
| 1230  | 146   | 12     | <b>SHANMUGAM HOSPITAL</b><br>Thevaram Road, Near HP Petrol Bunk,<br>Bodinayakanoor - 625 5 13.                               | 04546-280456<br>04546-284456                     | General Medicine - Medical Care, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, ENT, Surgical Oncology, Plastic Surgery, Paediatrics.                         |
| 1231  | 147   | 13     | <b>SREE MOHAN HOSPITAL</b><br>702, Madurai Road,<br>Opp. to UTI Bank.<br>Theni - 625 531.                                    | 04546-252828                                     | ENT, Orthopaedic, Pulmonology, Cardiology, Urology, Neurology, Oncology                                                                                                                                                  |
| 1232  | 148   | 14     | <b>SRI GANAPATHI EYE AND DENTAL CARE</b><br>No.253, Miranda Lane, Old GH Road,<br>Theni-625 531.                             | 04546-255696<br>/97<br>86520696                  | Ophthalmology                                                                                                                                                                                                            |
| 1233  | 149   | 15     | <b>THENI NATTATHI KSHATRIYAKULA HINDU NADAR URAVINMURAI CHARITY FUND HOSPITAL</b><br>No.24. N.R.T Nagar Main Road,<br>Theni. | 04546-261010<br>94432<br>49558<br>94888<br>00042 | General Medicine, Cardiology, Nephrology, Paediatrics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, ENT, Endocrinology, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery |
| 1234  | 150   | 16     | <b>THENI KIDS AND KIDNEY CENTRE,</b><br>No.20/A, Cumbum Road,<br>Palanichettipatti,<br>Theni-625 531.                        | 9442839304<br>8678993601                         | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                  |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                              | Contact Number                 | Specialities Available                                                                                                                                                                                                                                                                   |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1235  | 151   | 17     | <b>UNNAMALAIAMMAL MULTI-SPECIALITY HOSPITAL &amp; RESEARCH CENTRE</b><br>No.2/307, Theni-Varusanadu Main Road, Kadamalaikundu, Andipatti Taluk, Theni-625 579. | 04554-227433<br>9597790200     | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                  |
| 1236  | 152   | 18     | <b>VASAN EYE CARE HOSPITAL</b><br>440 A, Nehruji Road, (Periyakulam Road), Theni - 625 531.                                                                    | 04546-398900                   | Ophthalmology.                                                                                                                                                                                                                                                                           |
| 1237  | 153   | 19     | <b>VIDYA HOSPITAL</b><br>Cumbam Road, Palanichettypatty, Theni-625 531.                                                                                        | 04546-264231,<br>264897        | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                           |
| 1238  | 154   | 20     | <b>VIVEKANANDHA HOSPITAL</b><br>Main Road, Kadamalaikundu-625 579 , Theni                                                                                      | 9786277897                     | General Medicine-Medical Care<br>General Surgery, Urology<br>Gynaecology , Orthopaedics                                                                                                                                                                                                  |
|       |       |        | <b>XXXI. SIVAGANGAI DISTRICT</b>                                                                                                                               |                                |                                                                                                                                                                                                                                                                                          |
| 1239  | 155   | 1      | <b>AARYAN HOSPITAL</b><br>123, Weekly Market Road, Post Office Road, Sivagangai 630562                                                                         | 04575-230600                   | Orthopaedics                                                                                                                                                                                                                                                                             |
| 1240  | 156   | 2      | <b>ADITHYA HOSPITAL</b><br>Thilagar Nagar, Near Water Tank, Karaikudi- 630 002.                                                                                | 04565-227677                   | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery. Ophthalmology                                                                                                                                        |
| 1241  | 157   | 3      | <b>ANBU RAMACHANDRAN SPECIALITY HOSPITAL</b><br>No.40, Silambani Sannathi Street, Devakottai-630302.                                                           | 04561-272419                   | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                |
| 1242  | 158   | 4      | <b>APOLLO HOSPITALS</b><br>Madurai Main Road, Managiri Street, Karaikudi - 630 307.                                                                            | 04565-232940,<br>233980        | General Surgery, General Medicine - Medical Care, Gynaecology , Orthopaedic Surgery, Nephrology, Neurology, Plastic & Facio Maxilliary, Cardiology, Cardiothoracic Surgery                                                                                                               |
| 1243  | 159   | 5      | <b>BENNY HOSPITAL</b><br>No.6, Pavandar Street, Annanagar, Karaikudi - 630 001.                                                                                | 04565-226906                   | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                   |
| 1244  | 160   | 6      | <b>BUTTERFLY NEW BORN &amp; CHILDREN'S HOSPITAL</b><br>No.4, Subramaiiapuram First street, Karaikudi - 630 002.                                                | 04565-227474<br>94894<br>80044 | General Medicine - Medical Care, General Medicine - Critical care, Cardiology, Cardiothoracic surgery, interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, Gynaecology, ENI, Paediatrics. |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                          | Contact Number                                 | Specialities Available                                                                                                                                                                                                                                                                                                                               |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1245  | 161   | 7      | <b>CS MULTISPECIALITY HOSPITAL</b><br>No.111, Mahatma Gandhi Road,<br>Soodamanipuram,<br>Karaikudi,<br>Sivagangai - 630 003.                               | 8438237232                                     | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, Endocrinology, Haematology, Surgical Oncology, Neurology, Neurosurgery, Plastic surgery, vascular surgery, Interventional cardiology, Orthopaedics               |
| 1246  | 162   | 8      | <b>DEVAKI SURGICAL CLINIC</b><br>9A, Arunachalam Chettiar Street,<br>Near Periyar Statue,<br>Sekkalai Road ,<br>Karaikudi ,<br>Sivagangai-630 001.         | 04565-238332,<br>234332                        | General Medicine-Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Urology.                                                                                                                                                                                                                                                           |
| 1247  | 163   | 9      | <b>GLOBAL MISSION HOSPITAL</b><br>No.25, Koviloor Road,<br>Karaikudi,<br>Sivagangai – 630 001                                                              | 045654101<br>00/739777<br>3917/9776<br>9116944 | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Medical Oncology, Urology, Endocrinology, Haematology, Surgical Oncology, Rheumatology, Neurology, Neurosurgery, Plastic surgery, vascular surgery, Interventional cardiology, Orthopaedics |
| 1248  | 164   | 10     | <b>JEDAIAH STEVE HOSPITAL</b><br>(J.S. Hospital)<br>No.5, Subramaniapurani<br>7th street, (South Extn),<br>Karaikudi - 630 002                             | 04565-225598<br>04565-225272                   | General Medicine - Medical Care, General Medicine • Critical care, Cardiology, Cardiothoracic surgery, Interventional cardiology, Orthopaedics, Surgery, General Gynaecology,Urology, Nephrology, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics.                                                                      |
| 1249  | 165   | 11     | <b>KALYAN HOSPITAL</b><br>No.278-F1,Thendral nagar<br>Madurai main road,<br>Melavaniyankuudi,<br>Sivagangai-630561                                         | 638259987<br>7<br>882566740<br>1               | General medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical Gastroenterology, Pulmonology, Gynaecology, Urology, Cardiothoracic surgery, Surgical oncology, Neurology, Neurosurgery, Plastic surgery, Vascular surgery, Orthopaedics                                                                                             |
| 1250  | 166   | 12     | <b>KARAIKUDI KIDNEY &amp; SPECIALITY HOSPITAL</b><br>No.286/41, Avudaipoigai,<br>Trichy to Rameshwaram By-Pass Road,<br>T.Soorakudi,<br>Karaikudi - 630208 | 073732<br>86519                                | General medicine, General Surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Surgical Gastro-enterology, Pulmonology, Gynaecology, Urology, Cardiothoracic Surgery, Haematology, Neurology, Neurosurgery, Plastic surgery, vascular surgery, Interventional radiology, Orthopaedics                                            |
| 1251  | 167   | 13     | <b>KARTHIK HOSPITAL</b><br><b>No.28,</b><br>Madurai Road,<br>Sivagangai-630 001.                                                                           | 04575-241604<br>04575-246516                   | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                                              |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                            | Contact Number                 | Specialities Available                                                                                                                                                                    |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1252  | 168   | 14     | <b>KAUVERY MEDICAL CENTRE (KARAIKUDI) LIMITED./KARAIKUDI MEDICAL CENTRE AND HOSPITAL LIMITED</b><br>No.42, Mudiyarasanar Salai,<br>Near New Bus Stand, Karailcudi - 630 002. | 04565-244555<br>96888<br>22044 | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedics, Ophthalmology.                                                                        |
| 1253  | 169   | 15     | <b>KOCHADAIYAN HOSPITAL</b><br>35, Harshitaa Tower,<br>Near Ambedkar Statue,<br>Govindarajulu Street,<br>Aruna Nagar,<br>Karaikudi                                           | 04565-234244                   | General Medicine, General Surgery, Paediatrics, Cardiology, Neurology, Nephrology, Gynaecology, Orthopaedics, Psychiatry, Dental surgery, Plastic surgery, Urology, ENT                   |
| 1254  | 170   | 16     | <b>MULTICARE HOSPITAL</b><br>384,120 Feet Road, Near New Bus Stand,<br>Karaikudi-630 003.                                                                                    | 04565-235901                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                             |
| 1255  | 171   | 17     | <b>NARUMUGAI HOSPITAL</b><br>Sri Meenakshi Nagar,<br>Sathi Kottai,<br>Devakottai-630302                                                                                      | 04561-295111                   | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                        |
| 1256  | 172   | 18     | <b>PADMINI UROLOGY CLINIC</b><br>Opp to LIC, V.O.C.Road,<br>Karaikudi- 630 301.                                                                                              | 04565-238326                   | Urology                                                                                                                                                                                   |
| 1257  | 173   | 19     | <b>RMS PUSALIAMMAL NURSING HOME</b><br>Melur Road,<br>Singampunari-630 502.                                                                                                  | 04577-242359                   | Cardiology, General Medicine - Medical Care, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                                        |
| 1258  | 174   | 20     | <b>S.M. HOSPITAL</b><br>20, Saraswathi Vasaga Salai,<br>Devakottai,<br>Sivagangai - 630 302.                                                                                 | 04561-270063                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                             |
| 1259  | 175   | 21     | <b>SABARI MATERNITY &amp;CHILDRENS HOSPITAL</b><br>No.4/106, Justice Rajasekaran Street,<br>Sivagangai – 630 561.                                                            | 04575-245431                   | General Medicine - Medical Care, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                    |
| 1260  | 176   | 22     | <b>SAHAYARANI HOSPITAL</b><br>No.3646,Thondi Road,<br>Kalaiyarkovil -630 551,<br>Sivagarigai District.                                                                       | 04575-290038<br>94860<br>69110 | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Gynaecology,Urology, Nephrology, Medical Gastro-enterology, Surgical Gastro-enterology, |
| 1261  | 177   | 23     | <b>SENTHIL HOSPITAL</b><br>9 B, Manthoppu Street,<br>Devakottai - 630 302.                                                                                                   | 04561-262224,<br>202225        | General Medicine - Medical Care, General Surgery, Gynaecology, Cardiology, Cardiothoracic Surgery.                                                                                        |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                        | Contact Number                | Specialities Available                                                                                                                                                                                                                                                                            |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1262  | 178   | 24     | <b>SENTHIL HOSPITAL</b><br>No.9B, Manthoppu Street,<br>Devakottai - 630 302                                              | 04561-262224                  | General Medicine - Medical care,<br>General Medicine - Critical care,<br>Nephrology, Paediatric, Medical<br>Gastro-enterology, Orthopaedics,<br>General Surgery, Pulmonology,<br>Gynaecology, Medical Oncology,<br>Urology, ENT, Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery |
| 1263  | 179   | 25     | <b>SRI SUBA KOWSIX HOSPITAL</b><br>No.36, Subramaniapuram street,<br>Devakottai-630 302.                                 | 9443141627<br>9445885711      | General Medicine, Anaesthesia,<br>General Surgery, Laparoscopic<br>General Surgery, Urology Surgery,<br>Paediatric Urology, Surgery,<br>Surgical Gastro enterology, Urology<br>Gynaecology, Neuro Surgery                                                                                         |
| 1264  | 180   | 26     | <b>SRILAKSHMI SURGICAL CLINIC</b><br>No.2&3, Arumuga Nagar,<br>Karaikudi- 630 002.                                       | 04565226941<br>9487663941     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                     |
| 1265  | 181   | 27     | <b>SUGAM HOSPITAL</b><br>No.15, Vattanam Road,<br>Near Pallivasal,<br>Devakottai, Sivagangai - 630 302.                  | 04561-273659                  | General Medicine-Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Urology.                                                                                                                                                                                                  |
| 1266  | 182   | 28     | <b>SWEDISH MISSION HOSPITAL</b><br>Taluk Office road,<br>Tirupathur,<br>Sivagangai – 630 211.                            | 04577-266969                  | Ophthalmology                                                                                                                                                                                                                                                                                     |
| 1267  | 183   | 29     | <b>THAMBIRAN MATERNITY AND CHILDREN HOSPITAL</b><br>79/1,Taluk Office Road,<br>Near New Bus Stand,<br>Karaikudi-630 001. | 04565-235862                  | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                  |
| 1268  | 184   | 30     | <b>UMA HOSPITAL</b><br>North Street, Melur Road,<br>(Near Anna Arch),<br>Singampunari,<br>Sivagangai – 630 502.          | 04577-242163/<br>04577-242183 | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                   |
| 1269  | 185   | 31     | <b>VASAN EYE CARE HOSPITAL</b><br>No.15/6,SAFA Tower,120<br>Feet Road,<br>Near New Busstand,<br>Karaikudi-630003         | 93600946169                   | Ophthalmology                                                                                                                                                                                                                                                                                     |
| 1270  | 186   | 32     | <b>VEERA HOSPITAL</b><br>No.1, Silambani sannathi<br>St, inside Arch,<br>Devakottai,<br>Sivagangai district - 630 302    | 6380049361/9840629905         | General medicine, General Surgery,<br>Urology, Cardiology, Orthopaedics,<br>Nephrology, Neurology,<br>Ophthalmology, Orthopaedics                                                                                                                                                                 |
|       |       |        | <b>XXXII. VIRUDHUNAGAR DISTRICT</b>                                                                                      |                               |                                                                                                                                                                                                                                                                                                   |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                     | Contact Number                                           | Specialities Available                                                                                                                                                                             |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1271  | 187   | 1      | <b>AMAR HOSPITAL</b><br>1 (16A)1,<br>Shanmuganathapuram<br>East Street, opp New Bus<br>Stand,<br>Aruppukottai-626 101                 | 63834<br>34831                                           | General Medicine - Medical Care,<br>General<br>Surgery, Gynaecology, Orthopaedic,<br>Pulmonology,<br>Urology, Neurology, Nephrology,<br>Gastroenterology                                           |
| 1272  | 188   | 2      | <b>BHARATHI HOSPITAL</b><br>592/2,Sri Rengapalayam,<br>Opp.Lakshimimalahal,<br>Rajapalayam- 626 117.                                  | 04563-<br>226666                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                   |
| 1273  | 189   | 3      | <b>CITY HOSPITAL</b><br>No.1, Railway Feeder Road,<br>Azeez Nagar,<br>Aruppukottai-626 101.                                           | 04566-<br>221888                                         | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                     |
| 1274  | 190   | 4      | <b>DHANUSKODI HOSPITAL</b><br>No.63, Old Padanthal Road,<br>Sattur - 626 203.                                                         | 04562-<br>262282                                         | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                     |
| 1275  | 191   | 5      | <b>DR. ANIL KUMAR'S EYE HOSPITAL</b><br>No.3/1466/9, Seenivasa<br>Nagar,<br>Opp. To PRC DEPOT,<br>Sattur Road,<br>Sivakasi - 626 189. | 04562-<br>277234                                         | Ophthalmology                                                                                                                                                                                      |
| 1276  | 192   | 6      | <b>DR. ANIL KUMAR'S EYE HOSPITAL</b><br>2D1, PSR Road,<br>Near Water Tank,<br>Sivakasi-626 123.                                       | 04562-<br>221065                                         | Ophthalmology                                                                                                                                                                                      |
| 1277  | 193   | 7      | <b>G V ORTHOPAEDIC SURGERY CENTRE</b><br>501/A-2,Sri Rengapalayam,<br>Rajapalayam- 626 117.                                           | 04563-<br>230001                                         | Orthopaedic Surgery                                                                                                                                                                                |
| 1278  | 194   | 8      | <b>GOMATHI SPECIALITY HOSPITAL</b><br>52,South Street,<br>Aruppukottai-626 101.                                                       | 04566-<br>222273,<br>220936                              | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                                                |
| 1279  | 195   | 9      | <b>GRAHAM NURSING HOME</b><br>32, Chairman Shanmugam<br>Road,<br>Sivakasi - 626 123.                                                  | 04562-<br>226966                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology.<br>Ophthalmology                                                                                                                 |
| 1280  | 196   | 10     | <b>KRISHNA HOSPITAL</b><br>377, Main Road, Near BSNL<br>Office, Sattur - 626203                                                       | 04562-<br>260192                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Orthopaedic Surgery.<br>Nephrology                                                                                 |
| 1281  | 197   | 11     | <b>KRISHNA HOSPITAL</b><br>Old No.299, Thiruchuli<br>Road,<br>New No.344, Thiruchuli<br>Road,<br>Aruppukottai - 626101.               | 04566-<br>228571                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                   |
| 1282  | 198   | 12     | <b>KUMARAN HOSPITAL No.36-B,</b><br>Sedan Kinathu Street,<br>Near Kalamman Kovil,<br>Thiruthangal,<br>Virudhunagar -626 130.          | 04562-<br>231418/<br>04562-<br>230209/<br>948862000<br>9 | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT. Surgical Oncology |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                   | Contact Number                                 | Specialities Available                                                                                                                                                                                                        |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1283  | 199   | 13     | <b>LAKSHMI HOSPITAL</b><br>29, P S R Road,<br>Sivakasi-626 123.                                                                     | 04562-221535                                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                 |
| 1284  | 200   | 14     | <b>LAKSHMI PRIYA HOSPITAL</b><br>No.158, West Car Street,<br>Virudhunagar - 626 001.                                                | 043G2-243372<br>89036<br>05372                 | General Medicine - Medical Care, General Medicine - Critical care, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro- enterology, Surgical Gastro- enterology, Plastic Surgery, Paediatrics.    |
| 1285  | 201   | 15     | <b>LYSANDER HOSPITAL INDIA PVT. LTD.</b><br>No 140 to 143, West Car street,<br>Virudhunagar-626 001.                                | 04562-243233<br>04562-242288<br>94887<br>19900 | General Medicine, Cardiology, Gastro-enterology, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                     |
| 1286  | 202   | 16     | <b>MATHI INTEGRATED HEALTH CENTRE (P) LTD</b><br>No.2/3136/8, Perumal Nagar,<br>Viswanatham,<br>Sivakasi – 626 189                  | 04562-277688                                   | General Medicine - Medical Care, Genral Medicine - Critical, Interventional cardiology, Cardiology, Paediatrics, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                     |
| 1287  | 203   | 17     | <b>MEENAKSHI HOSPITAL</b><br>56B, Chairmen Shanmugam Road,<br>Sivakasi - 626 123.                                                   | 04562-221327                                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                 |
| 1288  | 204   | 18     | <b>MEENAKSHI MEMORIAL HOSPITAL</b><br>No.164, PACR Salai,<br>Rajapalayam,<br>Virudhunazar-626 117.                                  | 04563-222933                                   | General Medicine, Cardiology, Nephrology, Gastro-enterology, Orthopaedics, General Surgery, Gynaecology, Obstetrics, Medical Oncology, Urology, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 1289  | 205   | 19     | <b>MEERA HOSPITAL</b><br>79 & 80, Nallur Muslim Middle Street,<br>Aruppukottai-626 101.                                             | 04566-220846,<br>226846                        | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                 |
| 1290  | 206   | 20     | <b>MENAKA HOSPITAL</b><br>367,Thiruthangal Road,<br>Sivakasi - 626 123.                                                             | 04562-224978                                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                 |
| 1291  | 207   | 21     | <b>NAVEEN EYE HOSPITAL</b><br>No.84 A/3, Chairman NKR PeriannanRoad,<br>Sivakasi,<br>Virudhunagar,TN-626123                         | 979178795<br>3/7397063<br>010                  | Ophthalmology                                                                                                                                                                                                                 |
| 1292  | 208   | 22     | <b>PRASITHA HOSPITAL SPECIALITY SURGICAL CENTRE</b> 66,67, Vellaikottai West Car Street,<br>Aruppukottai ,<br>Virudhunagar- 626 101 | 915078065<br>3                                 | General Medicine, General Surgery, Gynaecology, Urology, Plastic Surgery, Vascular Surgery, Orthopaedics, Dental                                                                                                              |
| 1293  | 209   | 23     | <b>R.S.ORTHOPAEDIC SURGERY HOSPITAL</b><br>53, 54, Bus Stand Main Road, Kamaraj Nagar,<br>Rajapalayam - 626 117.                    | 04563-231405                                   | Orthopaedic Surgery, Plastic & Facio Maxilliary                                                                                                                                                                               |

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|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1294  | 210   | 24     | <b>RAJA HOSPITAL</b><br>No.30-A, North Car Street,<br>Srivilliputhur,<br>Virudhunagar-626 125.                                                | 04563-260611                   | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT |
| 1295  | 211   | 25     | <b>RAJKUMAR HOSPITAL</b><br>188 B Periyakadai Bazaar,<br>Near North Police Station,<br>Rajapalayam-626 117.                                   | 04562-221199                   | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                |
| 1296  | 212   | 26     | <b>SAKTHIBALA HOSPITAL,<br/>No.340/1,</b><br>Thoppupatti Street,<br>P.A.C.R Road,<br>Rajapalayam,<br>Virudhunagar -626 117.                   | 04563-225252<br>04563-225353   | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                |
| 1297  | 213   | 27     | <b>SANKARA EYE HOSPITAL</b><br>Krishnankoil,<br>Madurai to Rajapalayam<br>Highway Road,<br>Kunnur South(PO),<br>Srivilliputhur Taluk- 626 126 | 04563-289029                   | Ophthalmology                                                                                                                                                                   |
| 1298  | 214   | 28     | <b>SBJ HEALTH CENTRE<br/>PVT.LTD No.52,</b><br>A.S.K Thangayah Nadar<br>Road,<br>Sivakasi,<br>Virudhunagar -626 189.                          | 04562-274961<br>04562 - 274965 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                |
| 1299  | 215   | 29     | <b>SHAKTHI EYE HOSPITAL</b><br>252B,Tenkasi Road,<br>Kadamankulam,<br>Rajapalayam-626 117.                                                    | 04563-231415                   | Ophthalmology                                                                                                                                                                   |
| 1300  | 216   | 30     | <b>SHANKAR HOSPITAL<br/>No.13-C,</b><br>Telephone Road,<br>Aruppukottai,<br>Virudhunagar -626 101.                                            | 04566-221123<br>9842147132     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                |
| 1301  | 217   | 31     | <b>SHRI RAM HOSPITAL</b><br>54, Gandhi Road,<br>Sivakasi-626 123.                                                                             | 04562-278399                   | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                  |
| 1302  | 218   | 32     | <b>SRI KRISHNA HOSPITAL</b><br>218-B, P.A.C.R. Salai,<br>Sri Rengapalayam,<br>Rajapalayam - 626 117.                                          | 04563 - 221957                 | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                |
| 1303  | 219   | 33     | <b>SRI RAM HOSPITAL-<br/>SUGASTHALA</b><br>33, Pattabi Ramar Kovil<br>Street,<br>Aruppokottai-626 101.                                        | 04566-224378, 79               | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                             |
| 1304  | 220   | 34     | <b>SRUTHI HOSPITAL</b><br>111/E, Gandhi Road, Near<br>Bus Stand,<br>Sivakasi - 626 123 .                                                      | 04562-277112                   | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                  |
| 1305  | 221   | 35     | <b>STAR HOSPITALS</b><br>459,Main Road, Sattur,<br>Virudhunagar- 626 203.                                                                     | 04562-261875                   | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                             |

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|-------|-------|--------|--------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1306  | 222   | 36     | <b>SUDHA NURSING HOME</b><br>No.169, N.R.K<br>Rajarathinam Street,<br>Sivakasi -626123                       | 04562-<br>274962 /<br>274979         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                           |
| 1307  | 223   | 37     | <b>THIRUVENGDM HOSPITAL</b><br>66-T-1 Ramamoorthy Road,<br>Virudhunagar - 626 001.                           | 04562-<br>242565                     | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                          |
| 1308  | 224   | 38     | <b>VAANI HOSPITAL</b><br>289, Thiruchuzhi Road,<br>Aruppukottai-626 101.                                     | 04566-<br>228885                     | General Medicine - Medical<br>Care, General Surgery, Gynaecology                                                                                             |
|       |       |        | <b>XXXIII. DINDIGUL DISTRICT</b>                                                                             |                                      |                                                                                                                                                              |
| 1309  | 225   | 1      | <b>ANBU NURSING HOME (P) LTD</b><br>100, Railway Feeder Road,<br>Palani- 624601                              | 965578611<br>5                       | General Surgery, General Medicine,<br>Gynaecology, ENT, Pediatrics,<br>Cardiology, Urology                                                                   |
| 1310  | 226   | 2      | <b>ARAVIND EYE HOSPITAL</b><br>Old No.21/1, Thadicombu<br>Road, Dindigul - 624 601                           | 0451-<br>2448100                     | Ophthalmology.                                                                                                                                               |
| 1311  | 227   | 3      | <b>AUDHITYO ORTHOPAEDIC SURGERY HOSPITAL</b><br>79, Dindigul Road,<br>Palani,<br>Dindigul - 624 601.         | 04553-<br>250255                     | Orthopaedic Surgery.                                                                                                                                         |
| 1312  | 228   | 4      | <b>CHANDHAN HOSPITAL</b><br>No:44,Mengles Road,<br>Near Dindigul Scns,<br>Dindigul-624001                    | 950066580<br>0                       | General surgery, Urology,<br>Neurology, Plastic surgery, Vascular<br>surgery General medicine,<br>Nephrology, Surgical Oncology,<br>Medical Gastroenterology |
| 1313  | 229   | 5      | <b>CITY HOSPITAL, PAVALAM TRAUMA CENTER</b><br>4/361, Gandhiji Nagar,<br>Trichy Road,<br>Dindigul-624 005.   | 0451-<br>2436060                     | Orthopaedic Surgery, General<br>Surgery.                                                                                                                     |
| 1314  | 230   | 6      | <b>D.S. HOSPITAL (P) LTD.</b><br>No.4/12-A, Anna Nagar,<br>Palani,<br>Dindigul -624 601.                     | 04545-<br>242121<br>04545-<br>243131 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                             |
| 1315  | 231   | 7      | <b>DHARSHINI HOSPITAL</b><br>34, Narayana Nagar, 1st<br>Street,<br>Ayyangar Petrol Bunk,<br>Dindigul- 624001 | 0451-<br>2423392                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                           |
| 1316  | 232   | 8      | <b>DINDIGUL KIDNEY CENTRE</b><br>No.24 A,Spencer's<br>Compound,<br>Dindigul- 642 001.                        | 892593302<br>7<br>892593302<br>8     | Nephrology / Urology                                                                                                                                         |
| 1317  | 233   | 9      | <b>DMS HOSPITAL</b><br>No.8, Gandhi Nagar,<br>Batlagundu,<br>Dindigul -642 202.                              | 04543-<br>262170<br>996554479<br>4   | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                             |
| 1318  | 234   | 10     | <b>JCB HOSPITALS</b><br>No.1,Veerappaanthoppu<br>Street,<br>Palani Road,<br>Dindigul.624 001.                | 0451-<br>2433993                     | General Medicine-Medical Care,<br>Orthopaedic Surgery.                                                                                                       |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                           | Contact Number                         | Specialities Available                                                                                                                                                                                                                 |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1319  | 235   | 11     | <b>JJ ARUL HOSPITAL</b><br>No.2/1 A2, Dindigul to Madurai NH,<br>Near Thomayapuram,<br>Begambur (post)<br>Dindigul-624 002. | 0451- 290<br>4002<br>0451- 290<br>4003 | General Medicine, Cardiology,<br>Gastro-enterology, Orthopaedics,<br>General Surgery, Urology,<br>Ophthalmology, Rheumatology,<br>Neurology, Neurosurgery, Plastic<br>Surgery                                                          |
| 1320  | 236   | 12     | <b>K G HOSPITAL</b><br>Anna Nagar,<br>Palani-624 601.                                                                       | 04545-<br>242623                       | General Surgery, Gynaecology.                                                                                                                                                                                                          |
| 1321  | 237   | 13     | <b>K R HOSPITAL</b><br>284/B19, Oddanchatram,<br>Thiruvalluvar Street,<br>Dindigul - 624 619.                               | 04553-<br>240711,<br>611               | General Surgery, Gynaecology.                                                                                                                                                                                                          |
| 1322  | 238   | 14     | <b>K.V. HOSPITAL &amp;<br/>ISWARYA FERTILITY<br/>CENTER</b><br>72-B Dindigul Road,<br>Palani-624 601.                       | 04545 –<br>243130                      | General Medicine-Medical Care,<br>Gynaecology.                                                                                                                                                                                         |
| 1323  | 239   | 15     | <b>KANNA HOSPITAL</b><br>No.13-D, Aarthi Theatre<br>Road,<br>Y.M.R Patti,<br>Dindigul - 642001.                             | 0451-<br>6452888                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                     |
| 1324  | 240   | 16     | <b>KASTURBA HOSPITAL</b><br>( A Unit of Gandhigram<br>Trust)<br>Gandhigram,<br>Dindigul District-624 302                    | 0451-<br>2906290/9<br>994532853        | General Medicine, General Surgery,<br>Obstetrics & Gynaecology                                                                                                                                                                         |
| 1325  | 241   | 17     | <b>KT HOSPITAL</b><br>222, Palani road,<br>Dindugal - 624 004                                                               | 0451-<br>2422266                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Orthopaedic Surgery,<br>Cardiology, Neurology, Neuro<br>surgery, Gastro enterology,<br>Ophthalmology, ENT, Urology,<br>Oncology (Medical and Surgical |
| 1326  | 242   | 18     | <b>LEONARD HOSPITAL</b><br>Periya Kulam Road,<br>Batlagundu- 624 202.                                                       | 0451-<br>265256                        | General Surgery, General Medicine -<br>Medical Care, Gynaecology.                                                                                                                                                                      |
| 1327  | 243   | 19     | <b>MUTHU MULTI-<br/>SPECIALITY HOSPITAL,</b><br>Madurai Main Road,<br>Nilakkottai-624 208,<br>Dindigul                      | 04543-<br>233770<br>04540-<br>232315   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>General Surgery, Cardiology,<br>Paediatrics, Orthopaedics,<br>Gynaecology, Urology, Plastic<br>Surgery.                                                       |
| 1328  | 244   | 20     | <b>N.P.HOSPITAL</b><br>No.400/10, Near E.B.<br>Office,<br>Dharapuram Road,<br>Oddanchatram- 624 619.                        | 04553-<br>242233                       | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                         |
| 1329  | 245   | 21     | <b>NIDHARSHANA HOSPITAL</b><br>No.1, Bye Pass Road,<br>Thirunagar,<br>Palani - 624 601.                                     | 72004<br>52777                         | General surgery, Ortho Surgery,<br>Neuro Surgery, Urology, Neurology,<br>Spine surgery, Join Replacement<br>surgery, Plastic surgery,<br>Arthroscopy surgery, General<br>medicine.                                                     |
| 1330  | 246   | 22     | <b>PRASANTH EYE CARE</b><br>No.792/10,Mengles Road,<br>Dindigul-624001                                                      | 944433819<br>1                         | Ophthalmology                                                                                                                                                                                                                          |
| 1331  | 247   | 23     | <b>PRIYA HOSPITAL</b><br>2/2,Nethaji Nagar,<br>Dindigul Road,<br>Palani-624 601.                                            | 04545-<br>251177                       | Orthopaedic Surgery, General<br>Surgery.                                                                                                                                                                                               |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                              | Contact Number                      | Specialities Available                                                                                                                               |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1332  | 248   | 24     | <b>R.K. CARDIA CARE CENTRE</b><br>62/1, AMC Road,<br>Dindigul                                                  | 043J -<br>2433976<br>9488G<br>23999 | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>General Surgery, Cardiology.                                                |
| 1333  | 249   | 25     | <b>R.K.GUT CLINIC</b><br>22, Narayana Nagar,<br>Dindigul - 624 001.                                            | 0451-<br>2440099                    | General Surgery, Gynaecology,<br>Urology, ENT, General Medicine,<br>Gastroenterology                                                                 |
| 1334  | 250   | 26     | <b>RAJA RAJESHWARI NURSING HOME</b><br>46, Tiruvalluvar Salai,<br>Spencer Nagar,<br>Dindigul-624 003.          | 0451-<br>2422444                    | General Medicine - Medical Care,<br>Gynaecology, Genitourinary<br>Surgery, Urology, General surgery,<br>Neurology, ENT, Nephrology, Neuro<br>surgery |
| 1335  | 251   | 27     | <b>S.S.HOSPITAL</b><br>13, New Agraharam,<br>Palani Road,<br>Dindigul - 624 001.                               | 045-<br>12424177/<br>188            | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery       |
| 1336  | 252   | 28     | <b>SANJAY SURGICAL HOSPITAL</b><br>Subramaniya Puram,<br>Palani-624 601.                                       | 04545-<br>241717                    | General Surgery, Gynaecology ,<br>Genito Urinary Surgery, General<br>medicine medical care, Neurology,<br>Neuro surgery, Nephrology,<br>orthopaedics |
| 1337  | 253   | 29     | <b>SHANMUGAM SURGICAL AND FERTILITY HOSPITAL</b><br>4-2-30/4, High School<br>Road,<br>Chinnalapatti - 624 301. | 0451-<br>2452283                    | General Surgery, Gynaecology                                                                                                                         |
| 1338  | 254   | 30     | <b>SHIFA HOSPITAL</b><br>Chennama Nayakkanpatty<br>Main Road,<br>Near Collector'S Office,<br>Dindigul-624 001. | 0451-<br>2461881                    | General Surgery, Gynaecology.                                                                                                                        |
| 1339  | 255   | 31     | <b>SHREE SATHYA SUBHA HOSPITAL</b><br>No-53, Agraharam, Palani<br>Road,<br>Dindigul - 624 001.                 | 0451-<br>2429777                    | General Medicine - Medical Care,<br>Gynaecology.                                                                                                     |
| 1340  | 256   | 32     | <b>SHRI SAKTHI VINAYAKKER HOSPITAL</b><br>Near Bus Stand, Main<br>Road,<br>Guziliamparai-624 703.              | 0451-<br>234433                     | General Surgery, Gynaecology.                                                                                                                        |
| 1341  | 257   | 33     | <b>SREE KUMARAN HOSPITAL</b><br>Market Bye-Pass Road,<br>Ottanchatram -624619.                                 | 04553-<br>243555                    | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                   |
| 1342  | 258   | 34     | <b>SRI AMMAN HOSPITAL</b><br>Dharapuram Road,<br>Oddanchatram - 624 619.                                       | 04553-<br>242918                    | General Surgery, Gynaecology.                                                                                                                        |
| 1343  | 259   | 35     | <b>SRI BAAMA HOSPITAL</b><br>No.1/2-1/3, Anna Nagar,<br>Usilampatty Main Road,<br>Batlagundu - 624 202.        | 04543-<br>291699                    | Urology, General Medicine,<br>Gastroenterology, Plastic Surgery,<br>Gynaecology, Paediatric,<br>Orthopaedic, General Surgery                         |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                               | Contact Number                                 | Specialities Available                                                                                                                                                                                                                                                                                                                                              |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1344  | 260   | 36     | <b>SRI NALAM HOSPITAL</b><br>No.13 Don towers Mengles Road,<br>opposite to police GYM<br>Dindigul-624 001.                      | 0451-2424816                                   | Cardiology, Cardiothoracic Surgery, Urology, Oncology, Neurology, Vascular Surgery, Gastroenterology, Plastic and Facio Maxillary, ENT, General Medicine - Medical Care, General Medicine - Critical Care, Haematology, Pulmonology, General Surgery, Genito Urinary Surgery, Gynaecology, Nephrology, Orthopaedic Surgery                                          |
| 1345  | 261   | 37     | <b>SRI VARAHI KIDNEY CENTRE</b><br>H1-25D, RM Colony Main Road,<br>Dindigul - 624 001                                           | 0451-4069967/8<br>110098800                    | Dialysis purpose only                                                                                                                                                                                                                                                                                                                                               |
| 1346  | 262   | 38     | <b>SRII AMOGAM HOSPITAL</b><br>No.H1/C-12, R.M. Colony Main Road, 80 Feet Road,<br>Near KVB Bank,<br>Dindigul - 624 001.        | 962695666<br>6                                 | General Medicine, General surgery, Nephrology, Surgical Oncology, Medical oncology, Obstetrics & Gynaecology, Paediatrics, Dental surgery, Vascular surgery, Surgical Gastro-enterology                                                                                                                                                                             |
| 1347  | 263   | 39     | <b>ST.,JOSEPH HOSPITAL</b><br>No.15,Trichy Road,<br>Dindigul-624 001.                                                           | 0451-2421130<br>0451-2426091<br>994456930<br>2 | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                                                                                             |
| 1348  | 264   | 40     | <b>VADAMALAYAN HOSPITALS (P) LTD</b><br>No.649 A/2, Angu Bharathi Nagar,<br>Chettinaikanpatti VillageRoad,<br>Dindigul-624 001. | 0451- 246<br>1000<br>0451- 356<br>1000         | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Endocrinology, Ophthalmology, Haematology, Surgical Oncology, Radiation Oncology, Rheumatology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 1349  | 265   | 41     | <b>VAN ALLEN HOSPITAL</b><br>Kodaikanal,<br>Tamilnadu-624 101.                                                                  | 04542-241273                                   | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedic Surgery, Gastroenterology, Urology                                                                                                                                                                                                                                                       |
| 1350  | 266   | 42     | <b>VASAN EYE CARE HOSPITAL</b><br>NO. 3A - 6, Railway Station Road,<br>Near Ganesh Theartre,<br>Dindigul - 624 001.             | 0451-3989000                                   | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                      |
| 1351  | 267   | 43     | <b>VEL MULTI-SPECIALITY HOSPITAL</b> No.11, Vel Nagar<br>,<br>Gounder Ittery Road,<br>Palani Taluk,<br>Dindigul-624601.         | 04545-245451                                   | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                                                                                           |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                    | Contact Number                     | Specialities Available                                                                                                                                                          |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1352  | 268   | 44     | <b>VIJAYA HOSPITAL</b><br>EVR Periyar Salai,<br>West Govindapuram,<br>Dindigul - 624 001.                                            | 0451-<br>2431410                   | General Surgery, Gynaecology,<br>General medicine-medical care and<br>critical care, Neurosurgery                                                                               |
|       |       |        | <b>XXXIV. RAMANATHAPURAM DISTRICT</b>                                                                                                |                                    |                                                                                                                                                                                 |
| 1353  | 269   | 1      | <b>A.R. HOSPITAL</b><br>46/6, Madurai Road,<br>Opp to MPTC Shed,<br>Ramanathapuram-623 501.                                          | 04567-<br>222472,<br>222473        | General Surgery, General Medicine -<br>Medical Care, Gynaecology                                                                                                                |
| 1354  | 270   | 2      | <b>AASI MULTI-SPECIALITY HOSPITAL</b><br>No.6/1115-1, D'block,<br>opp to RTO office,<br>Rameshwaram Road,<br>Ramanathapuram-623 504. | 04567-<br>232301<br>786708620<br>8 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                |
| 1355  | 271   | 3      | <b>ANNAL EYE HOSPITAL</b><br>No.69, GM Road,<br>Ramanathapuram-623 501                                                               | 737350395<br>9                     | Ophthalmology                                                                                                                                                                   |
| 1356  | 272   | 4      | <b>AROGYA HOSPITAL</b><br>No.6/2, Devi Pattanam<br>Road,<br>Ramanathapuram- 623<br>501.                                              | 04567-<br>222888                   | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT |
| 1357  | 273   | 5      | <b>ESWAR EYE AND ENT HOSPITAL</b><br>No.19, Lathams Bangalow<br>Road,<br>Ramanathapuram-623 501.                                     | 04567-<br>221170                   | E.N.T. & Ophthalmology                                                                                                                                                          |
| 1358  | 274   | 6      | <b>KANAGAMANI HOSPITAL</b><br>58, G.H. Road,<br>Ramanathapuram-623 501.                                                              | 04567-<br>221201                   | General Surgery, General Medicine -<br>Medical Care,<br>Gynaecology                                                                                                             |
| 1359  | 275   | 7      | <b>NATRAJ CARDIAC CARE</b><br>D-Block, Near RTO Office,<br>Bharathi Nagar,<br>Ramanathapuram 623503                                  | 960006925<br>1                     | Cardiology, Interventional<br>Cardiology                                                                                                                                        |
| 1360  | 276   | 8      | <b>RAJANS CLINIC</b><br>No.27/1, R.R Sethupathi<br>Nagar,<br>G.H Road,<br>Ramanathapuram- 623501                                     | 04567-<br>221225                   | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                              |
| 1361  | 277   | 9      | <b>SHIFAN HOSPITAL</b><br>92/1,93,Devipattinam<br>Road,<br>Ramanathapuram-623 501.                                                   | 04567-<br>223052                   | General Surgery, General Medicine -<br>Medical Care,<br>Gynaecology                                                                                                             |
| 1362  | 278   | 10     | <b>SRI ANNAMALAI SHIVANI HOSPITAL</b><br>20,Sigil Raja<br>Street,Kenikarai,<br>Ramanathapuram-623 501.                               | 04567-<br>223058,<br>223059        | General Surgery, General Medicine -<br>Medical Care, Gynaecology                                                                                                                |
| 1363  | 279   | 11     | <b>VASAN EYE CARE HOSPITAL</b><br>No.78/143 - Salai Street,<br>Arignar Anna Salai,<br>Ramanathapuram-623 501.                        | 04567-<br>398900                   | Ophthalmology                                                                                                                                                                   |
| 1364  | 280   | 12     | <b>VEL HOSPITAL</b><br>Thiruvalluvar Street,<br>Ramanathapuram-623 504.                                                              | 04567-<br>222206 /<br>07           | General Medicine - Medical Care.                                                                                                                                                |
|       |       |        | <b>XXXV. THIRUNELVELI DISTRICT</b>                                                                                                   |                                    |                                                                                                                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                                                                                                | Contact Number                | Specialities Available                                                                                                                                         |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1365  | 281   | 1      | <b>ANGEL NURSING HOME &amp; HEART CENTRE</b><br>1,Shanthi Nagar,<br>Palayam Kottai,<br>Tirunelveli-627 002.                                                                                                                                      | 0462-<br>2540783,<br>2540782  | Cardiothoracic surgery,<br>Gastroenterology, Urology,<br>Nephrology, Oncology, Neurology                                                                       |
| 1366  | 282   | 2      | <b>ANNAI VELANKANNI NURSING HOME</b><br>1/111, Somasinayanar Street,<br>Murugankurichi,<br>Palayamkottai - 627 002.                                                                                                                              | 0462-<br>2501661              | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                               |
| 1367  | 283   | 3      | <b>ARAVIND EYE HOSPITAL</b><br>Swami Nellaiappar High Road,<br>Tirunelveli Junction- 627 001.                                                                                                                                                    | 0462-<br>4356100              | Ophthalmology                                                                                                                                                  |
| 1368  | 284   | 4      | <b>ARUL MISSION HOSPITAL</b><br>NH-7, North Main Road,<br>Vallioor,<br>Tirunelveli. - 627 117.                                                                                                                                                   | 04637-<br>222324              | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                               |
| 1369  | 285   | 5      | <b>ARUNA CARDIAC CARE (A UNIT OF ARUNAS HEART CARE PRIVATE LTD.,)</b><br>No.3B, Trivandrum Road,<br>Vannarpettai,<br>Palayamkottai,<br>Tirunelveli-627 003<br>/ No.3B, Trivandrum Road,<br>Vannarpettai,<br>palayamkottai, Tirunelveli - 627 003 | 0462-<br>2573577              | General Medicine-Medical Care,<br>General Surgery, ENT,<br>Orthopaedics, Cardiology                                                                            |
| 1370  | 286   | 6      | <b>BALAJI HOSPITAL</b><br>316 A,North Main Road,<br>(Near Concordia School),<br>Vallioor-627 117.                                                                                                                                                | 04637-<br>221599              | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                               |
| 1371  | 287   | 7      | <b>C.S.I. BELLPINS INDRANI CHELLADURAI MISSION HOSPITAL</b><br>59, Tiruchendur Road,<br>Palayamkottai-627 002.                                                                                                                                   | 0462-<br>2579811,<br>25767799 | Gastroenterology, Neurology,<br>Orthopaedic, Nephrology, Oncology,<br>ENT                                                                                      |
| 1372  | 288   | 8      | <b>CHENDHUR CARDIAC CENTER AND MULTISPECIALITY HOSPITAL</b><br>3/1, South Bypass Road,<br>Opp.to Suriyan FM,<br>Vannarpettai ,<br>Tirunelveli-627 003.                                                                                           | 944397082<br>2                | Cardiology, General Medicine - Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery, Surgical Oncology |
| 1373  | 289   | 9      | <b>DEVI HOSPITAL</b><br>District Science Centre Road,<br>Kokirakulam - 627 009.                                                                                                                                                                  | 0462-<br>2501502,<br>2501503  | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                  |
| 1374  | 290   | 10     | <b>DR.AGARWAL'S EYE HOSPITAL.</b><br>#157/14,J.N.Road,<br>Opp. St Anne's<br>Mat.Hr.Sec.School,<br>Tirunelveli-602 001.                                                                                                                           | 0462-<br>2501818              | Ophthalmology.                                                                                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                               | Contact Number                   | Specialities Available                                                                                                                                                                                                                                                                                                                                                              |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1375  | 291   | 11     | <b>DR.VELAN MULTISPECIALITY HOSPITAL,</b><br>Vijayapathi Road,<br>Radliapuram,<br>Tirunelveli - 627 111.                        | 04637-254244<br>04637-254056     | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>General Surgery, Gynaecology,<br>Urology, Nephrology, Medical<br>Gastro- enterology, Surgical Gastro-<br>enterology, ENT,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery,<br>Paediatrics, Orthopaedic,<br>Ophthalmology, Cardiology<br>Pulmonary, Obstetrics,<br>Cardiothoracic surgery. |
| 1376  | 292   | 12     | <b>KANI HOSPITAL</b><br>No.180,Chermadevi Road,<br>Pettai,<br>Tirunelveli-627 004.                                              | 0462-2342611,<br>2342612         | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                                                                                                                                                                                                                                 |
| 1377  | 293   | 13     | <b>KANTHIMADHI NURSING HOME</b><br>68-D, East Car Street,<br>Tirunelveli Town-627 006.                                          | 0462-2322145                     | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                                                                                                                                                                                                                                 |
| 1378  | 294   | 14     | <b>KARTHEEK NURSING HOME</b><br>37, STC Road,<br>Perumalpuram, Tirunelveli-627 007.                                             | 0462-2530409,<br>2530410         | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                                    |
| 1379  | 295   | 15     | <b>KRISHNA MATERNITY HOME &amp; PAEDIATRIC CENTRE</b><br>4, North High Ground Road,<br>Palayamkottai,<br>Tirunelveli - 627 002. | 0462-2581276                     | Gynaecology.                                                                                                                                                                                                                                                                                                                                                                        |
| 1380  | 296   | 16     | <b>LAKSHMI HOSPITAL</b><br>Madurai Road,<br>Tirunelveli-627 001.                                                                | 0462-2334611                     | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology                                                                                                                                                                                                                                                                                                                 |
| 1381  | 297   | 17     | <b>MUTHU HOSPITAL</b><br>No.43E5,Pandidurai 2nd<br>Street,<br>Kulavanigarpuram,<br>Tirunelveli-627 002.                         | 0462-2581277<br>0462-2581287     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                                                    |
| 1382  | 298   | 18     | <b>NELLAI EYE CARE INSTITUTE</b><br>No.106, B2-B3 South<br>Mount Road,<br>Near Lakshmi Theatre,<br>Tirunelveli - 627 006.       | 0462-2323724<br>0462-2321721     | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                       |
| 1383  | 299   | 19     | <b>PARVATHY NURSING HOME</b><br>No.20 A, Anna salai,<br>Viyasarajapuram, Kalakad,<br>Tirunelveli -627 501.                      | 04635 - 260616<br>04635 - 260538 | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                                                    |
| 1384  | 300   | 20     | <b>PEACE HEALTH CENTRE</b><br>48.H/5, Bye-Pass Road,<br>Near New Bus Stand,<br>Tirunelveli - 627 007.                           | 0462-2552137                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                                    |
| 1385  | 301   | 21     | <b>PONRA MULTI-SPECIALITY HOSPITAL</b><br>66/G/3, Vasantham Nagar,<br>Near New Bus Stand<br>(South),<br>Surandai - 627005.      | 0462-2970100                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                                                  |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                       | Contact Number                     | Specialities Available                                                                                                                                                                                                                                                                                                                                      |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1386  | 302   | 22     | <b>PORUNAI HOSPITALS</b><br>TS No.13/2, 13/4, Opposite to New Stand, Trivandrum Road, Palayamkottai, Tirunelveli - 627 007              | 063841<br>12222                    | General Medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Pulmonology, Gynaecology, Medical oncology, Urology, Paediatric oncology, Endocrinology, Haematology, Surgical oncology, Radiation oncology, Neurology, Neurosurgery, Plastic surgery, Interventional Cardiology, Interventional Radiology, Orthopaedics |
| 1387  | 303   | 23     | <b>R.S.P. NURSING HOME &amp; CARDIO THORACIC RESEARCH CENTER</b><br>8,9,10,Sivapuram Street, Tirunelveli - 627 001.                     | 0462-<br>2337665                   | General Medicine - Medical Care, Cardiology, Surgical oncology, Medical oncology, cardiothoracic surgery, Gastroenterology (Medical) Neurology, General surgery                                                                                                                                                                                             |
| 1388  | 304   | 24     | <b>ROYAL HOSPITAL</b><br>2nd Sharon Street, NGO 'A' Colony, Thirunelveli - 627 007                                                      | 0462-<br>2554237                   | General Medicine - Medical care, General Medicine - Critical care, Nephrology, Paediatric, Orthopaedics, General Surgery, Gynaecology, Urology, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery                                                                                                                                             |
| 1389  | 305   | 25     | <b>SCAD MEDICAL CENTRE</b><br>3/646, Tirunelveli - Kanyakumari National Highway, Ponnakudi, Tirunelveli - 627 151.                      | 0994297844<br>7                    | General Medicine, General surgery, Cardiology, Nephrology, Paediatrics, Medical Gastro-enterology, Pulmonology, Gynaecology, Medical oncology, Urology, Surgical oncology, Radiation oncology, Neurology, Neurosurgery, Vascular surgery, Orthopaedics                                                                                                      |
| 1390  | 306   | 26     | <b>SHIFA HEALTH CARE</b><br>No.1,2 Shiekul Albar Street, Melapalayam, Tirunelveli - 627 005.                                            | 0462-<br>2351066<br>88708<br>61107 | Nephrology Urology                                                                                                                                                                                                                                                                                                                                          |
| 1391  | 307   | 27     | <b>SHIFA HOSPITALS</b><br>82, Kailasapuram Middle St, Tirunelveli Junction- 627 001.                                                    | 0462-<br>2333245                   | ENT, Endocrinology, Gastroenterology, Major Dental surgical procedure, Nephrology, Urology, Neurology, Neurosurgery, Oncology, Ophthalmology, Orthopaedic, Pulmonology, Rheumatology, Vascular surgery                                                                                                                                                      |
| 1392  | 308   | 28     | <b>SRI KAUVERY HOSPITAL MEDICAL CARE INDIA LIMITED</b> No. 110E/20/1, North Bypass Road, Vannarpet, Palayamkottai, Tirunelveli-627 003. | 0462- 4006000                      | General Surgery, General Medicine - Medical Care, Gynaecology, Plastic & Facio Maxillary, Cardiology, Cardiothoracic Surgery                                                                                                                                                                                                                                |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                         | Contact Number                        | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1393  | 309   | 29     | <b>SRI SAKTHI HOSPITAL</b><br>No. 48F, Xavier Colony,<br>Tirunelveli - 627 005.                                                           | 0462-<br>2334000<br>94425<br>91760    | Orthopaedic & Trauma Surgery<br>Plastic Surgery, Burns &<br>Reconstructive Surgery, Cosmetic<br>Surgery, Obstetrics & Gynaecology,<br>Neurology & Neuro Surgery,<br>Urology, Nephrology, Cardiology,<br>Cardiothoracic Surgery,<br>Gastroenterology, Paediatric<br>Surgery & Neonatal ICU, ENT<br>Surgery, Anaesthesiology &<br>Intensive care,<br>Ophthalmology, Spine Surgery,<br>Laparoscopic Surgery, Arthroscopy<br>& Sports Medicine, Vascular<br>Surgery, Bariatric Surgery. |
| 1394  | 310   | 30     | <b>SUBRAMANIYAM<br/>NURSING HOME (KIDNEY<br/>CARE CENTER),</b><br>9D, Madurai Road,<br>Tirunelveli - 627 001.                             | 0462 –<br>2320942                     | Nephrology/Urology                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1395  | 311   | 31     | <b>SUDHARSON PLATINUM<br/>HOSPITALS (SHREE<br/>SUDHARSON HOSPITALS)</b><br>No.4, Salai Street,<br>Vannarpettai,<br>Tirunelveli - 627 003. | 0462-<br>2501883/0<br>462-<br>2502320 | General Surgery, General Medicine -<br>Medical Care, Gynaecology, Plastic<br>& Facio Maxillary, Cardiology,<br>Cardiothoracic Surgery                                                                                                                                                                                                                                                                                                                                               |
| 1396  | 312   | 32     | <b>THE EYE FOUNDATION</b><br>City shopping centre,<br>Kokkirakulam ,<br>Trivandrum road,<br>Tirunelveli-627 003                           | 0462-<br>4356655                      | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1397  | 313   | 33     | <b>VASAN EYE CARE<br/>HOSPITAL</b><br>No: 341/2, North Bye Pass<br>Road,<br>Vannarpettai,<br>Tirunelveli - 627 003.                       | 0462 –<br>3989000                     | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1398  | 314   | 34     | <b>VENKATESHWARA<br/>HOSPITALS</b><br>7D, St. Thomas Road, High<br>Ground,<br>Tirunelveli - 627 011.                                      | 0462-<br>2584165,<br>2584175          | General Medicine - Medical Care,<br>General Surgery, Gynaecology                                                                                                                                                                                                                                                                                                                                                                                                                    |
|       |       |        | <b>XXXVI. TENKASI<br/>DISTRICT</b>                                                                                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1399  | 315   | 1      | <b>GVR EYE CLINIC</b><br>No:56/14,Melamasi Street,<br>Tenkasi-627811                                                                      | '88700243<br>05                       | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1400  | 316   | 2      | MEERAN HOSPITAL<br>No.327, Courtallam Road,<br>Tenkasi - 627 811                                                                          | 04633 -<br>223232,<br>222,333         | General Medicine - Medical Care,<br>General Surge,<br>Gynaecology, Orthopaedics<br>Pulmonology, Urology, Oncology,<br>Cardiology, Nephrology,<br>Neurosurgery, Gastro-enterology,<br>Vascular Surger, ENT, Plastic and<br>Facio Maxillary.                                                                                                                                                                                                                                          |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                             | Contact Number                                     | Specialities Available                                                                                                                                                                                                                                                                                                                   |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1401  | 317   | 3      | N M S HOSPITAL<br>No.169, C1 Main Road,<br>Sankarankovil,<br>Thirunelveli - 627 756.                                          | 04636-<br>225315                                   | General Medicine -<br>Medical Care,<br>Paediatrics,<br>Orthopaedics, General<br>Surgery, Gynaecology,<br>Urology, ENT                                                                                                                                                                                                                    |
| 1402  | 318   | 4      | <b>PRO VISION EYE AND<br/>RETINA CENTER</b><br>lo:94/5,Perumal Kovil<br>street,<br>Tirunelveli Main Road,<br>Tenkasi - 627811 | 34633<br>221923,<br>212923,<br>348732313<br>0      | Ophthalmology                                                                                                                                                                                                                                                                                                                            |
| 1403  | 319   | 5      | <b>RAFA EYE CARE CLINIC</b><br>No:251-A,251-B,<br>Keela Muthuramman Kovil<br>Street,<br>Tenkasi                               | 04633-<br>226001/94<br>43452904/<br>94425245<br>75 | Ophthalmology                                                                                                                                                                                                                                                                                                                            |
| 1404  | 320   | 6      | SANTHI HOSPITAL<br>294-D, Keelamutharamman<br>koil street, Vaikkalpalam,<br>Tenkasi 627 811.                                  | 04633-<br>290108<br>04633-<br>290109               | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>General Surgery, Cardiology,<br>Cardiothoracic surgery,<br>Orthopaedics, Gynaecology,<br>Urology, Nephrology, Medical<br>Gastro-enterology,<br>Surgical Gastro-entrolgy, ENT,<br>Neurology, Neurosurgery, Plastic<br>Surgery, Vascular Surgery,<br>Paediatrics. |
| 1405  | 321   | 7      | SANTHI NURSING HOME<br>14/1,122 Surandai,<br>Veerakeralampudur Taluk,<br>Tirunelveli-627859.                                  | 04633-<br>261267                                   | General Medicine -Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                                                        |
| 1406  | 322   | 8      | SHIVA CLINIC & HOSPITAL<br>No.273/180,<br>Kannimaramman<br>Kovil Street, Tenkasi -<br>627811.                                 | 04633-<br>222724                                   | General Medicine -Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                                                                                                        |
| 1407  | 323   | 9      | <b>SUBBULAKSHMI NURSING<br/>HOME</b><br>No.473,47S,Swamy<br>Sannathi,<br>Tenkasi - 627 811.                                   | 04633<br>222072 ,<br>90039<br>11202                | General Surgery, General Medicine,<br>Neurology, Gastroenterology,<br>Obstetrics & Gynaecology,<br>Paediatrics, Orthopaedics, Urology,<br>Nephrology, Plastic Surgery,<br>Pulmonology, Cardiology, ENT and<br>Physiotherapy.                                                                                                             |
| 1408  | 324   | 10     | <b>TENKASI MEDICAL<br/>CENTRE(TMC)</b><br>No:6,Perumal Kovil Street,<br>Post Office Bus<br>Stop,Tenkasi-627811                | 04633-<br>222111                                   | Oncology, General Medicine,<br>General Surgery, Obstetrics &<br>Gynaecology, Orthopaedics,<br>Neurology, Urology, Nephrology,<br>ENT, Plastic Surgery, Cardiology,<br>Vascular Surgery.                                                                                                                                                  |
|       |       |        | <b>XXXVII. KANYAKUMARI<br/>DISTRICT</b>                                                                                       |                                                    |                                                                                                                                                                                                                                                                                                                                          |
| 1409  | 325   | 1      | <b>A.J HOSPITAL</b><br>Mission Compound,<br>Kottaram,<br>Kanyakumari - 629 703.                                               | 04651-<br>270777                                   | General Medicine - Medical<br>Care, General Surgery,<br>Gynaecology.                                                                                                                                                                                                                                                                     |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                         | Contact Number                       | Specialities Available                                                                                                                                                                                                                                                                   |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1410  | 326   | 2      | <b>ANNAI HOSPITAL</b><br>New Junction, Kurumpanal Road,<br>Karungal - 629 157.                                                                                            | 04652-266111                         | General Surgery, Gynaecology.                                                                                                                                                                                                                                                            |
| 1411  | 327   | 3      | <b>ANNAMAL HOSPITAL</b><br>No.11/45-B2, Hill Ward, Trivandrum Road,<br>Kuzhithurai - 629163.                                                                              | 04651-26060                          | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Nephrology, Orthopaedic Surgery                                                                                                                                                                                |
| 1412  | 328   | 4      | <b>BE WELL HOSPITAL No.23/1-7,</b><br>K.P.Road, Nagercoil, Kanyakumari -629 001.                                                                                          | 04652-223244                         | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                                  |
| 1413  | 329   | 5      | <b>BEJAN SINGH EYE HOSPITAL (P) LTD.</b><br>No.2/61-5, block-2, Pammam Junction Main Road, marthandam, Nagercoil-629 165                                                  | 04652-239491, 239492                 | Ophthalmology.                                                                                                                                                                                                                                                                           |
| 1414  | 330   | 6      | <b>BENSAM HOSPITAL</b><br>Kalliancadu, Nagercoil - 629003.<br>/BENSAM UROGYNAEC CENTRE No.507, B-1, Kalliancaud, M.S.Road, Nagercoil-629 003                              | 04652-232532<br>7598000441           | General Medicine - Medical Care, General Surgery, Gynaecology, Orthopaedics, Urology                                                                                                                                                                                                     |
| 1415  | 331   | 7      | <b>BINU MEDICAL CLINIC</b><br>Erumbili Junction, Colachal, Ritapuram Post, Kanyakumari - 629 159.                                                                         | 04651-228899                         | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                           |
| 1416  | 332   | 8      | <b>CALWIN HOSPITALS</b><br>157A/2, Pattagasalianvilai, Ethamozhy Road, Nagercoil-629 002.                                                                                 | 04652- 260 900                       | General Medicine, Cardiology, Nephrology, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Ophthalmology, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |
| 1417  | 333   | 9      | <b>CHANDRIGA HOSPITAL</b><br>No.43-1, Court Road, Duthie School Junction, Nagercoil – 629 001                                                                             | 9444321248                           | General Medicine - Medical Care, Orthopaedics, General Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                |
| 1418  | 334   | 10     | <b>DR. J.MATHIAS HOSPITAL</b><br>K.P. Road, Nagercoil - 629 001.                                                                                                          | 04652-279731, 278137, 279733, 279466 | General Surgery, Gynaecology.                                                                                                                                                                                                                                                            |
| 1419  | 335   | 11     | <b>DR. JAYAHARAN MEMORIAL HOSPITAL</b><br>63, Court Road, Nagercoil - 629 001.                                                                                            | 04652-222664                         | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                                           |
| 1420  | 336   | 12     | <b>DR. JAYASEKARAN HOSPITAL AND NURSING HOME</b><br><b>/(DR.JEYASEKHARAN MEDICAL TRUST, DR.JEYASEKHARAN HOSPITAL AND NURSING HOME)</b><br>K.P. Road, Nagercoil - 629 003. | 04652-230019                         | General Medicine - Medical Care, General Surgery, Gynaecology, Cardiology, Cardiothoracic Surgery, ENT, Gastroenterology, Neurology, Plastic & Facio Maxillary, Vascular Surgery.                                                                                                        |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                                                           | Contact Number                         | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                           |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1421  | 337   | 13     | <b>Dr. SURESH EYE CLINIC</b><br>Vettumony,<br>Thengapattanam Road,<br>Marthandami -629165.                                                                                                  | 04651-<br>277602                       | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1422  | 338   | 14     | <b>DR.ISAAC BONE &amp; JOINT SPECIALITY HOSPITAL</b><br>Main Road,<br>Marthandam - 629 165.                                                                                                 | 04651-<br>272521,<br>271697<br>2713101 | Orthopaedic Surgery.                                                                                                                                                                                                                                                                                                                                                                                             |
| 1423  | 339   | 15     | <b>DR.KUMARSWAMI HEALTH CENTRE</b><br>1/4C, Perumal Puram,<br>Kottaram Post,<br>Kanyakumari - 629 703.                                                                                      | 04652-<br>271050,<br>636               | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                                                                                                                |
| 1424  | 340   | 16     | <b>DR.S.ASEER PLASTIC SURGERY &amp; ACCIDENT CARE HOSPITAL</b><br>No.#15-286 A, Near<br>Parvathipuram,<br>Railway Overbridge,<br>Kanniyalculam Road,<br>Kalliankadu,<br>Nagercoil - 629 003 | 04652-<br>222277<br>80121<br>44411     | General Medicine • Medical Care,<br>General Medicine • Critical care,<br>General Surgery, Cardiology,<br>Orthopaedics, Gynaecology,<br>Urology, Nephrology, ENT, Surgical<br>Oncology, Neurosurgery, Plastic<br>Surgery, Paediatrics.                                                                                                                                                                            |
| 1425  | 341   | 17     | <b>DR.SOMERVELL MEMORIAL C.S.I MEDICAL COLLEGE &amp; HOSPITAL</b> Karakonam,<br>Thiruvananthapuram -695 504,<br>Kerala                                                                      | 0471-<br>2250233;<br>2250506           | Cardiology, Interventional<br>cardiology, General Medicine,<br>Paediatrics, Pulmonology,<br>Psychiatry, General Surgery, ,<br>Gynaecology, Anaesthesiology,<br>orthopaedics, Ophthalmology, ENT,<br>Urology, Neurology & Neurosurgery,<br>Plastic & Reconstructive Surgery,<br>Paediatric surgery, Medical &<br>Surgical Oncology, Nephrology,<br>Surgical Gastroenterology,<br>Radiology, Laparoscopic Surgery. |
| 1426  | 342   | 18     | <b>GANESAMONI HOSPITAL</b><br>No.6, Saraloor, Hindu college Road,<br>Nagercoil,<br>Kanniyakumari-629 002                                                                                    |                                        | General Medicine - Medical Care,<br>General Surgery, Gynaecology ,<br>Nephrology, Urology, Orthopaedic<br>surgery, Cardiology, Neurology                                                                                                                                                                                                                                                                         |
| 1427  | 343   | 19     | <b>GERDI GUTPERLE AGASTHIYAR MUNI CHILDREN HOSPITAL</b><br>4/23 C, Thazhakudi Road,<br>Vellamadam - 629 305.                                                                                | 04652-<br>285708                       | General Surgery.                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1428  | 344   | 20     | <b>GRACE HOSPITAL &amp; NURSING HOME</b><br>P.P.M Junction,<br>Kaliakkavilai - 629 153.                                                                                                     | 04651-<br>244260                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology.<br>Ophthalmology                                                                                                                                                                                                                                                                                                                               |
| 1429  | 345   | 21     | <b>HELIOS EYE HOSPITAL &amp; CATARACT CENTRE</b><br>S M Arcade, Main Road,<br>Marthandam- 629 165.                                                                                          | 04651-<br>271720,<br>335052            | Ophthalmology.                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1430  | 346   | 22     | <b>HOLY CROSS HOSPITAL</b><br>Vettoornimadam,<br>Nagercoil-629 003.                                                                                                                         | 04652-<br>230897                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Oncology<br>medical and surgical,<br>Gastroenterology, Urology,<br>Neurology medical and surgery,<br>Cardiology, ENT, Nephrology                                                                                                                                                                                       |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                          | Contact Number                                | Specialities Available                                                                                                                                                                                                                                                                                                    |
|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1431  | 347   | 23     | <b>JAMES HOSPITAL</b><br>Colachal,<br>Kanyakumari-629 251.                                                                 | 04651-225722,<br>225793                       | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology.                                                                                                                                                                                                                                                      |
| 1432  | 348   | 24     | <b>JOHN GASTRO HOSPITAL</b><br>No.63, MS Road, Near<br>District Tennis Court,<br>Vadasery<br>Nagercoil - 629 001.          | 735873735<br>8/04652-240042                   | General Medicine, General surgery,<br>Cardiology, Nephrology, Paediatrics,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, Pulmonology,<br>Gynaecology, Medical oncology,<br>Urology, Endocrinology,<br>Ophthalmology, Surgical oncology,<br>Neurology, Plastic surgery,<br>orthopaedics, Paediatric surgery |
| 1433  | 349   | 25     | <b>JOSEPH SAHAYAM HOSPITAL</b><br>179/3 Ganespuram Road,<br>Nagercoil - 629 001.                                           | 04652-228048                                  | General Medicine - Medical Care,<br>General Surgery, ENT, Gynaecology,<br>Nephrology                                                                                                                                                                                                                                      |
| 1434  | 350   | 26     | <b>KANYAKUMARI MEDICAL MISSION,</b><br>C.S.I. HOSPITAL<br>(MARTHANDAM)<br>Marthandam,<br>Kanyakumari - 629 165.            | 04651-270073,<br>277375,<br>222222,<br>222269 | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                         |
| 1435  | 351   | 27     | <b>KANYAKUMARI MEDICAL MISSION,</b><br>C.S.I. HOSPITAL<br>Main Road,<br>Kulasekharam-629 161.                              | 04651-277375,<br>222222<br>222269             | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                         |
| 1436  | 352   | 28     | <b>KANYAKUMARI MEDICAL MISSION,C.S.I. HOSPITAL</b><br>North Street,<br>Neyyoor-629 902.                                    | 04651-223122                                  | General Medicine - Medical Care,<br>General Surgery, Oncology,<br>Ophthalmology.                                                                                                                                                                                                                                          |
| 1437  | 353   | 29     | <b>KRISHNAKUMAR ORTHOPAEDIC HOSPITAL</b><br>Over Bridge,<br>Parvathipuram,<br>Chunkan Kadaai Post,<br>Nagercoil - 629 001. | 04652-231322,                                 | Orthopaedic Surgery.                                                                                                                                                                                                                                                                                                      |
| 1438  | 354   | 30     | <b>LIFE CARE HOSPITAL</b><br>No.425, M.S. Road,<br>Parvathipuram,<br>Nagercoil - 629 003                                   | 04652-227001                                  | General Medicine - Medical Care,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, ENT                                                                                                                                                                                                                           |
| 1439  | 355   | 31     | <b>LIFE CARE HOSPITAL</b><br>No,30-73, Main Road,<br>Colachel,<br>Kanyakumari - 629 251.                                   | 852633300<br>0/04651-226001                   | General Medicine, General surgery,<br>Nephrology, Paediatrics, Medical<br>Gastro-enterology, Surgical Gastro-<br>enterology, Urology ,Neurology,<br>Neurosurgery, Plastic surgery,<br>Vascular surgery, Orthopaedics                                                                                                      |
| 1440  | 356   | 32     | <b>LISTER HOSPITAL</b><br>No.3/34 Main Road,<br>Marthandam,<br>Kanniyakumari-629 165                                       | 04651- 205<br>152                             | General Medicine, Cardiology,<br>Nephrology, Paediatrics, Gastro-<br>enterology, General Surgery,<br>Gynaecology, Obstetrics, Urology,<br>ENT, Neurology                                                                                                                                                                  |
| 1441  | 357   | 33     | <b>M.L.HOSPITAL</b><br>Rajakka Mangalam Road,<br>Punnai Nagar,<br>Nagercoil-629 004.                                       | 04652-264792                                  | General Medicine, General Surgery,<br>Gynaecology, Plastic & Facio<br>Maxilliary, Orthopaedic Surgery,<br>E.N.T.                                                                                                                                                                                                          |
| 1442  | 358   | 34     | <b>MANJU NURSING HOME</b><br>PPK Road, Marthandam,<br>Kanyakumari - 629 165.                                               | 04652-270141,<br>273849                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology.                                                                                                                                                                                                                                                         |



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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                   | Contact Number                                 | Specialities Available                                                                                                                         |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1443  | 359   | 35     | <b>MANUEL ORTHOPAEDIC HOSPITAL</b><br>NH 47B, Tirunelveli Highway,<br>Nagarcoil - 629 901.                                          | 04652-272310                                   | Orthopaedic Surgery                                                                                                                            |
| 1444  | 360   | 36     | <b>MITHUNA ORTHOCARE HOSPITAL</b><br>No:13,28/5,ST-<br>,Udaiyarvilai,<br>Kallukotam,<br>Athivilai,<br>Kanyakumari-629802            | 7305122458                                     | General Medicine, General surgery, Paediatrics, Gynaecology, Urology, Neurology, Neurosurgery, Plastic surgery, Vascular surgery, orthopaedics |
| 1445  | 361   | 37     | <b>MORRIS MATHIAS HOSPITAL</b><br>355, K.P. Road,<br>Nagercoil - 629 001.                                                           | 04652-279902,<br>279903                        | General Surgery, Gynaecology, Plastic & Facio Maxillary, Orthopaedic Surgery, ENT, Nephrology, General Medicine - Medical Care.                |
| 1446  | 362   | 38     | <b>MUTHU NEURO CENTRE</b><br>No.18/51H, Ashok Nagar,<br>Thiruvananthapuram Road,<br>Chunkankadai,<br>Nagercoil - 629 003            | 04652-220220                                   | General Medicine - Medical Care, Orthopaedics, Neurology, Neurosurgery, Plastic surgery, General Surgery, Gynaecology, Urology, ENT            |
| 1447  | 363   | 39     | <b>P.S.MEDICAL TRUST HOSPITAL</b><br>Puthuvillai,<br>Thallakulam, Via Neyur,<br>Kanyakumari-629 802.                                | 04651-222299,<br>220046                        | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology.                                                                      |
| 1448  | 364   | 40     | <b>PONJESLY SUPER SPECIALITY HOSPITAL</b><br>No.6/147, AB, Kalliancaud-<br>Erachakulam Road,<br>Parvathipuram,<br>Nagercoil-629 003 | 04652-22086                                    | General Medicine - Medical Care, General Surgery, Gynaecology, Cardiology, Gastroenterology, Neurology, Urology, Vascular surgery, Oncology    |
| 1449  | 365   | 41     | <b>PPK HOSPITAL</b><br>3-34D, Main Road,<br>Marthandam,<br>Kanyakumari - 629 165.                                                   | 04652-210135                                   | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                 |
| 1450  | 366   | 42     | <b>PRATHEEP NURSING HOME</b><br>palliyadi,<br>Eraviputhoorkadai -<br>Karungal State Highways,<br>Kanyakumari - 629 169              | 04651-267377,<br>931906680<br>5,98994358<br>82 | General Medicine, General surgery, Paediatrics, Medical Gastro-enterology, Urology, ENT, Radiation oncology, orthopaedics                      |
| 1451  | 367   | 43     | <b>RADHAKRISHNAN HOSPITAL</b><br>Market Junction.,<br>Kulasekharam,<br>Kanyakumari - 629 161.                                       | 04651-277266                                   | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                 |
| 1452  | 368   | 44     | <b>RAMAKRISHNA HOSPITAL</b> Main<br>Road, Marthandam,<br>Marthandam (PO),<br>KanyaKumari - 629 165.                                 | 04651-272641                                   | General Surgery, Gynaecology                                                                                                                   |
| 1453  | 369   | 45     | <b>RATHNA MEMORIAL HOSPITAL</b><br>Main Road, Kalkulam,<br>Swamiyarmadam,<br>Kanyakumari - 629 158.                                 | 04651-275120                                   | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                 |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                          | Contact Number                                 | Specialities Available                                                                                                                                                            |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1454  | 370   | 46     | <b>SANKARALINGAM HOSPITAL</b><br>PWD road,<br>Chettikulam juncton,<br>Nagercoil-629002                                                     | 04652 - 236260<br>04652 - 236788<br>9944728282 | General medicine, Cardiology, Pulmonology, Urology, Endocrinology, Ophthalmology, Neurology, Orthopaedics, ENT, Diabetology                                                       |
| 1455  | 371   | 47     | <b>SATHYAM HOSPITAL</b><br>No.536,M.S.Road,<br>Vetturnimadam,<br>Nagercoil - 629003                                                        | 04652-230666/<br>298899                        | Interventional Gastroenterology, Gynaecology, Infertility, General surgery, General medicine, Oncology, Pulmonology and Urology                                                   |
| 1456  | 372   | 48     | <b>SHALOM ORTHOPAEDIC HOSPITAL</b><br>Main Road, Kanjiracode,<br>Marthandam -629 155                                                       | 04651-274922                                   | Ortho                                                                                                                                                                             |
| 1457  | 373   | 49     | <b>SIVA HOSPITAL</b><br>No.47/95,West Coast Road,<br>Eathamozhi Junction,<br>Kanyakumari 629 501.                                          | 04652-252253                                   | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                    |
| 1458  | 374   | 50     | <b>SREE MOOKAMBIKA INSTITUTE OF MEDICAL SCIENCES</b><br>Velayuthan Pillai Memorial Hospital Complex,<br>Padailam,<br>Kulasekharam-629 161. | 04651-280742;                                  | General Medicine - Medical Care, General Surgery, Gynaecology, Cardiology, Cardiothoracic Surgery, ENT, Gastroenterology, Neurology, Plastic & Facio Maxillary, Vascular Surgery. |
| 1459  | 375   | 51     | <b>SRI RAM ORTHOPAEDIC HOSPITAL</b><br>NMC 19/1-387 F, Cabe Road,<br>Edalakudy,<br>Kottar.<br>Nagercoil - 629 002.                         | 04652-245101                                   | Orthopaedic Surgery.                                                                                                                                                              |
| 1460  | 376   | 52     | <b>SRINIVASA HOSPITAL</b><br>Tirunelveli High Road,<br>Therekalputhur,<br>Nagercoil - 629 901.                                             | 04652-277522                                   | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                     |
| 1461  | 377   | 53     | <b>ST. MARY'S HOSPITAL</b><br>College Road,Nithiravillai,<br>Kanyakumari-629 154.                                                          | 04651-242645                                   | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                    |
| 1462  | 378   | 54     | <b>SUBAM HOSPITAL</b><br>215, Opp. S.M.R.V School,<br>Vadasery,<br>Nagercoil - 629 001.                                                    | 04652-274146                                   | General Medicine - Medical Care, General Surgery, Gynaecology, Plastic & Facio Maxillary, Orthopaedic Surgery.                                                                    |
| 1463  | 379   | 55     | <b>SUSHRUSHAH MEDICAL CENTRE</b><br>(P) LTD.<br>15/820, Kalliancaud Junction, Nagarcoil - 629 003.                                         | 04652-232346                                   | General Medicine - Medical Care, General Surgery, Gynaecology, Neurology, Orthopaedic Surgery.                                                                                    |
| 1464  | 380   | 56     | <b>THIRAVIAM ORTHOPAEDIC HOSPITAL</b><br>2/191, Tirunelveli Main Road,<br>Thirupathisaram P.O.,<br>Therakalputhur,<br>Nagercoil - 629 001. | 04652-276607                                   | Orthopaedic Surgery, Plastic & Facio Maxillary.                                                                                                                                   |
| 1465  | 381   | 57     | <b>VASAN EYE CARE HOSPITAL</b><br>No.56/57, M.S Road,<br>Near Nagercoil Tennis Club,<br>Vadasery,<br>Nagarcoil - 629 001.                  | 04652-398900                                   | Ophthalmology                                                                                                                                                                     |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                            | Contact Number                     | Specialities Available                                                                                                                                                                                                                                               |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1466  | 382   | 58     | <b>VASANTHAM HEALTH CENTRE (P) LTD.</b><br>Dennison Road,<br>Nagercoil - 629 001.                            | 04652-222526                       | General Medicine - Medical Care, General Surgery, Gynaecology, Plastic & Facio Maxillary, Orthopaedic Surgery, ENT, Nephrology.                                                                                                                                      |
| 1467  | 383   | 59     | <b>VIJAYAKUMAR HOSPITAL</b><br>Swamiyarmadam,<br>Kattathurai,<br>Kanyakumari - 629 158.                      | 04651-275045 / 275145              | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                       |
| 1468  | 384   | 60     | <b>WILLIAM HOSPITAL</b><br>No.252,M.S.Road, Urology,<br>Krishnancoil,<br>Nagercoil-629 001                   | 04652-272588                       | General Medical Care, Surgery, Gynaecology, Gastroenterology, Pulmonology, Cardiology, Neurology, ENT, Oncology.                                                                                                                                                     |
|       |       |        | <b>XXXVIII. TUTICORIN DISTRICT</b>                                                                           |                                    |                                                                                                                                                                                                                                                                      |
| 1469  | 385   | 1      | <b>AARTHI HOSPITAL</b><br>60, Santhaipettai,<br>Kovilpatty- 628 502.                                         | 04632-221346,<br>221347,<br>221348 | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                        |
| 1470  | 386   | 2      | <b>ARAVIND EYE HOSPITAL</b><br>37, Meenakshipuram West,<br>Near Old Bus Stand,<br>Tuticorin - 628 002.       | 0461-2330960                       | Ophthalmology.                                                                                                                                                                                                                                                       |
| 1471  | 387   | 3      | <b>ARAVIND EYE HOSPITAL</b><br>No.4/897, New Appalled<br>Thiruvencatam Main Road,<br>Kovilpatti-628 502      | 04632-290800                       | Ophthalmology                                                                                                                                                                                                                                                        |
| 1472  | 388   | 4      | <b>ARPUTHAM HOSPITAL</b><br>No.39/1,39/LA,<br>Devarpuram Road,<br>Perumal Puram St,<br>Thoothukudi - 628 008 | 94889<br>62266<br>94885<br>62266   | General Medicine, General Surgery ,Cardiology, Paediatrics, Pulmonology, Gynaecology, Urology, Psychiatry, ENT, Ophthalmology, Surgical oncology, Neurology, Orthopaedics, Plastic Surgery, Urology, vascular surgery, Interventional Radiology, Dermatology, Dental |
| 1473  | 389   | 5      | <b>AVM HOSPITALS</b><br>135, Palayamcottai Road,<br>Tuticorin - 628 003.                                     | 0461-2320733                       | General Medicine - Medical Care, General Surgery, Gynaecology, Ophthalmology.                                                                                                                                                                                        |
| 1474  | 390   | 6      | <b>B.G. HOSPITAL</b><br>No. 1/393, Tuticorin Road,<br>Veerapandianpatnam,<br>Tiruchendur-628 216             | 04639-245316                       | General Medicine, Cardiology, Nephrology, Paediatrics, Orthopaedics, Urology, Gynaecology, General Surgery, Neurology, Neurosurgery.                                                                                                                                 |
| 1475  | 391   | 7      | <b>BE WELL HOSPITAL No.26,</b><br>Thiruchendur Road,<br>Thoothukudi - 628 003.                               | 0461-2375610                       | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                              |
| 1476  | 392   | 8      | <b>CITY HOSPITAL</b><br>106G/8A,Palani Main<br>Road(West),<br>Millerpuram Corner,<br>Tuticorin- 628 008.     | 0461-2311348 /9                    | General Medicine - Medical Care, General Surgery, Gynaecology                                                                                                                                                                                                        |
| 1477  | 393   | 9      | <b>DR AGARWAL EYE HOSPITAL</b><br>138/4, Palayamkottai Road,<br>Tuticorin - 628 003.                         | 0462-2501819                       | Ophthalmology.                                                                                                                                                                                                                                                       |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                      | Contact Number                                       | Specialities Available                                                                                                                                                                                                                                                                                                                                  |
|-------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1478  | 394   | 10     | <b>EDISON HOSPITAL</b><br>286, Kulasai Road,<br>Thiruchendur,<br>Tuticorin - 628 215.                                                                  | 04639-<br>242212,<br>245629                          | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology.                                                                                                                                                                                                                                                                                    |
| 1479  | 395   | 11     | <b>JAYASHRI HOSPITAL</b><br>No.119,Mahalakshmi<br>nagar,Ilayarasanendal<br>road,Alampatti,Thoothukud<br>i,TN-628502                                    | 04632-<br>234414<br>948992405<br>0<br>948661468<br>4 | General medicine, General surgery,<br>Orthopaedics                                                                                                                                                                                                                                                                                                      |
| 1480  | 396   | 12     | <b>JEYANTH NALLATHAMBI HOSPITAL</b><br>No.3/186, Perianayagi<br>Puram Main Road,<br>Korampallam,<br>Opp New Collector Office,<br>Thoothukudi - 628101. | 0461-<br>2341122 /<br>2341113                        | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                      |
| 1481  | 397   | 13     | <b>KAMALA HOSPITAL</b><br>46 - B, Santhai Pettai<br>Street,<br>Kovilpatti - 628 502.                                                                   | 04632-<br>240986,<br>240977                          | General Medicine - Medical<br>Care, General Surgery,<br>Gynaecology.                                                                                                                                                                                                                                                                                    |
| 1482  | 398   | 14     | <b>KAY JEE NURSING HOME</b><br>73/10A, Polpettai, Tuticorin<br>- 628 002.                                                                              | 0461-<br>2345223/5                                   | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology.                                                                                                                                                                                                                                                                                    |
| 1483  | 399   | 15     | <b>LAXMI POLYCLINIC</b><br>No.152/18A, Polpettai,<br>Near Uzhavar Santhai,<br>New Bus Stand,<br>Thoothukudi - 628 002.                                 | 0461-<br>2337222/<br>0461-<br>2346410                | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                                                                                         |
| 1484  | 400   | 16     | <b>NADAR URAVINMURAI<br/>SANGAM PUBLIC<br/>WELFARE HOSPITAL</b><br>No.239-B/13, Ettayapuram<br>Road,<br>Kovilpatti,<br>Thoothukudi -628 501.           | 04632-<br>232670<br>968867716<br>6                   | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                                                                                        |
| 1485  | 401   | 17     | <b>PADMA HOSPITAL</b><br>2764/6,Main Road,<br>(Opp. to Lakshmipuram<br>Post Office,<br>Kovilpatti - 628 502.                                           | 04632-<br>220699                                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Ophthalmology. Neurology,<br>Nephrology,<br>Orthopaedic Surgery, ENT,<br>Genitourinary Surgery                                                                                                                                                                                     |
| 1486  | 402   | 18     | <b>PRIMELINE HOSPITAL<br/>No.6/2799 A-D,</b><br>Tirunelveli Main Road,<br>Opp. To Ramasamy dass<br>Park,<br>Kovilpatti - 628 502.                      | 04632-<br>229944                                     | General Medicine - Medical Care,<br>Paediatrics, Orthopaedics, General<br>Surgery, Gynaecology, Urology, ENT                                                                                                                                                                                                                                            |
| 1487  | 403   | 19     | <b>RADHU HOSPITAL</b><br>No.4/105, Main Road,<br>kumaragiri, Pudukottai,<br>Thoothukudi - 628 103.                                                     | 0461-<br>2271258<br>984217155<br>9                   | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Orthopaedics, General<br>Surgery, Gynaecology, Urology,<br>Neplu-ology, Medical Gastro-<br>enterology, Surgical<br>Gastro•entrolology, ENT, Surgical<br>Oncology, Neurology, Neurosurgery,<br>Plastic Surgery, Vascular Surgery,<br>Paediatrics, Medical Oncology. |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                  | Contact Number                                           | Specialities Available                                                                                                                                                                                                                                                                   |
|-------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1488  | 404   | 20     | <b>RAJESH TILAK HOSPITAL</b><br>No.107J/79/50G/<br>1,2,3, P.C. Road West,<br>Millerpuram,<br>Thoothukudi-628 008.                  | 0461-<br>2323536                                         | Cardiology, General Medicine -<br>Medical Care, General Surgery,<br>Genito Urinary Surgery,<br>Gynaecology, Nephrology,<br>Orthopaedic Surgery                                                                                                                                           |
| 1489  | 405   | 21     | <b>RMS HOSPITAL AND<br/>FETAL CENTRE</b><br>No.1132, Main Road,<br>Kovilpatti.                                                     | 04632-<br>224999/73<br>39152498                          | General Medicine, General Surgery,<br>Obstetrics & Gynaecology, Urology,<br>Paediatrics                                                                                                                                                                                                  |
| 1490  | 406   | 22     | <b>ROYAL HOSPITAL</b><br>No.1/514-4, Ettayapuram<br>Road,<br>Mappilaiurani,<br>Tuticorin- 628 002                                  | 887002800<br>1                                           | General Surgery, General Medicine -<br>Medical Care, Orthopaedics,<br>Neurology, Urology                                                                                                                                                                                                 |
| 1491  | 407   | 23     | <b>SANKAR HOSPITAL</b><br>Main Road, Authoor,<br>Tuticorin-628 151.                                                                | 04639-<br>238269                                         | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology.                                                                                                                                                                                                                     |
| 1492  | 408   | 24     | <b>SANTHI<br/>MULTISPECIALITY<br/>HOSPITAL</b><br>No.8/70B,Salaiyam Street,<br>Vilathikulam,<br>Thoothukudi - 628 907.             | 04638-<br>233120<br>04638-<br>234315                     | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                         |
| 1493  | 409   | 25     | <b>SASI HOSPITAL,</b><br>No.3/53 5-D, Nellai Main<br>Road, (Bye Pass)<br>Inam Maniyaclii,<br>Kovilpatti - 628 502.                 | 04632<br>290073<br>89731<br>90190                        | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Orthopaedics, General<br>Surgery, Gynaecology, Urology,<br>Nephrology, Medical GastJ-o-<br>enterology, Surgical<br>Gastro•entrolology, ENT, Surgical<br>Oncology, Paediatrics, Medical<br>Oncology. |
| 1494  | 410   | 26     | <b>SHYAMALA NURSING<br/>HOME</b><br>No.4/459-2,Main Road,<br>Pudukottai,<br>Thoothukudi -628103                                    | 0461-<br>2271882                                         | General surgery, Gynaecology,<br>Orthopaedics                                                                                                                                                                                                                                            |
| 1495  | 411   | 27     | <b>SREE CHENDUR<br/>MULTISPECIALITY<br/>HOSPITAL</b> No.46-A-1,<br>Santhai Pettai Street,<br>Kovilpatti,<br>Thoothukudi – 628 501. | 04632-<br>234205/<br>04632-<br>220965/<br>948771096<br>5 | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT                                                                                                          |
| 1496  | 412   | 28     | <b>SRI HOSPITALS</b><br>No.57, Ettayapuram Road,<br>Kovilpatti -628501.                                                            | 04632-<br>234000                                         | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Neurology, Nephrology, Orthopaedic<br>Surgery                                                                                                                                                                       |
| 1497  | 413   | 29     | <b>SRI MURALI HOSPITAL</b><br>46-C, Santhai Pettai Street,<br>Kovilpatti - 628 502.                                                | 04632-<br>221444                                         | General Medicine - Medical Care,<br>General Surgery,<br>Gynaecology.                                                                                                                                                                                                                     |
| 1498  | 414   | 30     | <b>SRINIVASA HOSPITAL</b><br>No.87,A.K.S. Theatre Road,<br>Kovilpatti,<br>Thoothukudi -628 502.                                    | 04632-<br>220473<br>944312247<br>3                       | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Nephrology, Urology, Orthopaedic<br>Surgery                                                                                                                                                                         |
| 1499  | 415   | 31     | <b>SUDIKSHA PRABHU<br/>MULTISPECIALITY<br/>HOSPITAL</b><br>59,60 AKS Theater Road ,<br>Kovilpatti - 628 502.                       | 04632-<br>233939,<br>233828                              | General Surgery, Gynaecology.                                                                                                                                                                                                                                                            |



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|-------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1500  | 416   | 32     | <b>SUNDARAM ARULRAJ HOSPITALS</b><br>145-5B, Jayaraj Road,<br>Tuticorin - 628 002.                                               | 0461-4230001       | General Medicine - Medical Care, General Surgery, Gynaecology, Cardiology, Cardiothoracic Surgery.                                                                                                                                                                        |
| 1501  | 417   | 33     | <b>THE THANRAJ SPECIALITY HOSPITALS</b><br>9, Chidambara Nagar,<br>East Street,<br>Thoothukudi 623008                            | 0461-2335566       | General Medicine, Nephrology, Medical Gastroenterology, Cardiology, General and Laparoscopic surgery, Urology, orthopaedics, Gynaecology, Dialysis                                                                                                                        |
| 1502  | 418   | 34     | <b>THEIVA NURSING HOME</b><br>No.209-A. V.E.Road,<br>Damodaranagar Main Road,<br>Tuticorin -628 003.                             | 2323454<br>2320213 | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Obstetrics, Medical Oncology, Urology, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery                                                  |
| 1503  | 419   | 35     | <b>THULASI HOSPITAL</b><br>6/6A, Muthanamthapuram,<br>2nd Street,<br>Kovilpatti-628 502.                                         | 04632-222612       | General Medicine - Medical Care, General Surgery, Gynaecology.                                                                                                                                                                                                            |
| 1504  | 420   | 36     | <b>VASAN EYE CARE HOSPITAL</b><br>258-B, V. E. Road,<br>Tuticorin - 628 003.                                                     | 0461-3989000       | Ophthalmology.                                                                                                                                                                                                                                                            |
| 1505  | 421   | 37     | <b>VENKATESWARA HOSPITALS (P) LTD.</b><br>No.520, Thirunelveli N.H., K R Nagar (PO),<br>Kovilpatti,<br>Thoothukudi -628 502.     | 04632-234991       | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                   |
|       |       |        | <b>E.OUTSIDE THE STATE</b>                                                                                                       |                    |                                                                                                                                                                                                                                                                           |
|       |       |        | <b>XXXIX. PUDUCHERRY</b>                                                                                                         |                    |                                                                                                                                                                                                                                                                           |
| 1506  | 1     | 1      | <b>A.G PADMAVATHY HOSPITAL LTD.</b><br>RS No:127/1 A, Viliyanur<br>Main Road,<br>Arumparthapuram,<br>Puducheery-605 110.         | 0413-2295500       | General Surgery, General Medicine - Medical Care, Gynaecology                                                                                                                                                                                                             |
| 1507  | 2     | 2      | <b>ARAVIND EYE HOSPITAL</b><br>Cuddalore Main Road,<br>Thavalakuppam,<br>Puducherry - 605 007.                                   | 0413-2619100       | Ophthalmology                                                                                                                                                                                                                                                             |
| 1508  | 3     | 3      | <b>BE WELL HOSPITAL</b><br>No.15, ECR Lawspet,<br>Puducherry- 605 008.                                                           | 0413-2257490       | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery                                                                                                                                                                   |
| 1509  | 4     | 4      | <b>CLINIC NALLAM,</b><br>No.86. Eswaran Koil<br>Sreet,<br>Puducherry-605 001.                                                    | 0413-2338100       | General Medicine, Cardiology, Nephrology, Paediatrics, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Obstetrics, Medical Oncology, Urology, ENT, Haematology, Surgical Oncology, Rheumatology, Neurology, Plastic Surgery, Vascular Surgery |
| 1510  | 5     | 5      | <b>DR.AGARWAL'S EYE HOSPITAL</b><br>No.601, Kamarajar Salai,<br>Rajiv Gandhi Square,<br>Muruga Theatre,<br>Puducherry - 605 005. | 0413-4900610       | Ophthalmology                                                                                                                                                                                                                                                             |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                   | Contact Number              | Specialities Available                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1511  | 6     | 6      | <b>EAST COAST HOSPITAL</b><br>No.1, Perambai Road, Paris Nagar,<br>Moolakulam,<br>Puducherry - 605010                                               | 0413-2297800                | General Medicine - Medical care,<br>General Medicine - Critical Care,<br>Cardiology, Nephrology, Paediatric,<br>Gastro-enterology, Orthopaedics,<br>General Surgery, Pulmonary,<br>Gynaecology, Medical Oncology,<br>Urology, Cardiothoracic Surgeries,<br>ENT, Ophthalmology, Surgical<br>Oncology, Neurology, Neurosurgery,<br>Plastic Surgery, Vascular Surgery                                                        |
| 1512  | 7     | 7      | <b>PUDUCHERRY CANCER TRUST HOSPITAL AND RESEARCH CENTRE</b><br>No.9,2nd Cross (1st Floor),<br>Anna Nagar,<br>Puducherry - 605 005.                  | 0413-2970420                | Oncology                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1513  | 8     | 8      | <b>PUDUCHERRY INSTITUTE OF MEDICAL SCIENCES</b><br>Ganapathychettypalayam,<br>Kalapet,<br>Puducherry-605 014.                                       | 0413-2656601,<br>301111,355 | General Surgery, General Medicine -<br>Medical Care, Gynaecology,<br>Neurology, Orthopaedic Surgery,<br>Plastic &<br>Facio Maxilliary                                                                                                                                                                                                                                                                                     |
| 1514  | 9     | 9      | <b>SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCE</b><br>Osudu, Agaram Village,<br>Villianur Commune.<br>Kudapakkam Post,<br>Puducherry-605 502. | 0413- 266<br>1998           | Interventional Cardiology,<br>Nephrology, neurology, Medical and<br>Surgical Gastro- Enterology.<br>neurology and Neuro Surgery,<br>Vascular Surgery, Plastic and<br>Burns, Laparoscopic Surgeries,<br>Medical Surgical Oncology                                                                                                                                                                                          |
| 1515  | 10    | 10     | <b>SRI ARUPADAI VEEDU MEDICAL COLLEGE &amp; HOSPITAL</b><br>Cuddalore - Puducherry<br>Main Road,<br>Kirumapakkam,<br>Puducherry - 607 402.          | 0413-2615625                | General Surgery, General Medicine -<br>Medical Care, Gynaecology,<br>Neurology, Orthopaedic Surgery,<br>Plastic &<br>Facio Maxilliary                                                                                                                                                                                                                                                                                     |
| 1516  | 11    | 11     | <b>SRI MANAKULA VINAYAGAR MEDICAL COLLEGE &amp; HOSPITAL</b><br>Kalatheerthakuppam,<br>Madagadipet,<br>Puducherry - 605 107.                        | 0413-2643000                | General Surgery, General Medicine -<br>Medical Care, Gynaecology,<br>Neurology, Orthopaedic Surgery,<br>Plastic &<br>Facio Maxilliary                                                                                                                                                                                                                                                                                     |
| 1517  | 12    | 12     | <b>SRI VENKATESHWARAA MEDICAL COLLEGE HOSPITAL</b><br>No: 13-A, Pondy -<br>Villupuram Main Road,<br>Ariyur,<br>Puducherry - 605102                  | 0413-2260601                | General Medicine - Medical Care,<br>General Medicine - Critical care,<br>Cardiology, Cardiothoracic surgery,<br>Interventional cardiology,<br>Orthopaedics, General Surgery,<br>Gynaecology, Urology, Nephrology,<br>Medical Gastro-enterology, Surgical<br>Gastro-enterology, Gynaecology,<br>ENT, Surgical Oncology, Neurology,<br>Neurosurgery, Plastic Surgery,<br>Vascular Surgery, Paediatrics,<br>Medical Oncology |
| 1518  | 13    | 13     | <b>St. MARY'S EYE CARE</b><br>No.84, Capitaine Marius<br>Xavier Street,<br>Puducherry - 605001                                                      | 0413-2348115                | Ophthalmology                                                                                                                                                                                                                                                                                                                                                                                                             |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
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THEIR ELIGIBLE FAMILY MEMBERS.**

| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                                                               | Contact Number  | Specialities Available                                                                                                                                                                                                                                                                                                             |
|-------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |       |        | <b>XL. BENGALURU</b>                                                                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                    |
| 1519  | 14    | 1      | <b>DR AGARWAL EYE HOSPITAL</b><br>No.381, 1st Cross,<br>Narayanappa Garden Main Road,<br>Whitefield, Bengaluru,<br>Karnataka- 560 066.                          | 9845371755      | Ophthalmology                                                                                                                                                                                                                                                                                                                      |
| 1520  | 15    | 2      | <b>KAUVERY HOSPITAL</b><br>No.92/1A & B, Konappana Agrahara,<br>Electronic City,<br>Bengaluru South - 560 100                                                   | 080-68016801    | General Medicine - Medical care, General Surgery, Gynaecology, Orthopaedics, Nephrology, Neurology, Plastic & Facio maxillary, Genitourinary Surgery, Cardiology, ENT, Cardiothoracic Surgery, Ophthalmology, Gastroenterology, Medical Oncology, Surgical Oncology                                                                |
| 1521  | 16    | 3      | <b>MAZUMDAR SHAW MEDICAL CENTRE - ORTHOPEDIC UNIT</b><br>No.29/P2, Narayana Health City,<br>Bommasandra Industrial Area,<br>Hosur Road,<br>Bengaluru - 560 099. | 080-33282000/9  | Orthopaedic surgery, Plastic and Facio maxillary                                                                                                                                                                                                                                                                                   |
| 1522  | 17    | 4      | <b>NARAYANA HIRUDALAYA</b><br>No.258/A, Bommasandra industrial Area,<br>Anekal Talk,<br>Bengaluru-560 099.                                                      | 080-71222222    | Cardiology, Cardiothoracic Surgery.                                                                                                                                                                                                                                                                                                |
| 1523  | 18    | 5      | <b>SAKRA WORLD HOSPITAL SY</b><br>No.52/2 & 52/3,<br>Devarabeesanahalli,<br>Opposite Intel, Varthur Hobli,<br>Bengaluru,<br>Karnataka - 560 103.                | 8049694969      | General Medicine - Medical Care, General Surgery, Gynaecology, Nephrology, Urology, Orthopaedic Surgery, Cardiology, Cardiothoracic Surgery                                                                                                                                                                                        |
| 1524  | 19    | 6      | <b>SPARSH HOSPITAL</b><br>29/P2, Narayana Health City,<br>Bommasandra Industrial Area,<br>Hosur Road,<br>Bengaluru - 560 099.                                   | 080-33282000/99 | Orthopaedic Surgery, Plastic & Facio Maxillary                                                                                                                                                                                                                                                                                     |
| 1525  | 20    | 7      | <b>SSNMC SUPER SPECIALITY HOSPITAL</b><br>No.8, Ideal Homes HBCS Layout,<br>Rajarajeshwari Nagar,<br>Bengaluru - 560 098                                        | 080-67666766    | General Medicine - Medical care, General Medicine - Critical care, Cardiology, Interventional cardiology, Nephrology, Paediatric, Gastro-enterology, Orthopaedics, General Surgery, Pulmonology, Gynaecology, Medical Oncology, Urology, Cardiothoracic Surgeries, ENT, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery |

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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                                             | Contact Number                            | Specialities Available                                                                                                                                                                      |
|-------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |       |        | <b>XLI. THIRUVANANTHAPURAM</b>                                                                                                |                                           |                                                                                                                                                                                             |
| 1526  | 21    | 1      | <b>ANANTHA PURI HOSPITALS AND RESEARCH INSTITUTUE</b><br>Chacka, NH Bypass,<br>Tiruvandrum - 695 024.                         | .0471-<br>2506565,<br>2579900,<br>2506767 | General Medicine, Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Plastic &<br>Facio Maxilliary                                                                      |
| 1527  | 22    | 2      | <b>NIMS</b><br>Arulmedu,<br>Neyyattinkara,<br>Tiruvandrum - 625 024.                                                          | 0471-<br>2225154                          | General Surgery, General Medicine -<br>Medical Care, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>Maxilliary, Cardiology,<br>Cardiothoracic<br>Surgery |
| 1528  | 23    | 3      | <b>SARASVATHY HOSPITAL</b><br>Parassala,<br>Tiruvandrum - 695 502.                                                            | 0471-<br>2202598                          | General Medicine - Medical Care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Plastic &<br>Facio Maxilliary                                                                     |
| 1529  | 24    | 4      | <b>SP MULTISPECIALITY HOSPITALS PVT. LTD</b><br>Post Office Junction,<br>Parassala,<br>Thiruvananthapuram,<br>Kerala-695 502. | 0471-<br>2205411/<br>0471-<br>2205422     | General Medicine - Medical care,<br>General Surgery, Gynaecology,<br>Orthopaedic Surgery, Nephrology,<br>Neurology, Plastic & Facio<br>maxillary, Genitourinary Surgery,<br>ENT             |
|       |       |        | <b>XLII. NEW DELHI</b>                                                                                                        |                                           |                                                                                                                                                                                             |
| 1530  | 25    | 1      | <b>DURGA HOSPITAL (P) LTD.</b><br>711, Dr.Mukherjee Nagar,<br>New Delhi - 110 009.                                            | 011-<br>45104440<br>to 47                 | General Surgery, General Medicine -<br>Medical Care, Gynaecology                                                                                                                            |
| 1531  | 26    | 2      | <b>GANDHI NURSING HOME</b><br>C-50 & 51, Om Vihar,<br>Uttam Nagar,<br>New Delhi - 110 059.                                    | 011-<br>25335135 /<br>25335099            | General Surgery, General Medicine -<br>Medical Care, Gynaecology                                                                                                                            |
| 1532  | 27    | 3      | <b>INDRAPRASATHA APOLLO HOSPITALS,</b><br>Sarita Vihar,<br>Delhi - Mathura Road,<br>New Delhi                                 | 011-<br>26925858                          | Multi-speciality                                                                                                                                                                            |
| 1533  | 28    | 4      | <b>MAX SUPER SPECIALTIY HOSPITAL</b><br>1, Press Enclave Road,<br>Saket,<br>New Delhi -110017.                                | 011-<br>26515050                          | Multi-speciality                                                                                                                                                                            |
| 1534  | 29    | 5      | <b>MOOLCHAND MEDICITY DELHI</b><br>Lajpat Nagar III,<br>New Delhi - 110024.                                                   | 011-<br>42000000                          | Multi-speciality                                                                                                                                                                            |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
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| S. No | C. No | D. No. | Cluster wise, District wise Network Hospitals and their Addresses                                             | Contact Number | Specialities Available                                                                                                                                                                                                                                                                                                                                                                         |
|-------|-------|--------|---------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |       |        | <b>XLIII. WAYANAD, KERALA STATE</b>                                                                           |                |                                                                                                                                                                                                                                                                                                                                                                                                |
| 1535  | 30    | 1      | <b>DM WAYANAD INSTITUTE OF MEDICAL SCIENCES</b><br>Naseera Nagar, Meppadi Post,<br>Wayanad, Kerala - 673 577. | 04936-287000   | General Medicine - Medical Care, General Medicine - Critical care, General Surgery, Cardiology, Cardiothoracic surgery, Interventional cardiology, Orthopaedics, General Surgery, Gynaecology, Urology, Nephrology, Medical Gastro- enterology, Surgical Gastro-enterology, ENT, Surgical Oncology, Neurology, Neurosurgery, Plastic Surgery, Vascular Surgery, Paediatrics, Medical Oncology. |

- Note:** (i) The Hospitals empanelled under CMCHIS shall automatically be deemed to be networked hospitals subject to the acceptance of revised package rates, terms and conditions of the scheme by the concerned hospitals
- (ii) List of Additional / Deletion of Hospitals approved by the Accreditation Committee under this Scheme will be notified from time to time.

**-/ True Copy /-**

  
24/06/2026

**SECTION OFFICER.**

Sny  
24/06/26



**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
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**ANNEXURE-III**

**CERTIFICATE TO BE ISSUED IN LIEU OF IDENTITY CARD UNDER THE  
NEW HEALTH INSURANCE SCHEME, 2026.**



**CERTIFICATE**

*(New Health Insurance Scheme, 2026 ordered in G.O.Ms.No.122,  
Finance (Health Insurance) Department, Dated: 24-06-2026)*

|                                          |                                   |
|------------------------------------------|-----------------------------------|
| <b><i>NHIS 2016/2021 ID Card No:</i></b> | <b><i>Date of Birth :</i></b>     |
| <b><i>Date of Joining :</i></b>          | <b><i>Date of Retirement:</i></b> |
| <b><i>GPF/TPF/CPS No :</i></b>           | <b><i>Mobile No :</i></b>         |

Certified that Thiru/Tmt./Selvi\_\_\_\_\_ is employed as  
\_\_\_\_\_ in \_\_\_\_\_  
\_\_\_\_\_ and his/her eligible  
Family Members as detailed below are eligible for treatments / surgeries covered  
under the New Health Insurance Scheme, 2026. The Identity Card under the New  
Health Insurance Scheme, 2026 is yet to be supplied by the United India Insurance  
Company Limited, Chennai / Third Party Administrator. This certificate is issued to  
enable the Employee and their eligible Family Members under the above scheme for  
availing approved treatments / surgeries in the empanelled hospitals approved by  
the Insurance Company / Third Party Administrator. The approved hospitals  
concerned shall provide CASHLESS health care coverage as envisaged under this  
Scheme:

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**Details of the Employee and their eligible Family Members under  
New Health Insurance Scheme, 2026:**

| Sl. No. | Name | Date of Birth | Relationship to the Employee | Marital Status | Employment Status | Whether Physically Challenged/ Intellectually Disabled. ** (Yes/No) | Passport size Photo |
|---------|------|---------------|------------------------------|----------------|-------------------|---------------------------------------------------------------------|---------------------|
| 1.      |      |               | Self                         |                |                   |                                                                     |                     |
| 2.      |      |               |                              |                |                   |                                                                     |                     |
| 3.      |      |               |                              |                |                   |                                                                     |                     |
| 4.      |      |               |                              |                |                   |                                                                     |                     |
| 5.      |      |               |                              |                |                   |                                                                     |                     |

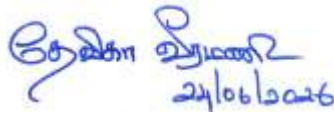
**\*\* Details of Person with disabilities and Intellectually Disabled Childrens ordered in para 3 (4) (4) of Annexure-A of the G.O to be furnished.**

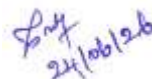
**Signature of Drawing  
and Disbursing Officer in  
Government Departments**

**Signature of Pay Drawing  
Officers in Organisations  
covered under this Scheme.**

Name :  
Designation :  
Date & Seal :

**-/ True Copy /-**

  
**SECTION OFFICER.**



**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
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**ANNEXURE-IV**

*(See Guidelines)*

**NON-PAYABLE ITEMS**

\*\*\*

| <b>MEDICAL EXPENSES – Not Payable Items</b> |                                                             |                                                                                                                    |
|---------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Sl.</b>                                  | <b>TOILETRIES/COSMETICS/PERSONAL COMFORT OR</b>             |                                                                                                                    |
| <b>No.</b>                                  | <b>CONVENIENCE ITEMS</b>                                    |                                                                                                                    |
| 1                                           | HAIR REMOVING CREAM CHARGES                                 | Not Payable                                                                                                        |
| 2                                           | BABY CHARGES(UNLESS SPECIFIED/INDICATED)                    | Not Payable                                                                                                        |
| 3                                           | BABY FOOD                                                   | Not Payable                                                                                                        |
| 4                                           | BABY UTILITIES CHARGES                                      | Not Payable                                                                                                        |
| 5                                           | BABY SET                                                    | Not Payable                                                                                                        |
| 6                                           | BABY BOTTLES                                                | Not Payable                                                                                                        |
| 7                                           | BOTTLE                                                      | Not Payable                                                                                                        |
| 8                                           | BRUSH                                                       | Not Payable                                                                                                        |
| 9                                           | COSY TOWEL                                                  | Not Payable                                                                                                        |
| 10                                          | HAND WASH                                                   | Not Payable                                                                                                        |
| 11                                          | MOISTURISER PASTE BRUSH                                     | Not Payable                                                                                                        |
| 12                                          | POWDER                                                      | Not Payable                                                                                                        |
| 13                                          | TOWEL                                                       | Not Payable                                                                                                        |
| 14                                          | SHOE COVER                                                  | Not Payable                                                                                                        |
| 15                                          | BEAUTY SERVICES                                             | Not Payable                                                                                                        |
| 16                                          | BELTS/BRACES                                                | Essential and should be paid atleast specifically for cases who have undergone surgery of thoracic or lumbar spine |
| 17                                          | BUDS                                                        | Not Payable                                                                                                        |
| 18                                          | BARBER CHARGES                                              | Not Payable                                                                                                        |
| 19                                          | CAPS                                                        | Not Payable                                                                                                        |
| 20                                          | COLD PACK/HOT PACK                                          | Not Payable                                                                                                        |
| 21                                          | CARRY BAG                                                   | Not Payable                                                                                                        |
| 22                                          | CRADLE CHARGES                                              | Not Payable                                                                                                        |
| 23                                          | COMB                                                        | Not Payable                                                                                                        |
| 24                                          | EAU-DE COLOGNE/ROOM FRESHNERS                               | Not Payable                                                                                                        |
| 25                                          | EYE PAD                                                     | Not Payable                                                                                                        |
| 26                                          | EYE SHEILD                                                  | Not Payable                                                                                                        |
| 27                                          | EMAIL/INTERNET CHARGES                                      | Not Payable                                                                                                        |
| 28                                          | FOOD CHARGES(OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL | Not Payable                                                                                                        |
| 29                                          | FOOT COVER                                                  | Not Payable                                                                                                        |
| 30                                          | GOWN                                                        | Not Payable                                                                                                        |
| 31                                          | LAUNDRY CHARGES                                             | Not Payable                                                                                                        |
| 32                                          | MINERAL WATER                                               | Not Payable                                                                                                        |
| 33                                          | OIL CHARGES                                                 | Not Payable                                                                                                        |
| 34                                          | SANITARY PAD                                                | Not Payable                                                                                                        |
| 35                                          | SLIPPERS                                                    | Not Payable                                                                                                        |
| 36                                          | TELEPHONE CHARGES                                           | Not Payable                                                                                                        |
| 37                                          | TISSUE PAPER                                                | Not Payable                                                                                                        |
| 38                                          | TOOTH PASTE                                                 | Not Payable                                                                                                        |
| 39                                          | TOOTH BRUSH                                                 | Not Payable                                                                                                        |

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|                                                |                                                                                                |                                                                                 |
|------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 40                                             | GUEST SERVICES                                                                                 | Not Payable                                                                     |
| 41                                             | BED PAN                                                                                        | Not Payable                                                                     |
| 42                                             | BED UNDER PAD CHARGES                                                                          | Not Payable                                                                     |
| 43                                             | CAMERA COVER                                                                                   | Not Payable                                                                     |
| 44                                             | CARE FREE                                                                                      | Not Payable                                                                     |
| 45                                             | CLINIPLAST                                                                                     | Not Payable                                                                     |
| 46                                             | CREPE BANDAGE                                                                                  | Not Payable/ payable by the patient                                             |
| 47                                             | CURAPORE                                                                                       | Not Payable                                                                     |
| 48                                             | DIAPER OF ANY TYPE                                                                             | Not Payable                                                                     |
| 49                                             | DVD\CD CHARGES                                                                                 | Not Payable(however if cd is specifically sought by insurer/TPA then payable)   |
| 50                                             | EYELET COLLAR                                                                                  | Not Payable                                                                     |
| 51                                             | FACE MASK                                                                                      | Not Payable                                                                     |
| 52                                             | FLEXI MASK                                                                                     | Not Payable                                                                     |
| 53                                             | GAUSE SOFT                                                                                     | Not Payable                                                                     |
| 54                                             | GAUZE                                                                                          | Not Payable                                                                     |
| 55                                             | HAND HOLDER                                                                                    | Not Payable                                                                     |
| 56                                             | HANSAPLAST /ADHESIVE BANDAGES                                                                  | Not Payable                                                                     |
| 57                                             | LACTOGEN/INFANT FOOD                                                                           | Not Payable                                                                     |
| 58                                             | SLINGS                                                                                         | Reasonable costs for one sling in case of upper arm fractures may be considered |
| <b>ITEMS SPECIFICALLY EXCLUDED IN POLICIES</b> |                                                                                                |                                                                                 |
| 59                                             | WEIGHT CONTROL PROGRAMS/SUPPLIES/SERVICES                                                      | Not Payable                                                                     |
| 60                                             | COST OF SPECTACLES/CONTACT LENSES/HEARING AIDS ETC                                             | Not Payable                                                                     |
| 61                                             | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION                                  | Not Payable                                                                     |
| 62                                             | HORMONE REPLACEMENT THERAPY                                                                    | Not Payable                                                                     |
| 63                                             | HOME VISIT CHARGES                                                                             | Not Payable                                                                     |
| 64                                             | INFERTILITY/SUBFERTILITY/ASSISTED CONCEPTION PROCEDURE                                         | Not Payable                                                                     |
| 65                                             | OBESITY(INCLUDING MORBID OBESITY)TREATMENT                                                     | Not Payable                                                                     |
| 66                                             | OUTPATIENT PROCEDURES/TREATMENT/CONSUL                                                         | Not Payable                                                                     |
| 67                                             | CORRECTIVE SURGERY FOR REFRACTIVE ERROR                                                        | Not Payable                                                                     |
| 68                                             | TREATMENT OF SEXUALLY TRANSMITTED DISEASES                                                     | Not Payable                                                                     |
| 69                                             | DONOR SCREENING CHARGES                                                                        | Not Payable                                                                     |
| 70                                             | ADMISSION REGISTRATION FEES                                                                    | Not Payable                                                                     |
| 71                                             | HOSPITALISATION FOR EVALUATION/DIAGNOSTIC PURPOSE                                              | Not Payable                                                                     |
| 72                                             | EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not Payable                                                                     |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

|                                             |                                                                                                                                |                                                                              |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 73                                          | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS+OR SUFFERING FROM/HIV/AIDS ETC IS DIAGNOSED DIRECTLY OR INDIRECTLY | Not Payable                                                                  |
| 74                                          | ANY EXPENSES relating to Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy treatments (AYUSH)                          | Not Payable                                                                  |
| <b>MEDICAL EXPENSES - Not Payable Items</b> |                                                                                                                                |                                                                              |
|                                             | <b>ITEMS WHICH FROM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE</b>        |                                                                              |
| 75                                          | WARD AND THEATRE BOOKING CHARGES                                                                                               | payable under OT Charges, not payable separately                             |
| 76                                          | ANTHROSCOPY & ENDOSCOPY INSTRUMENTS                                                                                            | Rental charged by the hospital payable. purchase of instruments not payable  |
| 77                                          | MICROSCOPE COVER                                                                                                               | payable under OT Charges, not payable separately                             |
| 78                                          | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER                                                                                      | payable under OT Charges, not payable separately                             |
| 79                                          | SURGICAL DRILL                                                                                                                 | payable under OT Charges, not payable separately                             |
| 80                                          | EYE KIT                                                                                                                        | payable under OT Charges, not payable separately                             |
| 81                                          | EYE DRAPE                                                                                                                      | payable under OT Charges, not payable separately                             |
| 82                                          | X-RAY FILM                                                                                                                     | payable under radiology charges, not as consumable                           |
| 83                                          | SPUTUM CUP                                                                                                                     | payable under investigation charges, not as consumable                       |
| 84                                          | BOYLES APPARATUS CHARGES                                                                                                       | part of OT Charges, not payable separately                                   |
| 85                                          | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                                                                            | part of cost of blood, not payable                                           |
| 86                                          | SAVLON                                                                                                                         | not payable-part of dressing charges                                         |
| 87                                          | BAND AIDS,BANDAGES,STERILE INJECTIONS,NEEDLES,SYRINGES                                                                         | not payable-part of dressing charges                                         |
| 88                                          | COTTON                                                                                                                         | not payable-part of dressing charges                                         |
| 89                                          | COTTON BANDAGE                                                                                                                 | not payable-part of dressing charges                                         |
| 90                                          | BLADE                                                                                                                          | not payable                                                                  |
| 91                                          | APRON                                                                                                                          | Part of hospital services/disposable linen to be                             |
| <b>MEDICAL EXPENSES - Not Payable Items</b> |                                                                                                                                |                                                                              |
|                                             |                                                                                                                                | part of OT /ICU Charges                                                      |
| 92                                          | TORNIQUET                                                                                                                      | not payable(service is charged by hospitals consumables cannot be separately |
| 93                                          | ORTHOBUNDLE,GYNAEC BUNDLE                                                                                                      | part of dressing charges                                                     |
| 94                                          | URINE CONTAINER                                                                                                                | not payable                                                                  |



**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>ELEMENTS OF ROOM CHARGES</b>              |                                                                 |                                                     |
|----------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| 95                                           | LUXURY TAX                                                      | not payable                                         |
| 96                                           | HVAC                                                            | not payable                                         |
| 97                                           | HOUSE KEEPING CHARGES                                           | not payable                                         |
| 98                                           | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED               | not payable                                         |
| 99                                           | TELEVISION & AIR CONDITIONER CHARGES                            | not payable                                         |
| 100                                          | SURCHARGES                                                      | not payable                                         |
| 101                                          | ATTENDENT CHARGES                                               | not payable                                         |
| 102                                          | IM/IV INJECTION CHARGES                                         | not payable                                         |
| 103                                          | CLEAN SHEET                                                     | part of laundry/housekeeping not payable separately |
| 104                                          | EXTRA DIET OF PATIENT/OTHER THAN WHICH FORM PART OF BED CHARGES | not payable                                         |
| 105                                          | BLANKET/ WARMER BLANKET                                         | not payable-part of room charges                    |
| <b>ADMINISTRATIVE OR NON MEDICAL CHARGES</b> |                                                                 |                                                     |
| 106                                          | ADMISSION KIT                                                   | not payable                                         |
| 107                                          | BIRTH CERTIFICATE                                               | not payable                                         |
| 108                                          | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES        | not payable                                         |
| 109                                          | CERTIFICATE CHARGES                                             | not payable                                         |
| 110                                          | COURIER CHARGES                                                 | not payable                                         |
| 111                                          | CONVENYANCE CHARGES                                             | not payable                                         |
| 112                                          | DIABETIC CHART CHARGES                                          | not payable                                         |
| 113                                          | DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES                   | not payable                                         |
| 114                                          | DISCHARGE PROCEDURE CHARGES                                     | not payable                                         |
| 115                                          | DAILY CHART CHARGES                                             | not payable                                         |
| 116                                          | ENTRANCE PASS/VISITORS PASS CHARGES                             | not payable                                         |
| 117                                          | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE                   | not payable                                         |
| 118                                          | FILE OPENING CHARGES                                            | not payable                                         |
| 119                                          | INCIDENTAL EXPENSES/MISC CHARGES(NOT EXPLAINED)                 | not payable                                         |
| 120                                          | MEDICAL CERTIFICATE                                             | not payable                                         |
| <b>MEDICAL EXPENSES - Not Payable Items</b>  |                                                                 |                                                     |
| 121                                          | MAINTAINANCE CHARGES                                            | not payable                                         |
| 122                                          | MEDICAL RECORDS                                                 | not payable                                         |
| 123                                          | PREPARATION CHARGES                                             | not payable                                         |
| 124                                          | PHOTOCOPIES CHARGES                                             | not payable                                         |
| 125                                          | PATIENT IDENTIFICATION BAND/NAME TAG                            | not payable                                         |
| 126                                          | WASHING CHARGES                                                 | not payable                                         |
| 127                                          | MEDICINE BOX                                                    | not payable                                         |
| 128                                          | MORTUARY CHARGES                                                | payable upto 24 hrs., shifting charges not payable  |
| 129                                          | MEDICO LEGAL CASE CHARGES(MLC CHARGES)                          | not payable                                         |

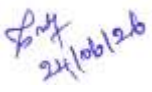
**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

|     |                                                     |                                                                                                                                                                                                        |
|-----|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                     |                                                                                                                                                                                                        |
|     | <b>EXTERNAL DURABLE DEVICES</b>                     |                                                                                                                                                                                                        |
| 130 | WALKING AIDS CHARGES                                | not payable                                                                                                                                                                                            |
| 131 | BIPAP MACHINE                                       | not payable                                                                                                                                                                                            |
| 132 | COMMODE                                             | not payable                                                                                                                                                                                            |
| 133 | CPAP/CPAD EQUIPMENTS                                | not payable                                                                                                                                                                                            |
| 134 | INFUSION PUMP-COST                                  | not payable                                                                                                                                                                                            |
| 135 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)    | not payable                                                                                                                                                                                            |
| 136 | PULSEOXYMER CHARGES                                 | not payable                                                                                                                                                                                            |
| 137 | SPACER                                              | not payable                                                                                                                                                                                            |
| 138 | SPIROMETER                                          | not payable                                                                                                                                                                                            |
| 139 | SPO2 PROBE                                          | not payable                                                                                                                                                                                            |
| 140 | NEBULIZER KIT                                       | not payable                                                                                                                                                                                            |
| 141 | STEAM INHALOR                                       | not payable                                                                                                                                                                                            |
| 142 | ARMSLING                                            | not payable                                                                                                                                                                                            |
| 143 | THERMOMETER                                         | not payable(paid by patient)                                                                                                                                                                           |
| 144 | CERVICAL COLLAR                                     | not payable                                                                                                                                                                                            |
| 145 | SPLINT                                              | not payable                                                                                                                                                                                            |
| 146 | DIABETIC FOOT WEAR                                  | not payable                                                                                                                                                                                            |
| 147 | KNEE BRACES - LONG / SHORT / HINGED                 | not payable                                                                                                                                                                                            |
| 148 | KNEE IMMOBLIZER / SHOULDER IMMOBLIZER               | not payable                                                                                                                                                                                            |
| 149 | LUMBO SACREL BELT                                   | essential and should be paid atleast specifically for cases who have undergone surgery of lumbar spine                                                                                                 |
| 150 | NIMBUS BED OR WATER OR AIR BED CHARGES              | For ICU patients requiring more than 3 days in ICU. All patients with paraplegie quadriplegia for a reason and all reasonable cost of approximately Rs.200/- per day.                                  |
| 151 | AMBULANCE COLLAR                                    | not payable                                                                                                                                                                                            |
| 152 | AMBULANCE EQUIPMENT                                 | not payable                                                                                                                                                                                            |
| 153 | MICROSHIELD                                         | not payable                                                                                                                                                                                            |
|     | <b>MEDICAL EXPENSESES - Not Payable Items</b>       |                                                                                                                                                                                                        |
| 154 | ABDONIMAL BINDER                                    | essential and should be paid atleast in post surgery patients of major abdonimal surgery including, incisional hernia repair, exploratory laparotomy for intestinal obstruction Liver transplant Etc., |
|     | <b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b> |                                                                                                                                                                                                        |
| 155 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES     | post hospitalisation nursing charges not payable                                                                                                                                                       |
| 156 | ECG ELECTRODES                                      | upto 5 electrodes are required for every code visiting OT of ICU. for longer stay in ICU. may require a change and at least one set every second day must be payable                                   |
|     |                                                     |                                                                                                                                                                                                        |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |                                                                              |                                                                                                          |
|-----------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 157                                                 | AHD                                                                          | not payable-part of Hospital's internal cost                                                             |
| 158                                                 | ALCOHOL SWABES                                                               | not payable-part of Hospital's internal cost                                                             |
| 159                                                 | SCRUB SOLUTION/STERRILLIUM                                                   | not payable-part of Hospital's internal cost                                                             |
| <b>OTHERS</b>                                       |                                                                              |                                                                                                          |
| 160                                                 | VACCINE CHARGES FOR BABY                                                     | not payable                                                                                              |
| 161                                                 | AESTHETIC TREATMENT/SURGERY                                                  | not payable                                                                                              |
| 162                                                 | TPA CHARGES                                                                  | not payable                                                                                              |
| 163                                                 | VISCO BELT CHARGES                                                           | not payable                                                                                              |
| 164                                                 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT ETC] | not payable                                                                                              |
| 165                                                 | EXAMINATION GLOVES                                                           | not payable                                                                                              |
| 166                                                 | KIDNEY TRAY                                                                  | not payable                                                                                              |
| 167                                                 | MASK                                                                         | not payable                                                                                              |
| 168                                                 | OONCE GLASS                                                                  | not payable                                                                                              |
| 169                                                 | OUTSTATION CONSULTANTS/SURGEONS'S FEES                                       | not payable                                                                                              |
| 170                                                 | OXYGEN MASK                                                                  | not payable                                                                                              |
| 171                                                 | PAPER GLOVES                                                                 | not payable                                                                                              |
| 172                                                 | RELEREL'S DOCTOR FEES                                                        | not payable                                                                                              |
| 173                                                 | ACCU CHECK(GLUCOMETRY/STRIPEs)                                               | not payable pre hospitalisation or post hospitalisation /reports and charts required /device not payable |
| 174                                                 | PAN CAN                                                                      | not payable                                                                                              |
| 175                                                 | SOFNET                                                                       | not payable                                                                                              |
| 176                                                 | TROLLEY COVER                                                                | not payable                                                                                              |
| <b>MEDICAL EXPENSES - Not Payable Items</b>         |                                                                              |                                                                                                          |
| 177                                                 | UROMETER/URINE JUG                                                           | not payable                                                                                              |
| 178                                                 | AMBULANCE CHARGES                                                            | not payable                                                                                              |
| 179                                                 | SOFTAVAC                                                                     | not payable                                                                                              |
| 180                                                 | STOCKINGS                                                                    | essential for case like CABG etc., where it should be paid                                               |

- / True Copy - /

  
 24/06/2026  
**SECTION OFFICER.**  
  
 24/06/26

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

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**ANNEXURE - V**

**TOLL FREE HELPLINE NUMBER AND LIST OF THE NODAL OFFICERS OF THE  
UIIC LTD. SITUATED IN THE DISTRICT HEAD QUARTERS.**

**UNITED INDIA INSURANCE COMPANY LIMITED**

LBO 6, Ground Floor, Silingi Building,  
No. 134, Greams Road, Thousand Lights  
Chennai 600 006.  
044 28297804  
044 28297415

***Third Party Administrator***  
*(Under the control of UIIC Limited)*  
*will be published in the web portal*

List of Hospitals and will be made available once the website is launched

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

**Nodal Officers of the United India Insurance Company Limited under New  
Health Insurance Scheme, 2026.**

|                            |                            |                      |                   |
|----------------------------|----------------------------|----------------------|-------------------|
| <b>Chief Nodal Officer</b> | <b>V S Rajasubramaniam</b> | <b>Chief Manager</b> | <b>9789055837</b> |
|----------------------------|----------------------------|----------------------|-------------------|

| <b>Sl. No.</b> | <b>District</b> | <b>Nodal Officer</b> | <b>Designation</b>        | <b>Contact No.</b> |
|----------------|-----------------|----------------------|---------------------------|--------------------|
| 1              | Ariyalur        | J.Thiyagarajan       | DEPUTY MANAGER            | 86672 65877        |
| 2              | Chengalpattu    | Ms.Vanitha Pratap    | Senior Business Manager   | 9841244956         |
| 3              | Chennai         | V S Raja Subramaniam | CHIEF BUSINESS MANAGER    | 9789055837         |
| 4              | Coimbatore      | Jaganathan M         | MANAGER                   | 9092527337         |
| 5              | Cuddalore       | K Baskar             | SENIOR BUSINESS MANAGER   | 9443050422         |
| 6              | Dharmapuri      | Balasubramanyam M.   | ASSISTANT MANAGER         | 9886277569         |
| 7              | Dindigul        | Vigneshwaran. G      | DEPUTY MANAGER            | 90035 72866        |
| 8              | Erode           | Madheswaran K        | MANAGER                   | 9677738773         |
| 9              | Kallakurichi    | Antony Ajith Raja P  | BUSINESS MANAGER          | 8870629449         |
| 10             | Kanchipuram     | Jomy Francis         | CHIEF BUSINESS MANAGER    | 9995111244         |
| 11             | Kanyakumari     | Balasekar P          | MANAGER                   | 94422 81179        |
| 12             | Karur           | Dhivya S             | DEPUTY MANAGER            | 9789937556         |
| 13             | Krishnagiri     | Ashwin J.Y           | MANAGER                   | 9789941799         |
| 14             | Madurai         | Viknesh Kumaran K    | DEPUTY MANAGER            | 94422 47237        |
| 15             | Mayiladuthurai  | Sandhya G            | DEPUTY MANAGER            | 86103 50915        |
| 16             | Nagapatinam     | Sathiyamoorthy K     | DEPUTY MANAGER            | 97873 09613        |
| 17             | Namakkal        | Sathish Kumar G      | ASSISTANT MANAGER         | 8973569944         |
| 19             | Perambalur      | Ravikumar.P          | ASSISTANT MANAGER         | 94434 30853        |
| 20             | Pudukkottai     | Nalankilli V         | ASSISTANT MANAGER         | 82204 40384        |
| 21             | Ramnathapuram   | Dhinakaran K         | ASSISTANT MANAGER         | 86808 08072        |
| 22             | Ranipet         | Raghul J             | SENIOR BUSINESS MANAGER   | 9789740601         |
| 23             | Salem           | Ganesh G             | DEPUTY MANAGER            | 7904591796         |
| 24             | Sivagangai      | Sarankumar           | ASSISTANT MANAGER         | 91765 50970        |
| 25             | Tenkasi         | Sudalai Mani.A       | DEPUTY MANAGER            | 95514 78176        |
| 26             | Thanjavur       | P. Stalin            | MANAGER                   | 96007 79291        |
| 18             | The Nilgiris    | Venkatesh R          | SENIOR DIVISIONAL MANAGER | 9443610502         |
| 27             | Theni           | Samuthirakani S      | ASSISTANT MANAGER         | 96774 54342        |
| 28             | Thoothukudi     | Pon Elakiya Bharathi | MANAGER                   | 97899 57680        |
| 29             | Tiruchirapalli  | Vignesh V.           | DEPUTY MANAGER            | 99409 84635        |
| 30             | Tirunelveli     | Anupriya V           | ASSISTANT MANAGER         | 95660 85548        |
| 31             | Tirupattur      | Srikanth R           | SENIOR BUSINESS MANAGER   | 9994063610         |
| 32             | Tirupur         | T.Kumaresan          | DEPUTY MANAGER            | 9952732122         |
| 33             | Tiruvallur      | Ms M.Renuka          | SENIOR BUSINESS MANAGER   | 8056033255         |
| 34             | Tiruvanamalai   | C Gunasekaran        | CHIEF BUSINESS MANAGER    | 9444802578         |
| 35             | Tiruvarur       | Sathiyamoorthy K     | DEPUTY MANAGER            | 97873 09613        |
| 36             | Vellore         | G Prabakaran         | ASSISTANT MANAGER         | 9894101701         |
| 37             | Villupuram      | Manikandan           | SENIOR BUSINESS MANAGER   | 9944381544         |
| 38             | Virudhunagar    | V.S.Rajkumar         | ASSISTANT MANAGER         | 97915 71535        |
|                | Puducherry      | Vasanth Raj R        | SENIOR BUSINESS MANAGER   | 9677149567         |



**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

**ANNEXURE- VI**

**NEW HEALTH INSURANCE SCHEME, 2026**

**for Employees of Govt. Departments covered under this Scheme**

**Form for furnishing Data of Employee and their eligible Family Members for  
insurance coverage under New Health Insurance Scheme, 2026 to Insurance  
Company/Third Party Administrator.**

|     |                                                                                                                                                   |     |                     |            |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------|------------|--|
| 1.  | Name of the Employee<br><i>[In case the spouse is employed, the details of the spouse shall also be furnished in the same format separately].</i> | :   |                     |            |  |
| 2.  | Contact Mobile No.                                                                                                                                | :   |                     |            |  |
| 3.  | Designation                                                                                                                                       | :   |                     |            |  |
| 4.  | NHIS 2016 ID Card No.                                                                                                                             | :   |                     |            |  |
| 5.  | Pay Drawn Particulars                                                                                                                             | :   | <b>Level of Pay</b> | <b>Pay</b> |  |
| 6.  | Head of Account in which the Govt. Employee's contribution is being recovered.                                                                    | :   |                     |            |  |
| 7.  | Type of Office<br><i>[Govt. / PSU &amp; SB / Local Bodies / Universities / Organisations / Institutions]</i>                                      | :   |                     |            |  |
| 8.  | HOD Code<br><i>[as provided in Budget documents]</i>                                                                                              | :   |                     |            |  |
| 9.  | Office in which Employed                                                                                                                          | :   |                     |            |  |
| 10. | Date of Birth                                                                                                                                     | :   |                     |            |  |
| 11. | Date of Appointment                                                                                                                               | :   |                     |            |  |
| 12. | Date of Retirement                                                                                                                                | :   |                     |            |  |
| 13. | Designation of Drawing Disbursing Officer & Code                                                                                                  | & : |                     |            |  |
| 14. | Pay Drawing Office attached<br><i>[PAO / Treasury / Sub-Treasury with Address for Govt. Employees]</i>                                            | :   |                     |            |  |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

|     |                                  |   |
|-----|----------------------------------|---|
|     | (Others – Address of the Office) |   |
| 15. | Employee Code                    | : |
|     | [GPF/TPF/CPS No. for Govt.       |   |

**Employees]**

*[In case of new applicants, state whether application for enrolment in the Contributory Pension Scheme has been sent to the Govt. Data Centre with details of reference no. and date. Employee code of other organisations, if any assigned shall be indicated along with the identification of the Organisation]*

16. Aadhar No. :  
Voter ID No. :  
PAN :

17. Details of the Employee and their :  
eligible Family Members under  
the NHIS, 2026

| Sl. No. | Name | Date of Birth | Relationship to the Employee | Marital Status | Employment Status | Whether Physically Challenged/ Intellectually Disabled.** (Yes/No) | Passport size Photo |
|---------|------|---------------|------------------------------|----------------|-------------------|--------------------------------------------------------------------|---------------------|
| 1.      |      |               | Self                         |                |                   |                                                                    |                     |
| 2.      |      |               |                              |                |                   |                                                                    |                     |
| 3.      |      |               |                              |                |                   |                                                                    |                     |
| 4.      |      |               |                              |                |                   |                                                                    |                     |
| 5.      |      |               |                              |                |                   |                                                                    |                     |

**\*\* Details of Person with disabilities and Intellectually Disabled Children as ordered in para 3 (4 ) (4)of Annexure-A of the GO to be furnished.**

**Signature of the Employee**

*Certified that the above particulars are verified with the Service Register of the Employee.*

**Signature of Drawing and Disbursing  
Officer in Government Departments**

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

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**Signature of Pay Drawing Officers in  
Organisations covered under this  
Scheme.**

Name :

Designation :

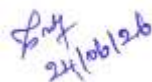
Date :

Seal :

-/ True Copy /-

  
24/06/2026

**SECTION OFFICER.**

  
24/06/2026

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

**ANNEXURE- VII**

**LIST OF ADDRESS OF GRIEVANCE REDRESSAL OFFICERS**

| <b>Sl. No.</b> | <b>District</b> | <b>Address</b>                                                                                                                               |
|----------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1.             | Ariyalur        | O/o Joint Director of Medical and Rural Health Services, Thuraiyur Main Road, Govt. Headquarters Hospital Campus Perambalur - 621 212        |
| 2.             | Chengalpattu    | O/o Joint Director of Medical and Rural Health Services, New Collectorate Building, Third Floor, "D" Block, Venbakkam, Chengalpattu-603 111. |
| 3.             | Chennai         | O/o Joint Director of Medical and Rural Health Services, DMS Complex, No.59, Anna Salai, Teynampet, Chennai - 600 006.                       |
| 4.             | Coimbatore      | O/o Joint Director of Medical and Rural Health Services, Coimbatore, 219, Race Course Scheme Road, Race Course, Coimbatore - 641 018.        |
| 5.             | Cuddalore       | O/o Joint Director of Medical and Rural Health Services, District Headquarters Hospital, Cuddalore - 607 001.                                |
| 6.             | Dharmapuri      | O/o Joint Director of Medical and Rural Health Services, District Collectorate Old Building, 1 <sup>st</sup> Floor, Dharmapuri- 636 705.     |
| 7.             | Dindigul        | O/o Joint Director of Medical and Rural Health Services, Govt. Medical College Hospital Campus, Trichy Main Road, Dindigul - 624 001.        |
| 8.             | Erode           | O/o Joint Director of Medical and Rural Health Services, Collectorate 2 <sup>nd</sup> Floor (Old Building) Erode - 638 009.                  |
| 9.             | Kallakurichi    | O/o Joint Director of Medical and Rural Health Services, First Floor, Old GH Campus Kachirapalayam Road, Kallakuruchi- 606 202               |
| 10.            | Kancheepuram    | O/o Joint Director of Medical and Rural Health Services, Government Head Quarters Hospital Campus, Railway Road, Kanchipuram - 631 501.      |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>Sl. No.</b> | <b>District</b> | <b>Address</b>                                                                                                                                                 |
|----------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11.            | Kanniyakumari   | O/o Joint Director of Medical and Rural Health Services,<br>Ayurvetha College Campus, Kottar - 629 002.                                                        |
| 12.            | Karur           | O/o Joint Director of Medical and Rural Health Services,<br>Government Hospital Campus, Azad Road, Karur – 639 001.                                            |
| 13.            | Krishnagiri     | O/o Joint Director of Medical and Rural Health Services,<br>Old Government Head Quarters Hospital, Gandhi Road, Uzhavar Santhai Opp.<br>Krishnagiri – 635 001. |
| 14.            | Madurai         | O/o Joint Director of Medical and Rural Health Services,<br>Govt. Head Quarters Hospital<br>Usilampatti 625 532<br>Madurai.                                    |
| 15.            | Mayiladudurai   | O/o Joint Director of Medical and Rural Health Services,<br>New Collectorate Building.<br>5 <sup>th</sup> Floor, Mannampandal Road,<br>Mayiladuthurai- 609 001 |
| 16.            | Nagapattinam    | O/o Joint Director of Medical and Rural Health Services,<br>Near New Bus Stand, Nagapattinam - 611 001.                                                        |
| 17.            | Namakkal        | O/o Joint Director of Medical and Rural Health Services,<br>Old Govt Medical College Hospital Campus, Mohanur Road, Namakkal - 637 001.                        |
| 18.            | Perambalur      | O/o Joint Director of Medical and Rural Health Services, Govt. Hospital campus, Thuraiyur Road,<br>Perambalur - 621 212.                                       |
| 19.            | Pudukkottai     | O/o Joint Director of Medical and Rural Health Services,<br>Old Govt. Hospital campus<br>Near Bus Stand, Pudukkottai – 622 001.                                |
| 20.            | Ramanathapuram  | O/o Joint Director of Medical and Rural Health Services,<br>Vivekandar Salai, Kenikkarai,<br>Ramanathapuram - 623 501.                                         |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>Sl. No.</b> | <b>District</b>  | <b>Address</b>                                                                                                                                                                                               |
|----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21.            | Ranipet          | O/o Joint Director of Medical and Rural Health Services,<br>Collector Office Campus, E Block,<br>3 <sup>rd</sup> Floor, Room No-12<br>Ranipet.                                                               |
| 22.            | Salem            | O/o Joint Director of Medical and Rural Health Services,<br>Office: Room No. 406, 4 <sup>th</sup> Floor,<br>Collectorate Campus, Salem - 636 001.                                                            |
| 23.            | Sivagangai       | O/o Joint Director of Medical and Rural Health Services,<br>Old Govt. Hospital Campus,<br>Nehru Bazar Road,<br>Sivagangai - 630 561.                                                                         |
| 24.            | Tenkasi          | O/o Joint Director of Medical and Rural Health Services,<br>Government Head Quarter Hospital<br>Campus, Tenkasi - 627 811.                                                                                   |
| 25.            | Thanjavur        | O/o Joint Director of Medical and Rural Health Services, Kumbakonam District<br>Head Quarters Hospital Campus,<br>Dr. Moorthy Road,<br>Kumbakonam - 612 001.                                                 |
| 26.            | Theni            | O/o Joint Director of Medical and Rural Health Services,<br>Periyakulam, Theni - 625 501.                                                                                                                    |
| 27.            | The Nilgiris     | O/o Joint Director of Medical and Rural Health Services,<br>Jail Hill, GMGH Campus<br>Ooty- 643 001.                                                                                                         |
| 28.            | Thoothukudi      | O/o Joint Director of Medical and Rural Health Services,<br>116, North Beach Road,<br>Fisheries Department Campus,<br>Thoothukudi - 628 001.                                                                 |
| 29.            | Thiruchirappalli | O/o Joint Director of Medical and Rural Health Services, Near Central Bus stand,<br>4, V.O.C Road, Cantonment,<br>Tiruchirappalli - 620 001.                                                                 |
| 30.            | Tirunelveli      | O/o Joint Director of Medical and Rural Health Services,<br>Leprosy block 1 <sup>st</sup> floor, St. Thomas<br>road, Near O/o Commissioner of<br>Police, Maharajar, Palayamkottai,<br>Tirunelveli - 627 811. |



**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| Sl. No. | District        | Address                                                                                                                                               |
|---------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31.     | Thirupathur     | O/o Joint Director of Medical and Rural Health Services,<br>No.79, Veppamara Street, Velapadi,<br>Vellore - 632 001.                                  |
| 32.     | Tiruvallur      | O/o Joint Director of Medical and Rural Health Services,<br>Government Medical College Hospital<br>Campus, J.N. Road,<br>Tiruvallur - 602 001.        |
| 33.     | Thiruvannamalai | O/o Joint Director of Medical and Rural Health Services, Government<br>TB Hospital Campus, Thandrampet<br>Road, Thiruvannamalai - 606 601.            |
| 34.     | Tiruvarur       | O/o Joint Director of Medical and Rural Health Services,<br>Nettivilaikara Street, Old GH<br>campus, Thiruvarur - 610 001.                            |
| 35.     | Tiruppur        | O/o Joint Director of Medical and Rural Health Services, Government Medical College<br>campus, Dharapuram Road, Tiruppur - 641 604.                   |
| 36.     | Vellore         | O/o Joint Director of Medical and Rural Health Services,<br>79, Veppamara Street,<br>Velapadi, Vellore - 632 001.                                     |
| 37.     | Villupuram      | O/o Joint Director of Medical and Rural Health Services,<br>Government Head Quarters Hospital<br>Campus, near signal<br>Villupuram - 605 602.         |
| 38.     | Virudhunagar    | O/o Joint Director of Medical and Rural Health Services,<br>Government Head Quarters Hospital<br>Campus, Ramamoorthy Road,<br>Virudhunagar - 626 001. |

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**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

**ANNEXURE- VIII**

**LIST OF ADDRESS OF DISTRICT LEVEL EMPOWERED COMMITTEE,  
STATE LEVEL EMPOWERED COMMITTEE AND HIGH-LEVEL EMPOWERED  
COMMITTEE UNDER NHIS, 2026**

**(a) DISTRICT LEVEL EMPOWERED COMMITTEE**

| <b>Sl.<br/>No.</b> | <b>District</b> | <b>Address</b>                                                                                                                    |
|--------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1.                 | Ariyalur        | The District Collector, District Collector Office, Jayankondam Road, Ariyalur - 621 704.                                          |
| 2.                 | Chengalpattu    | The District Collector, Collectorate Campus, GST Road, Chengalpattu - 603 001.                                                    |
| 3.                 | Chennai         | The District Collector, District Collector Office, 62, Rajaji Salai, Fourth Floor, Chennai – 600 001.                             |
| 4.                 | Coimbatore      | The District Collector, District Collector Office, 7/1, State Bank Road, Gopalapuram, Coimbatore – 641 018.                       |
| 5.                 | Cuddalore       | The District Collector, New Collectorate Campus, Gundu Salai Road, Alpet, Manjakuppam, Cuddalore – 607 001.                       |
| 6.                 | Dharmapuri      | The District Collector, District Collectorate, Collectorate New Building, Elakiampatti Dharmapuri - 636 705.                      |
| 7.                 | Dindigul        | The District Collector, Thiagi Subramania Siva Malihai, Velu Nachiyar Valaham, Karur Road, Chettinaickenpatti, Dindigul - 624 004 |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>Sl.<br/>No.</b> | <b>District</b> | <b>Address</b>                                                                                                                    |
|--------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 8.                 | Erode           | The District Collector,<br>Collectorate Campus,<br>1 <sup>st</sup> Floor Perundurai Road,<br>Teachers Colony,<br>Erode - 638 011. |
| 9.                 | Kallakurichi    | The District Collector,<br>Collectorate,<br>Kachirapalayam Road,<br>Kallakurichi - 606 213.                                       |
| 10.                | Kancheepuram    | The District Collector,<br>District Collector Office,<br>Vandhavasi Road,<br>Kancheepuram – 631 501                               |
| 11.                | Kanniyakumari   | The District Collector,<br>Kaniyakumari<br>Ramavarmapuram<br>Collectorate,<br>Nagercoil - 629 001.                                |
| 12.                | Karur           | The District Collector,<br>Collectorate Campus,<br>Thanthonimalai,<br>Karur – 639 007.                                            |
| 13.                | Krishnagiri     | The District Collector,<br>District Collector Office,<br>Collectorate Campus,<br>Hosur Road,<br>Krishnagiri - 635 115.            |
| 14.                | Madurai         | The District Collector,<br>1 <sup>st</sup> floor, New Building,<br>Collectorate Campus,<br>Madurai - 625 020.                     |
| 15.                | Mayiladudurai   | The District Collector,<br>Collectorate Campus,<br>Mayuranathar East Street,<br>Mayiladudurai - 609 001.                          |
| 16.                | Nagapattinam    | The District Collector,<br>District Collectorate<br>Campus,<br>Nagapattinam – 611 003.                                            |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>Sl.<br/>No.</b> | <b>District</b> | <b>Address</b>                                                                                                                           |
|--------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 17.                | Namakkal        | The District Collector,<br>Collectorate Campus,<br>Thiruchengode Road,<br>Namakkal - 637 003.                                            |
| 18.                | Perambalur      | The District<br>Collector, District<br>collectorate (New),<br>Collector Office Road,<br>Perambalur - 621 212.                            |
| 19.                | Pudukkottai     | The District Collector,<br>Collectorate,<br>1 <sup>st</sup> Floor, Mannar<br>Rajagopal Thondaiman<br>Maaligai,<br>Pudukkottai – 622 005. |
| 20.                | Ramanathapuram  | The District Collector,<br>Collectorate Complex,<br>Sethupathi Nagar,<br>Ramanathapuram – 623 503.                                       |
| 21.                | Ranipet         | The District Collector,<br>M.B.T Road,<br>Bharathi Nagar,<br>Ranipet-632401.                                                             |
| 22.                | Salem           | The District Collector,<br>Room No. 101, 1 <sup>st</sup> Floor,<br>Collectorate Campus,<br>Salem - 636 001.                              |
| 23.                | Sivagangai      | The District Collector,<br>Collectorate Complex,<br>Sivagangai - 630 562.                                                                |
| 24.                | Tenkasi         | The District Collector,<br>Rail Nagar,<br>Tenkasi - 627 811.                                                                             |
| 25.                | Thanjavur       | The District Collector,<br>District Collectorate,<br>Thanjavur - 613 010.                                                                |
| 26.                | Theni           | The District Collector,<br>Collectorate,<br>Madurai Road,                                                                                |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>Sl.<br/>No.</b> | <b>District</b> | <b>Address</b>                                                                                                       |
|--------------------|-----------------|----------------------------------------------------------------------------------------------------------------------|
|                    |                 | Theni - 625 531.                                                                                                     |
| 27.                | The Nilgiris    | The District Collector,<br>Collectorate<br>Udhagamandalam,<br>The Nilgiris – 643 001.                                |
| 28.                | Thoothukudi     | The District Collector,<br>Korampallam,<br>Thoothukudi-628 101.                                                      |
| 29.                | Thiruchirapalli | The District Collector,<br>Collectorate Campus,<br>Thiruchirapalli – 620 001.                                        |
| 30.                | Tirunelveli     | The District Collector,<br>District Collector Office,<br>Kokkirakulam,<br>Tirunelveli - 627 009.                     |
| 31.                | Thirupathur     | The District Collector,<br>Government Garden Road,<br>Thirupathur - 635 601.                                         |
| 32.                | Tiruvallur      | The District Collector,<br>District Collector<br>Office, Master Plan<br>Complex, J.N. Road,<br>Tiruvallur - 602 001. |
| 33.                | Thiruvannamalai | The District Collector,<br>District Collector Office,<br>Vengikkal,<br>Thiruvannamalai - 606 604.                    |
| 34.                | Tiruvarur       | The District Collector,<br>1 <sup>st</sup> floor, Collectorate,<br>Thandalai, Vilamal,<br>Tiruvarur – 610 004.       |
| 35.                | Tiruppur        | The District Collector,<br>District Collector Office,<br>Master Complex,<br>Palladam Road,<br>Tiruppur - 641 604.    |

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026  
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND  
THEIR ELIGIBLE FAMILY MEMBERS.**

| <b>Sl. No.</b> | <b>District</b> | <b>Address</b>                                                                                                        |
|----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------|
| 36.            | Vellore         | The District Collector,<br>Collectorate Campus,<br>A Block, 2nd Floor,<br>Sathuvachari,<br>Vellore - 632 009.         |
| 37.            | Villupuram      | The District Collector,<br>Master Plan Complex,<br>Collectorate Campus,<br>Villupuram - 605 602.                      |
| 38.            | Virudhunagar    | The District Collector,<br>District Collectorate<br>Campus, Kooraiakoondur,<br>Panchayath,<br>Virudhunagar - 626 002. |

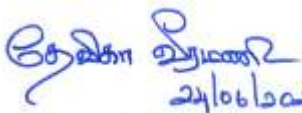
**(b) STATE LEVEL EMPOWERED COMMITTEE**

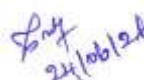
The Commissioner/Director of Treasuries and Accounts,  
O/o Directorate of Treasuries and Accounts,  
3<sup>rd</sup> Floor, Integrated Office Complex for Finance Department,  
Veterinary Hospital Campus,  
Anna Salai, Nandanam,  
Chennai - 600 035.

**(c) HIGH LEVEL EMPOWERED COMMITTEE**

The Additional Chief Secretary to Government,  
Finance Department, Fort St. George, Secretariat,  
Chennai - 600 009.

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**Short Manual for Rate Calculation**

**1. Objective**

This manual explains how to calculate the **final package amount** for claims using the **Package Master Rate Table** of the insurance scheme.

**2. Time line for Preauthorization processing:**

- ☐Within 12 hrs from submission by the hospital
- ☐Hospital should reply within 24 hrs for any query raised by the insurance company
- ☐Invoice of the implant should be mandatorily submitted in claims for all the packages involving implants.

**3. Basic Package Calculation Rule**

**Final Claim Amount** =Base Package Rate + Implant / Consumables (if allowed)  
+ Add-on Charges (ICU with ventilator/ICU without ventilator / Sessions / Extra days)

- ☐Implant cost will be paid separately with maximum permissible amount.

**3. Hospital Category-Based Rate Selection**

Many schemes define rates based on hospital level:

| Hospital Category | Description                                    | Rate Selection | Package cost      |
|-------------------|------------------------------------------------|----------------|-------------------|
| Category A1       | As per Empanelment Criteria in tender document | Highest rate   | 130% of base rate |
| Category A2       | As per Empanelment Criteria in tender document | Higher rate    | 120% of base rate |
| Category B        | As per Empanelment Criteria in tender document | Medium rate    | 110% of base rate |
| Category C        | As per Empanelment Criteria in tender document | Standard rate  | 100% (Base rate)  |

\*Outside State hospitals in Delhi (Rate will be fixed based on the above criteria with additional 10%)

^ If there is admission in network hospital for emergency procedures, there will be auto approval of the preauth with 30% of the package rate for medical procedures and 50 % of the package rate for surgical procedures.

# If there is admission in non-network hospitals, for emergency procedures base package rate will be paid (Category C) irrespective of the category of the hospital. If there is admission in non-network hospitals, for non emergency 60% of the base package rate will be paid (60% of Category C) irrespective of the category of the hospital.

## **5. Specialty-wise Calculation Logic**

### **5.1 Orthopedics**

Examples: Fracture fixation, Joint replacement

Implants are major cost components.

Package Rate + Implant Cost

### **5.2 Cardiology**

Examples: Angioplasty, CABG

- Stent type
- Number of stents

Package Rate + Stent Cost (if separate)

### **5.3 Medical Management (General Medicine / Pediatrics)**

For medical cases, billing may depend on **per-day rate**.

Per-day rate × Length of Stay

Ward types:

- General Ward
- HDU
- ICU without ventilator
- ICU with ventilator- if the stay exceeds the specified limit for the package then the hospital should submit the substantiation for the same eg; ICU chart, Nurses notes, every hour vitals chart, ventilator chart etc.

## 6. Add-on Rules and Clear Justification needed when

Add-ons should be applied only if allowed in the scheme guidelines:

### ➤ **ICU beyond package limit :**

**Clear Justification to be provided by the hospital which Includes:**

- Clinical instability (e.g., hemodynamic instability, ventilator dependency, inotropes)
- Objective parameters (ABG results, oxygen requirement, vasopressor support, GCS, etc.)
- Treating consultant's daily ICU notes
- Why step-down transfer is unsafe

### ➤ **Extra days beyond standard LOS**

**Clear Justification to be provided by the hospital which Includes:**

- Post-operative complication (infection, delayed wound healing, uncontrolled sugars, etc.)
- Ongoing IV antibiotics or monitoring requirement
- Lab/imaging findings
- Consultant progress notes

### ➤ **Additional sessions (dialysis / chemo / radiation)**

**Clear Justification to be provided by the hospital which Includes:**

- Diagnosis with clinical summary
- Number of sessions originally approved
- Number of additional sessions requested
- Medical reason for extension
- Supporting lab / imaging reports
- Treating physician's recommendation

### ➤ **High-end consumables (as per approval)Top of Form**

**Clear Justification to be provided by the hospital which Includes:**

- Name and specification of consumable
- Why standard consumables are inadequate
- Clinical necessity
- Cost details (if required by scheme)
- Approval reference (if pre-authorization obtained)Bottom of Form

Corrigendum - 1: ANNEXURE I & IA and Package Rates

ANNEXURE - I : List of Procedures and Treatments under NHIS 2026 and their packages rates  
NEW HEALTH INSURANCE SCHEME, 2026 FOR EMPLOYEES OF THE GOVERNMENT DEPARTMENTS AND THEIR ELIGIBLE FAMILY MEMBERS  
Tender RC No:CTA/2/2026-NHIS-2

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1      | Burns Management | BM001A         | Thermal burns | Criteria 1: % Total Body Surface Area Burns (TBSA):less than 20% in adults and less than 10% in children younger than 12 years. Dressing without anesthesia                                                                                               | 9167       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2      | Burns Management | BM001B         | Thermal burns | Criteria 2: % Total Body Surface Area Burns (TBSA): Upto 25%; 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. | 62500      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 3      | Burns Management | BM001C         | Thermal burns | Criteria 3: % Total Body Surface Area Burns (TBSA): 25-40 %; 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. | 78125      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |
| 4      | Burns Management | BM001D         | Thermal burns | Criteria 4: % Total Body Surface Area Burns (TBSA):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. | 125000     | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS        | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|------------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 5      | Burns Management | BM001E         | Thermal burns | Criteria 5: % Total Body Surface Area Burns (TBSA):60-80 %; 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. | 125000     | N                      | N                             | 10-15 days | Regular Procedure | N                                  | N                               | N                            |
| 6      | Burns Management | BM002A         | Scald burns   | Criteria 1: % Total Body Surface Area Burns (TBSA): less than 20% in adults and less than 10% in children younger than 12 years. Dressing without anesthesia                                                                                            | 9167       | N                      | N                             | 3          | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 7      | Burns Management | BM002B         | Scald burns  | Criteria 2: % Total Body Surface Area Burns (TBSA): Upto 25%; 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. | 62500      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |
| 8      | Burns Management | BM002C         | Scald burns  | Criteria 3: % Total Body Surface Area Burns (TBSA): 25-40 %; 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.  | 78125      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS        | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|------------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 9      | Burns Management | BM002D         | Scald burns  | Criteria 4: % Total Body Surface Area Burns (TBSA):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. | 125000     | N                      | N                             | 19         | Regular Procedure | N                                  | N                               | N                            |
| 10     | Burns Management | BM002E         | Scald burns  | Criteria 5: % Total Body Surface Area Burns (TBSA):60-80 %; 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.  | 125000     | N                      | N                             | 10-15 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 11     | Burns Management | BM003A         | Flame burns  | % Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing                                                                                                                                          | 9167       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 12     | Burns Management | BM003B         | Flame burns  | % Total Body Surface Area Burns (TBSA): 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. | 62500      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 13     | Burns Management | BM003C         | Flame burns  | % Total Body Surface Area Burns (TBSA): 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. | 78125      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |
| 14     | Burns Management | BM003D         | Flame burns  | % Total Body Surface Area Burns (TBSA): > 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.      | 125000     | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 15     | Burns Management | BM004A         | Electrical contact burns | 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. | 46875      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 16     | Burns Management | BM004B         | Electrical contact burns | Electrical contact burns: Low voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings Amputation etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 62500      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 17     | Burns Management | BM004C         | Electrical contact burns | Electrical contact burns: High voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover,fasciotomy +/- /amputation/Central IV Line/debridement/early skin grafting pedicle or free flap coverage, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings | 93750      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                                                                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 18     | Burns Management | BM004D         | Electrical contact burns | Electrical contact burns: High voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, fasciotomy +/- /debridement/early skin grafting/flap cover: pedicle or free flap coverage, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone | 78125      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 19     | Burns Management | BM005A         | Chemical burns | 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. (Similar to thermal burns require more grafting, debridement, (skin grafting/canthopexy) | 62500      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 20     | Burns Management | BM005B         | Chemical burns | Chemical burns: With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover,debridement,skin grafting, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone. | 93750      | N                      | N                             | 19  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                               | Procedure Name                                                                                                                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 21     | Burns Management | BM006A         | Post Burn Contracture surgeries for Functional Improvement | Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Excluding Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post - operative regular dressings for | 78125      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                               | Procedure Name                                                                                                                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 22     | Burns Management        | BM006B         | Post Burn Contracture surgeries for Functional Improvement | Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, contracture release & split skin graft with or without flap reconstruction, silicone - gel sheet and physiotherapy); Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap coverage | 78125      | N                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 23     | Emergency Room Packages | ER001A         | Laceration - Suturing / Dressing                           | Laceration - Suturing / Dressing                                                                                                                                                                                                                                                                                                                                 | 2396       | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 24     | Emergency Room Packages | ER002A         | Cardiopulmonary emergency                                  | Emergency with stable cardiopulmonary status                                                                                                                                                                                                                                                                                                                     | 2396       | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 25     | Emergency Room Packages | ER002B         | Cardiopulmonary emergency                                  | Emergency with unstable cardiopulmonary status with resuscitation                                                                                                                                                                                                                                                                                                | 12813      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 26     | Emergency Room Packages | ER003A         | Animal bites (Excluding Snake Bite)                        | Animal bites (Excluding Snake Bite)                                                                                                                                                                                                                                                                                                                              | 2084       | N                      | N                             | 3   | Regular Procedure  | N                                  | Y                               | N                            |
| 27     | High End Diagnostics    | HD001A         | Lymphangiography                                           | Lymphangiography                                                                                                                                                                                                                                                                                                                                                 | 11375      | Y                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |



| S. No. | Specialty            | Procedure Code | Package Name                                      | Procedure Name                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|----------------------|----------------|---------------------------------------------------|---------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 28     | High End Diagnostics | HD002A         | Diagnostic venography (DVA)                       | Diagnostic venography (DVA)                       | 5750       | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 29     | High End Diagnostics | HD003A         | IVUS(Intravascular Ultrasound)-peripheral vessels | IVUS(Intravascular Ultrasound)-peripheral vessels | 17250      | Y                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 30     | High End Diagnostics | HD004A         | Diskography                                       | Diskography                                       | 5750       | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 31     | High End Diagnostics | HD005A         | USG guided percutaneous biopsy                    | USG guided percutaneous biopsy                    | 2625       | Y                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 32     | High End Diagnostics | HD006A         | USG guided percutaneous FNAC                      | USG guided percutaneous FNAC                      | 750        | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 33     | High End Diagnostics | HD007A         | USG guided percutaneous needle aspiration         | USG guided percutaneous needle aspiration         | 750        | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 34     | High End Diagnostics | HD008A         | CT guided percutaneous biopsy                     | CT guided percutaneous biopsy                     | 3875       | Y                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 35     | High End Diagnostics | HD009A         | CT guided percutaneous FNAC                       | CT guided percutaneous FNAC                       | 3250       | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 36     | High End Diagnostics | HD010A         | CT guided percutaneous needle aspiration          | CT guided percutaneous needle aspiration          | 3250       | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 37     | High End Diagnostics | HD011A         | Genetic workup                                    | Genetic workup                                    | 20834      | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 38     | High End Diagnostics | HD012A         | Metabolic work up                                 | Metabolic work up                                 | 31250      | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 39     | High End Diagnostics | HD013A         | Vedio EEG Monitoring Test (VEEG)                  | Video EEG Monitoring Test (VEEG)                  | 3750       | N                      | N                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 40     | High End Medicine    | HM003A         | Heparin                                           | Heparin - Based on weight and age of patient      | 15625      | N                      | N                             | 3   | Add - On Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name              | Procedure Name                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|--------------------|------------------------------------|---------------------------------|------------------------------|
| 41     | High End Medicine | HM004A         | Methylprednisolone        | Methylprednisolone - 0.117-1.66 mg/kg/day orally divided every 6-8 hours                                               | 26042      | N                      | N                             | 3        | Add - On Procedure | Y                                  | Y                               | N                            |
| 42     | High End Medicine | HM005A         | Erythropoietin            | Erythropoietin                                                                                                         | 0          | N                      | Y                             | 3-5 days | Add - On Procedure | Y                                  | Y                               | N                            |
| 43     | High End Medicine | HM006A         | Liposomal amphotericin    | Liposomal amphotericin - for 2.5 Gm dosage. @ 2500 per 50mg                                                            | 130209     | N                      | N                             | 3-5 days | Add - On Procedure | Y                                  | Y                               | N                            |
| 44     | High End Medicine | HM007A         | IVIG                      | IVIG - 2000 per GM @ 2 GM/Per Kg body weight. Almost 20 GM in adult dose.( Mx. Of 200000 , paid on actual utilization) | 0          | Y                      | N                             | 3        | Add - On Procedure | Y                                  | Y                               | N                            |
| 45     | High End Medicine | HM008A         | Ivlg for Kawasaki Disease | Ivlg for Kawasaki Disease - 2mg gm/Kg body wt/day ( price per gram)                                                    | 0          | Y                      | N                             | 3        | Add - On Procedure | Y                                  | Y                               | N                            |
| 46     | High End Medicine | HM009A         | Ivlg for GB Syndrome      | Ivlg for GB Syndrome - 2gm /Kg body weight ( price per gram)                                                           | 0          | Y                      | N                             | 3-5 days | Add - On Procedure | Y                                  | Y                               | N                            |
| 47     | High End Medicine | HM010A         | Ivlg for ITP              | Ivlg for ITP - 2gm /Kg body weight ( price per gram)                                                                   | 0          | Y                      | N                             | 3        | Add - On Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                          | Procedure Name                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS       | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 48     | High End Medicine | HM011A         | Rituximab                                             | Rituximab - 500mg /50ml ( Price per 500mg/50ml box) 2 doses initially on Day 0 and Day 15, then every 6 months | 0          | Y                      | N                             | 3         | Add - On Procedure | Y                                  | Y                               | N                            |
| 49     | High End Medicine | HM012A         | Human Albumin 20%                                     | Human Albumin 20% - 250-500ml (Price per 100ml infusion)                                                       | 0          | Y                      | N                             | 3         | Add - On Procedure | Y                                  | Y                               | N                            |
| 50     | High End Medicine | HM013A         | Albumin 5%                                            | Albumin 5% - 250-500ml (Price per 100ml infusion)                                                              | 0          | Y                      | N                             | 3         | Add - On Procedure | Y                                  | Y                               | N                            |
| 51     | High End Medicine | HM017A         | Imipenem                                              | Imipenem - . 3 gm per day dose                                                                                 | 0          | Y                      | N                             | 5-10 days | Add - On Procedure | Y                                  | Y                               | N                            |
| 52     | High End Medicine | HM018A         | Meropenem                                             | Meropenem - 3 gm Per day dose                                                                                  | 0          | Y                      | N                             | 5-10 days | Add - On Procedure | Y                                  | Y                               | N                            |
| 53     | High End Medicine | HM019A         | Piperacillin-Tazobactem                               | Piperacillin-Tazobactem - 4.5gm TDS per day dose                                                               | 0          | Y                      | N                             | 3-5 days  | Add - On Procedure | Y                                  | Y                               | N                            |
| 54     | High End Medicine | HM020A         | Colistin                                              | Colistin - Variable                                                                                            | 0          | Y                      | N                             | 5-10 days | Add - On Procedure | Y                                  | Y                               | N                            |
| 55     | High End Medicine | HM021A         | Vancomycin                                            | Vancomycin - 15 mg/kg IV BD per day                                                                            | 0          | Y                      | N                             | 3-5 days  | Add - On Procedure | Y                                  | Y                               | N                            |
| 56     | High End Medicine | HM022A         | Amphotericin deoxycholate                             | Amphotericin deoxycholate 0.3 mg/kg IV qDay                                                                    | 1000       | N                      | N                             | 3-5 days  | Add - On Procedure | Y                                  | Y                               | N                            |
| 57     | High End Medicine | HP001A         | USG guided percutaneous Radiofrequency Ablation (RFA) | USG guided percutaneous Radiofrequency Ablation (RFA)                                                          | 27750      | Y                      | N                             | 0-2 days  | Add - On Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                         | Procedure Name                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 58     | High End Medicine | HP002A         | USG guided percutaneous Microwave Ablation (MWA)     | USG guided percutaneous Microwave Ablation (MWA)     | 31917      | Y                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 59     | High End Medicine | HP003A         | CT guided percutaneous Radiofrequency Ablation (RFA) | CT guided percutaneous Radiofrequency Ablation (RFA) | 30250      | Y                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 60     | High End Medicine | HP004A         | CT guided percutaneous Microwave Ablation (MWA)      | CT guided percutaneous Microwave Ablation (MWA)      | 34417      | Y                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 61     | High End Medicine | HP005A         | USG guided percutaneous catheter drainage            | USG guided percutaneous catheter drainage            | 6063       | Y                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 62     | High End Medicine | HP006A         | CT guided percutaneous catheter drainage             | CT guided percutaneous catheter drainage             | 6063       | Y                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 63     | High End Medicine | HP007A         | Cerebral angiogram under local anesthesia            | Cerebral angiogram under local anesthesia            | 6042       | N                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 64     | High End Medicine | HP008A         | Cerebral angiogram under general anesthesia          | Cerebral angiogram under general anesthesia          | 19688      | N                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 65     | High End Medicine | HP009A         | Spinal Angiogram under general anesthesia            | Spinal Angiogram under general anesthesia            | 19688      | N                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 66     | High End Medicine | HP010A         | Plasmapheresis                                       | Plasmapheresis                                       | 72917      | N                      | N                             | 0-2 days | Add - On Procedure | N                                  | N                               | N                            |
| 67     | General Medicine  | ID005A         | Treatment of systemic fungal infections              | Treatment of systemic fungal infections              | 10000      | N                      | Y                             | 3        | Regular Procedure  | N                                  | N                               | Y                            |

| S. No. | Specialty                | Procedure Code | Package Name                                              | Procedure Name                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 68     | Interventional Radiology | IN001A         | Carotico-cavernous Fistula (CCF) embolization             | Carotico-cavernous Fistula (CCF) embolization with coils. [includes 5 coils, guide catheter, micro-catheter, micro-guidewire, general items]     | 234375     | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 69     | Interventional Radiology | IN001B         | Carotico-cavernous Fistula (CCF) embolization             | Carotid-cavernous Fistula (CCF) embolization with balloon (includes one balloon, guide catheter, micro-catheter, micro-guidewire, general items) | 117188     | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 70     | Interventional Radiology | IN002A         | Intracranial balloon angioplasty with stenting            | Intracranial balloon angioplasty with stenting                                                                                                   | 250000     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 71     | Interventional Radiology | IN003A         | Intracranial thrombolysis / clot retrieval                | Intracranial thrombolysis / clot retrieval                                                                                                       | 250000     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 72     | Interventional Radiology | IN004A         | Balloon test occlusion                                    | Balloon test occlusion                                                                                                                           | 109375     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 73     | Interventional Radiology | IN005A         | Parent vessel occlusion - Basic                           | Parent vessel occlusion - Basic                                                                                                                  | 46875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 74     | Interventional Radiology | IN006A         | Primary percutaneous transhepatic biliary stenting (SEMS) | Primary percutaneous transhepatic biliary stenting (SEMS)                                                                                        | 63334      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                                                  | Procedure Name                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 75     | Interventional Radiology | IN006B         | Percutaneous transhepatic biliary stenting (SEMS) after prior PTBD            | Percutaneous transhepatic biliary stenting (SEMS) after prior PTBD            | 44375      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 76     | Interventional Radiology | IN007A         | Percutaneous cholangioplasty                                                  | Percutaneous cholangioplasty                                                  | 19063      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 77     | Interventional Radiology | IN008A         | Hepatic venous wedge pressure measurement (HVPG)                              | Hepatic venous wedge pressure measurement (HVPG)                              | 21771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 78     | Interventional Radiology | IN009A         | Tunnelled long-term venous catheter                                           | Tunnelled long-term venous catheter                                           | 18230      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 79     | Interventional Radiology | IN010A         | Tunelled longterm indwelling catheter for refractory ascites/pleural effusion | Tunelled longterm indwelling catheter for refractory ascites/pleural effusion | 20938      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 80     | Interventional radiology | IN011A         | Peripherally inserted central catheter (PICC)                                 | Peripherally inserted central catheter (PICC)                                 | 11146      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 81     | Interventional radiology | IN012A         | Chemoport/implan table lines                                                  | Chemoport/implan table lines                                                  | 18230      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 82     | Interventional radiology | IN013A         | Percutaneous nephrostomy                                                      | Percutaneous nephrostomy                                                      | 27605      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 83     | Interventional radiology | IN014A         | Primary percutaneous antegrade uretric stenting                               | Primary percutaneous antegrade uretric stenting                               | 30313      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 84     | Interventional radiology | IN015A         | Percutaneous antegrade uretric stenting after prior PCN                       | Percutaneous antegrade uretric stenting after prior PCN                       | 20730      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 85     | Interventional radiology | IN016A         | Lymphatic occlusion of chylous leak                                           | Lymphatic occlusion of chylous leak                                           | 26667      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty                | Procedure Code | Package Name                        | Procedure Name                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|-------------------------------------|----------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 86     | Interventional radiology | IN017A         | PVA embolization                    | PVA embolization (without microcatheter)     | 19792      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 87     | Interventional Radiology | IN017B         | PVA embolization                    | PVA embolization (with microcatheter)        | 47500      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 88     | Interventional radiology | IN018A         | Glue embolization                   | Glue embolization (without microcatheter)    | 31563      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 89     | Interventional radiology | IN018B         | Glue embolization                   | Glue embolization (with microcatheter)       | 50625      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 90     | Interventional radiology | IN019A         | Gelfoam embolization                | Gelfoam embolization (without microcatheter) | 18230      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 91     | Interventional radiology | IN019B         | Gelfoam embolization                | Gelfoam embolization (with microcatheter)    | 36771      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 92     | Interventional radiology | IN020A         | Coil embolization                   | Coil embolization (without microcatheter)    | 25000      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 93     | Interventional Radiology | IN020B         | Coil embolization                   | Coil embolization (with microcatheter)       | 47500      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 94     | Interventional radiology | IN021A         | Alcohol embolisation                | Alcohol embolisation                         | 36771      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 95     | Interventional radiology | IN022A         | Vascular plug assisted embolization | Vascular plug assisted embolization          | 61459      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 96     | Interventional Radiology | IN023A         | Angioplasty (arterial)              | Angioplasty (arterial)                       | 44896      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                            | Procedure Name                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|---------------------------------------------------------|------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 97     | Interventional Radiology | IN023B         | Angioplasty (arterial)                                  | Angioplasty (arterial) using microguidewire and guiding catheter | 69688      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 98     | Interventional Radiology | IN023C         | Angioplasty (arterial)                                  | Angioplasty and bare metal stenting (arterial)                   | 60209      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 99     | Interventional Radiology | IN023D         | Angioplasty (arterial)                                  | Angioplasty and bare metal stenting (arterial) CTO lesion        | 95209      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 100    | Interventional Radiology | IN023E         | Angioplasty (arterial)                                  | Angioplasty and covered stent placement (arterial)               | 78334      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 101    | Interventional Radiology | IN024A         | Catheter directed thrombolysis (arterial/venous)        | Catheter directed thrombolysis (arterial/venous)                 | 55209      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 102    | Interventional radiology | IN025A         | Thrombectomy followed by thrombolysis (arterial/venous) | Thrombectomy followed by thrombolysis (arterial/venous)          | 68334      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 103    | Interventional radiology | IN026A         | Angioplasty (venous)                                    | Angioplasty (venous)                                             | 31459      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 104    | Interventional Radiology | IN026B         | Angioplasty (venous)                                    | Angioplasty and stenting hepatic vein                            | 78438      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 105    | Interventional Radiology | IN026C         | Angioplasty and bare metal stenting (venous)            | Angioplasty and bare metal stenting (venous)                     | 55417      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 106    | Interventional Radiology | IN026D         | Angioplasty (venous)                                    | Angioplasty (IVC/central vein) with high pressure balloon        | 72813      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                                                              | Procedure Name                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 107    | Interventional Radiology | IN026E         | Angioplasty (venous)                                                                      | Angioplasty and covered stent placement (venous)                                         | 70521      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 108    | Interventional radiology | IN027A         | Angioplasty-Below knee angioplasty                                                        | Angioplasty Below knee angioplasty                                                       | 83334      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 109    | Interventional radiology | IN028A         | Angioplasty (complex): cutting balloon/drug coated balloon                                | Angioplasty (complex): cutting balloon/drug coated balloon                               | 83125      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 110    | Interventional radiology | IN029A         | Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion             | Angioplasty with medicated SFA stent /Specialised stent (arterial) CTO lesion            | 372084     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 111    | Interventional radiology | IN030A         | Angioplasty (central vein/ CIV ) with high pressure balloon Aand specilaised venous stent | Angioplasty (central vein/ CIV ) with high pressure balloon and specilaised venous stent | 259688     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 112    | Interventional radiology | IN031A         | Fenestration of dissecting aneurysm                                                       | Fenestration of dissecting aneurysm                                                      | 46563      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 113    | Interventional radiology | IN033A         | Post EVAR endoleak management                                                             | Post EVAR endoleak management                                                            | 34063      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 114    | Interventional radiology | IN034A         | IVC filter placement                                                                      | IVC filter placement                                                                     | 24271      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 115    | Interventional Radiology | IN034B         | IVC filter placement with Catheter directed thrombolysis (arterial/venous)                | IVC filter placement with Catheter directed thrombolysis (arterial/venous)               | 45209      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 116    | Interventional Radiology | IN034C         | IVC filter retrieval                                                                      | IVC filter retrieval                                                                     | 18021      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                  | Procedure Code | Package Name                                                                                                              | Procedure Name                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 117    | Interventional radiology                   | IN035A         | Retrieval of intravascular foreign body                                                                                   | Retrieval of intravascular foreign body                                                                                   | 21146      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 118    | Interventional Radiology/ Pain Specialists | IN036A         | Joint/bursa intervention                                                                                                  | Joint/bursa intervention                                                                                                  | 8646       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 119    | Interventional Radiology/ Pain Specialists | IN037A         | Sacroiliac joint denervation                                                                                              | Sacroiliac joint denervation                                                                                              | 23646      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 120    | Interventional Radiology/ Pain Specialists | IN038A         | Facet joint intra-articular intervention-CS/Thoracic/LS                                                                   | Facet joint intra-articular intervention-CS/Thoracic/LS                                                                   | 8646       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 121    | Interventional Radiology/ Pain Specialists | IN039A         | Median branch rhizotomy-CS/Thoracic/LS                                                                                    | Median branch rhizotomy-CS/Thoracic/LS                                                                                    | 23646      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 122    | Interventional radiology                   | IN040A         | Radiofrequency ablation-Trigeminal nerve/genicular nerve /celiac plexus /stellate Ganglion/sympathetic nerve (any branch) | Radiofrequency ablation-Trigeminal nerve/genicular nerve /celiac plexus /stellate Ganglion/sympathetic nerve (any branch) | 23646      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 123    | Interventional Radiology/ Pain Specialists | IN041A         | PRP - suprascapular /tennis elbow/other tendon                                                                            | PRP - suprascapular /tennis elbow/other tendon                                                                            | 8646       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 124    | Interventional radiology                   | IN042A         | Percutaneous Discotomy/nucleotomy using laser or nucleuotome                                                              | Percutaneous Discotomy/nucleotomy using laser or nucleuotome                                                              | 21146      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 125    | Interventional Radiology/ Pain Specialists | IN043A         | Neural foraminal block                                                                                                    | Neural foraminal block                                                                                                    | 8646       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                                            | Procedure Name                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 126    | Interventional radiology | IN044A         | Radiofrequency Ablation (RFA) of bone tumor /metastases/osteoid osteoma | Radiofrequency Ablation (RFA) of bone tumor /metastases/osteoid osteoma | 39792      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 127    | Interventional radiology | IN045A         | Microwave ablation of bone tumor /osteoid osteoma                       | Microwave ablation of bone tumor /osteoid osteoma                       | 49792      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 128    | Interventional radiology | IN046A         | Stroke-Stent Retriever                                                  | Stroke-Stent Retriever                                                  | 363750     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 129    | Interventional Radiology | IN046B         | Stroke-Aspiration Catheter                                              | Stroke-Aspiration Catheter                                              | 387813     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 130    | Interventional radiology | IN047A         | Intervention for Acute stroke (Aspiration & stent retrieval)            | Intervention for Acute stroke (Aspiration & stent retrieval)            | 409584     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 131    | Interventional radiology | IN048A         | Endovascular therapy for intracranial aneurysm                          | Aneurysm-3 Coil                                                         | 171667     | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 132    | Interventional Radiology | IN048B         | Endovascular therapy for intracranial aneurysm                          | Aneurysm-5 Coil                                                         | 338021     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 133    | Interventional Radiology | IN048C         | Endovascular therapy for intracranial aneurysm                          | Aneurysm-7 Coil                                                         | 402084     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 134    | Interventional Radiology | IN048D         | Endovascular therapy for intracranial aneurysm                          | 3 Coil + Balloon                                                        | 191667     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 135    | Interventional Radiology | IN048E         | Endovascular therapy for intracranial aneurysm                          | 5 Coil + Balloon                                                        | 359792     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 136    | Interventional Radiology | IN048F         | Endovascular therapy for intracranial aneurysm                          | 3 Coil + Balloon+Stent                                                  | 276771     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                                          | Procedure Name                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 137    | Interventional Radiology | IN048G         | Endovascular therapy for intracranial aneurysm                        | 5 Coil + Balloon+Stent                                                | 450313     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 138    | Interventional Radiology | IN048H         | Endovascular therapy for intracranial aneurysm                        | 7 Coil + Balloon+Stent                                                | 494063     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 139    | Interventional radiology | IN049A         | Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)          | Pial AVF (Single hole)                                                | 150521     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 140    | Interventional radiology | IN049B         | Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)          | AVF                                                                   | 163021     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 141    | Interventional radiology | IN049C         | Arteriovenous fistula (AVF)/Arteriovenous Malformation (AVM)          | AVM (nidus upto 3 cm)                                                 | 195834     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 142    | Interventional radiology | IN050A         | Carotid angioplasty & stenting                                        | Carotid stenting                                                      | 156250     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 143    | Interventional radiology | IN050B         | Carotid angioplasty & stenting                                        | Carotid stenting-membrane layered                                     | 220834     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 144    | Interventional radiology | IN051A         | Intracranial stenting for Intracranial atherosclerosis disease (ICAD) | Intracranial stenting for Intracranial atherosclerosis disease (ICAD) | 379480     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 145    | Interventional radiology | IN052A         | Dural sinus stenting                                                  | Dural sinus stenting                                                  | 166146     | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty                | Procedure Code | Package Name                                                          | Procedure Name                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 146    | Interventional radiology | IN053A         | Carotid stenting with protection device                               | Carotid stenting with protection device                               | 259896     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 147    | Interventional radiology | IN054A         | Vasospasm management-post coiling/clipping (Cost per session)         | Vasospasm management-post coiling/clipping (Cost per session)         | 101146     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 148    | Interventional radiology | IN055A         | Retinoblastoma package                                                | Retinoblastoma under GA                                               | 112709     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 149    | Interventional radiology | IN056A         | Percutaneous cholecystostomy                                          | Percutaneous cholecystostomy                                          | 27605      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 150    | Interventional radiology | IN057A         | PAIR / percutaneous sclerotherapy for Hydatid cyst                    | PAIR / percutaneous sclerotherapy for Hydatid cyst                    | 11459      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 151    | Interventional radiology | IN058A         | Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation | Oesophageal /gastric / duodenal / colonic stenting/balloon dilatation | 29896      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 152    | Interventional radiology | IN059A         | Transjugular Liver biopsy                                             | Transjugular Liver biopsy                                             | 21980      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 153    | Interventional radiology | IN060A         | Percutaneous gastrostomy                                              | Percutaneous gastrostomy                                              | 9896       | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 154    | Interventional radiology | IN061A         | Transarterial chemoembolization                                       | Transarterial chemoembolization - conventional (cTACE)                | 75000      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 155    | Interventional Radiology | IN061B         | Transarterial chemoembolization                                       | Transarterial chemoembolization - Drug eluting beads (DEB-TACE)       | 64375      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                                                                                               | Procedure Name                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 156    | Interventional radiology | IN062A         | Transjugular intrahepatic portosystemic shunt creation (TIPSS)/Direct transjugular Intrahepatic Portosystemic shunt(DIPSS) | Transjugular intrahepatic portosystemic shunt creation (TIPSS)/Direct transjugular Intrahepatic Portosystemic shunt(DIPSS) | 118438     | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 157    | Interventional radiology | IN063A         | Balloon-occluded retrograde transvenous obliteration (BRTO)                                                                | Balloon-occluded retrograde transvenous obliteration (BRTO)                                                                | 63750      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 158    | Interventional radiology | IN064A         | Plug-assisted retrograde transvenous obliteration (PARTO)                                                                  | Plug-assisted retrograde transvenous obliteration (PARTO)                                                                  | 71980      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 159    | Interventional radiology | IN065A         | Pre-operative portal vein embolization                                                                                     | Pre-operative portal vein embolization                                                                                     | 41771      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 160    | Interventional radiology | IN066A         | USG guided percutaneous ganglion/plexus block (Neuronolysis)                                                               | USG guided percutaneous ganglion/plexus block (Neuronolysis)                                                               | 14271      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 161    | Interventional radiology | IN067A         | CT guided percutaneous ganglion/plexus block (Neuronolysis)                                                                | CT guided percutaneous ganglion/plexus block (Neuronolysis)                                                                | 18021      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 162    | Interventional radiology | IN068A         | Vertebroplasty/Cementoplasty                                                                                               | Vertebroplasty/Cementoplasty                                                                                               | 34480      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 163    | Interventional radiology | IN069A         | Kyphoplasty                                                                                                                | Kyphoplasty                                                                                                                | 49688      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 164    | Interventional radiology | IN070A         | Vaccum assisted breast biopsy                                                                                              | Vaccum assisted breast biopsy                                                                                              | 13334      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                                                  | Procedure Name                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 165    | Interventional radiology | IN071A         | USG guided percutaneous Microwave Ablation (MWA)-benign breast /thyroid tumor | USG guided percutaneous Microwave Ablation (MWA)-benign breast /thyroid tumor | 46042      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 166    | Interventional radiology | IN072A         | Diagnostic angiography (DSA)                                                  | Diagnostic angiography (DSA)                                                  | 10938      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 167    | Interventional radiology | IN073A         | Varicose vein: endovenous treatment (for one limb)                            | Varicose vein: endovenous treatment (for one limb)                            | 19271      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 168    | Interventional radiology | IN074A         | Percutaneous Injection sclerotherapy for low flow vascular malformation       | Percutaneous Injection sclerotherapy for low flow vascular malformation       | 14271      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 169    | Interventional radiology | IN075A         | Varicocele embolization                                                       | Varicocele embolization                                                       | 28438      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 170    | Interventional radiology | IN076A         | Fistuloplasty / Thrombectomy of dialysis fistula                              | Fistuloplasty / Thrombectomy of dialysis fistula                              | 50730      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 171    | Interventional radiology | IN077A         | EVOH Package                                                                  | AVM (1 vial)                                                                  | 167709     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 172    | Interventional Radiology | IN077B         | EVOH Package                                                                  | AVM (3 vial)                                                                  | 167709     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 173    | Interventional Radiology | IN077C         | EVOH Package                                                                  | AVM (5 vial)                                                                  | 167709     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 174    | Interventional radiology | IN078A         | Tumor Embolization                                                            | Tumor Embolization                                                            | 112605     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 175    | Cardiology               | MC001A         | Right / Left Heart Catheterization                                            | Right Heart Catheterization                                                   | 15625      | N                      | N                             | 2   | Regular Procedure | N                                  | Y                               | N                            |
| 176    | Cardiology               | MC001B         | Right / Left Heart Catheterization                                            | Left Heart Catheterization                                                    | 15625      | N                      | N                             | 2   | Regular Procedure | N                                  | Y                               | N                            |
| 177    | Interventional Radiology | MC002A         | Catheter directed Thrombolysis                                                | For Deep vein thrombosis (DVT)                                                | 48125      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

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| 178    | Cardiology               | MC002A         | Catheter directed Thrombolysis       | For Deep vein thrombosis (DVT)     | 48125      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 179    | Interventional Radiology | MC002B         | Catheter directed Thrombolysis       | For Mesenteric Thrombosis          | 48125      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 180    | Cardiology               | MC002B         | Catheter directed Thrombolysis       | For Mesenteric Thrombosis          | 48125      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 181    | Interventional Radiology | MC002C         | Catheter directed Thrombolysis       | For Peripheral vessels             | 48125      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 182    | Cardiology               | MC002C         | Catheter directed Thrombolysis       | For Peripheral vessels             | 48125      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 183    | Cardiology               | MC003A         | Balloon Dilatation                   | Coarctation of Aorta               | 60313      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 184    | Cardiology               | MC003B         | Balloon Dilatation                   | Pulmonary Artery Stenosis          | 60313      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 185    | Cardiology               | MC004A         | Balloon Pulmonary / Aortic Valvotomy | Balloon Pulmonary Valvotomy        | 70000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 186    | Cardiology               | MC004B         | Balloon Pulmonary / Aortic Valvotomy | Balloon Aortic Valvotomy           | 70000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 187    | Cardiology               | MC005A         | Balloon Mitral Valvotomy             | Balloon Mitral Valvotomy           | 70000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 188    | Cardiology               | MC006A         | Balloon Atrial Septostomy            | Balloon Atrial Septostomy          | 38125      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 189    | Cardiology               | MC007A         | ASD Device Closure                   | ASD Device Closure                 | 57709      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 190    | Cardiology               | MC007B         | ASD Device Closure- Minimal Access   | ASD Device Closure- Minimal Access | 75000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 191    | Cardiology               | MC008A         | VSD Device Closure                   | VSD Device Closure                 | 59271      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 192    | Cardiology               | MC009A         | PDA Device Closure                   | PDA Device Closure                 | 75000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 193    | Cardiology               | MC010A         | PDA stenting                         | PDA stenting                       | 85000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty  | Procedure Code | Package Name                                         | Procedure Name                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------|----------------|------------------------------------------------------|-----------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 194    | Cardiology | MC011A         | PTCA, inclusive of diagnostic angiogram              | PTCA, inclusive of diagnostic angiogram                   | 90000      | Y                      | N                             | 2   | Regular Procedure | N                                  | Y                               | N                            |
| 195    | Cardiology | MC012A         | Electrophysiologic al Study                          | Electrophysiologic al Study                               | 43334      | Y                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 196    | Cardiology | MC012B         | Electrophysiologic al Study                          | Electrophysiologic al Study with Radio Frequency Ablation | 43334      | Y                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 197    | Cardiology | MC013A         | Percutaneous Transluminal Septal Myocardial Ablation | Percutaneous Transluminal Septal Myocardial Ablation      | 53125      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 198    | Cardiology | MC014A         | Temporary Pacemaker implantation                     | Temporary Pacemaker implantation                          | 30000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 199    | CTVS       | MC014A         | Temporary Pacemaker implantation                     | Temporary Pacemaker implantation                          | 30000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 200    | Cardiology | MC015A         | Single Chamber Permanent Pacemaker Implantation      | Permanent Pacemaker Implantation - Single Chamber         | 70000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 201    | CTVS       | MC015A         | Single Chamber Permanent Pacemaker Implantation      | Permanent Pacemaker Implantation - Single Chamber         | 38334      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 202    | Cardiology | MC016A         | Double Chamber Permanent Pacemaker Implantation      | Permanent Pacemaker Implantation - Double Chamber         | 51563      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 203    | CTVS       | MC016A         | Double Chamber Permanent Pacemaker Implantation      | Permanent Pacemaker Implantation - Double Chamber         | 51563      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 204    | Cardiology | MC017A         | Peripheral Angioplasty                               | Peripheral Angioplasty                                    | 53959      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                    | Procedure Name                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label     | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-------------------------------------------------|-----------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|---------------------|------------------------------------|---------------------------------|------------------------------|
| 205    | Cardiology                   | MC018A         | Bronchial artery Embolisation (for Haemoptysis) | Bronchial artery Embolisation (for Haemoptysis)                                   | 51250      | N                      | N                             | 3        | Regular Procedure   | N                                  | N                               | N                            |
| 206    | Cardiology                   | MC019A         | Pericardiocentesis                              | Pericardiocentesis                                                                | 18959      | N                      | N                             | 1        | Regular Procedure   | N                                  | N                               | N                            |
| 207    | General Surgery              | MC019A         | Pericardiocentesis                              | Pericardiocentesis                                                                | 18959      | N                      | N                             | 1        | Regular Procedure   | N                                  | N                               | N                            |
| 208    | Cardiology                   | MC020A         | Systemic Thrombolysis (for MI)                  | Systemic Thrombolysis (for MI)                                                    | 35000      | N                      | N                             | 3        | Regular Procedure   | N                                  | N                               | N                            |
| 209    | Cardiology                   | MC020B         | Acute MI                                        | Acute MI                                                                          | 10000      | N                      | Y                             | 3        | Regular Procedure   | N                                  | N                               | N                            |
| 210    | Cardiology                   | MC021A         | Embolization                                    | Arteriovenous Malformation (AVM) in the Limbs                                     | 63438      | Y                      | N                             | 5        | Regular Procedure   | N                                  | N                               | N                            |
| 211    | Cardiology                   | MC022A         | follow up - Cardiology                          | First Follow-up- 2-4 weeks after discharge - AT NETWORK HOSPITAL(Inc. in package) | 10000      | N                      | N                             | 0        | Follow-up Procedure | N                                  | N                               | N                            |
| 212    | Cardiology                   | MC022B         | follow up - Cardiology                          | Second Follow-up- After 3 months                                                  | 5209       | N                      | N                             | 0        | Follow-up Procedure | N                                  | N                               | N                            |
| 213    | Cardiology                   | MC022C         | follow up - Cardiology                          | Third Follow-up- After 3 months                                                   | 2605       | N                      | N                             | 0        | Follow-up Procedure | N                                  | N                               | N                            |
| 214    | Cardiology                   | MC022D         | follow up - Cardiology                          | fourth Follow-up- After 3 months                                                  | 2605       | N                      | N                             | 0        | Follow-up Procedure | N                                  | N                               | N                            |
| 215    | Cardiology                   | MC022E         | follow up - Cardiology                          | FifthFollow-up - After 3 months                                                   | 2605       | N                      | N                             | 0        | Follow-up Procedure | N                                  | N                               | N                            |
| 216    | General Medicine             | MG002A         | Severe sepsis                                   | Severe sepsis                                                                     | 10000      | N                      | Y                             | 3-5 days | Regular Procedure   | N                                  | N                               | Y                            |
| 217    | Pediatric Medical Management | MG002A         | Severe sepsis                                   | Severe sepsis                                                                     | 10000      | N                      | Y                             | 3-5 days | Regular Procedure   | N                                  | N                               | Y                            |
| 218    | General Medicine             | MG002B         | Severe sepsis                                   | Septic shock                                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure   | N                                  | N                               | Y                            |
| 219    | Pediatric Medical Management | MG002B         | Severe sepsis                                   | Septic shock                                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure   | N                                  | N                               | Y                            |



| S. No. | Specialty                    | Procedure Code | Package Name           | Procedure Name           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|------------------------|--------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 220    | General Medicine             | MG003B         | Malaria                | Complicated malaria      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 221    | Pediatric Medical Management | MG003B         | Malaria                | Complicated malaria      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 222    | General Medicine             | MG004A         | Dengue fever           | Dengue fever             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 223    | Pediatric Medical Management | MG004A         | Dengue fever           | Dengue fever             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 224    | General Medicine             | MG004B         | Dengue fever           | Dengue hemorrhagic fever | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 225    | Pediatric Medical Management | MG004B         | Dengue fever           | Dengue hemorrhagic fever | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 226    | General Medicine             | MG004C         | Dengue fever           | Dengue shock syndrome    | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 227    | Pediatric Medical Management | MG004C         | Dengue fever           | Dengue shock syndrome    | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 228    | General Medicine             | MG005A         | Chikungunya fever      | Chikungunya fever        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 229    | Pediatric Medical Management | MG005A         | Chikungunya fever      | Chikungunya fever        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 230    | Pediatric Medical Management | MG006A         | Enteric fever          | Enteric fever            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 231    | General Medicine             | MG007A         | HIV with complications | HIV with complications   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 232    | Pediatric Medical Management | MG007A         | HIV with complications | HIV with complications   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 233    | General Medicine             | MG008A         | Leptospirosis          | Leptospirosis            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 234    | Pediatric Medical Management | MG008A         | Leptospirosis          | Leptospirosis            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                          | Procedure Code | Package Name                                                           | Procedure Name                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------------|----------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 235    | Pediatric Medical Management       | MG009B         | Acute gastroenteritis with dehydration                                 | Acute gastroenteritis with severe dehydration                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 236    | Interventional Radiology           | MG0100A        | Chronic PD catheter Insertion                                          | Chronic PD catheter Insertion                                          | 40000      | N                      | N                             | 1-2 days | Regular Procedure | N                                  | N                               | N                            |
| 237    | General Medicine                   | MG0100A        | Chronic PD catheter Insertion                                          | Chronic PD catheter Insertion                                          | 40000      | N                      | N                             | 1-2 days | Regular Procedure | N                                  | N                               | N                            |
| 238    | General Medicine/ Gastroenterology | MG0101A        | Acute severe ulcerative colitis                                        | Acute severe ulcerative colitis                                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 239    | General Medicine/ Gastroenterology | MG0102A        | Mesenteric Ischemia                                                    | Mesenteric Ischemia                                                    | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 240    | General Medicine/ Gastroenterology | MG0103A        | Intestinal obstruction                                                 | Intestinal obstruction                                                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 241    | General Medicine/ Gastroenterology | MG0104A        | Acute necrotizing severe pancreatitis                                  | Acute necrotizing severe pancreatitis                                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 242    | General Medicine / High End Drugs  | MG0105A        | Pulmonary Thromboembolism ( Including thrombolytic Therapy)            | Pulmonary Thromboembolism - Add on                                     | 30000      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 243    | General Medicine / High End Drugs  | MG0106A        | Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/GP Syndrome | Diffuse alveolar Hemorrhage Associated with SLE/Vasculitis/GP Syndrome | 162917     | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 244    | General Medicine / High End Drugs  | MG0107A        | Severe/Refractory Vasculitis                                           | Severe/Refractory Vasculitis                                           | 89896      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 245    | General Medicine                   | MG0108A        | Acute liver failure/Fulminant Hepatitis                                | Acute liver failure/Fulminant Hepatitis                                | 59896      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                              | Procedure Name                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-------------------------------------------|-------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 246    | General Medicine             | MG0109A        | Pulmonary thromboembolism                 | Pulmonary thromboembolism                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 247    | General Medicine             | MG0110A        | Acute liver failure                       | Acute liver failure                       | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 248    | General Medicine             | MG0111A        | Pleural Effusion                          | Pleural Effusion                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 249    | General Medicine             | MG0112A        | Hyberbilirubinemi a                       | Hyberbilirubinemi a                       | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 250    | General Medicine             | MG0113A        | Polytrauma                                | Polytrauma                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 251    | General Medicine             | MG0113B        | Trauma-FacioMaxillary                     | Trauma-FacioMaxillary                     | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 252    | General Medicine             | MG0113C        | Trauma Head injury                        | Trauma Head injury                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 253    | General Medicine             | MG0113D        | Trauma Rib fracture conservative          | Trauma Rib fracture conservative          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 254    | General Medicine             | MG0113E        | Trauma Blunt injury conservative          | Trauma Blunt injury conservative          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 255    | General Medicine             | MG0113F        | Trauma Contusion chest injury             | Trauma Contusion chest injury             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 256    | General Medicine             | MG0114A        | Oesophageal Varices Banding               | Oesophageal Varices Banding               | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 257    | General Medicine             | MG0115A        | Inflammatory Myopathy/ Myaesthetic Crisis | Inflammatory Myopathy/ Myaesthetic Crisis | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 258    | Pediatric medical Management | MG0115A        | Inflammatory Myopathy/ Myaesthetic Crisis | Inflammatory Myopathy/ Myaesthetic Crisis | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 259    | General Medicine             | MG0116A        | Guillain Barre syndrome                   | Guillain Barre syndrome (Plasmapheresis)  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 260    | Pediatric medical Management | MG0116A        | Guillain Barre syndrome                   | Guillain Barre syndrome (Plasmapheresis)  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                  | Procedure Name                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 261    | General Medicine             | MG0116B        | Myasthenic crisis (Plasmapheresis)            | Myasthenic crisis (Plasmapheresis)                                                                                           | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 262    | Pediatric medical Management | MG0116B        | Myasthenic crisis (Plasmapheresis)            | Myasthenic crisis (Plasmapheresis)                                                                                           | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 263    | General Medicine             | MG0117A        | Moyamoya revascularization                    | Moyamoya revascularization                                                                                                   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 264    | Pediatric medical Management | MG0117A        | Moyamoya revascularization                    | Moyamoya revascularization                                                                                                   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 265    | General Medicine             | MG0118A        | Evaluation of drug resistant epilepsy-Phase-1 | Evaluation of drug resistant epilepsy-Phase-1                                                                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 266    | Pediatric medical Management | MG0118A        | Evaluation of drug resistant epilepsy-Phase-1 | Evaluation of drug resistant epilepsy-Phase-1                                                                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 267    | General Medicine             | MG0119A        | Drug resistant epilepsy                       | Drug resistant epilepsy                                                                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 268    | Pediatric medical Management | MG0119A        | Drug resistant epilepsy                       | Drug resistant epilepsy                                                                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 269    | General Medicine             | MG0120A        | Medical/ neuro rehabilitation                 | Comprehensive medical rehabilitation for spinal injury/ traumatic brain injury, CVA, Cerebral palsy with or without orthosis | 30000      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                  | Procedure Name                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 270    | Pediatric medical Management | MG0120A        | Medical/ neuro rehabilitation | Comprehensive medical rehabilitation for spinal injury/ traumatic brain injury, CVA, Cerebral palsy with or without orthosis                                                      | 30000      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 271    | General Medicine             | MG0120B        | Medical/ neuro rehabilitation | Comprehensive medical rehabilitation for of complication secondary to specified disanility/multiple disability including procedures, chemodenevarati on with or with out orthosis | 41980      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 272    | Pediatric medical Management | MG0120B        | Medical/ neuro rehabilitation | Comprehensive medical rehabilitation for of complication secondary to specified disanility/multiple disability including procedures, chemodenevarati on with or with out orthosis | 41980      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 273    | General Medicine             | MG0120C        | Medical/ neuro rehabilitation | Single event multiple level surgery for spasticity management in cerebral palsy                                                                                                   | 18021      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                  | Procedure Name                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-------------------------------|---------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 274    | Pediatric medical Management | MG0120C        | Medical/ neuro rehabilitation | Single event multiple level surgery for spasticity management in cerebral palsy | 18021      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 275    | General Medicine             | MG0120D        | Medical/ neuro rehabilitation | Medical rehabilitation of muscular dystrophy                                    | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 276    | Pediatric medical Management | MG0120D        | Medical/ neuro rehabilitation | Medical rehabilitation of muscular dystrophy                                    | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 277    | General Medicine             | MG0120E        | Medical/ neuro rehabilitation | Medical Rehabilitation intellectual dissability                                 | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 278    | Pediatric medical Management | MG0120E        | Medical/ neuro rehabilitation | Medical Rehabilitation intellectual dissability                                 | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 279    | General Medicine             | MG0120F        | Medical/ neuro rehabilitation | Medical Rehabilitation special learning disability                              | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 280    | Pediatric medical Management | MG0120F        | Medical/ neuro rehabilitation | Medical Rehabilitation special learning disability                              | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 281    | General Medicine             | MG0120G        | Medical/ neuro rehabilitation | Medical Rehabilitation multiple disability                                      | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 282    | Pediatric medical Management | MG0120G        | Medical/ neuro rehabilitation | Medical Rehabilitation multiple disability                                      | 8438       | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name                | Procedure Name                                                                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 283    | General Medicine | MG0121A        | Severe Anemia (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasi rox) on discharge and routine investigation - CBC ( Including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine protein, Sr. ferritin - during first admission and then 3 monthly. | 3334       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                | Procedure Name                                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 284    | General Medicine | MG0121B        | Severe Anemia (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasi rox) on discharge and routine investigation-CBC ( Including hemoglobin, DLC, TLC, platelet count etc)- 15 days once                            | 2709       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 285    | General Medicine | MG0121C        | Severe Anemia (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine((Deferas irox) on discharge and routine investigation - CBC,(Including hemoglobin, DLC, TLC, platelet count etc) LFT,KFT,Urine Protien - 1 monthly once | 3125       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                | Procedure Name                                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 286    | General Medicine | MG0121D        | Severe Anemia (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferipr one) on discharge and routine investigation - CBC ( Including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine protein, Sr. ferritin during first admission and then 3 monthly. | 3021       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                | Procedure Name                                                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 287    | General Medicine | MG0121E        | Severe Anemia (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferipr one) on discharge and routine investigation-CBC ( Including hemoglobin, DLC, TLC, platelet count etc)- 15 days once                                | 2396       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 288    | General Medicine | MG0121F        | Severe Anemia (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days of Iron chelation Medicine(Deferipr one) on discharge and routine investigation - CBC (Including hemoglobin, DLC, TLC, platelet count etc), LFT,KFT, Urine Protein - 1 monthly once | 2813       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name             | Procedure Name           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|--------------------------|--------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 289    | General Medicine             | MG012A         | Acute viral hepatitis    | Acute viral hepatitis    | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 290    | Pediatric medical Management | MG012A         | Acute viral hepatitis    | Acute viral hepatitis    | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 291    | General Medicine             | MG013A         | Chronic Hepatitis        | Chronic Hepatitis        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 292    | Pediatric medical Management | MG013A         | Chronic Hepatitis        | Chronic Hepatitis        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 293    | General Medicine             | MG014A         | Liver abscess            | Liver abscess            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 294    | Pediatric medical Management | MG014A         | Liver abscess            | Liver abscess            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 295    | General Medicine             | MG015A         | Visceral leishmaniasis   | Visceral leishmaniasis   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 296    | Pediatric medical Management | MG015A         | Visceral leishmaniasis   | Visceral leishmaniasis   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 297    | General Medicine             | MG016A         | Pneumonia                | Pneumonia                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 298    | Pediatric medical Management | MG016A         | Pneumonia                | Pneumonia                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 299    | General Medicine             | MG017A         | Severe pneumonia         | Severe pneumonia         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 300    | Pediatric medical Management | MG017A         | Severe pneumonia         | Severe pneumonia         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 301    | General Medicine             | MG018A         | Empyema                  | Empyema                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 302    | Pediatric medical Management | MG018A         | Empyema                  | Empyema                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 303    | General Medicine             | MG019A         | Lung abscess             | Lung abscess             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 304    | Pediatric medical Management | MG019A         | Lung abscess             | Lung abscess             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 305    | General Medicine             | MG020A         | Pericardial tuberculosis | Pericardial tuberculosis | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                     | Procedure Code | Package Name                                    | Procedure Name                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------------|----------------|-------------------------------------------------|-------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 306    | Pediatric medical Management  | MG020A         | Pericardial tuberculosis                        | Pericardial tuberculosis                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 307    | General Medicine              | MG020B         | Pleural tuberculosis                            | Pleural tuberculosis                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 308    | Pediatric medical Management  | MG020B         | Pleural tuberculosis                            | Pleural tuberculosis                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 309    | General Medicine              | MG022A         | Viral Encephalitis                              | Viral Encephalitis                              | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 310    | Pediatric medical Management  | MG022A         | Viral Encephalitis                              | Viral Encephalitis                              | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 311    | General Medicine              | MG023A         | Septic Arthritis                                | Septic Arthritis                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 312    | Pediatric medical Management  | MG023A         | Septic Arthritis                                | Septic Arthritis                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 313    | General Medicine              | MG024A         | Skin and soft tissue infections                 | Skin and soft tissue infections                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 314    | Pediatric medical Management  | MG024A         | Skin and soft tissue infections                 | Skin and soft tissue infections                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 315    | General Medicine              | MG027A         | Bronchiectasis                                  | Bronchiectasis                                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 316    | Pediatric medical Management  | MG027A         | Bronchiectasis                                  | Bronchiectasis                                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 317    | General Medicine              | MG028A         | Acute bronchitis                                | Acute bronchitis                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 318    | Pediatric medical Management  | MG028A         | Acute bronchitis                                | Acute bronchitis                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 319    | General Medicine/ Pulmonology | MG029A         | Acute excaberation of COPD                      | Acute excaberation of COPD                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 320    | General Medicine              | MG030A         | Acute excaberation of Interstitial Lung Disease | Acute excaberation of Interstitial Lung Disease | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                    | Procedure Name                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-------------------------------------------------|-------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 321    | Pediatric medical Management | MG030A         | Acute excaberation of Interstitial Lung Disease | Acute excaberation of Interstitial Lung Disease | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 322    | Cardiology                   | MG031A         | Endocarditis                                    | Bacterial Endocarditis                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 323    | Pediatric Medical Management | MG031A         | Endocarditis                                    | Bacterial Endocarditis                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 324    | General Medicine             | MG031A         | Endocarditis                                    | Bacterial Endocarditis                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 325    | Cardiology                   | MG031B         | Endocarditis                                    | Fungal Endocarditis                             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 326    | Pediatric Medical Management | MG031B         | Endocarditis                                    | Fungal Endocarditis                             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 327    | General Medicine             | MG031B         | Endocarditis                                    | Fungal Endocarditis                             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 328    | General Medicine             | MG032A         | Vasculitis                                      | Vasculitis                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 329    | Pediatric medical Management | MG032A         | Vasculitis                                      | Vasculitis                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 330    | General Medicine             | MG033A         | Pancreatitis                                    | Acute pancreatitis                              | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 331    | Pediatric medical Management | MG033A         | Pancreatitis                                    | Acute pancreatitis                              | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 332    | General Medicine             | MG033B         | Pancreatitis                                    | Chronic pancreatitis                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 333    | Pediatric medical Management | MG033B         | Pancreatitis                                    | Chronic pancreatitis                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 334    | General Medicine             | MG034A         | Ascites                                         | Ascites                                         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 335    | Pediatric medical Management | MG034A         | Ascites                                         | Ascites                                         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 336    | General Medicine             | MG035A         | Acute transverse myelitis                       | Acute transverse myelitis                       | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |



| S. No. | Specialty                    | Procedure Code | Package Name              | Procedure Name             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|---------------------------|----------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 337    | Pediatric medical Management | MG035A         | Acute transverse myelitis | Acute transverse myelitis  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 338    | Cardiology                   | MG036A         | Atrial Fibrillation       | Atrial Fibrillation        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 339    | Pediatric Medical Management | MG036A         | Atrial Fibrillation       | Atrial Fibrillation        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 340    | General Medicine             | MG036A         | Atrial Fibrillation       | Atrial Fibrillation        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 341    | Cardiology                   | MG037A         | Cardiac Tamponade         | Cardiac Tamponade          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 342    | General Medicine             | MG037A         | Cardiac Tamponade         | Cardiac Tamponade          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 343    | Cardiology                   | MG038A         | Congestive heart failure  | Congestive heart failure   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 344    | Pediatric Medical Management | MG038A         | Congestive heart failure  | Congestive heart failure   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 345    | General Medicine             | MG038A         | Congestive heart failure  | Congestive heart failure   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 346    | General Medicine             | MG039B         | Asthma                    | Status asthmaticus         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 347    | Pediatric medical Management | MG039B         | Asthma                    | Status asthmaticus         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 348    | General Medicine             | MG040A         | Respiratory failure       | Type 1 respiratory failure | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 349    | Pediatric medical Management | MG040A         | Respiratory failure       | Type 1 respiratory failure | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 350    | General Medicine             | MG040B         | Respiratory failure       | Type 2 respiratory failure | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 351    | Pediatric medical Management | MG040B         | Respiratory failure       | Type 2 respiratory failure | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name        | Procedure Name                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|---------------------|---------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 352    | General Medicine             | MG040C         | Respiratory failure | Due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.) | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 353    | Pediatric medical Management | MG040C         | Respiratory failure | Due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.) | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 354    | General Medicine             | MG041A         | Upper GI bleeding   | Upper GI bleeding (conservative)                                                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 355    | Pediatric medical Management | MG041A         | Upper GI bleeding   | Upper GI bleeding (conservative)                                                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 356    | General Medicine             | MG041B         | Upper GI bleeding   | Upper GI bleeding (endoscopic)                                                              | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 357    | Pediatric medical Management | MG041B         | Upper GI bleeding   | Upper GI bleeding (endoscopic)                                                              | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 358    | General Medicine             | MG042A         | Lower GI hemorrhage | Lower GI hemorrhage                                                                         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 359    | Pediatric medical Management | MG042A         | Lower GI hemorrhage | Lower GI hemorrhage                                                                         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 360    | General Medicine             | MG043A         | Addison's disease   | Addison's disease                                                                           | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 361    | Pediatric medical Management | MG043A         | Addison's disease   | Addison's disease                                                                           | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 362    | General Medicine             | MG045A         | AKI / Renal failure | AKI / Renal failure                                                                         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | Y                                  | N                               | Y                            |
| 363    | Nephrology                   | MG045A         | AKI / Renal failure | AKI / Renal failure                                                                         | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | Y                                  | N                               | Y                            |

| S. No. | Specialty                               | Procedure Code | Package Name                  | Procedure Name                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------------------------------|----------------|-------------------------------|-------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 364    | Pediatric Medical Management/ Neurology | MG047A         | Pediatric seizure disorders   | Status epilepticus            | 10000      | N                      | Y                             | 3        | Regular Procedure | N                                  | N                               | Y                            |
| 365    | Pediatric Medical Management            | MG049C         | Acute ischemic stroke         | Acute ischemic stroke         | 10000      | N                      | Y                             | 3        | Regular Procedure | N                                  | N                               | Y                            |
| 366    | General Medicine/ Neurology             | MG049D         | Acute hemorrhagic stroke      | Acute hemorrhagic stroke      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 367    | General Medicine                        | MG050A         | Immune mediated CNS disorders | Immune mediated CNS disorders | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 368    | Pediatric Medical Management            | MG050A         | Immune mediated CNS disorders | Immune mediated CNS disorders | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 369    | General Medicine                        | MG051A         | Hydrocephalus                 | Hydrocephalus                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 370    | Pediatric Medical Management            | MG051A         | Hydrocephalus                 | Hydrocephalus                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 371    | General Medicine                        | MG052A         | Myxedema coma                 | Myxedema coma                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 372    | Pediatric Medical Management            | MG052A         | Myxedema coma                 | Myxedema coma                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 373    | General Medicine                        | MG053A         | Thyrotoxic crisis             | Thyrotoxic crisis             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 374    | Pediatric Medical Management            | MG053A         | Thyrotoxic crisis             | Thyrotoxic crisis             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 375    | General Medicine                        | MG054A         | Gout                          | Gout                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 376    | General Medicine                        | MG055A         | Pneumothorax                  | Pneumothorax                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 377    | Pediatric Medical Management            | MG055A         | Pneumothorax                  | Pneumothorax                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 378    | General Medicine                        | MG056A         | Neuromuscular Disorders       | Neuromuscular Disorders       | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                                                           | Procedure Code | Package Name                  | Procedure Name                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------------------------------------------------------|----------------|-------------------------------|---------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 379    | Pediatric Medical Management                                        | MG056A         | Neuromuscular Disorders       | Neuromuscular Disorders                                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 380    | General Medicine/<br>Pediatric Medical Management/<br>Endocrinology | MG059A         | Diabetic ketoacidosis         | Diabetic ketoacidosis                                   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 381    | General Medicine                                                    | MG061A         | Hyperosmolar Non-Ketotic coma | Hyperosmolar Non-Ketotic coma                           | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 382    | Pediatric Medical Management                                        | MG061A         | Hyperosmolar Non-Ketotic coma | Hyperosmolar Non-Ketotic coma                           | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 383    | General Medicine                                                    | MG062A         | Accelerated hypertension      | Accelerated hypertension                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 384    | Pediatric Medical Management                                        | MG062A         | Accelerated hypertension      | Accelerated hypertension                                | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 385    | General Medicine                                                    | MG064A         | Severe anemia                 | Severe anemia as per WHO Criteria for blood Transfusion | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 386    | Pediatric Medical Management                                        | MG064A         | Severe anemia                 | Severe anemia as per WHO Criteria for blood Transfusion | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 387    | General Medicine                                                    | MG065A         | Sickle cell Anemia            | Sickle cell Anemia                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 388    | Pediatric Medical Management                                        | MG065A         | Sickle cell Anemia            | Sickle cell Anemia                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 389    | General Medicine                                                    | MG066A         | Anaphylaxis                   | Anaphylactic Shock                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 390    | Pediatric Medical Management                                        | MG066A         | Anaphylaxis                   | Anaphylactic Shock                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 391    | General Medicine                                                    | MG067A         | Heat stroke                   | Heat stroke                                             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

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|--------|------------------------------|----------------|--------------------------------|---------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 392    | Pediatric Medical Management | MG067A         | Heat stroke                    | Heat stroke                                                                           | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 393    | General Medicine             | MG068A         | Systematic lupus erythematosus | Systematic lupus erythematosus (SLE)/ Diffuse alveolar hemorrhage associated with SLE | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 394    | Pediatric Medical Management | MG068A         | Systematic lupus erythematosus | Systematic lupus erythematosus (SLE)/ Diffuse alveolar hemorrhage associated with SLE | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 395    | General Medicine/ Neurology  | MG069A         | Guillain Barre syndrome        | Guillain Barre syndrome (IVIG)                                                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 396    | Pediatric Medical Management | MG069A         | Guillain Barre syndrome        | Guillain Barre syndrome (IVIG)                                                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 397    | General Medicine             | MG070A         | Snake bite                     | Snake bite                                                                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 398    | Pediatric Medical Management | MG070A         | Snake bite                     | Snake bite                                                                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 399    | General Medicine             | MG071A         | Poisoning                      | Acute organophosphorus poisoning                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 400    | Pediatric Medical Management | MG071A         | Poisoning                      | Acute organophosphorus poisoning                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 401    | General Medicine             | MG071B         | Poisoning                      | Other poisonings                                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 402    | Pediatric Medical Management | MG071B         | Poisoning                      | Other poisonings                                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                                      | Procedure Code | Package Name                        | Procedure Name                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------------------------|----------------|-------------------------------------|---------------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 403    | General Medicine/ Nephrology                   | MG072B         | Haemodialysis / Peritoneal Dialysis | Peritoneal Dialysis(30 Days Home Based - ambulatory)          | 30000      | Y                      | N                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 404    | General Medicine/ Nephrology                   | MG072C         | Haemodialysis / Peritoneal Dialysis | Acute Haemodialysis                                           | 1875       | N                      | N                             | 1   | Add - On Procedure | Y                                  | N                               | N                            |
| 405    | Organ and Tissue Transplantation               | MG072C         | Haemodialysis / Peritoneal Dialysis | Acute Haemodialysis                                           | 1875       | N                      | N                             | 1   | Add - On Procedure | Y                                  | N                               | N                            |
| 406    | General Medicine/ Nephrology                   | MG072D         | Haemodialysis / Peritoneal Dialysis | Chronic Haemodialysis                                         | 1875       | N                      | N                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 407    | Organ and Tissue Transplantation               | MG072D         | Haemodialysis / Peritoneal Dialysis | Chronic Haemodialysis                                         | 1875       | N                      | N                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 408    | General Medicine/ Pediatric Medical Management | MG073A         | Plasmapheresis                      | Plasmapheresis Per Session                                    | 10000      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 409    | General Medicine                               | MG074A         | Blood transfusion                   | Whole Blood transfusion                                       | 0          | Y                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |
| 410    | Pediatric Medical Management                   | MG074A         | Blood transfusion                   | Whole Blood transfusion                                       | 0          | Y                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |
| 411    | General Medicine                               | MG074B         | Blood transfusion                   | Blood component including platelet transfusion (RDP, PC, SDP) | 0          | Y                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |
| 412    | Pediatric Medical Management                   | MG074B         | Blood transfusion                   | Blood component including platelet transfusion (RDP, PC, SDP) | 0          | Y                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                                                  | Procedure Name                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 413    | Cardiology                   | MG075A         | High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) | High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) | 0          | N                      | Y                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 414    | Pediatric Medical Management | MG075A         | High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) | High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) | 0          | N                      | Y                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 415    | General Medicine             | MG075A         | High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) | High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging) | 0          | N                      | Y                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 416    | Cardiology                   | MG076A         | High end histopathology (Biopsies) and advanced serology investigations       | High end histopathology (Biopsies) and advanced serology investigations       | 6042       | N                      | N                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 417    | Pediatric Medical Management | MG076A         | High end histopathology (Biopsies) and advanced serology investigations       | High end histopathology (Biopsies) and advanced serology investigations       | 6042       | N                      | N                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |
| 418    | General Medicine             | MG076A         | High end histopathology (Biopsies) and advanced serology investigations       | High end histopathology (Biopsies) and advanced serology investigations       | 6042       | N                      | N                             | 0   | Add - On Procedure | Y                                  | N                               | N                            |



| S. No. | Specialty                          | Procedure Code | Package Name                                                               | Procedure Name                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------------|----------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|--------------------|------------------------------------|---------------------------------|------------------------------|
| 419    | Pediatric Medical Management       | MG077A         | Continuous renal replacement therapy/Continuous veno-venous hemofiltration | Continuous renal replacement therapy in AKI (initiation cost for disposable)per day for maximum of 5 in one admission 25000 Per day post initiation | 46875      | N                      | N                             | 3-5 days | Regular Procedure  | N                                  | N                               | N                            |
| 420    | General Medicine/ Nephrology       | MG077A         | Continuous renal replacement therapy/Continuous veno-venous hemofiltration | Continuous renal replacement therapy in AKI (initiation cost for disposable)per day for maximum of 5 in one admission 25000 Per day post initiation | 46875      | N                      | N                             | 3-5 days | Regular Procedure  | N                                  | N                               | N                            |
| 421    | General Medicine/ Gastroenterology | MG078A         | Alcoholic Liver Disease                                                    | Alcoholic Liver Disease                                                                                                                             | 0          | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 422    | General Medicine                   | MG079A         | Peripheral Arterial Thrombosis                                             | Peripheral Arterial Thrombosis                                                                                                                      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 423    | General Medicine                   | MG081A         | IHD / CAD / Arrhythmia                                                     | Arrhythmia                                                                                                                                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 424    | General Medicine                   | MG081B         | IHD / CAD / Arrhythmia                                                     | CAD(ACS)                                                                                                                                            | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 425    | Interventional Radiology           | MG082A         | Bone marrow aspiration of biopsy                                           | Bone marrow aspiration of biopsy                                                                                                                    | 1667       | N                      | N                             | 0        | Add - On Procedure | N                                  | N                               | N                            |
| 426    | General Medicine                   | MG082A         | Bone marrow aspiration of biopsy                                           | Bone marrow aspiration of biopsy                                                                                                                    | 1667       | N                      | N                             | 0        | Add - On Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                   | Procedure Code | Package Name                                                | Procedure Name                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------------------|----------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|--------------------|------------------------------------|---------------------------------|------------------------------|
| 427    | Interventional Radiology    | MG083A         | Lumbar puncture                                             | Lumbar puncture                                                                            | 209        | N                      | N                             | 0        | Add - On Procedure | N                                  | N                               | N                            |
| 428    | General Medicine            | MG083A         | Lumbar puncture                                             | Lumbar puncture                                                                            | 209        | N                      | N                             | 0        | Add - On Procedure | N                                  | N                               | N                            |
| 429    | Interventional Radiology    | MG084A         | Joint Aspiration                                            | Joint Aspiration                                                                           | 313        | N                      | N                             | 0        | Add - On Procedure | N                                  | N                               | N                            |
| 430    | General Medicine            | MG084A         | Joint Aspiration                                            | Joint Aspiration                                                                           | 313        | N                      | N                             | 0        | Add - On Procedure | N                                  | N                               | N                            |
| 431    | Interventional Radiology    | MG085A         | DVT Pneumatic Compression Stockings (Add on package in ICU) | DVT Pneumatic Compression Stockings (Add on package in ICU)                                | 1250       | N                      | N                             | 3-5 days | Regular Procedure  | N                                  | N                               | N                            |
| 432    | General Medicine            | MG085A         | DVT Pneumatic Compression Stockings (Add on package in ICU) | DVT Pneumatic Compression Stockings (Add on package in ICU)                                | 1250       | N                      | N                             | 3-5 days | Regular Procedure  | N                                  | N                               | N                            |
| 433    | General Medicine/ Neurology | MG086A         | Acute Ischemic Stoke                                        | Acute Ischemic Stoke                                                                       | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 434    | General Medicine/ Neurology | MG086B         | Acute ischemic stroke- intravenous thrombolysis             | Acute ischemic stroke- intravenous thrombolysis - Recombinant tissue plasminogen activator | 10000      | Y                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 435    | General Medicine/ Neurology | MG087A         | Venous sinus thrombosis                                     | Venous sinus thrombosis                                                                    | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 436    | General Medicine/ Neurology | MG088A         | Pyogenic Meningitis                                         | Pyogenic Meningitis                                                                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 437    | General Medicine/ Neurology | MG089A         | Fungal Meningitis                                           | Fungal Meningitis                                                                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |
| 438    | General Medicine/ Neurology | MG090A         | Autoimmune encephalitis                                     | Autoimmune encephalitis - Plasmapheresis                                                   | 10000      | N                      | Y                             | 3-5 days | Regular Procedure  | N                                  | N                               | Y                            |

| S. No. | Specialty                          | Procedure Code | Package Name                                                | Procedure Name                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------------|----------------|-------------------------------------------------------------|-------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 439    | General Medicine/ Neurology        | MG090B         | Autoimmune encephalitis (IVIG)                              | Autoimmune encephalitis - Immunoglobulin (IVIG)             | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 440    | General Medicine/ Neurology        | MG090C         | Acute transverse myelitis/ Acute demyelinating encephalitis | Acute transverse myelitis/ Acute demyelinating encephalitis | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 441    | General Medicine/ Neurology        | MG091A         | Acute hemorrhagic stroke- Hematoma evacuation               | Acute hemorrhagic stroke- Hematoma evacuation               | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 442    | General Medicine/ Neurology        | MG091B         | Acute hemorrhagic stroke- (Extra ventricular drainage)      | Acute hemorrhagic stroke- Extra ventricular drainage        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 443    | General Medicine/ Neurology        | MG092B         | Myasthenic crisis (IVIG)                                    | Myasthenic crisis - Immunoglobulins (IVIG)                  | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 444    | General Medicine/ Neurology        | MG093A         | Myasthenic crisis (Plasmapheresis)                          | Myasthenic crisis - Plasmapheresis                          | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 445    | General Medicine/ Neurology        | MG094A         | Tuberculous meningitis (Hydrocephalus – VP SHUNT/ EVD/Omay) | Tuberculous meningitis (Hydrocephalus – VP SHUNT/ EVD/Omay) | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 446    | General Medicine/ Gastroenterology | MG095A         | Cholangitis                                                 | Cholangitis                                                 | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 447    | General Medicine/ Pulmonology      | MG096A         | Intercostal drainage                                        | Intercostal drainage                                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 448    | General surgery                    | MG096A         | Intercostal drainage                                        | Intercostal drainage                                        | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                     | Procedure Code | Package Name                                                                          | Procedure Name                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 449    | General Medicine/ Pulmonology | MG096B         | Fibreoptic bronchoscopy (FOB)                                                         | Bronchoscopy                                                                          | 2917       | N                      | Y                             | 1-2 days | Regular Procedure | N                                  | N                               | N                            |
| 450    | Interventional Radiology      | MG097A         | Endobronchial Ultrasound (EBUS)                                                       | Endobronchial Ultrasound guided fine needle biopsy                                    | 18750      | N                      | N                             | 0        | Regular Procedure | N                                  | N                               | N                            |
| 451    | General Medicine              | MG097A         | Endobronchial Ultrasound (EBUS)                                                       | Endobronchial Ultrasound guided fine needle biopsy                                    | 18750      | N                      | N                             | 0        | Regular Procedure | N                                  | N                               | N                            |
| 452    | General Medicine              | MG099A         | Platelet pheresis                                                                     | Platelet pheresis                                                                     | 13230      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 453    | Pediatric Medical Management  | MG099A         | Platelet pheresis                                                                     | Platelet pheresis                                                                     | 13230      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 454    | Mental Disorders              | MM001A         | Mental Retardation (intellectual disability)                                          | Intellectual Disability (ID)                                                          | 10000      | N                      | Y                             | 7        | Regular Procedure | N                                  | N                               | Y                            |
| 455    | Mental Disorders              | MM002A         | Mental disorders - Organic, including symptomatic                                     | Mental disorders - Organic, including symptomatic                                     | 10000      | N                      | Y                             | 7        | Regular Procedure | N                                  | N                               | Y                            |
| 456    | Mental Disorders              | MM003A         | Schizophrenia, schizotypal and delusional disorders                                   | Schizophrenia, schizotypal and delusional disorders                                   | 10000      | N                      | Y                             | 7        | Regular Procedure | N                                  | N                               | Y                            |
| 457    | Mental Disorders              | MM004A         | Neurotic, stress-related and somatoform disorders                                     | Neurotic, stress-related and somatoform disorders                                     | 10000      | N                      | Y                             | 7        | Regular Procedure | N                                  | N                               | Y                            |
| 458    | Mental Disorders              | MM005A         | Mood (affective) disorders                                                            | Mood (affective) disorders                                                            | 10000      | N                      | Y                             | 7        | Regular Procedure | N                                  | N                               | Y                            |
| 459    | Mental Disorders              | MM006A         | Behavioural syndromes associated with physiological disturbances and physical factors | Behavioural syndromes associated with physiological disturbances and physical factors | 10000      | N                      | Y                             | 7        | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty        | Procedure Code | Package Name                                                                                                                                                                                                                                                                                                   | Procedure Name                                                                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 460    | Mental Disorders | MM007A         | Mental and Behavioural disorders due to psychoactive substance use & Due to Withdrawal                                                                                                                                                                                                                         | Mental and Behavioural disorders due to psychoactive substance use & Due to Withdrawal                                                                                                                                                                                                                         | 10000      | N                      | Y                             | 7   | Regular Procedure  | N                                  | N                               | Y                            |
| 461    | Mental Disorders | MM008A         | 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), serum Lithium level | 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), serum Lithium level | 7813       | N                      | N                             | 7   | Add - On Procedure | N                                  | N                               | N                            |
| 462    | Mental Disorders | MM009A         | Electro Convulsive Therapy (ECT) - per session                                                                                                                                                                                                                                                                 | Electro Convulsive Therapy (ECT) - per session                                                                                                                                                                                                                                                                 | 3959       | N                      | N                             | 7   | Regular Procedure  | N                                  | N                               | N                            |
| 463    | Mental Disorders | MM010A         | NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability                                                                                                                                                                                                                                          | Autism Spectrum Disorder                                                                                                                                                                                                                                                                                       | 10000      | N                      | Y                             | 0   | Regular Procedure  | N                                  | N                               | Y                            |

| S. No. | Specialty        | Procedure Code | Package Name                                                          | Procedure Name                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 464    | Mental Disorders | MM010B         | NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability | Mixed Developmental Disorder                    | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 465    | Mental Disorders | MM010C         | NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability | Tourette Syndrome / Chronic Tic Disorder        | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 466    | Mental Disorders | MM010D         | NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability | Attention Deficit Hyperactivity Disorder (ADHD) | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 467    | Mental Disorders | MM010E         | NeuroDevelopmental Disorders (NDD) Other than Intellectual Disability | Specific Developmental Disorders                | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 468    | Mental Disorders | MM011A         | Behavioral and emotional Disorders of Childhood and Adolescence       | Oppositional Defiant Disorder                   | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 469    | Mental Disorders | MM011B         | Behavioral and emotional Disorders of Childhood and Adolescence       | Conduct Disorder                                | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 470    | Mental Disorders | MM011C         | Behavioral and emotional Disorders of Childhood and Adolescence       | Mixed Disorder of Conduct and Emotions          | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 471    | Mental Disorders | MM011D         | Behavioral and emotional Disorders of Childhood and Adolescence       | Anxiety and Depressive Disorders                | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty        | Procedure Code | Package Name                                                    | Procedure Name                                                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 472    | Mental Disorders | MM011E         | Behavioral and emotional Disorders of Childhood and Adolescence | Other Internalizing and Externalizing Disorders of Childhood and Adolescence                                                                                                                                                                                                                                                          | 10000      | N                      | Y                             | 0   | Regular Procedure | N                                  | N                               | Y                            |
| 473    | Mental Disorders | MM012A         | Non-Pharmacological Interventions                               | Psychological, Behavioural and Developmental and Educational Interventions (Typically Includes Child Counselling / Psychotherapy, Family Counselling / Psychotherapy / Training Such As Parent Management Training, Behavioral / Cognitive-Behavioral Interventions, Developmental Interventions Such As Early Intervention, Speech / | 4063       | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 474    | Mental Disorders | MM013A         | Pharmacological Interventions                                   | Common Medications Used in Management of Child & Adult Psychological Disorders including Anti-ADHD Medication                                                                                                                                                                                                                         | 2709       | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name                                                                                       | Procedure Name                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 475    | Mental Disorders | MM014A         | Psychological / Psychosocial Assessment Package for All Child And Adolescent Psychiatric Disorders | Psychological Assessments (Includes IQ Testing, Specific Learning Disability Assessments, Assessments For Autism Spectrum Disorder, Developmental Assessments, Projective Tests and Other Tests Of Psychopathology), Other Psychosocial Assessments (Family, Schooling) | 3438       | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty     | Procedure Code | Package Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Procedure Name                                                                                                                                                                                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 476    | Neonatal Care | MN001A         | Basic neonatal care package: Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU: <ul style="list-style-type: none"><li>• Any newborn needing feeding support</li><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></ul></li></ul> | Neonates 1000-2500g OR Neonates of any weight requiring closer monitoring or short-term care on mother's bedside for conditions like, but not limited to: <ul style="list-style-type: none"><li>o Birth asphyxia (need for positive pressure ventilation at birth; no HIE)</li><li>o Moderate jaundice requiring phototherapy</li><li>o Large for dates (&gt;97 percentile) or Small for gestational age (less than 3rd percentile)</li></ul> | 0          | N                      | Y                             | 4   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty     | Procedure Code | Package Name                                                                                                                                                                                                                                                                                                                                         | Procedure Name                                                                                                                                                                                                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 477    | Neonatal Care | MN002A         | Special Neonatal Care Package: Babies that required admission to SNCU or NICU: Babies admitted for short term care for conditions like:<br>• Mild Respiratory Distress/tachypnea<br>• Mild encephalopathy<br>• Severe jaundice requiring intensive phototherapy<br>• Haemorrhagic disease of newborn<br>• Unwell baby requiring monitoring<br>• Some | Neonates between 1500-1799g OR Neonates of any weight with mild illness like, but not limited to:<br>• Mild Respiratory Distress/tachypnea<br>• Mild encephalopathy<br>• Severe jaundice requiring intensive phototherapy<br>• Unwell baby requiring monitoring<br>• Some dehydration<br>• Hypoglycaemia<br>The above list is illustrative but not limited to these | 0          | N                      | Y                             | 6   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty     | Procedure Code | Package Name                                                                                                                                                                                                                                                                                              | Procedure Name                                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 478    | Neonatal Care | MN003A         | Intensive Neonatal Care Package<br>Babies with birthweight 1500-1799 g<br><br>or<br>Babies of any birthweight and at least one of the following conditions:<br>• Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)<br>• Sepsis / pneumonia without | neonates of any birthweight with moderate illness like<br>• Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC)<br>• Sepsis / pneumonia without complications<br>• Hyperbilirubinemia requiring exchange transfusion<br>• Seizures requiring anti-convulsants | 0          | N                      | Y                             | 7   | Regular Procedure | N                                  | Y                               | Y                            |

| S. No. | Specialty     | Procedure Code | Package Name                                                                                                                                                                                                                                                                                                         | Procedure Name                                                                                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 479    | Neonatal Care | MN004A         | Advanced Neonatal Care Package: Babies with birthweight of 1200-1499 g or Babies of any birthweight with at least one of the following conditions:<br>• Any condition requiring invasive ventilation longer than 24 hours<br>• Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia<br>• Cardiac rhythm | Neonates between 1200-1499 g OR Neonates of any weight with at least one of the following conditions:<br>• Any condition requiring invasive ventilation longer than 24 hours<br>• Moderate to Severe Hypoxic Ischemic encephalopathy<br>• Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery | 0          | N                      | Y                             | 7   | Regular Procedure | N                                  | Y                               | Y                            |

| S. No. | Specialty     | Procedure Code | Package Name                                                                                                                                                                                                                                                                                                          | Procedure Name                                                                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 480    | Neonatal Care | MN005A         | Critical Care Neonatal Package: Babies with birthweight of <1200 g or Babies of any birthweight with at least one of the following conditions:<br>• Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO)<br>• Multisystem failure requiring multiple organ support including | Neonates <1200 g OR Neonates of any weight with at least one of the following conditions:<br>• Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO)<br>• Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes<br>• Requiring parenteral nutrition | 0          | N                      | Y                             | 21  | Regular Procedure | N                                  | Y                               | Y                            |

| S. No. | Specialty     | Procedure Code | Package Name                                                                                                                                                                                                                 | Procedure Name                                                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 481    | Neonatal Care | MN006A         | Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no MN004A or MN005A for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support | Neonates in Special Neonatal Care, Special Neonatal Care-Plus, Intensive Neonatal Care or Critical Neonatal Care packages (MN002,MN003,MN004, MN005) who have not fully recovered and continue to require NICU/SNCU care, e.g. for respiratory support, gavage feeding, thermal support, etc., | 0          | N                      | Y                             | 3   | Regular Procedure | N                                  | Y                               | Y                            |
| 482    | Neonatal Care | MN007A         | High Risk Newborn Post Discharge Care Package (Protocol Driven)                                                                                                                                                              | Includes but not limited to minimum six follow-up visits at 40 weeks PMA, and corrected ages of 3,6,9, 12 and 18 months for Assessment and Management of growth and development. Neurosonogram at 40 weeks PMA if indicated. (Per visit cost)                                                  | 1198       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty     | Procedure Code | Package Name                                                                                       | Procedure Name                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------|----------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 483    | Neonatal Care | MN008A         | Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) - per session  | Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) per session                                                                                             | 2396       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 484    | Ophthalmology | MN008A         | Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) - per session  | Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) per session                                                                                             | 2396       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 485    | Neonatal Care | MN009A         | Advanced Surgery for Retinopathy of Prematurity                                                    | Advanced Surgery for Retinopathy of Prematurity                                                                                                                                             | 23438      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 486    | Neonatal Care | MN010A         | Ventriculoperitoneal Shunt Surgery (VP) or Omayya Reservoir or External Drainage for Hydrocephalus | Ventriculoperitoneal Shunt Surgery (VP) or Omayya Reservoir or External Drainage for Hydrocephalus                                                                                          | 7813       | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 487    | Neonatal Care | MN011A         | Basic neonatal care (Level IA)                                                                     | Neonates > 2.5 kg nursed with mother : Includes clinical monitoring, breastfeeding support, birth vaccination, thyroid screening, universal hearing screening and pre-discharge counselling | 0          | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 488    | Neonatal Care    | MN012A         | ROP screening    | ROP screening(per screening for both eyes(documentation of findings to be done in a structured format)     | 651        | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 489    | Neonatal Care    | MN013A         | BERA             | Brainstem Evoked Response Audiometry(BERA ) per Bera                                                       | 1980       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 490    | Medical Oncology | MO001A         | CT for CA Breast | Cyclophosphamide + Epirubicin<br>Cyclophosphamide - 600 mg /m2 D1<br>Epirubicin - 90mg/m2 D1 every 21 days | 9584       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 491    | Medical Oncology | MO001B         | CT for CA Breast | Weekly Paclitaxel for Adjuvant Therapy<br>Paclitaxel 80mg/m2 every week                                    | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 492    | Medical Oncology | MO001C         | CT for CA Breast | Weekly Paclitaxel in metastatic setting<br>Paclitaxel 80mg/m2 every week                                   | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 493    | Medical Oncology | MO001D         | CT for CA Breast | Cyclophosphamide + Methotrexate + 5 - FU<br>Cyclophosphamide - 100mg/m2 orally D1-D14<br>Methotrexate 40mg/m2 IV D1<br>D8 5FU 600 mg/m2 D1, D8 every 28 days | 4688       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 494    | Medical Oncology | MO001E         | CT for CA Breast | Docetaxel + Cyclophosphamide<br>Docetaxel 75mg/m2 D1<br>Cyclophosphamide 600 mg/m2 D1 every 21 days                                                          | 12605      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 495    | Medical Oncology | MO001F         | CT for CA Breast | Trastuzumab<br>Trastuzumab 8 mg/Kg in Cycle 1 D1<br>Trastuzumab 6 mg/kg D1 from C2 every 21 days                                                             | 28750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 496    | Medical Oncology | MO001G         | CT for CA Breast | Tamoxifen<br>Tamoxifen 20 mg orally daily                                                                                                                    | 1459       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 497    | Medical Oncology | MO001H         | CT for CA Breast | Letrozole<br>Letrozole 2.5 mg orally daily                                                                                                                   | 5105       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 498    | Medical Oncology | MO001I         | CT for CA Breast | Carboplatin + Paclitaxel<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days                                                                   | 19480      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 499    | Medical Oncology | MO001J         | CT for CA Breast | Capecitabine<br>Capecitabine - 1000mg/m2 orally twice daily D1-D14 every 21 days                                                                                         | 9688       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 500    | Medical Oncology | MO001K         | CT for CA Breast | Carboplatin + Gemcitabine<br>Gemcitabine - 1000mg/m2 D1 D8<br>Carboplatin AUC 2 D1 D8<br>Gemcitabine - 1000mg/m2 D1 D8<br>Carboplatin AUC 5-6 D1 only                    | 18125      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 501    | Medical Oncology | MO001L         | CT for CA Breast | Cyclophosphamide + Adriamycin<br>Cyclophosphamide - 600 mg /m2 D1<br>Adriamycin - 60mg/m2 D1 every 21 days                                                               | 5938       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 502    | Medical Oncology | MO001M         | CT for CA Breast | Fulvestrant<br>Fulvestrant 500 mg D1 D15 D28 then every 28 days.per dose13200 (39600 in cycle1 ) then 13200 per month - (per dose 45000 in cycle1 ) then 15000 per month | 15625      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                           | Procedure Name                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 503    | Medical Oncology | MO001N         | CT for CA Breast                                       | Paclitaxel<br>Paclitaxel 175 mg/m2 D1 every 21 days                                           | 15417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 504    | Medical Oncology | MO001O         | CT for CA Breast                                       | Exemestane<br>Exemestane 25 mg orally daily (q 3 monthsly)                                    | 5105       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 505    | Medical Oncology | MO001P         | CT for CA Breast                                       | Lapatinib<br>Lapatinib 500 mg BD orally , daily per month                                     | 20417      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 506    | Medical Oncology | MO002A         | CT for Metastatic bone malignancy and multiple myeloma | Zoledronic Acid<br>Zoledronic acid 4 mg IV Monthly                                            | 4584       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 507    | Medical Oncology | MO003A         | CT for CA Ovary                                        | Cisplatin + Irinotecan<br>Cisplatin 60mg/m2 D1<br>Irinotecan 60 mg/m2 D1 D8 D15 every 28 days | 17709      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 508    | Medical Oncology | MO003B         | CT for CA Ovary                                        | Lipodox + Carboplatin<br>Lipodox 30 mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 28 days          | 23334      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 509    | Medical Oncology | MO003C         | CT for CA Ovary                                        | Etoposide 50 mg/m2 OD D1- D21 every 28 days                                                   | 4480       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 510    | Medical Oncology | MO003D         | CT for CA Ovary                                        | Irinotecan<br>Irinotecan 60 -90 mg/m2 D1 D8 every 21 days                                     | 14896      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name    | Procedure Name                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 511    | Medical Oncology | MO003E         | CT for CA Ovary | Lipodox<br>Lipodox 40 mg/m2 IV every 28 days                                                                                                          | 24375      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 512    | Medical Oncology | MO003F         | CT for CA Ovary | Carboplatin + Gemcitabine<br>Gemcitabine - 1000mg/m2 D1 D8<br>Carboplatin AUC 2 D1 D8<br>Gemcitabine - 1000mg/m2 D1 D8<br>Carboplatin AUC 5-6 D1 only | 18125      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 513    | Medical Oncology | MO003G         | CT for CA Ovary | Carboplatin + Paclitaxel<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days                                                            | 19375      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 514    | Medical Oncology | MO003H         | CT for CA Ovary | Cyclophosphamide 50 mg/m2 OD D1-D21 every 28 days                                                                                                     | 3855       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 515    | Medical Oncology | MO003I         | CT for CA Ovary | Tamoxifen<br>Tamoxifen 20 mg orally daily (3 months)                                                                                                  | 1667       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 516    | Medical Oncology | MO003J         | CT for CA Ovary | Letrozole<br>Letrozole 2.5 mg orally daily (3 months)                                                                                                 | 5313       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name           | Procedure Name                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 517    | Medical Oncology | MO003K         | CT for CA Ovary        | Single agent Carboplatin<br>Carboplatin AUC 5-6 D1 every 21 days ( maximum - 6 cycle)                                                      | 9480       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 518    | Medical Oncology | MO003L         | CT for CA Ovary        | Cisplatin<br>Cisplatin 40 mg/m2 every week (maximum- 6 cycles)                                                                             | 5625       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 519    | Medical Oncology | MO004A         | CT for Germ Cell Tumor | Carboplatin (AUC 7)<br>Carboplatin AUC 7 every 21 days                                                                                     | 9896       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 520    | Medical Oncology | MO004B         | CT for Germ Cell Tumor | Bleomycin + Etoposide + Cisplatin<br>Bleomycin 30 units D1 D8 D15<br>Cisplatin 20 mg/m2 IV D1-D5<br>Etoposide 100mg/m2 D1-D5 every 21 days | 16771      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 521    | Medical Oncology | MO004C         | CT for Germ Cell Tumor | Etoposide + Cisplatin<br>Cisplatin 20 mg/m2 IV D1-D5<br>Etoposide 100mg/m2 D1-D5 every 21 days                                             | 14792      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name           | Procedure Name                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 522    | Medical Oncology | MO004D         | CT for Germ Cell Tumor | Gemcitabine + Oxaliplatin<br>Gemcitabine 1000mg/m2 D1 D8<br>Oxaiplatin 130mg/m2 D1 every 21 days                                                                        | 23750      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 523    | Medical Oncology | MO004E         | CT for Germ Cell Tumor | Gemcitabine + Paclitaxel<br>Gemcitabine 1000mg/m2 D1 D8 D15<br>Paclitaxel 100 mg/m2 D1 D8 D15 every 28 days                                                             | 23750      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 524    | Medical Oncology | MO004F         | CT for Germ Cell Tumor | Paclitaxel + Ifosfamide + Cisplatin<br>Paclitaxel 240 mg/m2 D1<br>Ifosfamide 1500mg/m2 D2-D5<br>Mesna 300 mg/m2 0h 4h 8h D2-D5<br>Cisplatin 25mg/m2 D2-D5 every 21 days | 33125      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                               | Procedure Name                                                                                                                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 525    | Medical Oncology | MO004G         | CT for Germ Cell Tumor                     | Vinblastin + Ifosfamide + Cisplatin<br>Vinblastine 0.11 mg/kg IV D1-D2<br>Mesna 240mg/m2 0h 4h 8h D1-D5<br>Ifosfamide 1200mg/m2 D1-D5<br>Cisplatin 20 mg/m2 D1-D5 every 21 days                                                                                                                   | 18438      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 526    | Medical Oncology | MO005A         | CT for Gestational Trophoblastic Neoplasia | Etoposide + Methotrexate + Dactinomycin- Cyclophosphamide + Vincristine<br>Etoposide 100mg/m2 IV D1 D2<br>Dactinomycin 0.5 mg IV push D1 D2<br>Methotrexate 300 mg /m2 D1<br>Leucovorin 15 mg PO every 12 hrs for 4 doses<br>Cyclophosphamide 600mg/m2 D8<br>Vincristine 1 mg/m2 D8 every 2 weeks | 16355      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                               | Procedure Name                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 527    | Medical Oncology | MO005B         | CT for Gestational Trophoblastic Neoplasia | Etoposide + Methotrexate + Dactinomycin + Cisplatin<br>Etoposide 100mg/m2 IV D1 D2 D8<br>Dactinomycin 0.5 mg IV push D1 D2<br>Methotrexate 300 mg /m2 D1<br>Leucovorin 15 mg PO every 12 hrs for 4 doses<br>Cisplatin 75mg/m2 D8 every 2 weeks | 17292      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 528    | Medical Oncology | MO005C         | CT for Gestational Trophoblastic Neoplasia | Methotrexate<br>Methotrexate 1/mg/kg IM every other day x 4 days<br>D1 3 D5 D7<br>Alternating every other day with Leucovorin 15 mg PO repeat every 14 days                                                                                    | 1667       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 529    | Medical Oncology | MO005D         | CT for Gestational Trophoblastic Neoplasia | Dactinomycin<br>Inj Dactinomycin 0.5 mg D1- D5 every 14 days                                                                                                                                                                                   | 9480       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 530    | Medical Oncology | MO006A         | CT for Cervical Cancer                     | Carboplatin + Paclitaxel<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days                                                                                                                                                     | 19480      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name              | Procedure Name                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 531    | Medical Oncology | MO006B         | CT for Cervical Cancer    | Cisplatin<br>Cisplatin 40 mg/m2 every week                                                                                                                             | 3230       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 532    | Medical Oncology | MO007A         | CT for Endometrial Cancer | Carboplatin +<br>Paclitaxel<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5 D1 every 21 days                                                                            | 19480      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 533    | Medical Oncology | MO007B         | CT for Endometrial Cancer | Cisplatin +<br>Doxorubicin<br>Doxorubicin 60 mg/m2 D1<br>Cisplatin 50mg/m2 every 3 weeks                                                                               | 5834       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 534    | Medical Oncology | MO007C         | CT for Endometrial Cancer | Lipodox +<br>Carboplatin<br>Lipopdox 30 mg/m2 D1<br>Carboplatin AUC 5 D1 every 28 days                                                                                 | 23334      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 535    | Medical Oncology | MO007D         | CT for Endometrial Cancer | Carboplatin +<br>Gemcitabine<br>Gemcitabine - 1000mg/m2 D1 D8<br>Carboplatin AUC 2 D1 D8<br>Gemcitabine - 1000mg/m2 D1 D8<br>Carboplatin AUC 5-6 D1 only every 3 weeks | 18855      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 536    | Medical Oncology | MO007E         | CT for Endometrial Cancer | Anastrozole<br>1 mg orally daily (for 3 months)                                                                                                                        | 5313       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 537    | Medical Oncology | MO008A         | CT for Vulvar Cancer | Cisplatin + 5 FU<br>5 FU 1000mg/m2 D1-D4<br>Cisplatin 75mg/m2 D1 every 3 weeks                                                                                                                                                                                                                                        | 11250      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 538    | Medical Oncology | MO008B         | CT for Vulvar Cancer | Cisplatin<br>Cisplatin 40 mg/m2 every week                                                                                                                                                                                                                                                                            | 3230       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 539    | Medical Oncology | MO008C         | CT for Vulvar Cancer | Carboplatin + Paclitaxel<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5 D1 every 21 days                                                                                                                                                                                                                              | 19688      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 540    | Medical Oncology | MO009A         | CT for Ewing Sarcoma | Vincristine + Topotecan + Cyclophosphamide + Irinotecan + Temozolamide<br>Vincristine 1.5mg/m2( day 1)<br>Topotecan 1.5mg/m2 (day 1-5)<br>Cyclophosphamide 250mg/m2 (days 1-5)<br>Given every 3 weeks<br>Irinotecan 10-50 mg/sqM days 1-5 and days 8-12<br>Temozolamide 100mg/m2 days 1-5 of each cycle every 3 weeks | 31355      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 541    | Medical Oncology | MO009B         | CT for Ewing Sarcoma | Vincristine + Ifosfamide + Etoposide<br>Vincristine + Doxorubicin + Cyclophosphamide<br>Vincristine + Cyclophosphamide + Dactinomycin.<br>4 cycles VIE, 6 cycles VAC, 4 cycles VCD<br>Vincristine 1.5mg/m2 (day 1, 8 and 15)<br>Ifosfamide: 1800mg/m2 (days1-5)<br>Etoposide: 100mg/sq.m (days 1-5)<br>Given every 3 weeks | 13438      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name              | Procedure Name                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 542    | Medical Oncology | MO009C         | CT for Ewing Sarcoma      | Vincristine + Adriamycin + Cyclophosphamide<br>Ifosfamide + Etoposide<br>Ifosfamide: 1800mg/m2 (days1-5)<br>Etoposide: 100mg/sq.m (days 1-5)<br>Given every 2-3 weekly<br>Vincristine 1.5mg/m2 (day 1 and 8)<br>Adriamycin: 75mg/m2 (day 1)<br>Cyclophosphamide 1200mg/m2 (day 1)<br>Given 2-3 weekly | 17292      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 543    | Medical Oncology | MO010A         | CT for Osteogenic Sarcoma | Doxorubicin + Cisplatin<br>Cisplatin 100mg/m2<br>Doxorubicin 75mg/m2 given every 3 weeks                                                                                                                                                                                                              | 16250      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name              | Procedure Name                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 544    | Medical Oncology | MO010B         | CT for Osteogenic Sarcoma | Methotrexate + Doxorubicin + Cisplatin for Relapsed Osteogenic Sarcoma<br>Cisplatin 120mg/sq.m<br>Doxorubicin 75mg/m2<br>Methotrexate 8-12 gram/m2<br>Each cycle for 5 weeks | 36563      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 545    | Medical Oncology | MO010C         | CT for Osteogenic Sarcoma | OGS - 12<br>Ifosfamide 1800 mg/m2 D1-D5<br>Mesna 600mg/m2 0h 3h 6h 9h D1-D5<br>Adriamycin 25mg/m2 D1- D3<br>Cisplatin 33 mg/m2 D1-D3 every 21 days                           | 40105      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 546    | Medical Oncology | MO010D         | CT for Osteogenic Sarcoma | OGS - 12<br>Ifosfamide 1800 mg/m2 D1-D5<br>Mesna 600mg/m2 0h 3h 6h 9h D1-D5<br>Cisplatin 33 mg/m2 D1-D3 every 21 days                                                        | 38750      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name               | Procedure Name                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 547    | Medical Oncology | MO011A         | CT for Soft Tissue Sarcoma | Gemcitabine + Docetaxel<br>Gemcitabine 900 mg/m2 D1 D8<br>Docetaxel 100 mg/m2 D8 every 21 days                                                      | 32500      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 548    | Medical Oncology | MO011B         | CT for Soft Tissue Sarcoma | Ifosfamide + Adriamycin<br>Doxorubicin 30mg/m2 D1 D2<br>Ifosfamide 2000 to 3000mg/m2<br>Mesna 400 to 600 mg/m2 0h 4h 8h<br>D1 - D3<br>Every 21 days | 18646      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 549    | Medical Oncology | MO011C         | CT for Soft Tissue Sarcoma | Doxorubicin 60-75/m2, every 21 days                                                                                                                 | 5417       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 550    | Medical Oncology | MO012A         | CT for Metastatic Melanoma | Dacarbazine + Cisplatin<br>Dacarbazine 250mg/m2 D1-D5<br>Cisplatin 75 mg/m2 Every 21 days                                                           | 9688       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 551    | Medical Oncology | MO012B         | CT for Metastatic Melanoma | Temozolamide<br>Temozolamide 200mg/m2 D1-D5 every 28 days                                                                                           | 6771       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 552    | Medical Oncology | MO012C         | CT for Metastatic Melanoma | Imatinib<br>Tab Imatinib 400/800 mg daily                                                                                                           | 6771       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name       | Procedure Name                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------|-----------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 553    | Medical Oncology | MO013A         | CT for Anal Cancer | 5 Fluorouracil (FU)+ Mitomycin C<br>5 Fluorouracil(FU) 1000mg/m2 D1-D4 D29-D32<br>Mitomycin 10mg/m2 D1          | 14896      | N                      | N                             | 0   | Regular Procedure | Y                                  | N                               | N                            |
| 554    | Medical Oncology | MO013B         | CT for Anal Cancer | Capecitabine + Mitomycin C<br>Capecitabine 825mg/m2 PO twice daily till completion of RT<br>Mitomycin 10mg/2 D1 | 22917      | N                      | N                             | 0   | Regular Procedure | Y                                  | N                               | N                            |
| 555    | Medical Oncology | MO013C         | CT for Anal Cancer | Cisplatin + 5 FU<br>5 FU 1000mg/m2 D1-D4<br>Cisplatin 75mg/m2 D1 every 4 weeks                                  | 11042      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 556    | Medical Oncology | MO013D         | CT for Anal Cancer | Carboplatin + Paclitaxel<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days                      | 19480      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 557    | Medical Oncology | MO013E         | CT for Anal Cancer | Cisplatin + Paclitaxel<br>Paclitaxel 175 mg/m2 D1<br>Cisplatin 75mg/m2 D1 every 21 days                         | 17396      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 558    | Medical Oncology | MO014A         | CT for Colorectal Cancer | 5 FU + Leucovorin<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1 every 14 days                                                | 7188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 559    | Medical Oncology | MO014B         | CT for Colorectal Cancer | Capecitabine + Irinotecan<br>Capecitabine 1000mg/m2 D1-D14<br>Irinotecan 200 mg/m2 D1 every 21 days                              | 16980      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 560    | Medical Oncology | MO014C         | CT for Colorectal Cancer | 5 FU + Leucovorin + Oxaliplatin<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Oxaliplatin 85 mg/m2 D1 every 14 days       | 18542      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 561    | Medical Oncology | MO014D         | CT for Colorectal Cancer | 5FU + Leucovorin + Irinotecan<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Irinotecan 180mg/m2 85 mg/m2 D1 every 14 days | 13021      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 562    | Medical Oncology | MO014E         | CT for Colorectal Cancer | Capecitabine + Oxaliplatin<br>Capecitabine 1000mg/m2 D1-D14<br>Oxaliplatin 130 mg/m2 D1 every 21 days                                                         | 16980      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 563    | Medical Oncology | MO014F         | CT for Colorectal Cancer | Capecitabine along with RT<br>Capecitabine 825 mg/m2 twice daily                                                                                              | 9792       | N                      | N                             | 0   | Regular Procedure | Y                                  | N                               | N                            |
| 564    | Medical Oncology | MO014G         | CT for Colorectal Cancer | Capecitabine<br>Capecitabine 1000mg/m2 D1-D14 every 21 days                                                                                                   | 9896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 565    | Medical Oncology | MO014H         | CT for Colorectal Cancer | 5FU + Leucovorin + Oxaliplatin + Irinotecan<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Oxaliplatin 85 mg/m2 D1<br>Irinotecan 180mg/m2 every 14 days | 25521      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 566    | Medical Oncology | MO015A         | CT for Esophageal Cancer | Carboplatin + Paclitaxel<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days                                                                    | 19480      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                       | Procedure Name                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 567    | Medical Oncology | MO015B         | CT for Esophageal Cancer           | Cisplatin + 5 FU<br>5 FU 1000mg/m2 D1-D4<br>Cisplatin 75mg/m2 D1 every 4 weeks                                                        | 13125      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 568    | Medical Oncology | MO015C         | CT for Esophageal Cancer           | Cisplatin + 5 FU<br>Cisplatin 75mg/m2 D1 D29<br>5FU 1000mg/m2 D1-D4 D29 D32 every 35 days                                             | 19167      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 569    | Medical Oncology | MO015D         | CT for Esophageal Cancer           | Paclitaxel + Carboplatin<br>Paclitaxel 50mg/m2 D1<br>Carboplatin AUC 2 D1 every week                                                  | 35417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 570    | Medical Oncology | MO015E         | CT for Esophageal Cancer           | Paclitaxel + Carboplatin<br>Paclitaxel 50mg/m2 D1<br>Carboplatin AUC 2 D1 every week                                                  | 35417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 571    | Medical Oncology | MO016A         | CT for Esophageal / Stomach Cancer | Cisplatin + Docetaxel<br>Docetaxel 40mg/m2 D1<br>Cisplatin 40 mg/m2 D1<br>Leucovorin 400mg/m2 D1<br>5FU 1000mg/m2 D1 D2 every 14 days | 18855      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                       | Procedure Name                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 572    | Medical Oncology | MO016B         | CT for Esophageal / Stomach Cancer | Irinotecan<br>Irinotecan 60- 90 mg/m2 D1 D8 every 21 days                                                                                    | 14896      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 573    | Medical Oncology | MO016C         | CT for Esophageal / Stomach Cancer | 5 FU<br>5 FU 250 mg/m2 D1-D5 over 24 hrs every week                                                                                          | 12709      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 574    | Medical Oncology | MO016D         | CT for Esophageal / Stomach Cancer | Capecitabine<br>Capecitabine 825 mg/m2 twice daily                                                                                           | 9375       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 575    | Medical Oncology | MO016E         | CT for Esophageal / Stomach Cancer | Capecitabine + Oxaliplatin<br>Capecitabine 1000mg/m2 D1-D14<br>Oxaliplatin 130 mg/m2 D1 every 21 days                                        | 16980      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 576    | Medical Oncology | MO016F         | CT for Esophageal / Stomach Cancer | Docetaxel + Cisplatin + 5 FU<br>Docetaxel 40mg/m2 D1<br>Cisplatin 40 mg/m2 D1<br>Leucovorin 400mg/m2 D1<br>5FU 1000mg/m2 D1 D2 every 14 days | 19688      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name                       | Procedure Name                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 577    | Medical Oncology | MO016G         | CT for Esophageal / Stomach Cancer | Docetaxel + Cisplatin + Capecitabine<br>Docetaxel 40mg/m2 D1<br>Cisplatin 40 mg/m2 D1<br>Capecitabine 825mg/m2 twice daily every 14 days         | 19688      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 578    | Medical Oncology | MO016H         | CT for Esophageal / Stomach Cancer | Docetaxel + Oxaliplatin + 5 FU<br>Docetaxel 50mg/m2 D1<br>Oxaliplatin 85 mg/m2 D1<br>Leucovorin 400mg/m2 D1<br>5FU 1200mg/m2 D1 D2 every 14 days | 25105      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 579    | Medical Oncology | MO016I         | CT for Esophageal / Stomach Cancer | Docetaxel + Oxaliplatin + Capecitabine<br>Docetaxel 50mg/m2 D1<br>Oxaliplatin 85 mg/m2 D1<br>Capecitabine 825 mg/m2 Twice daily every 14 days    | 25105      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                       | Procedure Name                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 580    | Medical Oncology | MO016J         | CT for Esophageal / Stomach Cancer | 5FU + Leucovorin + Irinotecan<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Irinotecan 180mg/m2 85 mg/m2 D1 every 14 days | 13021      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 581    | Medical Oncology | MO016K         | CT for Esophageal / Stomach Cancer | 5FU + Leucovorin + Oxaliplatin<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Oxaliplatin 85 mg/m2 D1 every 14 days        | 18542      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 582    | Medical Oncology | MO016L         | CT for Esophageal / Stomach Cancer | Paclitaxel<br>Paclitaxel 80mg/m2 every week                                                                                      | 7813       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 583    | Medical Oncology | MO017A         | CT for Hepatocellular Carcinoma    | Doxorubicin (TACE)<br>Doxorubicin 30-75 mg/m2 one course                                                                         | 30521      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 584    | Medical Oncology | MO017B         | CT for Hepatocellular Carcinoma    | Sorafenib<br>Sorafenib 400mg PO twice daily                                                                                      | 11771      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 585    | Medical Oncology | MO017C         | CT for Hepatocellular Carcinoma    | Lenvatinib 12 mg daily                                                                                                           | 23021      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 586    | Medical Oncology | MO018A         | CT for Panceratic Cancer | Gemcitabine + Nanopaclitaxel<br>Gemcitabine 1000mg/m2 D1 D8 D16<br>Albumin bound Paclitaxel 125mg/m2 D1 D8 D15 every 28 days                                  | 38438      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 587    | Medical Oncology | MO018B         | CT for Panceratic Cancer | Gemcitabine<br>Gemcitabine 1000mg /m2 D1 D8 every 21 days                                                                                                     | 12188      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 588    | Medical Oncology | MO018C         | CT for Panceratic Cancer | Gemcitabine<br>Gemcitabine 300mg/m2 weekly                                                                                                                    | 5417       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 589    | Medical Oncology | MO018D         | CT for Panceratic Cancer | 5FU + Leucovorin + Oxaliplatin + Irinotecan<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Oxaliplatin 85 mg/m2 D1<br>Irinotecan 180mg/m2 every 14 days | 25625      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 590    | Medical Oncology | MO018E         | CT for Panceratic Cancer | Capecitabine<br>Capecitabine 825 mg/m2 twice daily                                                                                                            | 9375       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                    | Procedure Name                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 591    | Medical Oncology | MO018F         | CT for Panceratic Cancer                        | Capecitabine + Gemcitabine<br>Gemcitabine 1000mg/m2 D1 D8 D15<br>Capecitabine 830mg/m2 twice daily D1-D21 every 28 days          | 46250      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 592    | Medical Oncology | MO019A         | CT for Gall Bladder Cancer / Cholangiocarcinoma | Capecitabine<br>Capecitabine 1000 - 1250 mg/m2 twice daily D1 -D14 every 21 days                                                 | 9896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 593    | Medical Oncology | MO019B         | CT for Gall Bladder Cancer / Cholangiocarcinoma | Cisplatin + Gemcitabine<br>Gemcitabine 1000 mg/m2 D1 D8<br>Cisplatin 25 mg/m2 D1 D8 every 21 days                                | 16459      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 594    | Medical Oncology | MO019C         | CT for Gall Bladder Cancer / Cholangiocarcinoma | 5FU + Leucovorin + Irinotecan<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Irinotecan 180mg/m2 85 mg/m2 D1 every 14 days | 13021      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 595    | Medical Oncology | MO019D         | CT for Gall Bladder Cancer / Cholangiocarcinoma | Gemcitabine<br>Gemcitabine 300 mg/m2 D 1 every week (till RT ends) - per week                                                    | 5209       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                    | Procedure Name                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 596    | Medical Oncology | MO019E         | CT for Gall Bladder Cancer / Cholangiocarcinoma | Gemcitabine<br>Gemcitabine 1000mg /m2 D1 D8 every 21 days                                                                 | 12188      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 597    | Medical Oncology | MO019F         | CT for Gall Bladder Cancer / Cholangiocarcinoma | Oxaliplatin + Gemcitabine<br>Gemcitabine 1000 mg/m2 D1<br>Oxaliplatin 100 mg/m2 D1 every 14 days                          | 23646      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 598    | Medical Oncology | MO019G         | CT for Gall Bladder Cancer / Cholangiocarcinoma | Capecitabine + Irinotecan<br>Capecitabine 1000mg/m2 D1-D14<br>Irinotecan 200 mg/m2 D1 every 21 days                       | 16980      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 599    | Medical Oncology | MO019H         | CT for Gall Bladder Cancer / Cholangiocarcinoma | 5FU + Leucovorin + Oxaliplatin<br>5 FU 1200mg/m2 D1 D2<br>Leucovorin 400mg/m2 D1<br>Oxaliplatin 85 mg/m2 D1 every 14 days | 18646      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 600    | Medical Oncology | MO020A         | CT for Gastrointestinal stromal tumor           | Imatinib<br>Imatinib 400 mg once daily                                                                                    | 19584      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 601    | Medical Oncology | MO020B         | CT for Gastrointestinal stromal tumor           | Sunitinib<br>Sunitinib 37.5 mg once daily                                                                                 | 13021      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 602    | Medical Oncology | MO021A         | CT for CA Brain                                 | Temozolamide<br>Temozolamide 150 - 200 mg/m2 D1-D5 every 28 days                                                          | 6771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name            | Procedure Name                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------|---------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 603    | Medical Oncology | MO021B         | CT for CA Brain         | Temozolamide<br>Temozolomide<br>75mg/m2 once daily                                                            | 40625      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 604    | Medical Oncology | MO022A         | CT for Mesothelioma     | Gemcitabine +<br>Cisplatin<br>Gemcitabine 1000<br>mg/m2 D1 D8<br>Cisplatin 75<br>mg/m2 D1 every<br>21 days    | 15834      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 605    | Medical Oncology | MO022B         | CT for Mesothelioma     | Pemetrexed +<br>Cisplatin<br>Pemetrexed<br>500mg/m2 D1<br>Cisplatin 75<br>mg/m2 D1 every<br>21 days           | 12813      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 606    | Medical Oncology | MO022C         | CT for Mesothelioma     | Pemetrexed +<br>Carboplatin<br>Pemetrexed<br>500mg/m2 D1<br>Carboplatin AUC<br>5-6 D1 every 21<br>days        | 13750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 607    | Medical Oncology | MO023A         | CT for Thymic Carcinoma | Cisplatin +<br>Etoposide<br>Etoposide<br>100mg/m2 D1 -<br>D3<br>Cisplatin 75-100<br>mg/m2 D1 every<br>21 days | 9167       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name            | Procedure Name                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 608    | Medical Oncology | MO023B         | CT for Thymic Carcinoma | Cisplatin + Adriamycin + Cyclophosphamide<br>Cisplatin 50 mg/m2 D1<br>Doxorubicin 50 mg/m2 D1<br>Cyclophosphamide 500 mg/m2 D1 every 21 days | 8021       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 609    | Medical Oncology | MO024A         | CT for CA Head & Neck   | Cisplatin + Docetaxel<br>Docetaxel 75 mg/m2 D1<br>Cisplatin 75 mg/m2 D1 every 21 days                                                        | 16875      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 610    | Medical Oncology | MO024B         | CT for CA Head & Neck   | Cisplatin<br>Cisplatin 100mg/m2 every 21 days                                                                                                | 13334      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 611    | Medical Oncology | MO024C         | CT for CA Head & Neck   | Carboplatin + Gemcitabine<br>Gemcitabine 1000 mg/m2 D1 D8<br>Carboplatin AUC 5-6 D1 every 21 days                                            | 18125      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 612    | Medical Oncology | MO024D         | CT for CA Head & Neck   | Docetaxel + Cisplatin + 5 FU<br>Docetaxel 75 mg/m2 D1<br>Cisplatin 75 mg/m2 D1<br>5 FU 750 mg/m2 D1- D5 every 21 days                        | 19688      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name          | Procedure Name                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------|------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 613    | Medical Oncology | MO024E         | CT for CA Head & Neck | Docetaxel<br>Docetaxel 20mg/m2 every week                                                      | 4375       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 614    | Medical Oncology | MO024F         | CT for CA Head & Neck | Docetaxel<br>Docetaxel 75 mg/m2 D1 every 21 days                                               | 11563      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 615    | Medical Oncology | MO024G         | CT for CA Head & Neck | Etoposide + Carboplatin<br>Etoposide 100mg/m2 D1 - D3<br>Carboplatin AUC 5-6 D1 every 21 days  | 10105      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 616    | Medical Oncology | MO024H         | CT for CA Head & Neck | Etoposide + Cisplatin<br>Etoposide 100mg/m2 D1 - D3<br>Cisplatin 75-100 mg/m2 D1 every 21 days | 12084      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 617    | Medical Oncology | MO024I         | CT for CA Head & Neck | Gemcitabine<br>Gemcitabine 1000 mg/m2 D1 D8 every 21 days                                      | 11771      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 618    | Medical Oncology | MO024J         | CT for CA Head & Neck | Gemcitabine + Cisplatin<br>Gemcitabine 1000 mg/m2 D1 D8<br>Cisplatin 75 mg/m2 D1 every 21 days | 15834      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name             | Procedure Name                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------|--------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 619    | Medical Oncology | MO024K         | CT for CA Head & Neck    | Paclitaxel + Carboplatin<br>Paclitaxel 80mg/m2 D1<br>Carboplatin AUC 2 D1 every week | 10105      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 620    | Medical Oncology | MO024L         | CT for CA Head & Neck    | Paclitaxel + Carboplatin<br>Paclitaxel 175mg/m2 every 21 days                        | 18959      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 621    | Medical Oncology | MO024M         | CT for CA Head & Neck    | Paclitaxel<br>Paclitaxel 80mg/m2 every week                                          | 7813       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 622    | Medical Oncology | MO024N         | CT for CA Head & Neck    | Paclitaxel<br>Paclitaxel 175mg/m2 every 21 days                                      | 16042      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 623    | Medical Oncology | MO024O         | CT for CA Head & Neck    | Carboplatin<br>Carboplatin AUC 2 every week                                          | 3750       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 624    | Medical Oncology | MO024P         | CT for CA Head & Neck    | Cisplatin<br>Cisplatin 40mg/m2 every week                                            | 3230       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 625    | Medical Oncology | MO025A         | CT for Renal Cell Cancer | Sunitinib<br>50 mg once daily<br>4 weeks on 2 weeks off                              | 13021      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 626    | Medical Oncology | MO025B         | CT for Renal Cell Cancer | Cabozantinib 60 mg od x 1 month every 4 weeks                                        | 17605      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                      | Procedure Name                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 627    | Medical Oncology | MO026A         | CT for Ureter / Bladder / Urethra | Cisplatin + Methotrexate + Vinblastin<br>Methotrexate 30mg/m2 D1 D8<br>Vinblastine 4 mg/m2 D1 D8<br>Doxorubicin 30 mg/m2 D2<br>Cisplatin 100 mg/m2 D2<br>Leucovorin 15 mg PO D2 D9 every 21 days | 9167       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 628    | Medical Oncology | MO026B         | CT for Ureter / Bladder / Urethra | Carboplatin + Gemcitabine<br>Gemcitabine 1000 mg/m2 D1 D8<br>Carboplatin AUC 5-6 D1 every 21 days                                                                                                | 18125      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 629    | Medical Oncology | MO026C         | CT for Ureter / Bladder / Urethra | Cisplatin + Gemcitabine<br>Gemcitabine 1000 mg/m2 D1 D8<br>Cisplatin 75 mg/m2 D1 every 21 days                                                                                                   | 15834      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 630    | Medical Oncology | MO026D         | CT for Ureter / Bladder / Urethra | Cisplatin + 5 FU<br>5 FU 1000mg/m2 D1-D4<br>Cisplatin 75mg/m2 D1 every 4 weeks                                                                                                                   | 11146      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                      | Procedure Name                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 631    | Medical Oncology | MO026E         | CT for Ureter / Bladder / Urethra | Cisplatin + Paclitaxel<br>Paclitaxel 175 mg /m2 D1<br>Cisplatin 75 mg /m2 D1 every 21 days                                                                                 | 17396      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 632    | Medical Oncology | MO026F         | CT for Ureter / Bladder / Urethra | Docetaxel<br>Docetaxel 75 mg/m2 D1 every 21 days                                                                                                                           | 11563      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 633    | Medical Oncology | MO026G         | CT for Ureter / Bladder / Urethra | Gemcitabine + Paclitaxel<br>Gemcitabine 2500 mg/m2 D1<br>Paclitaxel 150 mg/m2 D1 every 14 days                                                                             | 21042      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 634    | Medical Oncology | MO026H         | CT for Ureter / Bladder / Urethra | Gemcitabine<br>Gemcitabine 1000mg /m2 D1 D8 every 21 days                                                                                                                  | 12188      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 635    | Medical Oncology | MO026I         | CT for Ureter / Bladder / Urethra | Methotrexate + Vinblastin + Doxorubicin + Cisplatin<br>Methotrexate 30mg/m2 D1<br>Vinblastine 3 mg/m2 D2<br>Doxorubicin 30 mg/m2 D2<br>Cisplatin 70 mg/m2 D2 every 14 days | 10209      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                      | Procedure Name                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------------|--------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 636    | Medical Oncology | MO026J         | CT for Ureter / Bladder / Urethra | Paclitaxel + Carboplatin<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days | 18959      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 637    | Medical Oncology | MO026K         | CT for Ureter / Bladder / Urethra | Paclitaxel<br>Paclitaxel 80 mg/m2 D1 every week                                            | 8646       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 638    | Medical Oncology | MO027A         | CT for CA Penis                   | Cisplatin + Paclitaxel<br>Paclitaxel 175 mg/m2 D1<br>Cisplatin 75 mg/m2 D1 every 21 days   | 18021      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 639    | Medical Oncology | MO027B         | CT for CA Penis                   | 5 FU + Cisplatin<br>5 FU 1000mg/m2 D1-D4<br>Cisplatin 75mg/m2 D1 every 4 weeks             | 11146      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 640    | Medical Oncology | MO027C         | CT for CA Penis                   | Capecitabine<br>Capecitabine 1000-1250 mg/m2 PO twice daily D1 - D14 every 21 days         | 9896       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 641    | Medical Oncology | MO027D         | CT for CA Penis                   | Paclitaxel + Carboplatin<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days | 18959      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name       | Procedure Name                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------|-----------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 642    | Medical Oncology | MO027E         | CT for CA Penis    | Paclitaxel<br>Paclitaxel 80 mg/m2 D1 every week                                               | 8125       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 643    | Medical Oncology | MO027F         | CT for CA Penis    | Paclitaxel<br>Paclitaxel 175 mg/m2 D1 every 21 days                                           | 15417      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 644    | Medical Oncology | MO027G         | CT for CA Penis    | Paclitaxel + Carboplatin<br>Paclitaxel 80 mg/m2 D1<br>Carboplatin AUC 2 D1 every week         | 10521      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 645    | Medical Oncology | MO028A         | CT for CA Prostate | Docetaxel<br>Docetaxel 60 mg/m2 D1 every 14 days                                              | 10834      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 646    | Medical Oncology | MO028B         | CT for CA Prostate | Docetaxel<br>Docetaxel 75 mg/m2 D1 every 21 days                                              | 11563      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 647    | Medical Oncology | MO028C         | CT for CA Prostate | Etoposide + Carboplatin<br>Etoposide 100mg/m2 D1 - D3<br>Carboplatin AUC 5-6 D1 every 21 days | 10105      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 648    | Medical Oncology | MO028D         | CT for CA Prostate | LHRH Agonist<br>Leuprolide 22.5 ug every 3 months                                             | 20000      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 649    | Medical Oncology | MO028E         | CT for CA Prostate | Mitoxantrone + Prednisolone<br>Mitoxantrone 12mg/m2 every 3 weeks<br>Prednsiolone 10 mg daily | 5730       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                                | Procedure Name                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 650    | Medical Oncology | MO028F         | CT for CA Prostate                                          | Paclitaxel + Carboplatin<br>Paclitaxel 80mg/m2 D1<br>Carboplatin AUC 2 D1 every week                                                                                                                                                           | 10105      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 651    | Medical Oncology | MO028G         | CT for CA Prostate                                          | Paclitaxel + Carboplatin<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days                                                                                                                                                     | 18959      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 652    | Medical Oncology | MO028H         | CT for CA Prostate                                          | Docetaxel<br>Docetaxel 20mg/m2 D1 every week                                                                                                                                                                                                   | 4375       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 653    | Medical Oncology | MO028I         | CT for CA Prostate                                          | Abiraterone 1000 mg + Prednisolone 10mg daily<br>Once every month                                                                                                                                                                              | 17605      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 654    | Medical Oncology | MO029A         | CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | Rituximab + Cyclophosphamide + Etoposide + Prednisolone<br>Rituximab 375mg/m2<br>Cyclophosphamide 750 mg/m2<br>Vincristine 1.4 mg/m2, on Day1<br>Etoposide 65mg/m2 Day 1 to 3<br>Prednisolone 100 mg Day 1-5<br>Total 6 cycles, repeat 21 days | 34167      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                                | Procedure Name                                                                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 655    | Medical Oncology | MO029B         | CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | Rituximab + Cyclophosphamide + Doxorubicin + Prednisolone<br>Rituximab 375mg/m2<br>Cyclophosphamide 750 mg/m2<br>Doxorubicin 50mg/m2<br>Vincristine 1.4 mg/m2 on Day1<br>Prednisolone 100 mg Day 1-5<br>Total 6 cycles, repeat 21 days            | 35209      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 656    | Medical Oncology | MO030A         | CT for High - Grade NHL - B Cell                            | Rituximab + Dexamethasone + High Dose Cytarabine + Cisplatin<br>Rituximab 375mg/m2 Day 1<br>Cytarabine 2g/m2 BD on day 2<br>Dexamethasone 40 mg Day 1 - 4<br>Cisplatin 75mg/m2 or Carboplatin AUC-5 on day 1<br>Cycle to be repeated every 21days | 47292      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                                         | Procedure Name                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 657    | Medical Oncology | MO031A         | CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | GDP - R<br>Rituximab<br>375mg/m2 Day 1<br>Gemcitabine<br>1000mg/m2 on day 1 and 8<br>Dexamethasone<br>40 mg Day 1 - 4<br>Cisplatin<br>75mg/m2 on day 1<br>Cycle to be repeated every 21days<br>Total- 6 cycles | 47813      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 658    | Medical Oncology | MO031B         | CT for Relapsed B - Cell NHL - High Grade (Except Burkitt's & PCNSL) | ICE - R<br>Rituximab<br>375mg/m2<br>Ifosfamide<br>1.66g/m2 on day 1 - 3<br>Mesna 1.66g/m2 day 1 - 3<br>Carboplatin AUC 5 on day 1<br>Etoposide<br>100mg/m2 on day 1 - 3<br>Cycle every 21days for 6 cycles     | 43230      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name                                                   | Procedure Name                                                                                                                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 659    | Medical Oncology | MO032A         | CT for PMBCL / Burkitt's Lymphoma / Seropositive B - Cell NHLR | Etoposide + Prednsiolone + Vincristine + Cyclophosphamide + Doxorubicin<br>Rituximab<br>375mg/m2 Day 1<br>Etoposide 50mg/m2<br>VCR 0.4mg/m2<br>Doxorubicin 10mg/m2 Day1 - 4<br>Cyclophosphamide 750mg/m2 on day 5<br>Prednisolone 100 mg day 1-5<br>Every 21 days<br>Dose adjustment each cycle depending on nadir counts<br>Total- 6 cycles | 43021      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                  | Procedure Name                                                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 660    | Medical Oncology | MO033A         | CT for Burkitt's NHL          | Codox - M - IVAC-cyclophosphamide, vincristine, doxorubicin, high-dose methotrexate / ifosfamide, etoposide, high-dose cytarabine) GMALL (German multicenter acute lymphoblastic leukemia) Berlin- Frankfurt - Munster Hyper CVAD (cyclophosphamide, Vincristine, Adriamycin,Dexamethasone | 46771      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 661    | Medical Oncology | MO034A         | CT for Low Grade B - Cell NHL | Bendamustine + Rituximab<br>Bendamustine 90mg/m2 on day 1, 2<br>Rituximab 375mg/m2 on day 1<br>Repeat every 28 days, Total 6 cycles                                                                                                                                                        | 32605      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 662    | Medical Oncology | MO034B         | CT for Low Grade B - Cell NHL | Lenalidomide + Rituximab<br>Rituximab 375mg/m2 Day 1<br>Lenlidomide 25 mg D1-28, for 8 cycles                                                                                                                                                                                              | 29375      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                        | Procedure Name                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 663    | Medical Oncology | MO035A         | CT for Low Grade NHL                | Rituximab<br>Rituximab 375mg/m2 per week for 6 weeks                                                                                                                                                                   | 20834      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 664    | Medical Oncology | MO035B         | CT for Low Grade NHL                | Rituximab +<br>Cyclophosphamide + Vincristine + Prednisolone<br>Rituximab 375 mg/m2<br>Cyclophosphamide 750mg/m2<br>Vincristine 1.4mg/m2 Day 1<br>Prednisolone 100 mg Day 1 - 5<br>Repeat every 21days. Total 6 cycles | 22813      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 665    | Medical Oncology | MO036A         | CT for Chronic Lymphocytic Leukemia | Fludarabine +<br>Cyclophosphamide<br>Fludarabine 25mg/m2 D1-3<br>Cyclophosphamide 250 mg/m2 D1-3 every 28 days for 6 cycles                                                                                            | 24584      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 666    | Medical Oncology | MO036B         | CT for Chronic Lymphocytic Leukemia | Rituxmab +<br>Chlorambucil<br>Rituximab 375mg/m2 Day 1<br>Chlorambucil 10 mg/m2 D1-7<br>Repeat every 28 days for 12 cycles                                                                                             | 22292      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                        | Procedure Name                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 667    | Medical Oncology | MO036C         | CT for Chronic Lymphocytic Leukemia | Rituximab + Fludarabine + Cyclophosphamide<br>Rituximab 375mg/m2 on day 1<br>Fludarabine 25mg/m2 D1 - 3<br>Cyclophosphamide 250 mg/m2 D1 - 3<br>Every 28 days for 6 cycles           | 55209      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 668    | Medical Oncology | MO036D         | CT for Chronic Lymphocytic Leukemia | Lenalidomide<br>lenalidomide-10-25 mg/day day 1 to 21 every 28 days                                                                                                                  | 6250       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 669    | Medical Oncology | MO037A         | CT for Peripheral T - Cell Lymphoma | CHOEP<br>Cyclophosphamide 750mg/m2 D1<br>Vincristine 1.4mg/m2 D1<br>Adriamycin 50 mg/m2 D1<br>Etoposide 100mg/m2 D1-3<br>Prednisolone 100 mg D1-5<br>Every 21days.<br>Total 6 cycles | 7188       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                        | Procedure Name                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 670    | Medical Oncology | MO037B         | CT for Peripheral T - Cell Lymphoma | CHOP<br>Cyclophosphamide 750mg/m2 D1<br>Vincristine 1.4mg/m2 D1<br>Adriamycin 50 mg/m2 D1<br>Prednisolone 100 mg D1-5<br>Every 21days.<br>Total 6 cycles                            | 6771       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 671    | Medical Oncology | MO037C         | CT for Peripheral T - Cell Lymphoma | SMILE<br>Methotrexate 2gm/m2 D1<br>Ifosfamide 1500mg/m2 D2-4<br>Etoposide 100mg/m2 D2-4<br>L-asparaginase 6000U/m2<br>D8,10,12,14,16,18,20<br>Dexamethasone 40mg D1-4 every 28 days | 26667      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 672    | Medical Oncology | MO038A         | CT for NK - T Cell Lymphoma         | GELOX<br>Gemcitabine 1000mg/m2 D1 and D8<br>Oxaliplatin 130mg/m2 D1<br>L- asparaginase 6000 U/m2 D1-7<br>Repeat every 21 days                                                       | 26146      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                | Procedure Name                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 673    | Medical Oncology | MO038B         | CT for NK - T Cell Lymphoma | LVP<br>L-asparaginase 6000U/m2 D1-5<br>Vincristine 1.4mg/m2 D1<br>Prednisolone 100mg D1-5<br>Repeat every 21 days                                                          | 10417      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 674    | Medical Oncology | MO039A         | CT for Hodgkin's Lymphoma   | COPP<br>Cyclophosphamide 650mg/m2 D1, 8<br>Vincristine 1.4mg/m2 D1, 8<br>Procarbazine 100 mg/m2 D1-14<br>Prednisolone 40mg/m2 D1-14<br>Every 28days.<br>Total 6 - 8 cycles | 5000       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 675    | Medical Oncology | MO039B         | CT for Hodgkin's Lymphoma   | ABVD<br>Adriamycin 25mg/m2<br>Bleomycin 10unit/m2<br>Vinblastine 6mg/m2<br>Dacarbazine 375 mg/m2 Day 1,15<br>Every 28 days for 6 cycles                                    | 13334      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                     | Procedure Name                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 676    | Medical Oncology | MO039C         | CT for Hodgkin's Lymphoma        | AEVD<br>Adriamycin 25mg/m2<br>Vinblastine 6mg/m2<br>Dacarbazine 375 mg/m2 Day 1,15<br>Etoposide 65mg/m2 Day 1-3, 15-17<br>Every 28 days for 6 cycles | 13334      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 677    | Medical Oncology | MO040A         | CT for Relapsed Hodgkin Lymphoma | ICE<br>Ifosfamide 1.5 mg/m2 D1-3<br>Carboplatin AUC5 D2<br>Etoposide 100mg/m2 D1-3<br>Every 3 weeks                                                  | 14271      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 678    | Medical Oncology | MO040B         | CT for Relapsed Hodgkin Lymphoma | MINE<br>Ifosfamide 4 gm/m2 over 3days (D1-3)<br>Mitoxantrone 8mg/m2<br>Etoposide 65mg/m2 D1-3<br>Every 3 weeks                                       | 14271      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 679    | Medical Oncology | MO040C         | CT for Relapsed Hodgkin Lymphoma | PTCL - GDP<br>Gemcitabine 1000mg/m2 D1 and D8<br>Dexamethasone 40mg D1-4<br>Cisplatin 75mg/m2 D1 or Cacrboplatin AUC-5<br>Every 3 weeks              | 20000      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                    | Procedure Name                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 680    | Medical Oncology | MO041A         | CT for Relapsed NHL & HL        | DHAP<br>Dexamethasone 40mg D1-4<br>Cisplatin 100mg/m2 or Carboplatin AUC-5D1<br>Cytarabine 2 gm/m2 BD D2<br>Repeat every 21 days | 16980      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 681    | Medical Oncology | MO042A         | CT for MM / Amyloidosis / POEMS | Lenalidomide + Dexamethasone<br>Lenalidomide 25 mg daily Day1-21<br>Dexamethasone 40mg Day 1, 8, 15, 22<br>Every 28days          | 6771       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 682    | Medical Oncology | MO042B         | CT for MM / Amyloidosis / POEMS | Pomalidomide + Dexamethasone<br>Pomalidomide 4 mg daily Day 1-21<br>Dexamethasone 40mg Day 1, 8, 15, 22<br>Every 28 days         | 9271       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name            | Procedure Name                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 683    | Medical Oncology | MO043A         | CT for MM / Amyloidosis | Cyclophosphamide + Thalidomide + Dexamethasone<br>Cyclophosphamide 100mg D1-D14<br>Thalidomide 100-200 mg daily Day 1-28<br>Dexamethasone 40mg Day 1, 8, 15, 22<br>Every 28 days               | 5313       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 684    | Medical Oncology | MO043B         | CT for MM / Amyloidosis | Melphalan + Thalidomide + Prednisolone<br>Melphalan 9mg/m2 D1-D4<br>Thalidomide 100mg D1-28<br>Prednisolone 100mg Day1-4<br>Every 28days                                                       | 5417       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 685    | Medical Oncology | MO043C         | CT for MM / Amyloidosis | Bortezomib + Cyclophosphamide + Dexamethasone<br>Cyclophosphamide - 300 mg/m2 day 1, 8, 15, 22<br>Dexamethasone 40mg Day 1, 8, 15, 22<br>Bortezomib 1.3 mg/m2 Day1, 8, 15, 22<br>Every 28 days | 19063      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name            | Procedure Name                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 686    | Medical Oncology | MO043D         | CT for MM / Amyloidosis | Bortezomib + Dexamethasone<br>Bortezomib 1.3 mg/m2 Day1, 8, 15, 22<br>Dexamethasone 40mg Day1, 8, 15, 22<br>Every 28 day                                                          | 17396      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 687    | Medical Oncology | MO043E         | CT for MM / Amyloidosis | Bortezomib + Melphalan + Prednisolone<br>Melphalan 9mg/m2 D1-D4<br>Prednisolone 100mg Day 1-4<br>Bortezomib 1.3 mg/m2 Day 1, 8, 15, 22<br>Every 28 days                           | 16459      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 688    | Medical Oncology | MO043F         | CT for MM / Amyloidosis | Bortezomib + Lenalidomide + Dexamethasone<br>Lenalidomide 25 mg daily Day 1 - 21<br>Dexamethasone 40mg Day 1, 8, 15, 22<br>Bortezomib 1.3 mg/m2 Day 1, 8, 15, 22<br>Every 28 days | 23230      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                       | Procedure Name                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 689    | Medical Oncology | MO043G         | CT for MM / Amyloidosis            | Bortezomib + Thalidomide + Dexamethasone<br>Thalidomide 100 mg daily Day 1 - 28<br>Dexamethasone 40 mg Day 1, 8, 15, 22<br>Bortezomib 1.3 mg/m2 Day 1, 8, 15, 22<br>Every 28 days | 20313      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 690    | Medical Oncology | MO044A         | CT for Chronic Myeloid Leukemia    | Imatinib<br>Imatinib 400 mg, 600 mg, 800 mg (per month X 5 years)                                                                                                                 | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 691    | Medical Oncology | MO044B         | CT for Chronic Myeloid Leukemia    | Dasatinib 100 mg once a day                                                                                                                                                       | 6771       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 692    | Medical Oncology | MO045A         | CT for Myeloproliferative Neoplasm | Hydroxurea<br>Hydroxurea daily (Dose will be based on blood counts)                                                                                                               | 2917       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 693    | Medical Oncology | MO046A         | CT for Acute Myeloid Leukemia      | Cytarabine 2 gm / M2 BD for 3 days<br>Every 21 days for 3 cycles                                                                                                                  | 96563      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                        | Procedure Name                                                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 694    | Medical Oncology | MO046B         | CT for Acute Myeloid Leukemia       | Cytarabine 100 mg / M2 7 days<br>Daunomycin 60 mg / M2 3 days ( this does not include antibiotics, antifungals, blood and platelets transfusion)                                                                                                                                                        | 143021     | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 695    | Medical Oncology | MO047A         | CT for Acute Lymphoblastic Leukemia | Berlin- Frankfurt - Munster-90, Berlin- Frankfurt - Munster-95, Berlin- Frankfurt - Munster-2000 Hyper (cyclophosphamide, Vincristine, Adriamycin, Dexamethasone)<br>UKALL (United kingdom acute lymphoblastic leukaemia)<br>GMALL (German multicenter acute lymphoblastic leukemia)<br>Induction phase | 216667     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                        | Procedure Name                                                                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 696    | Medical Oncology | MO047B         | CT for Acute Lymphoblastic Leukemia | Berlin- Frankfurt - Munster-90<br>Berlin- Frankfurt - Munster-95<br>Berlin- Frankfurt - Munster-2000<br>Hyper (cyclophosphamide, Vincristine, Adriamycin, Dexamethasone)<br>UKALL (United kingdom acute lymphoblastic leukaemia)<br>GMALL (German multicenter acute lymphoblastic leukemia) - Continuation phase | 167605     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 697    | Medical Oncology | MO047C         | CT for Acute Lymphoblastic Leukemia | 6 Mercaptopurine 50 mg / M2 daily<br>Methotrexate 25 mg / M2 Weekly for 2 years                                                                                                                                                                                                                                  | 5417       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                  | Procedure Name                                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 698    | Medical Oncology | MO048A         | CT for Lymphoblastic Lymphoma | Berlin- Frankfurt - Munster-90<br>Berlin- Frankfurt - Munster- 95<br>Berlin- Frankfurt - Munster- 2000<br>Hyper CVAD (cyclophosphamide, Vincristine, Adriamycin,Dexamethasone<br>UKALL (United kingdom acute lymphoblastic leukaemia)<br>GMALL (German multicenter acute lymphoblastic leukemia) - Induction phase | 216667     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                    | Procedure Name                                                                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 699    | Medical Oncology | MO048B         | CT for Lymphoblastic Lymphoma                   | Berlin- Frankfurt - Munster-90<br>Berlin- Frankfurt - Munster-95<br>Berlin- Frankfurt - Munster-2000<br>Hyper CVAD (cyclophosphamide, Vincristine, Adriamycin, Dexamethasone)<br>UKALL (United kingdom acute lymphoblastic leukaemia)<br>GMALL (German multicenter acute lymphoblastic leukemia)- Continuation phase | 167605     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 700    | Medical Oncology | MO048C         | CT for Lymphoblastic Lymphoma                   | 6 Mercaptopurine 50 mg/M2 daily and Methotrexate 25 mg/M2 Weekly for 2 Years                                                                                                                                                                                                                                         | 5417       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 701    | Medical Oncology | MO049A         | CT for Acute Promyelocytic Leukemia (High Risk) | Arsenic trioxide<br>ATRA<br>Daunomycin or Idarubicin<br>Cytarabine - multiagent - vary in each protocol                                                                                                                                                                                                              | 97500      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                    | Procedure Name                                                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 702    | Medical Oncology | MO049B         | CT for Acute Promyelocytic Leukemia (High Risk) | Arsenic trioxide ATRA<br>Daunomycin or Idarubicin<br>Cytarabine - multiagent - vary on protocol                                                                                                                                   | 131042     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 703    | Medical Oncology | MO049C         | CT for Acute Promyelocytic Leukemia (High Risk) | 6 MP 50 mg / day daily<br>Methotrexate 15 mg Weekly<br>ATRA 45 mg / M2 for 14 days<br>Every three months for 18 Months                                                                                                            | 10834      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 704    | Medical Oncology | MO050A         | CT for Acute Promyelocytic Leukemia (Low Risk)  | ATO: Arsenic trioxide 0.15 mg / kg day 1-Day 5, day 8-12, day 15-19, day 22-26 every 56 days for 4 cycles<br>ATRA : All trans retinoic acid 45 mg / M2 day 1-Day 14 and Day 29-43 every 56 days for 4 cycles - (per 56 day cycle) | 71615      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 705    | Medical Oncology | MO050B         | CT for Acute Promyelocytic Leukemia (Low Risk)  | ATO: Arsenic trioxide 0.15 mg / kg day 1-45 or 60<br>ATRA: All trans retinoic acid 45 mg / M2 - day 1-45 or 60                                                                                                                    | 109688     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name                                      | Procedure Name                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 706    | Medical Oncology | MO051A         | Febrile Neutopenia                                | Cefoperazone + Sulbactam<br>Piperacillin + Tazobactam<br>Cefoperazone<br>Piperacillin<br>Amikacin<br>Gentamicin<br>Cefipime<br>Levofloxacin<br>Amoxycillin and clavulanate<br>Teicoplanin<br>Vancomycin | 43334      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 707    | Medical Oncology | MO051B         | Febrile Neutopenia                                | Meropenem<br>Imipenem<br>Colistin<br>Tigecyclin<br>Linezolid<br>Voriconazole<br>Caspofungin<br>Amphotericin - B                                                                                         | 106667     | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 708    | Medical Oncology | MO052A         | Chemotherapy Complications - Tumor Lysis Syndrome | Rasburicase<br>Febuxostat<br>Allopurinol<br>Sevelamer                                                                                                                                                   | 31250      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 709    | Medical Oncology | MO053A         | Granulocyte Colony Stimulating Factor Use         | 5 microgram / kg / day<br>(max 300 microgram per day) for 7 days or PEG - GCSF 6mg one single dose per chemotherapy cycle                                                                               | 5938       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                         | Procedure Name                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 710    | Medical Oncology | MO054A         | CT for Langerhans Cell Histiocytosis | Langerhans Cell Histiocytosis (Histiocytosis Protocol - Induction)                                                                                                               | 34271      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |
| 711    | Medical Oncology | MO054B         | CT for Langerhans Cell Histiocytosis | Langerhans Cell Histiocytosis (Histiocytosis Protocol - Maintenance)                                                                                                             | 39167      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 712    | Medical Oncology | MO055A         | CT for Low Grade Glioma              | Vincristine + Carboplatin<br>Vincristine 1.5mg/m2 (day 1, 8 and 15 for first 4 cycles and then only day 1 from cycle 5 to 17)<br>Carboplatin 550mg/m2 every 3 weeks (all cycles) | 8021       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 713    | Medical Oncology | MO055B         | CT for Low Grade Glioma              | Vinblastin<br>Vinblastine 6 mg/m2 every week                                                                                                                                     | 4584       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 714    | Medical Oncology | MO056A         | CT for Medulloblastoma / Brain PNET  | PACKER                                                                                                                                                                           | 8646       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                      | Procedure Name                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 715    | Medical Oncology | MO056B         | CT for Medulloblastoma / CNS PNET | Cisplatin + Cyclophosphamide + Vincristine<br>Cyclophosphamide 1000mg/m2 (2 days every cycles)<br>Vincristine 1.5mg/m2 (days 1 and 8)<br>Cisplatin 100mg/m2 (1 day per cycle)<br>Cycles given every 3 weekly | 11250      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 716    | Medical Oncology | MO057A         | CT for Neuroblastoma              | Cabroplatin + Etoposide + Cyclophosphamide + Doxorubicin<br>Carboplatin 600mg/m2<br>Etoposide 100mg/m2 (days 1-5)<br>Cyclophosphamide<br>Doxorubicin                                                         | 11667      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 717    | Medical Oncology | MO057B         | CT for Neuroblastoma              | Carboplatin + Cisplatin + Cyclophosphamide + Vincristine + Etoposide                                                                                                                                         | 10313      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 718    | Medical Oncology | MO057C         | CT for Neuroblastoma              | 13-cis retinoic acid 160mg/m2 per day for 2 weeks<br>Each cycle given 4 weekly                                                                                                                               | 2813       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name            | Procedure Name                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 719    | Medical Oncology | MO058A         | CT for Retinoblastoma   | Vincristine + Carboplatin + Etoposide<br>Carboplatin 600mg/m2 day 1<br>Etoposide 150mg/m2 days 1-3<br>Vincristine 1.5mg/m2 day 1                                                           | 10000      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 720    | Medical Oncology | MO059A         | CT for Rhabdomyosarcoma | Vincristine + Cyclophosphamide + Dactinomycin<br>Vincristine 1.5mg/m2 (day 1, 8 and 15)<br>Cyclophosphamide 1200 - 2200 mg/m2 (day 1)<br>Dactinomycin 1.5mg / m2 (day 1)<br>3 weekly cycle | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 721    | Medical Oncology | MO059B         | CT for Rhabdomyosarcoma | Vincristine + Ifosfamide + Etoposide<br>Vincristine 1.5mg/m2 (days 1, 8 and 15)<br>Ifosfamide 1.8gm/m2 (days 1-5)<br>Etoposide 100mg/m2 (days 1-5)<br>Each cycle every 3 weeks             | 21980      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                    | Procedure Name                                                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 722    | Medical Oncology | MO060A         | CT for Relapse Rhabdomyosarcoma | Vincristine + Topotecan + Cyclophosphamide and Vincristine + Adriamycin + Cyclophosphamide<br>Vincristine 1.5mg/m2 (day 1)<br>Topotecan 1.5mg/m2 (day 1-5)<br>Cyclophosphamide 250mg/m2 (days 1-5)<br>3 - weekly<br>Vincristine 1.5mg/m2<br>Adriamycin 60mg/m2<br>Cyclophosphamide 600mg/m2 (all Day 1) | 16875      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 723    | Medical Oncology | MO061A         | CT for Wilms Tumor              | Vincristine + Actinomycin D<br>Vincristine 1.5 mg/m2 weekly for 12 weeks and then 3 weekly<br>Actinomycin D 45 microgram / kg 3 weekly for 24 weeks                                                                                                                                                     | 5105       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                  | Procedure Name                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 724    | Medical Oncology | MO061B         | CT for Wilms Tumor                            | Vincristine + Actinomycin D + Doxorubicin<br>Vincristine 1.5 mg/m2 weekly for 12 weeks and then 3 weekly<br>Actinomycin D 45 microgram/kg 3 weekly<br>Doxorubicin 60mg/m2 for 24 weeks                                                  | 6771       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |
| 725    | Medical Oncology | MO061C         | CT for Wilms Tumor                            | Cyclophosphamide + Doxorubicin + Etoposide + Vincristine + Dactinomycin<br>Vincristine 1.5 mg/m2<br>Dactinomycin 45 microgram/kg<br>Adriamycin 60mg/m2<br>Cyclophosphamide<br>Etoposide<br>Weekly chemotherapy - varying hybrid regimen | 20625      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 726    | Medical Oncology | MO062A         | CT for Pediatric Acute Lymphoblastic Leukemia | Consolidation (Phase II, CNS Therapy Reinduction)                                                                                                                                                                                       | 324584     | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                                                                 | Procedure Name                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 727    | Medical Oncology | MO062B         | CT for Pediatric Acute Lymphoblastic Leukemia                                | India collaborative childhood leukaemia group Berlin- Frankfurt - Munster Kill acute lymphocytic leukemia cells Mitroxitron,Chlorambucil,Prednisolone: 841 | 117813     | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |
| 728    | Medical Oncology | MO062C         | CT for Pediatric Acute Lymphoblastic Leukemia                                | 6 - Mercaptopurine 75mg/m2 daily Methotrexate 20mg/m2 weekly Vincristine 1.5mg/m2 monthly Intrathecal methotrexate 12 mg 3 monthly                         | 3646       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 729    | Medical Oncology | MO062D         | CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric | Dasatinib + chemo (to be used only with ALL therapy)- Permonth                                                                                             | 6510       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 730    | Medical Oncology | MO062E         | CT for Ph+ve Pediatric Acute Lymphoblastic Leukemia for adult and paediatric | Imatinib + chemo ((to be used only with ALL therapy) - permonth                                                                                            | 6510       | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                            | Procedure Name                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 731    | Medical Oncology | MO063A         | CT for Pediatric Lymphoblastic Lymphoma | Consolidation (Phase II, CNS Therapy Reinduction)                                                                                                              | 324584     | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |
| 732    | Medical Oncology | MO063B         | CT for Pediatric Lymphoblastic Lymphoma | India collaborative childhood leukaemia group Berlin- Frankfurt - Munster Kill acute lymphocytic leukemia cells Mitrozantrone,Chl orambucil,Prednis olone: 841 | 117813     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 733    | Medical Oncology | MO063C         | CT for Pediatric Lymphoblastic Lymphoma | 6 - Mercaptopurine 75mg/m2 daily Methotrexate 20mg/m2 weekly Vincristine 1.5mg/m2 monthly Intrathecal methotrexate 12 mg 3 monthly                             | 3646       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 734    | Medical Oncology | MO064A         | CT for Pediatric Acute Myeloid Leukemia | Cytarabine 3 gram/m2 twice a day Days 1, 3 and 5                                                                                                               | 78021      | N                      | N                             | 0   | Regular Procedure | N                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name                                  | Procedure Name                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 735    | Medical Oncology | MO064B         | CT for Pediatric Acute Myeloid Leukemia       | Cytrabine 200mg/m2/day days 1-10 and Daunorubicin 50mg/m2 days 1, 3 and 5<br>Etoposide 100mg/m2 days 1-5 | 142605     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 736    | Medical Oncology | MO064C         | CT for Pediatric Acute Myeloid Leukemia       | Cytrabine 100-200mg/m2/day days 1-7 and Daunorubicin 50mg/m2 days 1, 3 and 5                             | 142084     | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 737    | Medical Oncology | MO065A         | CT for Pediatric Acute Promyelocytic Leukemia | Consolidation                                                                                            | 79688      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 738    | Medical Oncology | MO065B         | CT for Pediatric Acute Promyelocytic Leukemia | Induction                                                                                                | 175313     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 739    | Medical Oncology | MO065C         | CT for Pediatric Acute Promyelocytic Leukemia | Maintenance (18 months total cost)                                                                       | 53230      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 740    | Medical Oncology | MO066A         | CT for Pediatric Hodgkins Lymphoma            | COPDAC: Cyclophosphamide, Vincristine sulfate, Prednisone, Dacarbazine                                   | 12813      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 741    | Medical Oncology | MO066B         | CT for Pediatric Hodgkins Lymphoma            | Oncovin, Etoposide, Prednisone, doxorubicin hydrochloride                                                | 17605      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 742    | Medical Oncology | MO067A         | CT for Pediatric Hodgkins Lymphoma Relapse    | ifosfamide, carboplatin, etoposide                                                                       | 18959      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                               | Procedure Name                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------------------------------------|-------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 743    | Medical Oncology | MO067B         | CT for Pediatric Hodgkins Lymphoma Relapse | DECA: Dexamethasone, Etoposide, Cytarabine, Cisplatin | 18959      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 744    | Medical Oncology | MO067C         | CT for Pediatric Hodgkins Lymphoma Relapse | IGVD: Need to check                                   | 46042      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 745    | Medical Oncology | MO068A         | CT for Pediatric Non Hodgkins Lymphoma     | Lymphoma malign B 89-96 Consolidation (second month)  | 57709      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 746    | Medical Oncology | MO068B         | CT for Pediatric Non Hodgkins Lymphoma     | Lymphoma malign B 89-96 Consolidation (First month)   | 57500      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 747    | Medical Oncology | MO068C         | CT for Pediatric Non Hodgkins Lymphoma     | Lymphoma malign B 89-96 - Maintenance                 | 89167      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 748    | Medical Oncology | MO068D         | CT for Pediatric Non Hodgkins Lymphoma     | Mitroxantrone, Chlorambucil, Prednisolone: 842        | 133750     | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 749    | Medical Oncology | MO069A         | PEDIATRIC-GCT/JEB                          | PEDIATRIC-GCT/JEB                                     | 14480      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 750    | Medical Oncology | MO070A         | CT for Pediatric Hepatoblastoma            | Carboplatin + Cisplatin + Doxorubicin                 | 7605       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 751    | Medical Oncology | MO070B         | CT for Pediatric Hepatoblastoma            | Cisplatin                                             | 7605       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 752    | Medical Oncology | MO071A         | CT for CA Lung                             | Docetaxel Docetaxel 75 mg/m2 D1 every 21 days         | 11563      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 753    | Medical Oncology | MO071B         | CT for CA Lung                             | Erlotinib Erlotinib 150 mg once daily                 | 5938       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 754    | Medical Oncology | MO071C         | CT for CA Lung                             | Gefitinib Gefitinib 250 mg once daily                 | 3334       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 755    | Medical Oncology | MO071D         | CT for CA Lung | Paclitaxel + Carboplatin<br>Paclitaxel 175mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days     | 18959      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 756    | Medical Oncology | MO071E         | CT for CA Lung | Pemetrexed + Carboplatin<br>Pemetrexed 500mg/m2 D1<br>Carboplatin AUC 5-6 D1 every 21 days     | 13750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 757    | Medical Oncology | MO071F         | CT for CA Lung | Topotecan<br>Topotecan 1.5 mg/m2 D1-D5 every 21 days                                           | 33334      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 758    | Medical Oncology | MO071G         | CT for CA Lung | Docetaxel<br>Docetaxel 20 mg/m2 D1 every week                                                  | 4167       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 759    | Medical Oncology | MO071H         | CT for CA Lung | Etoposide + Carboplatin<br>Etoposide 100mg/m2 D1 - D3<br>Carboplatin AUC 5-6 D1 every 21 days  | 10105      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 760    | Medical Oncology | MO071I         | CT for CA Lung | Etoposide + Cisplatin<br>Etoposide 100mg/m2 D1 - D3<br>Cisplatin 75-100 mg/m2 D1 every 21 days | 8855       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|---------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 761    | Medical Oncology | MO071J         | CT for CA Lung | Gemcitabine<br>Gemcitabine 1000mg /m2 D1 D8 every 21 days                                         | 12188      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 762    | Medical Oncology | MO071K         | CT for CA Lung | Gemcitabine + Carboplatin<br>Gemcitabine 1000 mg/m2 D1 D8<br>Carboplatin AUC 5-6 D1 every 21 days | 18125      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 763    | Medical Oncology | MO071L         | CT for CA Lung | Gemcitabine + Cisplatin<br>Gemcitabine 1000 mg/m2 D1 D8<br>Cisplatin 75 mg/m2 D1 D8 every 21 days | 15834      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 764    | Medical Oncology | MO071M         | CT for CA Lung | Paclitaxel<br>Paclitaxel 80mg/m2 every week                                                       | 7813       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 765    | Medical Oncology | MO071N         | CT for CA Lung | Paclitaxel<br>Paclitaxel 175mg/m2 every 21 days                                                   | 16042      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 766    | Medical Oncology | MO071O         | CT for CA Lung | Paclitaxel + Carboplatin<br>Paclitaxel 50mg/m2 D1<br>Carboplatin AUC 2 D1 every week              | 10105      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name                | Procedure Name                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-----------------------------|-----------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 767    | Medical Oncology | MO071P         | CT for CA Lung              | Paclitaxel + Cisplatin<br>Paclitaxel 175 mg/m2 D1<br>Cisplatin 75mg/m2 D1 every 21 days       | 17396      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 768    | Medical Oncology | MO071Q         | CT for CA Lung              | Pemetrexed + Cisplatin<br>Pemetrexed 500mg/m2 D1<br>Cisplatin 75 mg/m2 D1 every 21 days       | 12813      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 769    | Medical Oncology | MO071R         | CT for CA Lung              | Pemetrexed<br>Pemetrexed 500mg/m2 D1 every 21 days                                            | 10313      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 770    | Medical Oncology | MO071S         | CT for CA Lung              | Vinorelbine + Carboplatin<br>Vinorelbine 25mg/m2 D1 D8<br>CarboplatinAUC 5-6 D1 every 21 days | 23021      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 771    | Medical Oncology | MO071T         | CT for CA Lung              | Vinorelbine + Cisplatin<br>Vinorelbine 25mg/m2 D1 D8<br>Cisplatin 75mg/m2 D1 every 21 days    | 23021      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 772    | Medical Oncology | MO072A         | CT for CA Cervix            | Carboplatin<br>Carboplatin AUC 2 every week                                                   | 3750       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 773    | Medical Oncology | MO073A         | CT for primary CNS lymphoma | De-Angelis/Methotrexate                                                                       | 48750      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                | Procedure Name                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|---------------------------------------------|-----------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 774    | Medical Oncology             | MO074A         | GCT Testis                                  | SA Carboplatin AUC 7 once every 3 weeks - Max 4 cycles (price per cycle)                | 7813       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 775    | Medical Oncology             | MO075A         | CT for GCT of bone                          | Denosumab Denosumab 120 mg s/c D1, 8, 15 then every 28 days- 19800 per dose. Max 6 dose | 23438      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 776    | Medical Oncology             | MO076A         | GEP NET Neuroendocrine carcinoma            | Temozolamide 150mg/m2 D9-14 + Capecitabine 1gm/me D1-14 every 28 days                   | 10834      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 777    | Medical Oncology             | MO076B         | GEP NET high grade Neuroendocrine carcinoma | Carboplatin AUC 5 + Etoposide 100mg/m2 D1-D3 every 21 days                              | 18230      | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 778    | Pediatric Medical Management | MP002A         | Epileptic encephalopathy                    | Epileptic encephalopathy                                                                | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 779    | Pediatric Medical Management | MP003A         | ACUTE ENCEPHALOPATHY                        | Acute Febrile encephalopathy                                                            | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 780    | General Medicine             | MP003A         | ACUTE ENCEPHALOPATHY                        | Acute Febrile encephalopathy                                                            | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 781    | Pediatric Medical Management | MP003B         | ACUTE ENCEPHALOPATHY                        | Acute Disseminated Encephalomyelitis                                                    | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 782    | General Medicine             | MP003B         | ACUTE ENCEPHALOPATHY                        | Acute Disseminated Encephalomyelitis                                                    | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                         | Procedure Name                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|------------------------------------------------------|-------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 783    | Pediatric Medical Management | MP004A         | ACUTE ENCEPHALOPATHY                                 | hypertensive/metabolic/febrile/hepatic encephalopathy | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 784    | General Medicine             | MP004A         | ACUTE ENCEPHALOPATHY                                 | hypertensive/metabolic/febrile/hepatic encephalopathy | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 785    | Pediatric Medical Management | MP005A         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Acute meningitis pyogenic                             | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 786    | General Medicine             | MP005A         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Acute meningitis pyogenic                             | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 787    | Pediatric Medical Management | MP005B         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Aseptic meningitis tubercular                         | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 788    | General Medicine             | MP005B         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Aseptic meningitis tubercular                         | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 789    | Pediatric Medical Management | MP005C         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Febrile encephalopathy fungal                         | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |

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|--------|------------------------------|----------------|------------------------------------------------------|--------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 790    | Pediatric Medical Management | MP005D         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Hypertensive encephalopathy viral                      | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 791    | General Medicine             | MP005D         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Hypertensive encephalopathy viral                      | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 792    | Pediatric Medical Management | MP005E         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Metabolic encephalopathy parasitic,                    | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 793    | Pediatric Medical Management | MP005G         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Brain abscess/Intracranial abscess/ Aseptic meningitis | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 794    | General Medicine             | MP005G         | ACUTE INFECTIOUS MENINGITIS AND MENINGOENCEPHALITIS. | Brain abscess/Intracranial abscess/ Aseptic meningitis | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 795    | Pediatric Medical Management | MP006A         | Meningitis                                           | Chronic meningitis                                     | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 796    | Pediatric Medical Management | MP006B         | Meningitis                                           | Partially treated pyogenic meningitis                  | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 797    | General Medicine             | MP006B         | Meningitis                                           | Partially treated pyogenic meningitis                  | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 798    | Pediatric Medical Management | MP006C         | Meningitis                                           | Neuro tuberculosis                                     | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |



| S. No. | Specialty                    | Procedure Code | Package Name                                        | Procedure Name                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 799    | General Medicine             | MP006C         | Meningitis                                          | Neuro tuberculosis                                                                          | 10000      | N                      | Y                             | 3   | Regular Procedure  | N                                  | N                               | Y                            |
| 800    | Pediatric Medical Management | MP006D         | Meningitis                                          | Complicated bacterial meningitis                                                            | 10000      | N                      | Y                             | 3   | Regular Procedure  | N                                  | N                               | Y                            |
| 801    | General Medicine             | MP006D         | Meningitis                                          | Complicated bacterial meningitis                                                            | 10000      | N                      | Y                             | 3   | Regular Procedure  | N                                  | N                               | Y                            |
| 802    | Pediatric Medical Management | MP006E         | Meningitis                                          | Acute meningitis                                                                            | 10000      | N                      | Y                             | 3   | Regular Procedure  | N                                  | N                               | Y                            |
| 803    | General Medicine             | MP006E         | Meningitis                                          | Acute meningitis                                                                            | 10000      | N                      | Y                             | 3   | Regular Procedure  | N                                  | N                               | Y                            |
| 804    | Pediatric Medical Management | MP008A         | Medical Management for Raised intracranial pressure | Raised ICP due to neuro surgical procedures/due to trauma/malignancies/ meningoencephalitis | 10000      | N                      | Y                             | 3   | Add - On Procedure | N                                  | N                               | Y                            |
| 805    | General Medicine             | MP008A         | Medical Management for Raised intracranial pressure | Raised ICP due to neuro surgical procedures/due to trauma/malignancies/ meningoencephalitis | 10000      | N                      | Y                             | 3   | Add - On Procedure | N                                  | N                               | Y                            |
| 806    | Pediatric Medical Management | MP009A         | INTRACRANIAL SPACE OCCUPYING LESIONS                | Intracranial hemorrhage                                                                     | 10000      | N                      | Y                             | 3   | Regular Procedure  | N                                  | N                               | Y                            |
| 807    | Pediatric Medical Management | MP010A         | INTRACRANIAL SPACE OCCUPYING LESIONS                | Intracranial space occupying lesion tuberculoma                                             | 10000      | N                      | Y                             | 5   | Regular Procedure  | N                                  | N                               | Y                            |
| 808    | Pediatric Medical Management | MP011A         | INTRACRANIAL SPACE OCCUPYING LESIONS                | neurocysticercosis, brain tumours                                                           | 10000      | N                      | Y                             | 5   | Regular Procedure  | N                                  | N                               | Y                            |

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|--------|------------------------------|----------------|--------------------------------------|---------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 809    | General Medicine             | MP011A         | INTRACRANIAL SPACE OCCUPYING LESIONS | neurocysticercosis, brain tumours                                                           | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 810    | Pediatric Medical Management | MP015A         | Juvenile myasthenia                  | Juvenile myasthenia-requiring admission for work-up or in-patient care                      | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 811    | General Medicine             | MP015A         | Juvenile myasthenia                  | Juvenile myasthenia-requiring admission for work-up or in-patient care                      | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 812    | Pediatric Medical Management | MP016A         | Acute ataxia                         | Acute ataxia                                                                                | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 813    | General Medicine             | MP020B         | Acute urticaria / Anaphylaxis        | Steven Johnson syndrome                                                                     | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 814    | Pediatric Medical Management | MP020B         | Acute urticaria / Anaphylaxis        | Steven Johnson syndrome                                                                     | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 815    | Pediatric Medical Management | MP022A         | Celiac disease                       | Celiac disease-requiring admission for Work Up and/or in-patient management                 | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 816    | General Medicine             | MP023A         | Unexplained hepatosplenomegaly       | Unexplained hepatosplenomegaly-requiring admission for Work Up and/or in-patient management | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                    | Procedure Name                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|---------------------------------|---------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 817    | Pediatric Medical Management | MP023A         | Unexplained hepatosplenomegaly  | Unexplained hepatosplenomegaly-requiring admission for Work Up and/or in-patient management | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 818    | General Medicine             | MP024A         | Neonatal/ Infantile cholestasis | Neonatal/infantile cholestasis / Choledochal cysts                                          | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 819    | Pediatric Medical Management | MP024A         | Neonatal/ Infantile cholestasis | Neonatal/infantile cholestasis / Choledochal cysts                                          | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 820    | Pediatric Medical Management | MP025A         | Acute glomerulonephritis        | Acute glomerulonephritis                                                                    | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 821    | General Medicine             | MP026A         | NEPHROTIC SYNDROME              | Nephrotic syndrome with peritonitis                                                         | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 822    | Pediatric Medical Management | MP026A         | NEPHROTIC SYNDROME              | Nephrotic syndrome with peritonitis                                                         | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 823    | General Medicine             | MP026B         | NEPHROTIC SYNDROME              | Steroid dependent or resistant                                                              | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 824    | Pediatric Medical Management | MP026B         | NEPHROTIC SYNDROME              | Steroid dependent or resistant                                                              | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 825    | General Medicine             | MP027A         | Haemolytic uremic syndrome      | Haemolytic uremic syndrome                                                                  | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 826    | Pediatric Medical Management | MP027A         | Haemolytic uremic syndrome      | Haemolytic uremic syndrome                                                                  | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                                             | Procedure Name                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 827    | Pediatric Medical Management | MP029A         | Global developmental delay / Intellectual disability of unknown etiology | Global developmental delay/Intellectual disability-requiring admission for Work Up and/or in-patient management | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 828    | Pediatric Medical Management | MP030A         | Rickets - requiring admission for Work Up                                | Rickets - requiring admission for Work Up and/or in-patient management                                          | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 829    | Pediatric Medical Management | MP031A         | Acute severe malnutrition                                                | Acute severe malnutrition                                                                                       | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 830    | Pediatric Medical Management | MP032A         | Developmental and behavioral disorders                                   | Developmental and behavioral disorders for Work Up and/or in-patient management                                 | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 831    | Pediatric Medical Management | MP033A         | Short stature                                                            | Short stature-requiring admission for Work Up                                                                   | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 832    | Pediatric Medical Management | MP034A         | Children with dysmorphic features                                        | Children with dysmorphic features- requiring admission for work-up                                              | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 833    | Pediatric Medical Management | MP035A         | Floppy infant syndrome                                                   | Floppy infant syndrome requiring admission for work-up                                                          | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                | Procedure Name                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------|-----------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 834    | Pediatric Medical Management | MP036A         | Inborn errors of metabolism | Inborn errors of metabolism-requiring admission for work-up and/or inpatient care | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 835    | Pediatric Medical Management | MP037A         | Wilson's disease            | Wilson's disease-requiring admission for work-up and/or inpatient care            | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 836    | Pediatric Medical Management | MP038A         | Juvenile Arthritis          | Juvenile Arthritis                                                                | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 837    | General Medicine             | MP039A         | Rheumatic fever             | Acute rheumatic fever                                                             | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 838    | Pediatric Medical Management | MP039A         | Rheumatic fever             | Acute rheumatic fever                                                             | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 839    | General Medicine             | MP039B         | Rheumatic fever             | Rheumatic valvular heart disease                                                  | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 840    | Pediatric Medical Management | MP039B         | Rheumatic fever             | Rheumatic valvular heart disease                                                  | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 841    | Pediatric Medical Management | MP040B         | Cyanotic spells             | Cyanotic spells with CHD                                                          | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 842    | Pediatric Medical Management | MP041A         | SEVERE ANEMIA IN CHILDREN   | Iron deficiency anemia                                                            | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                            | Procedure Name                                                                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 843    | Pediatric Medical Management | MP041B         | Severe Anemia in children (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasi rox) on discharge and routine investigation - CBC ( Including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine protein, Sr. ferritin - during first admission and then 3 monthly. | 3334       | Y                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                            | Procedure Name                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 844    | Pediatric Medical Management | MP041C         | Severe Anemia in children (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferasirox) on discharge and routine investigation-CBC ( Including hemoglobin, DLC, TLC, platelet count etc)- 15 days once | 2709       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 845    | Pediatric Medical Management | MP041D         | SEVERE ANEMIA IN CHILDREN               | Other anemias (Hemolytic Anemia/Rare Anemias)                                                                                                                                                                                                | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                            | Procedure Name                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 846    | Pediatric Medical Management | MP041E         | Severe Anemia in children (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine((Deferasirox) on discharge and routine investigation - CBC,(Including hemoglobin, DLC, TLC, platelet count etc) LFT,KFT,Urine Protien - 1 monthly once | 3125       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |



| S. No. | Specialty                    | Procedure Code | Package Name                            | Procedure Name                                                                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 847    | Pediatric Medical Management | MP041F         | Severe Anemia in children (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferipr one) on discharge and routine investigation - CBC ( Including hemoglobin, DLC, TLC, platelet count etc) LFT, KFT, Urine protein, Sr. ferritin - during first admission and then 3 monthly. | 3021       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                            | Procedure Name                                                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 848    | Pediatric Medical Management | MP041G         | Severe Anemia in children (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days Iron chelation Medicine(Deferipr one) on discharge and routine investigation-CBC ( Including hemoglobin, DLC, TLC, platelet count etc)- 15 days once                                | 2396       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 849    | Pediatric Medical Management | MP041H         | Severe Anemia in children (Thalassemia) | Admission for Packed cell blood transfusion (Daycare /Max. of One day) including 15 days of Iron chelation Medicine(Deferipr one) on discharge and routine investigation - CBC (Including hemoglobin, DLC, TLC, platelet count etc), LFT,KFT, Urine Protein - 1 monthly once | 2813       | Y                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                                                                                   | Procedure Name                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 850    | Pediatric Medical Management | MP042A         | Idiopathic Thrombocytopenic Purpura                                                                            | Idiopathic Thrombocytopenic Purpura               | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 851    | General Medicine             | MP043A         | Kawasaki Disease                                                                                               | Kawasaki Disease                                  | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 852    | Pediatric Medical Management | MP043A         | Kawasaki Disease                                                                                               | Kawasaki Disease                                  | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 853    | Pediatric Medical Management | MP044A         | Steve Johnson syndrome                                                                                         | Steve Johnson syndrome                            | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 854    | Pediatric Medical Management | MP046A         | Ketogenic diet initiation in refractory epilepsy                                                               | Ketogenic diet initiation in refractory epilepsy  | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 855    | Pediatric Medical Management | MP047A         | Croup syndrome                                                                                                 | Acute laryngotracheobronchitis/Acute epiglottitis | 10000      | N                      | Y                             | 7   | Regular Procedure | N                                  | N                               | Y                            |
| 856    | Pediatric Medical Management | MP048A         | Hemostatic Disorders                                                                                           | Hemophilia                                        | 10000      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 857    | Pediatric Medical Management | MP048B         | Hemostatic Disorders                                                                                           | Platelet disorders with Bleeding                  | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 858    | General Medicine             | MP050A         | NEPHROTIC SYNDROME                                                                                             | Uncomplicated steroid sensitive                   | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 859    | Pediatric Medical Management | MP050A         | NEPHROTIC SYNDROME                                                                                             | Uncomplicated steroid sensitive                   | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 860    | Pediatric Medical Management | MP051A         | Staphylococcal scalded skin syndrome                                                                           | Staphylococcal scalded skin syndrome              | 10000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | Y                            |
| 861    | Radiation Oncology           | MR001A         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (6 Fractions) (Inclusive of Simulation & Planning Cost) | Radical                                           | 28438      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                      | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 862    | Radiation Oncology | MR001B         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (6 Fractions) (Inclusive of Simulation & Planning Cost)                    | Adjuvant                  | 14896      | N                      | N                             | 1   | Regular Procedure  | Y                                  | N                               | N                            |
| 863    | Radiation Oncology | MR001C         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (6 Fractions) (Inclusive of Simulation & Planning Cost)                    | Neoadjuvant               | 14896      | N                      | N                             | 1   | Regular Procedure  | Y                                  | N                               | N                            |
| 864    | Radiation Oncology | MR001D         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (6 Fractions) (Inclusive of Simulation & Planning Cost)                    | Additional fractions - 18 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |
| 865    | Radiation Oncology | MR002A         | 2D External Beam Radiotherapy - Palliative (Telecobalt / Strock LA) (Upto 10 Fractions) (Inclusive of Simulation & Planning Cost) | Palliative                | 13542      | N                      | N                             | 1   | Regular Procedure  | N                                  | Y                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                    | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-----------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 866    | Radiation Oncology | MR003A         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (25 Fractions) (Inclusive of Simulation & Planning Cost) | Radical                   | 27084      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 867    | Radiation Oncology | MR003B         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (25 Fractions) (Inclusive of Simulation & Planning Cost) | Adjuvant                  | 27084      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 868    | Radiation Oncology | MR003C         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (25 Fractions) (Inclusive of Simulation & Planning Cost) | Neoadjuvant               | 27084      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 869    | Radiation Oncology | MR003D         | 2D External Beam Radiotherapy (Telecobalt / Strock LA) (25 Fractions) (Inclusive of Simulation & Planning Cost) | Additional fractions - 10 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                  | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|---------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 870    | Radiation Oncology | MR004A         | Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Radical                   | 14896      | N                      | N                             | 1   | Regular Procedure  | Y                                  | N                               | N                            |
| 871    | Radiation Oncology | MR004B         | Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Adjuvant                  | 28438      | N                      | N                             | 1   | Regular Procedure  | Y                                  | N                               | N                            |
| 872    | Radiation Oncology | MR004C         | Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Neoadjuvant               | 28438      | N                      | N                             | 1   | Regular Procedure  | Y                                  | N                               | N                            |
| 873    | Radiation Oncology | MR004D         | Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Additional fractions - 18 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                   | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|----------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 874    | Radiation Oncology | MR005A         | Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost) | Radical                   | 54167      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 875    | Radiation Oncology | MR005B         | Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost) | Adjuvant                  | 54167      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 876    | Radiation Oncology | MR005C         | Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost) | Neoadjuvant               | 54167      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 877    | Radiation Oncology | MR005D         | Linear Accelerator, External Beam Radiotherapy 3D CRT (25 Fractions) (Inclusive of Simulation & Planning Cost) | Additional fractions - 10 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                    | Procedure Name | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 878    | Radiation Oncology | MR006A         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost) | Radical        | 94792      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |
| 879    | Radiation Oncology | MR006B         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost) | Adjuvant       | 94792      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |
| 880    | Radiation Oncology | MR006C         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost) | Neoadjuvant    | 94792      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |



| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                    | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 881    | Radiation Oncology | MR006D         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (20 Fractions) (Inclusive of Simulation & Planning Cost) | Additional fractions - 15 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |
| 882    | Radiation Oncology | MR007A         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)  | Radical                   | 56875      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 883    | Radiation Oncology | MR007B         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)  | Adjuvant                  | 56875      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                                | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 884    | Radiation Oncology | MR007C         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)              | Neoadjuvant               | 56875      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 885    | Radiation Oncology | MR007D         | Linear Accelerator, External Beam Radiotherapy IMRT (Intensity Modulated Radiotherapy) (6 Fractions) (Inclusive of Simulation & Planning Cost)              | Additional fractions - 18 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |
| 886    | Radiation Oncology | MR008A         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost) | Radical                   | 121875     | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                                | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 887    | Radiation Oncology | MR008B         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost) | Adjuvant                  | 121875     | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 888    | Radiation Oncology | MR008C         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost) | Neoadjuvant               | 121875     | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 889    | Radiation Oncology | MR008D         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (20 Fractions) (Inclusive of Simulation & Planning Cost) | Additional fractions - 15 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                               | Procedure Name | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 890    | Radiation Oncology | MR009A         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Radical        | 74480      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |
| 891    | Radiation Oncology | MR009B         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Adjuvant       | 74480      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |
| 892    | Radiation Oncology | MR009C         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Neoadjuvant    | 74480      | N                      | N                             | 1   | Regular Procedure | Y                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                               | Procedure Name                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 893    | Radiation Oncology | MR009D         | Linear Accelerator External Beam Radiotherapy IGRT (Image Guided radiotherapy) with 3D CRT or IMRT (6 Fractions) (Inclusive of Simulation & Planning Cost) | Additional fractions - 18                         | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |
| 894    | Radiation Oncology | MR010A         | SRT / SBRT with IGRT (Stereotacatic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)                                                  | SRT / SBRT with IGRT (Stereotacatic radiotherapy) | 111042     | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 895    | Radiation Oncology | MR010B         | SRT / SBRT with IGRT (Stereotacatic radiotherapy) (4 Fractions) (Inclusive of Simulation & Planning Cost)                                                  | Additional fractions - 4                          | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |
| 896    | Radiation Oncology | MR011A         | SRS with IGRT (Stereotacatic radiotherapy) (Inclusive of Simulation & Planning Cost)                                                                       | SRS with IGRT (Stereotacatic radiotherapy)        | 94792      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                      | Procedure Name                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 897    | Radiation Oncology | MR012A         | Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost) | Respiratory Gating along with Linear Accelerator planning | 88021      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 898    | Radiation Oncology | MR012B         | Respiratory Gating along with Linear Accelerator planning (5 Fractions) (Inclusive of Simulation & Planning Cost) | Additional fractions - 10                                 | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |
| 899    | Radiation Oncology | MR013A         | Brachytherapy High Dose Radiation (2D/X-ray) (Maximum of 4 session)                                               | Intracavitary                                             | 4792       | N                      | N                             | 1   | Regular Procedure  | N                                  | Y                               | N                            |
| 900    | Radiation Oncology | MR013A1        | Brachytherapy low Dose Radiation (2D/X-ray) (Maximum of 4 session)                                                | Intracavitary                                             | 4792       | N                      | N                             | 1   | Regular Procedure  | N                                  | Y                               | N                            |
| 901    | Radiation Oncology | MR013B         | Brachytherapy High Dose Radiation (2D/X-ray) (Maximum of 4 session)                                               | Intraluminal                                              | 4792       | N                      | N                             | 1   | Regular Procedure  | N                                  | Y                               | N                            |
| 902    | Radiation Oncology | MR013C         | Brachytherapy High Dose Radiation (2D/X-ray) (Maximum of 4 session)                                               | Endobiliary                                               | 4792       | N                      | N                             | 1   | Regular Procedure  | N                                  | Y                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                              | Procedure Name                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 903    | Radiation Oncology | MR013D         | Brachytherapy High Dose Radiation (2D/X-ray) (Maximum of 4 session)                                       | Endobronchial                                                | 4792       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 904    | Radiation Oncology | MR013E         | Brachytherapy High Dose Radiation (2D/X-ray) (Maximum of 4 session)                                       | CVS                                                          | 4792       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 905    | Radiation Oncology | MR014A         | Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges ) | Interstitial / Intracavitary complex planning like CT or MR  | 56875      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 906    | Radiation Oncology | MR014A1        | Brachytherapy low Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges )  | Interstitial / Intracavitary complex planning like CT or MR  | 56875      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 907    | Radiation Oncology | MR014B         | Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges ) | Surface Mould / Intracavitary complex planning like CT or MR | 56875      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                              | Procedure Name                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 908    | Radiation Oncology | MR014C         | Brachytherapy High Dose Radiation (5 doses) (Inclusive of Simulation, Planning Cost, OT & other charges ) | Additional fractions - 15                                | 0          | Y                      | N                             | 1   | Add - On Procedure | Y                                  | Y                               | N                            |
| 909    | Radiation Oncology | MR015A         | iodine treatment 3 mCi                                                                                    | large Dose scan/ Pre Ablation - calculation of treatment | 13959      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 910    | Radiation Oncology | MR015B         | iodine treatment 30 mCi                                                                                   | Ablation of residual disease any risk                    | 20730      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 911    | Radiation Oncology | MR016A         | Iodine treatment 50 mCi                                                                                   | Ablation of residual neck disease low/intermediate       | 22084      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 912    | Radiation Oncology | MR017A         | Iodine treatment 100 mCi                                                                                  | Ablation for metastatic disease, High risk               | 27500      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 913    | Radiation Oncology | MR018A         | Iodine treatment 150 mCi                                                                                  | Ablation for metastatic disease, High risk               | 36980      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 914    | Radiation Oncology | MR019A         | Iodine treatment 200 mCi                                                                                  | Ablation for metastatic disease, High risk               | 42396      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 915    | Radiation Oncology | MR020A         | Iodine treatment 250 mCi                                                                                  | Ablation for metastatic disease, High risk               | 49167      | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |



| S. No. | Specialty                        | Procedure Code | Package Name                        | Procedure Name                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label     | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|----------------------------------|----------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|---------------------|------------------------------------|---------------------------------|------------------------------|
| 916    | Organ and Tissue Transplantation | OT001A         | Renal Transplant                    | Pre Procedure workup-Donor/ Recipient, Immunosuppressives, Transplant and Induction for recipients with unrelated/deceased donor/or at high risk for rejection | 351563     | N                      | N                             | 5   | Regular Procedure   | N                                  | N                               | N                            |
| 917    | Organ and Tissue Transplantation | OT001C         | Renal Transplant                    | Banff type 1Aor 1B                                                                                                                                             | 62500      | N                      | Y                             |     | Regular Procedure   | N                                  | N                               | N                            |
| 918    | Organ and Tissue Transplantation | OT001D         | Renal Transplant                    | Post-Transplant Medication – Month 1-3                                                                                                                         | 62500      | N                      | N                             | 5   | Follow-up Procedure | N                                  | N                               | N                            |
| 919    | Organ and Tissue Transplantation | OT001E         | Renal Transplant                    | Post-Transplant Medication – Month 3-6                                                                                                                         | 46875      | N                      | N                             | 5   | Follow-up Procedure | N                                  | N                               | N                            |
| 920    | Organ and Tissue Transplantation | OT001F         | Renal Transplant                    | Post-Transplant Medication – Month 6-12                                                                                                                        | 46875      | N                      | N                             | 5   | Follow-up Procedure | N                                  | N                               | N                            |
| 921    | Organ and Tissue Transplantation | OT002A         | Bone Marrow Transplant (Autologous) | Pre Transplant Evaluation and Stem Cell Collection and Cryopreservation                                                                                        | 156250     | N                      | N                             | 5   | Regular Procedure   | N                                  | N                               | N                            |
| 922    | Organ and Tissue Transplantation | OT002B         | Bone Marrow Transplant (Autologous) | Transplant (includes conditioning)                                                                                                                             | 390625     | N                      | N                             | 5   | Regular Procedure   | N                                  | N                               | N                            |
| 923    | Organ and Tissue Transplantation | OT002C         | Bone Marrow Transplant (Autologous) | Post Transplant Care for 3 months (includes supportive care and investigations)                                                                                | 78125      | N                      | N                             | 5   | Regular Procedure   | N                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                              | Procedure Name                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 924    | Urology            | PM001A         | Palliative Care Approach to managing Haematuria in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherpay interventions | Hematuria Palliative Interventions | 54167      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 925    | Medical Oncology   | PM001A         | Palliative Care Approach to managing Haematuria in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherpay interventions | Hematuria Palliative Interventions | 54167      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 926    | Surgical Oncology  | PM001A         | Palliative Care Approach to managing Haematuria in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherpay interventions | Hematuria Palliative Interventions | 54167      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 927    | Radiation Oncology | PM001A         | Palliative Care Approach to managing Haematuria in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherpay interventions | Hematuria Palliative Interventions | 54167      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                                              | Procedure Name                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS         | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|---------------------------------------------------------------------------|------------------------------------------------------------------------|------------|------------------------|-------------------------------|-------------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 928    | Surgical Oncology            | PM002A         | Management of bleeding malignant head and neck / inguinal lesions         | Haemostatic Surgery in advance cancer patient/Haemostatic Radiotherapy | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | N                            |
| 929    | Radiation Oncology           | PM002A         | Management of bleeding malignant head and neck / inguinal lesions         | Haemostatic Surgery in advance cancer patient/Haemostatic Radiotherapy | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | N                            |
| 930    | General Surgery              | PM002A         | Management of bleeding malignant head and neck / inguinal lesions         | Haemostatic Surgery in advance cancer patient/Haemostatic Radiotherapy | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | N                            |
| 931    | Surgical Oncology            | PM003A         | Management of bleeding in malignant head and neck / inguinal malignancies | Trans arterial Embolization                                            | 81250      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | N                            |
| 932    | Radiation Oncology           | PM003A         | Management of bleeding in malignant head and neck / inguinal malignancies | Trans arterial Embolization                                            | 81250      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | N                            |
| 933    | Surgical Oncology            | PM004A         | Palliative Care Management of Osteoradionecrosis -Surgical intervention   | Osteoradionecrosis -Surgical intervention                              | 54167      | N                      | N                             | 5-7 days    | Regular Procedure | N                                  | N                               | N                            |
| 934    | Oral & Maxillofacial Surgery | PM004A         | Palliative Care Management of Osteoradionecrosis -Surgical intervention   | Osteoradionecrosis -Surgical intervention                              | 54167      | N                      | N                             | 5-7 days    | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                                                 | Procedure Name                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 935    | Radiation Oncology | PM004A         | Palliative Care Management of Osteoradionecrosis -Surgical intervention                                                                                                      | Osteoradionecrosis -Surgical intervention | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 936    | Surgical Oncology  | PM005A         | Palliative Care approach to managing Pressure sore in advanced chronic diseases who are bed ridden- Surgical                                                                 | Pressure sore- Interventions              | 54167      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | N                            |
| 937    | General Surgery    | PM005A         | Palliative Care approach to managing Pressure sore in advanced chronic diseases who are bed ridden- Surgical                                                                 | Pressure sore- Interventions              | 54167      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | N                            |
| 938    | Surgical Oncology  | PM006A         | Palliative surgical interventions like- Colostomy, Tracheostomy, Feeding Jejunostomy/Gastrostomy, Bowel bypass, Fistulas, Urinary diversions etc.in advanced cancer patients | Palliative surgical interventions         | 54167      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                                                                                                 | Procedure Name                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 939    | Medical Oncology    | PM006A         | Palliative surgical interventions like- Colostomy, Tracheostomy, Feeding Jejunostomy/Gast rostomy, Bowel bypas, Fistulas, Urinary diversions etc.in advanced cancer patients | Palliative surgical interventions | 54167      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | N                            |
| 940    | Radiation Oncology  | PM006A         | Palliative surgical interventions like- Colostomy, Tracheostomy, Feeding Jejunostomy/Gast rostomy, Bowel bypas, Fistulas, Urinary diversions etc.in advanced cancer patients | Palliative surgical interventions | 54167      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | N                            |
| 941    | Palliative Medicine | PM007A         | Malignant Spinal Cord compression with Diagnostics, palliative radiotherapy, Brace in advanced cancer patients                                                               | Malignant Spinal cord compression | 20313      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                                   | Procedure Name                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 942    | Radiation Oncology  | PM007A         | Malignant Spinal Cord compression with Diagnostics, palliative radiotherapy, Brace in advanced cancer patients | Malignant Spinal cord compression     | 20313      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 943    | Neurosurgery        | PM007A         | Malignant Spinal Cord compression with Diagnostics, palliative radiotherapy, Brace in advanced cancer patients | Malignant Spinal cord compression     | 20313      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 944    | Palliative Medicine | PM008A         | Palliative neurosurgical interventions for secondary vertebral and brain metastasis                            | Palliative neurological interventions | 81250      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 945    | Radiation Oncology  | PM008A         | Palliative neurosurgical interventions for secondary vertebral and brain metastasis                            | Palliative neurological interventions | 81250      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 946    | Neurosurgery        | PM008A         | Palliative neurosurgical interventions for secondary vertebral and brain metastasis                            | Palliative neurological interventions | 81250      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                                                                                                    | Procedure Name                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 947    | Palliative Medicine | PM009A         | Palliative Care Management of Osteoradionecrosis -Conservative management                                                                                                       | Osteoradionecrosis -Conservative                             | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 948    | Orthopedics         | PM009A         | Palliative Care Management of Osteoradionecrosis -Conservative management                                                                                                       | Osteoradionecrosis -Conservative                             | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 949    | Palliative Medicine | PM010A         | Communications in Advanced chronic diseases/ terminal stage of illness, for patient and family members with discussions on Goals of care and facilitated shared decision making | Communications terminal stage/ end of life care Conservative | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 950    | General Medicine    | PM010A         | Communications in Advanced chronic diseases/ terminal stage of illness, for patient and family members with discussions on Goals of care and facilitated shared decision making | Communications terminal stage/ end of life care Conservative | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                                                | Procedure Name                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 951    | Palliative Medicine | PM011A         | Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases - Conservative management | Palliative Management of Breathlessnes | 0          | N                      | Y                             | 2-4 days | Regular Procedure | N                                  | N                               | Y                            |
| 952    | General Medicine    | PM011A         | Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases - Conservative management | Palliative Management of Breathlessnes | 0          | N                      | Y                             | 2-4 days | Regular Procedure | N                                  | N                               | Y                            |
| 953    | Palliative Medicine | PM012A         | Palliative Care Management of Pain for treating Pain crisis, analgesic titration                                            | Cancer Pain Management                 | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 954    | General Medicine    | PM012A         | Palliative Care Management of Pain for treating Pain crisis, analgesic titration                                            | Cancer Pain Management                 | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 955    | Palliative Medicine | PM013A         | Palliative Care approach to managing Pressure sore - Conservative management                                                | Pressure sore-in palliative care       | 0          | N                      | Y                             | 5 days   | Regular Procedure | N                                  | N                               | Y                            |



| S. No. | Specialty           | Procedure Code | Package Name                                                                                                                                                                     | Procedure Name                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS    | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 956    | General Medicine    | PM013A         | Palliative Care approach to managing Pressure sore - Conservative management                                                                                                     | Pressure sore-in palliative care          | 0          | N                      | Y                             | 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 957    | Palliative Medicine | PM015A         | Conservative management of post procedural or treatment related complications in palliative medicine including electrolyte disorders (including hypercalcemia and ketoacidosis). | Complications in palliative care patients | 0          | N                      | Y                             | 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 958    | General Medicine    | PM015A         | Conservative management of post procedural or treatment related complications in palliative medicine including electrolyte disorders (including hypercalcemia and ketoacidosis). | Complications in palliative care patients | 0          | N                      | Y                             | 5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                                              | Procedure Name                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 959    | Palliative Medicine | PM016A         | Malignant Ascites drainage with long term catheter insertion in advanced cancer patients                                  | Ascitis tapping with long term indwelling catheter | 54167      | N                      | N                             | 2 days   | Regular Procedure | N                                  | N                               | N                            |
| 960    | Medical Oncology    | PM016A         | Malignant Ascites drainage with long term catheter insertion in advanced cancer patients                                  | Ascitis tapping with long term indwelling catheter | 54167      | N                      | N                             | 2 days   | Regular Procedure | N                                  | N                               | N                            |
| 961    | Palliative Medicine | PM017A         | Palliative Care Approach to managing Haematuria in advanced cancer patients - Conservative management                     | Hematuria in advance cancer patient                | 0          | N                      | Y                             | 2-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 962    | Medical Oncology    | PM017A         | Palliative Care Approach to managing Haematuria in advanced cancer patients - Conservative management                     | Hematuria in advance cancer patient                | 0          | N                      | Y                             | 2-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 963    | Palliative Medicine | PM018A         | Central lines in cancer patients for drug therapy - Silicon catheters in advanced cancer patients-Long term central lines | Long term indwelling venous catheter               | 13542      | N                      | N                             | 2 days   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                                               | Procedure Name                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS         | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------|------------------------|-------------------------------|-------------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 964    | Medical Oncology    | PM018A         | Central lines in cancer patients for drug therapy - Silicon catheters in advanced cancer patients- Long term central lines | Long term indwelling venous catheter                           | 13542      | N                      | N                             | 2 days      | Regular Procedure | N                                  | N                               | N                            |
| 965    | Palliative Medicine | PM019A         | Symptom Management of Cough in advanced cancer patients - Conservative management                                          | Intractable Cough in cancer patients - Conservative management | 0          | N                      | Y                             | 3-5 days    | Regular Procedure | N                                  | N                               | Y                            |
| 966    | Medical Oncology    | PM019A         | Symptom Management of Cough in advanced cancer patients - Conservative management                                          | Intractable Cough in cancer patients - Conservative management | 0          | N                      | Y                             | 3-5 days    | Regular Procedure | N                                  | N                               | Y                            |
| 967    | Palliative Medicine | PM020A         | Palliative Care Management of Trismus, mucositis in advanced cancer patient                                                | Palliative care in Trismus mucositis                           | 0          | N                      | Y                             | 3-5 days    | Regular Procedure | N                                  | N                               | Y                            |
| 968    | Medical Oncology    | PM020A         | Palliative Care Management of Trismus, mucositis in advanced cancer patient                                                | Palliative care in Trismus mucositis                           | 0          | N                      | Y                             | 3-5 days    | Regular Procedure | N                                  | N                               | Y                            |
| 969    | Palliative Medicine | PM021A         | Management of terminal /fatal bleeding malignant head and neck / inguinal lesions                                          | Conservative management of fatal bleeding in cancer patients   | 0          | N                      | Y                             | 3 to 5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                               | Procedure Code | Package Name                                                                                                                        | Procedure Name                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS         | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|------------------------|-------------------------------|-------------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 970    | Medical Oncology                        | PM021A         | Management of terminal /fatal bleeding malignant head and neck / inguinal lesions                                                   | Conservative management of fatal bleeding in cancer patients | 0          | N                      | Y                             | 3 to 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 971    | Medical Oncology/<br>Pulmonary Medicine | PM023A         | Malignant Pleural Effusion for Pleural tap with Pig tail catheter/chest tube insertion with Pleurodesis in advanced cancer patients | Pleural effusion & Pleurodesis                               | 10209      | N                      | N                             | 3 days      | Regular Procedure | N                                  | N                               | N                            |
| 972    | Surgical Oncology                       | PM023A         | Malignant Pleural Effusion for Pleural tap with Pig tail catheter/chest tube insertion with Pleurodesis in advanced cancer patients | Pleural effusion & Pleurodesis                               | 10209      | N                      | N                             | 3 days      | Regular Procedure | N                                  | N                               | N                            |
| 973    | Palliative Medicine                     | PM023A         | Malignant Pleural Effusion for Pleural tap with Pig tail catheter/chest tube insertion with Pleurodesis in advanced cancer patients | Pleural effusion & Pleurodesis                               | 10209      | N                      | N                             | 3 days      | Regular Procedure | N                                  | N                               | N                            |
| 974    | Radiation Oncology                      | PM023A         | Malignant Pleural Effusion for Pleural tap with Pig tail catheter/chest tube insertion with Pleurodesis in advanced cancer patients | Pleural effusion & Pleurodesis                               | 10209      | N                      | N                             | 3 days      | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                      | Procedure Code | Package Name                                                                                                         | Procedure Name                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 975    | Medical Oncology               | PM024A         | Malignant Ascites drainage with catheter insertion in advanced cancer patients                                       | Management of malignant Ascitis,Tapping & conservative management | 0          | N                      | Y                             | 2 days   | Regular Procedure | N                                  | N                               | Y                            |
| 976    | Surgical Oncology              | PM024A         | Malignant Ascites drainage with catheter insertion in advanced cancer patients                                       | Management of malignant Ascitis,Tapping & conservative management | 0          | N                      | Y                             | 2 days   | Regular Procedure | N                                  | N                               | Y                            |
| 977    | Radiation Oncology & Radiology | PM024A         | Malignant Ascites drainage with catheter insertion in advanced cancer patients                                       | Management of malignant Ascitis,Tapping & conservative management | 0          | N                      | Y                             | 2 days   | Regular Procedure | N                                  | N                               | Y                            |
| 978    | Palliative Medicine            | PM024A         | Malignant Ascites drainage with catheter insertion in advanced cancer patients                                       | Management of malignant Ascitis,Tapping & conservative management | 0          | N                      | Y                             | 2 days   | Regular Procedure | N                                  | N                               | Y                            |
| 979    | Medical Oncology               | PM025A         | Symptom Management of Cough in advanced cancer patients- endoscopic/Surgical/Radiological/Radiotherpay interventions | Malignant Cough-Invasive intervantiions                           | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                 | Procedure Code | Package Name                                                                                                                                                    | Procedure Name                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 980    | Surgical Oncology                         | PM025A         | Symptom Management of Cough in advanced cancer patients- endoscopic/Surgical/Radiological/Radiotherapy interventions                                            | Malignant Cough-Invasive interventions  | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 981    | Radiation Oncology/<br>Pulmonary Medicine | PM025A         | Symptom Management of Cough in advanced cancer patients- endoscopic/Surgical/Radiological/Radiotherapy interventions                                            | Malignant Cough-Invasive interventions  | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 982    | Palliative Medicine                       | PM025A         | Symptom Management of Cough in advanced cancer patients- endoscopic/Surgical/Radiological/Radiotherapy interventions                                            | Malignant Cough-Invasive interventions  | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 983    | Medical Oncology                          | PM026A         | Palliative care management of Breathlessness in advanced cancers and chronic respiratory diseases- endoscopic/Surgical/Radiological, Radiotherapy interventions | Palliative Breathlessness Interventions | 54167      | N                      | N                             | 5        | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                 | Procedure Code | Package Name                                                                                                                                                   | Procedure Name                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 984    | Surgical Oncology                         | PM026A         | Palliative care management of Breathlessness in advanced cancers and chronic respiraroty diseases-endoscopic/Surgical/Radiological, Radiotherpay interventions | Palliative Breathlessness Intervntions | 54167      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 985    | Radiation Oncology/<br>Pulmonary Medicine | PM026A         | Palliative care management of Breathlessness in advanced cancers and chronic respiraroty diseases-endoscopic/Surgical/Radiological, Radiotherpay interventions | Palliative Breathlessness Intervntions | 54167      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 986    | Palliative Medicine                       | PM026A         | Palliative care management of Breathlessness in advanced cancers and chronic respiraroty diseases-endoscopic/Surgical/Radiological, Radiotherpay interventions | Palliative Breathlessness Intervntions | 54167      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                          | Procedure Name                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|---------------------------------------------------------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 987    | Medical Oncology    | PM027A         | Symptom Management of Delirium in advanced chronic diseases - Conservative management | Palliative Delirium in advance chronic disease | 0          | N                      | Y                             | 5-7 days | Regular Procedure | N                                  | N                               | Y                            |
| 988    | Surgical Oncology   | PM027A         | Symptom Management of Delirium in advanced chronic diseases - Conservative management | Palliative Delirium in advance chronic disease | 0          | N                      | Y                             | 5-7 days | Regular Procedure | N                                  | N                               | Y                            |
| 989    | Radiation Oncology  | PM027A         | Symptom Management of Delirium in advanced chronic diseases - Conservative management | Palliative Delirium in advance chronic disease | 0          | N                      | Y                             | 5-7 days | Regular Procedure | N                                  | N                               | Y                            |
| 990    | Palliative Medicine | PM027A         | Symptom Management of Delirium in advanced chronic diseases - Conservative management | Palliative Delirium in advance chronic disease | 0          | N                      | Y                             | 5-7 days | Regular Procedure | N                                  | N                               | Y                            |



| S. No. | Specialty                          | Procedure Code | Package Name                                                                                                                  | Procedure Name                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 991    | Medical Oncology                   | PM028A         | Palliative Care approach for malignant wound - Conservative management using drugs and dressings including special dressings. | Palliative Wound Conservative management         | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 992    | Surgical Oncology/<br>Radiotherapy | PM028A         | Palliative Care approach for malignant wound - Conservative management using drugs and dressings including special dressings. | Palliative Wound Conservative management         | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 993    | Palliative Medicine                | PM028A         | Palliative Care approach for malignant wound - Conservative management using drugs and dressings including special dressings. | Palliative Wound Conservative management         | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 994    | Medical Oncology                   | PM029A         | Palliative Care Management of Constipation in advanced cancer patients - endoscopic/Surgical/Radiological interventions       | Constipation - Palliative Invasive interventions | 40625      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                      | Procedure Code | Package Name                                                                                                                               | Procedure Name                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 995    | Surgical Oncology              | PM029A         | Palliative Care Management of Constipation in advanced cancer patients - endoscopic/Surgical/Radiological interventions                    | Constipation - Palliative Invasive interventions | 40625      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 996    | Radiation Oncology & Radiology | PM029A         | Palliative Care Management of Constipation in advanced cancer patients - endoscopic/Surgical/Radiological interventions                    | Constipation - Palliative Invasive interventions | 40625      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 997    | Palliative Medicine            | PM029A         | Palliative Care Management of Constipation in advanced cancer patients - endoscopic/Surgical/Radiological interventions                    | Constipation - Palliative Invasive interventions | 40625      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 998    | Medical Oncology               | PM030A         | Palliative care management of Nausea & Vomiting in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherapy interventions. | Palliative Nausea and vomiting interventions     | 40625      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                      | Procedure Code | Package Name                                                                                                                                          | Procedure Name                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 999    | Surgical Oncology              | PM030A         | Palliative care management of Nausea & Vomiting in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherapy interventions.            | Palliative Nausea and vomiting interventions | 40625      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 1000   | Radiation Oncology & Radiology | PM030A         | Palliative care management of Nausea & Vomiting in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherapy interventions.            | Palliative Nausea and vomiting interventions | 40625      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 1001   | Palliative Medicine            | PM030A         | Palliative care management of Nausea & Vomiting in advanced cancer patients- Endoscopic/Surgical/Radiological, Radiotherapy interventions.            | Palliative Nausea and vomiting interventions | 40625      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 1002   | Medical Oncology               | PM031A         | Palliative Care Management of Lymphedema in cancer patients including (Information, Education, Communication (IEC), and pneumatic compression therapy | Conservative management of Lymphedema        | 0          | N                      | Y                             | 2-3 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                                          | Procedure Name                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1003   | Surgical Oncology  | PM031A         | Palliative Care Management of Lymphadema in cancer patients including (Information, Education, Communication (IEC), and pneumatic compression therapy | Conservative management of Lymphedema                                                          | 0          | N                      | Y                             | 2-3 days | Regular Procedure | N                                  | N                               | Y                            |
| 1004   | Medical Oncology   | PM032A         | Palliative Radiological and endoscopic Interventions                                                                                                  | Palliative Radiological Interventions. Like- PTBD/ERCP/PCN //Pericardiostomy, DJ Stenting, etc | 27084      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | Y                            |
| 1005   | Surgical Oncology  | PM032A         | Palliative Radiological and endoscopic Interventions                                                                                                  | Palliative Radiological Interventions. Like- PTBD/ERCP/PCN //Pericardiostomy, DJ Stenting, etc | 27084      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | Y                            |
| 1006   | Radiation Oncology | PM032A         | Palliative Radiological and endoscopic Interventions                                                                                                  | Palliative Radiological Interventions. Like- PTBD/ERCP/PCN //Pericardiostomy, DJ Stenting, etc | 27084      | N                      | N                             | 5 days   | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                             | Procedure Name                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS         | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-------------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1007   | Palliative Medicine | PM032A         | Palliative Radiological and endoscopic Interventions                                                     | Palliative Radiological Interventions. Like- PTBD/ERCP/PCN //Pericardiostomy, DJ Stenting, etc | 27084      | N                      | N                             | 5 days      | Regular Procedure | N                                  | N                               | Y                            |
| 1008   | Medical Oncology    | PM033A         | Vertebroplasty/Ky phoplasty                                                                              | Vertebroplasty/Ky phoplasty                                                                    | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1009   | Surgical Oncology   | PM033A         | Vertebroplasty/Ky phoplasty                                                                              | Vertebroplasty/Ky phoplasty                                                                    | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1010   | Radiation Oncology  | PM033A         | Vertebroplasty/Ky phoplasty                                                                              | Vertebroplasty/Ky phoplasty                                                                    | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1011   | Orthopedics         | PM033A         | Vertebroplasty/Ky phoplasty                                                                              | Vertebroplasty/Ky phoplasty                                                                    | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1012   | Palliative Medicine | PM033A         | Vertebroplasty/Ky phoplasty                                                                              | Vertebroplasty/Ky phoplasty                                                                    | 54167      | N                      | N                             | 3 to 5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1013   | Palliative Medicine | PM035A         | Palliative Care management of Malignant bowel obstruction - Conservative management                      | Palliative care in Bowel Obstruction Conservative management                                   | 0          | N                      | Y                             | 5-7 days    | Regular Procedure | N                                  | N                               | Y                            |
| 1014   | Medical Oncology    | PM035A         | Palliative Care management of Malignant bowel obstruction - Conservative management                      | Palliative care in Bowel Obstruction Conservative management                                   | 0          | N                      | Y                             | 5-7 days    | Regular Procedure | N                                  | N                               | Y                            |
| 1015   | Medical Oncology    | PM036A         | Palliative Care management of Malignant bowel obstruction-endoscopic/Surgical/Radiological interventions | Palliative Bowel Obstruction interventions                                                     | 54167      | N                      | N                             | 5-7 days    | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                      | Procedure Code | Package Name                                                                                                              | Procedure Name                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1016   | Surgical Oncology              | PM036A         | Palliative Care management of Malignant bowel obstruction-endoscopic/Surgical/Radiological interventions                  | Palliative Bowel Obstruction interventions | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 1017   | Radiation Oncology & Radiology | PM036A         | Palliative Care management of Malignant bowel obstruction-endoscopic/Surgical/Radiological interventions                  | Palliative Bowel Obstruction interventions | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 1018   | Palliative Medicine            | PM036A         | Palliative Care management of Malignant bowel obstruction-endoscopic/Surgical/Radiological interventions                  | Palliative Bowel Obstruction interventions | 54167      | N                      | N                             | 5-7 days | Regular Procedure | N                                  | N                               | N                            |
| 1019   | Medical Oncology               | PM036B         | Palliative management of thrombosis and embolism like DVT, Pulmonary embolism in advanced chronic diseases, TED stockings | Palliative Bowel Obstruction interventions | 0          | N                      | Y                             | 5-7 days | Regular Procedure | N                                  | N                               | Y                            |
| 1020   | Radiation Oncology             | PM036B         | Palliative management of thrombosis and embolism like DVT, Pulmonary embolism in advanced chronic diseases, TED stockings | Palliative Bowel Obstruction interventions | 0          | N                      | Y                             | 5-7 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty           | Procedure Code | Package Name                                                                                                              | Procedure Name                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------------|----------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1021   | Palliative Medicine | PM036B         | Palliative management of thrombosis and embolism like DVT, Pulmonary embolism in advanced chronic diseases, TED stockings | Palliative Bowel Obstruction interventions | 0          | N                      | Y                             | 5-7 days | Regular Procedure | N                                  | N                               | Y                            |
| 1022   | Medical Oncology    | PM037A         | Palliative care management of Nausea & Vomiting in cancer patients- Conservative management                               | Palliative care in Nausea and vomiting.    | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1023   | Radiation Oncology  | PM037A         | Palliative care management of Nausea & Vomiting in cancer patients- Conservative management                               | Palliative care in Nausea and vomiting.    | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1024   | Palliative Medicine | PM037A         | Palliative care management of Nausea & Vomiting in cancer patients- Conservative management                               | Palliative care in Nausea and vomiting.    | 0          | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1025   | General Medicine    | PM038A         | Management of Diarrhea in cancer patients - Conservative management                                                       | Palliative care in Diarrhoea               | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1026   | Medical Oncology    | PM038A         | Management of Diarrhea in cancer patients - Conservative management                                                       | Palliative care in Diarrhoea               | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                                          | Procedure Code | Package Name                                                                        | Procedure Name                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1027   | Radiation Oncology                                 | PM038A         | Management of Diarrhea in cancer patients - Conservative management                 | Palliative care in Diarrhoea      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1028   | Palliative Medicine                                | PM038A         | Management of Diarrhea in cancer patients - Conservative management                 | Palliative care in Diarrhoea      | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1029   | Cardiology                                         | PM039A         | Palliative and supportive care for non-malignant disease at advanced or end stage   | Palliative care end stage disease | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1030   | Neurosurgery                                       | PM039A         | Palliative and supportive care for non-malignant disease at advanced or end stage   | Palliative care end stage disease | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1031   | Palliative Medicine                                | PM039A         | Palliative and supportive care for non-malignant disease at advanced or end stage   | Palliative care end stage disease | 10000      | N                      | Y                             | 3-5 days | Regular Procedure | N                                  | N                               | Y                            |
| 1032   | Anaesthesiology/<br>Pain specialists/<br>Radiology | PM040A         | Spinal/Epidural/R regional Nerve block, Radiofrequency ablation (RFA) for analgesia | Cancer pain interventions         | 10209      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty                                    | Procedure Code | Package Name                                                                                                 | Procedure Name                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1033   | Palliative Medicine                          | PM040A         | Spinal/Epidural/Regional Nerve block, Radiofrequency ablation (RFA) for analgesia                            | Cancer pain interventions                            | 10209      | N                      | N                             | 3-5 days | Regular Procedure | N                                  | N                               | N                            |
| 1034   | Palliative Medicine                          | PM041A         | Celiac Plexus Block/Hypogastric plexus block/ganglion impar block and Neurolysis in advanced cancer patients | Cancer pain plexus interventions                     | 13542      | N                      | N                             | 3 days   | Regular Procedure | N                                  | N                               | N                            |
| 1035   | Anaesthesiology/ Pain specialists/ Radiology | PM041A         | Celiac Plexus Block/Hypogastric plexus block/ganglion impar block and Neurolysis in advanced cancer patients | Cancer pain plexus interventions                     | 13542      | N                      | N                             | 3 days   | Regular Procedure | N                                  | N                               | N                            |
| 1036   | Emergency Room Packages                      | SB001A         | Fracture - Conservative Management - Without plaster                                                         | Fracture - Conservative Management - Without plaster | 3021       | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 1037   | Orthopedics                                  | SB001A         | Fracture - Conservative Management - Without plaster                                                         | Fracture - Conservative Management - Without plaster | 3021       | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 1038   | Orthopedics                                  | SB001A         | Fracture - Conservative Management - Without plaster                                                         | Fracture - Conservative Management - Without plaster | 3021       | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 1039   | Orthopedics                                  | SB002A         | Application of Traction                                                                                      | Skeletal Traction with pin                           | 4584       | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 1040   | Orthopedics                                  | SB002B         | Application of Traction                                                                                      | Skin Traction                                        | 1146       | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 1041   | Orthopedics                                  | SB002C         | Application of Traction                                                                                      | crutchfiled tong cervical spine traction             | 6563       | N                      | N                             | 3weeks   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty   | Procedure Code | Package Name                               | Procedure Name                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------|----------------|--------------------------------------------|---------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1042   | Orthopedics | SB002D         | Application of Traction                    | POP slab                                    | 2605       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1043   | Orthopedics | SB003A         | Application of P.O.P. casts                | Upper Limbs                                 | 3959       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1044   | Orthopedics | SB003B         | Application of P.O.P. casts                | Lower Limbs                                 | 3959       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1045   | Orthopedics | SB003C         | Application of P.O.P. casts                | POP slab                                    | 2917       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1046   | Orthopedics | SB004A         | Application of P.O.P. Spikas & Jackets     | Spikas                                      | 4584       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1047   | Orthopedics | SB004B         | Application of P.O.P. Spikas & Jackets     | Jackets                                     | 4584       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1048   | Orthopedics | SB005A         | External fixation of Fracture              | Long bone                                   | 50000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1049   | Orthopedics | SB005B         | External fixation of Fracture              | Small bone                                  | 40000      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1050   | Orthopedics | SB005C         | External fixation of Fracture              | Pelvis                                      | 50000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1051   | Orthopedics | SB005D         | External fixation of Fracture              | Both bones - forearms + JESS Ligamentotaxis | 40000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1052   | Orthopedics | SB006A         | Percutaneous - Fixation of Fracture        | Percutaneous - Fixation of Fracture         | 10000      | Y                      | Y                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1053   | Orthopedics | SB007A         | Elastic nailing for fracture fixation      | Femur + shaft tibia                         | 14375      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1054   | Orthopedics | SB007B         | Elastic nailing for fracture fixation      | Humerus                                     | 28000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1055   | Orthopedics | SB007C         | Elastic nailing for fracture fixation      | Forearm                                     | 28000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1056   | Orthopedics | SB008A         | Internal Fixation of Small Bones           | ORIF Small Bones                            | 14792      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1057   | Orthopedics | SB009A         | Fracture - Long Bones - Metaphyseal - ORIF | Fracture - Long Bones - Metaphyseal - ORIF  | 52000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty   | Procedure Code | Package Name                                                | Procedure Name                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------|----------------|-------------------------------------------------------------|---------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1058   | Orthopedics | SB010A         | Fixation of Diaphyseal Fracture - Long Bone                 | ORIF Long Bones                                                     | 55000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1059   | Orthopedics | SB010B         | Fixation of Diaphyseal Fracture - Long Bone                 | Closed Reduction & Internal Fixation of long bones Fixation         | 35000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1060   | Orthopedics | SB011A         | Surgery for Comminuted Fracture - Olecranon of Ulna         | Plating olecranon fracture, ulna                                    | 40000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1061   | Orthopedics | SB012A         | Fracture Head radius                                        | Fixation                                                            | 60000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1062   | Orthopedics | SB012B         | Fracture Head radius                                        | Excision                                                            | 50000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1063   | Orthopedics | SB012C         | Fracture Head radius                                        | Replacement with Head Radius Prosthesis                             | 50000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1064   | Orthopedics | SB013A         | Fracture - Single Bone - Forearm - ORIF - Plating / Nailing | Fracture - Single Bone - Forearm - ORIF - Plating / Nailing/DCP/LCP | 50000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1065   | Orthopedics | SB014A         | Fracture - Both Bones - Forearm - ORIF - Plating / Nailing  | Fracture - Both Bones - Forearm - ORIF - Plating / Nailing /DCP/LCP | 60000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1066   | Orthopedics | SB015A         | Fracture Condyle - Humerus - ORIF                           | Lateral Condyle                                                     | 50000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1067   | Orthopedics | SB015B         | Fracture Condyle - Humerus - ORIF                           | ORIF with screw/wire of Medial Condyle                              | 50000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty   | Procedure Code | Package Name                                         | Procedure Name                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------|----------------|------------------------------------------------------|-----------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1068   | Orthopedics | SB015C         | Fracture Condyle - Humerus - ORIF                    | ORIF with screw of proximal humerus                             | 50000      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1069   | Orthopedics | SB016A         | Fracture intercondylar Humerus + olecranon osteotomy | ORIF Fracture intercondylar Humerus + olecranon osteotomy + TBW | 60000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1070   | Orthopedics | SB017A         | Displaced Clavicle Fracture                          | Open Reduction Internal Fixation                                | 40000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1071   | Orthopedics | SB018A         | Fracture - Acetabulum                                | ORIF THROUGH Single Approach PLATING                            | 50000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1072   | Orthopedics | SB018B         | Fracture - Acetabulum                                | ORIF THROUGH combined Approach PLATING                          | 50000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1073   | Orthopedics | SB019A         | Fracture - Neck Femur                                | Closed Reduction and Percutaneous Screw Fixation                | 60000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1074   | Orthopedics | SB019B         | Fracture - Neck Femur                                | ORIF Intertrochanteric Fracture with Dynamic Hip Screw          | 65000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1075   | Orthopedics | SB019C         | Fracture - Neck Femur                                | ORIF Intertrochanteric Fracture with Proximal Femoral Nail      | 65000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty   | Procedure Code | Package Name                               | Procedure Name                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------|----------------|--------------------------------------------|---------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1076   | Orthopedics | SB020A         | Ankle Fractures                            | ORIF of medial malleolus or bimalleolar fracture or Trimalleolar fracture | 60000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1077   | Orthopedics | SB021A         | Cervical spine fixation including odontoid | Cervical spine fixation including odontoid                                | 80000      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1078   | Orthopedics | SB022A         | Dorsal and lumbar spine fixation           | Dorsal and lumbar spine fixation THROUGH Anterior approach                | 80000      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1079   | Orthopedics | SB022B         | Dorsal and lumbar spine fixation           | Dorsal and lumbar spine fixation THROUGH Posterior approach               | 80000      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1080   | Orthopedics | SB023A         | Bone grafting for Non union                | Bone grafting for Fracture Non union                                      | 33100      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1081   | Orthopedics | SB024A         | Arthorotomy of any joint                   | Arthorotomy of any joint                                                  | 20000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1082   | Orthopedics | SB025A         | Arthrolisis of joint                       | Elbow                                                                     | 45000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1083   | Orthopedics | SB025B         | Arthrolisis of joint                       | Knee                                                                      | 45000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1084   | Orthopedics | SB025C         | Arthrolisis of joint                       | Ankle                                                                     | 45000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1085   | Orthopedics | SB026A         | Arthrodesis                                | Ankle / Triple with implant                                               | 51000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1086   | Orthopedics | SB026B         | Arthrodesis                                | Shoulder                                                                  | 51000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1087   | Orthopedics | SB026C         | Arthrodesis                                | Wrist, Wrist with plating                                                 | 51000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1088   | Orthopedics | SB026D         | Arthrodesis                                | Knee, Knee with plating/Nailing                                           | 51000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1089   | Orthopedics | SB026E         | Arthrodesis                                | Hand                                                                      | 51000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                          | Procedure Name                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label       | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------------------|--------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-----------------------|------------------------------------|---------------------------------|------------------------------|
| 1090   | Surgical Oncology | SB026E         | Arthrodesis                           | Hand                                                                                       | 51000      | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 1091   | Orthopedics       | SB026F         | Arthrodesis                           | Foot                                                                                       | 51000      | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 1092   | Surgical Oncology | SB026F         | Arthrodesis                           | Foot                                                                                       | 51000      | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 1093   | Orthopedics       | SB026G         | Arthrodesis                           | Ankle / Triple without implant                                                             | 51000      | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 1094   | Orthopedics       | SB027A         | Disarticulation                       | Hind quarter                                                                               | 65600      | N                      | N                             | 10  | Regular Procedure     | N                                  | N                               | N                            |
| 1095   | Orthopedics       | SB027B         | Disarticulation                       | Fore quarter                                                                               | 65600      | N                      | N                             | 10  | Regular Procedure     | N                                  | N                               | N                            |
| 1096   | Orthopedics       | SB028A         | Closed reduction of joint dislocation | Hip                                                                                        | 15000      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1097   | Orthopedics       | SB028B         | Closed reduction of joint dislocation | Shoulder                                                                                   | 10000      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 1098   | Orthopedics       | SB028C         | Closed reduction of joint dislocation | Elbow                                                                                      | 10000      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1099   | Orthopedics       | SB028D         | Closed reduction of joint dislocation | Knee                                                                                       | 10000      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1100   | Orthopedics       | SB029A         | Open Reduction of Small Joint         | Open Reduction of Small Joint without fixation/Open Reduction of Small Joint with fixation | 20000      | N                      | N                             | 2   | Regular Procedure     | N                                  | N                               | N                            |
| 1101   | Orthopedics       | SB030A         | Tension Band Wiring                   | Tension Band Wiring                                                                        | 20000      | N                      | N                             | 3   | Stand Alone Procedure | Y                                  | Y                               | N                            |
| 1102   | Orthopedics       | SB031A         | Hemiarthroplasty                      | Unipolar                                                                                   | 90000      | N                      | N                             | 5   | Regular Procedure     | N                                  | N                               | N                            |
| 1103   | Orthopedics       | SB031B         | Hemiarthroplasty                      | Bipolar (Non - Modular) cemented /non cemented                                             | 92000      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |

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|--------|-------------|----------------|---------------------------------------------|---------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1104   | Orthopedics | SB031C         | Hemiarthroplasty                            | Bipolar (Modular) cemented/non cemented     | 100000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1105   | Orthopedics | SB032A         | AC Joint reconstruction / Stabilization     | Rockwood Type - I                           | 26771      | N                      | N                             | 4   | Regular Procedure | Y                                  | N                               | N                            |
| 1106   | Orthopedics | SB032B         | AC Joint reconstruction / Stabilization     | Rockwood Type - II                          | 26771      | N                      | N                             | 4   | Regular Procedure | Y                                  | N                               | N                            |
| 1107   | Orthopedics | SB032C         | AC Joint reconstruction / Stabilization     | Rockwood Type - III                         | 50000      | N                      | N                             | 4   | Regular Procedure | Y                                  | N                               | N                            |
| 1108   | Orthopedics | SB032D         | AC Joint reconstruction / Stabilization     | Rockwood Type - IV                          | 50000      | N                      | N                             | 4   | Regular Procedure | Y                                  | N                               | N                            |
| 1109   | Orthopedics | SB032E         | AC Joint reconstruction / Stabilization     | Rockwood Type - V                           | 75000      | N                      | N                             | 4   | Regular Procedure | Y                                  | N                               | N                            |
| 1110   | Orthopedics | SB032F         | AC Joint reconstruction / Stabilization     | Rockwood Type - VI                          | 75000      | N                      | N                             | 4   | Regular Procedure | Y                                  | N                               | N                            |
| 1111   | Orthopedics | SB033A         | Excision Arthroplasty of Femur head         | Excision Arthroplasty of Femur head         | 40000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1112   | Orthopedics | SB034A         | Open Reduction of CDH                       | Open Reduction of CDH                       | 50000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1113   | Orthopedics | SB035A         | Patellectomy                                | Patellectomy                                | 14375      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1114   | Orthopedics | SB036A         | Arthroscopic Meniscus Repair / Meniscectomy | Arthroscopic Meniscus Repair / Meniscectomy | 52000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1115   | Orthopedics | SB037A         | Elbow replacement                           | Elbow replacement                           | 50000      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1116   | Orthopedics | SB038A         | Total Hip Replacement                       | Cemented                                    | 96000      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1117   | Orthopedics | SB038B         | Total Hip Replacement                       | Cementless                                  | 120000     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1118   | Orthopedics | SB038C         | Total Hip Replacement                       | Hybrid                                      | 110000     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                                                                  | Procedure Name                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1119   | Orthopedics       | SB038D         | Total Hip Replacement                                                                                         | Revision - Total Hip Replacement                                                                              | 144000     | Y                      | N                             | 7        | Regular Procedure | N                                  | N                               | N                            |
| 1120   | Orthopedics       | SB038E         | Total Hip Replacement                                                                                         | Revision of failed hemi Arthroplasty in to THR                                                                | 110000     | Y                      | N                             | 5-6 days | Regular Procedure | N                                  | N                               | N                            |
| 1121   | Orthopedics       | SB039A         | Total Knee Replacement                                                                                        | Primary - Total Knee Replacement                                                                              | 90000      | Y                      | N                             | 5        | Regular Procedure | N                                  | N                               | N                            |
| 1122   | Orthopedics       | SB039B         | Total Knee Replacement                                                                                        | Revision - Total Knee Replacement                                                                             | 100000     | Y                      | N                             | 5        | Regular Procedure | N                                  | N                               | N                            |
| 1123   | Orthopedics       | SB040A         | Bone Tumour Excision (malignant) including GCT + Joint replacement (depending upon type of joint and implant) | Bone Tumour Excision (malignant) including GCT + Joint replacement (depending upon type of joint and implant) | 101563     | Y                      | N                             | 7        | Regular Procedure | N                                  | N                               | N                            |
| 1124   | Orthopedics       | SB041A         | Bone Tumour Excision + reconstruction                                                                         | Bone Tumour Excision + reconstruction                                                                         | 46875      | Y                      | N                             | 6        | Regular Procedure | N                                  | N                               | N                            |
| 1125   | Surgical Oncology | SB041A         | Bone Tumour Excision + reconstruction                                                                         | Bone Tumour Excision + reconstruction                                                                         | 46875      | Y                      | N                             | 6        | Regular Procedure | N                                  | N                               | N                            |
| 1126   | Orthopedics       | SB042A         | Bone Tumour (benign) curettage / Excision and bone grafting                                                   | Bone Tumour (benign) curettage / Excision and bone grafting                                                   | 34584      | N                      | N                             | 4        | Regular Procedure | N                                  | N                               | N                            |
| 1127   | Orthopedics       | SB043A         | Single Stage Amputation                                                                                       | Above Elbow                                                                                                   | 60000      | N                      | N                             | 5        | Regular Procedure | N                                  | N                               | N                            |
| 1128   | Orthopedics       | SB043B         | Single Stage Amputation                                                                                       | Below Elbow                                                                                                   | 55000      | N                      | N                             | 5        | Regular Procedure | N                                  | N                               | N                            |
| 1129   | Orthopedics       | SB043C         | Single Stage Amputation                                                                                       | Above Knee                                                                                                    | 60000      | N                      | N                             | 5        | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty   | Procedure Code | Package Name                                               | Procedure Name            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------|----------------|------------------------------------------------------------|---------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1130   | Orthopedics | SB043D         | Single Stage Amputation                                    | Below Knee                | 55000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1131   | Orthopedics | SB043E         | Single Stage Amputation                                    | Foot                      | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1132   | Orthopedics | SB043F         | Single Stage Amputation                                    | Hand                      | 35000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1133   | Orthopedics | SB043G         | Single Stage Amputation                                    | Wrist                     | 35000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1134   | Orthopedics | SB044A         | Two Stage Amputation                                       | Above Elbow               | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 1135   | Orthopedics | SB044B         | Two Stage Amputation                                       | Below Elbow               | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 1136   | Orthopedics | SB044C         | Two Stage Amputation                                       | Above Knee                | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 1137   | Orthopedics | SB044D         | Two Stage Amputation                                       | Below Knee                | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 1138   | Orthopedics | SB044E         | Two Stage Amputation                                       | Foot                      | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 1139   | Orthopedics | SB044F         | Two Stage Amputation                                       | Hand                      | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 1140   | Orthopedics | SB044G         | Two Stage Amputation                                       | Wrist                     | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 1141   | Orthopedics | SB045A         | Amputation - Fingers / Toes                                | Finger(s)                 | 33000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1142   | Orthopedics | SB045B         | Amputation - Fingers / Toes                                | Toe(s)                    | 33000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1143   | Orthopedics | SB046A         | Tendon Grafting / Repair                                   | Tendon Grafting           | 35000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1144   | Orthopedics | SB046B         | Tendon Grafting / Repair                                   | Tendon Repair             | 30000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1145   | Orthopedics | SB047A         | Tendon Release / Tenotomy                                  | Tendon Release / Tenotomy | 7500       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1146   | Orthopedics | SB048A         | Tenolysis                                                  | Tenolysis                 | 7500       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1147   | Orthopedics | SB049A         | Reconstruction of Cruciate Ligament with implant and brace | Anterior                  | 40209      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty   | Procedure Code | Package Name                                                  | Procedure Name                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------|----------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1148   | Orthopedics | SB049B         | Reconstruction of Cruciate Ligament with implant and brace    | Posterior                                                                                     | 40209      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1149   | Orthopedics | SB050A         | Fasciotomy                                                    | Fasciotomy                                                                                    | 20000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1150   | Orthopedics | SB051A         | Duputryen's Contracture release + rehabilitation              | Duputryen's Contracture release + rehabilitation                                              | 20000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1151   | Orthopedics | SB052A         | Debridement & Closure of injuries - contused lacerated wounds | Anti-biotic + dressing - minimum of 5 sessions                                                | 19584      | N                      | N                             | 6   | Regular Procedure | N                                  | Y                               | N                            |
| 1152   | Orthopedics | SB052B         | Debridement & Closure of injuries - contused lacerated wounds | Anti-biotic + dressing - minimum of 2 sessions                                                | 6355       | N                      | N                             | 1   | Regular Procedure | N                                  | Y                               | N                            |
| 1153   | Orthopedics | SB053A         | Sequestectomy / Curettage                                     | Sequestectomy / Curettage                                                                     | 13021      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1154   | Orthopedics | SB054A         | Spine deformity correction                                    | Spine deformity correction                                                                    | 80000      | Y                      | Y                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1155   | Orthopedics | SB054B         | Spine deformity correction                                    | Combined spinal segment - front and back (anterior/posterior/combined anterior and posterior) | 100000     | Y                      | Y                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1156   | Orthopedics | SB055A         | Osteotomy                                                     | Long Bone                                                                                     | 40000      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1157   | Orthopedics | SB055B         | Osteotomy                                                     | Small Bone                                                                                    | 30000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1158   | Orthopedics | SB056A         | Pelvic Osteotomy and fixation                                 | Pelvic Osteotomy and fixation                                                                 | 40000      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                   | Procedure Name                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|------------------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1159   | Orthopedics     | SB057A         | High Tibial Osteotomy                          | High Tibial Osteotomy                          | 35000      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1160   | Orthopedics     | SB058A         | Ilizarov Fixation                              | Ilizarov Fixation                              | 42500      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1161   | Orthopedics     | SB059A         | Limb Lengthening / Bone Transport by Ilizarov  | Limb Lengthening / Bone Transport by Ilizarov  | 42500      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1162   | Orthopedics     | SB060A         | Growth Modulation and fixation                 | Growth Modulation and fixation                 | 7396       | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1163   | Orthopedics     | SB061A         | Corrective Surgery for foot deformities        | Vertical Talus                                 | 19584      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1164   | Orthopedics     | SB061B         | Corrective Surgery for foot deformities        | Other foot deformities                         | 19584      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1165   | Orthopedics     | SB062A         | Correction of club foot per cast               | Correction of club foot per cast               | 7500       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1166   | Orthopedics     | SB063A         | Corrective Surgery in Club Foot / JESS Fixator | Corrective Surgery in Club Foot / JESS Fixator | 15625      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1167   | Orthopedics     | SB064A         | Excision of Osteochondroma / Exostosis         | Osteochondroma                                 | 13021      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1168   | Orthopedics     | SB064B         | Excision of Osteochondroma / Exostosis         | Exostosis                                      | 13021      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1169   | Orthopedics     | SB065A         | Excision of Bursa                              | Excision of Bursa                              | 3959       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1170   | General Surgery | SB065A         | Excision of Bursa                              | Excision of Bursa                              | 3959       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1171   | Orthopedics     | SB066A         | Nerve Transposition / Release / Neurolysis     | Nerve Transposition                            | 35000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1172   | Orthopedics     | SB066B         | Nerve Transposition / Release / Neurolysis     | Nerve Release                                  | 28000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                               | Procedure Name                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label     | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|--------------------------------------------|------------------------------------|------------|------------------------|-------------------------------|-----|---------------------|------------------------------------|---------------------------------|------------------------------|
| 1173   | Orthopedics       | SB066C         | Nerve Transposition / Release / Neurolysis | Nerve Neurolysis                   | 28000      | N                      | N                             | 3   | Regular Procedure   | N                                  | N                               | N                            |
| 1174   | Orthopedics       | SB067A         | Nerve Repair Surgery                       | Nerve Repair Surgery               | 31250      | N                      | N                             | 4   | Regular Procedure   | N                                  | N                               | N                            |
| 1175   | Orthopedics       | SB068A         | Nerve root block                           | Nerve root block                   | 3959       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1176   | Neurosurgery      | SB068A         | Nerve root block                           | Nerve root block                   | 3959       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1177   | Orthopedics       | SB069A         | Exploration and Ulnar nerve Repair         | Exploration and Ulnar nerve Repair | 12813      | N                      | N                             | 4   | Regular Procedure   | N                                  | N                               | N                            |
| 1178   | Orthopedics       | SB070A         | Implant Removal under LA                   | K - Wire                           | 6563       | N                      | N                             | 1   | Follow-up Procedure | Y                                  | N                               | N                            |
| 1179   | Orthopedics       | SB070B         | Implant Removal under LA                   | Screw                              | 6563       | N                      | N                             | 1   | Follow-up Procedure | N                                  | N                               | N                            |
| 1180   | Orthopedics       | SB071A         | Implant Removal under RA / GA              | Nail                               | 25000      | N                      | N                             | 2   | Follow-up Procedure | N                                  | N                               | N                            |
| 1181   | Orthopedics       | SB071B         | Implant Removal under RA / GA              | Plate                              | 25000      | N                      | N                             | 2   | Follow-up Procedure | N                                  | N                               | N                            |
| 1182   | Orthopedics       | SB072A         | Core Decompression                         | Core Decompression                 | 26210      | N                      | N                             | 6   | Regular Procedure   | N                                  | N                               | N                            |
| 1183   | Orthopedics       | SB074A         | Arthroscopy / open - synovectomy           | Arthroscopy / open - synovectomy   | 25000      | N                      | N                             | 2   | Regular Procedure   | N                                  | N                               | N                            |
| 1184   | Surgical Oncology | SC001A         | Glossectomy                                | Hemiglossectomy                    | 110313     | N                      | N                             | 6   | Regular Procedure   | N                                  | N                               | N                            |
| 1185   | Surgical Oncology | SC001B         | Glossectomy                                | Total Glossectomy                  | 129480     | N                      | N                             | 11  | Regular Procedure   | N                                  | N                               | N                            |
| 1186   | Surgical Oncology | SC002A         | Palatectomy                                | Soft palate                        | 70417      | N                      | N                             | 4   | Regular Procedure   | N                                  | N                               | N                            |
| 1187   | ENT               | SC002A         | Palatectomy                                | Soft palate                        | 70417      | N                      | N                             | 4   | Regular Procedure   | N                                  | N                               | N                            |
| 1188   | Surgical Oncology | SC002B         | Palatectomy                                | Hard palate                        | 80417      | N                      | N                             | 6   | Regular Procedure   | N                                  | N                               | N                            |
| 1189   | ENT               | SC002B         | Palatectomy                                | Hard palate                        | 80417      | N                      | N                             | 6   | Regular Procedure   | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                         | Procedure Name                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|--------------------------------------|-----------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1190   | Surgical Oncology | SC003A         | Maxillectomy                         | Partial                                             | 95000      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1191   | Surgical Oncology | SC003B         | Maxillectomy                         | Radical                                             | 87396      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1192   | Surgical Oncology | SC003C         | Maxillectomy                         | Total                                               | 104896     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1193   | Surgical Oncology | SC004A         | Composite resection (Oral Cavity)    | Composite resection (Oral Cavity)                   | 68334      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1194   | Surgical Oncology | SC005A         | Oesophageal / Tracheal stenting      | Oesophageal stenting                                | 103334     | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1195   | Surgical Oncology | SC005B         | Oesophageal / Tracheal stenting      | Tracheal stenting                                   | 103334     | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1196   | Surgical Oncology | SC006A         | Transthoracic esophagectomy: 2F / 3F | Open-Transthoracic esophagectomy: 2F / 3F           | 161146     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1197   | Surgical Oncology | SC006B         | Transthoracic esophagectomy: 2F / 3F | MIS                                                 | 161146     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1198   | Surgical Oncology | SC007A         | Gastric pull-up / Jejunal Graft      | Gastric pull-up / Jejunal Graft                     | 127500     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1199   | Surgical Oncology | SC008A         | Radical Small Bowel Resection        | Open-Radical Small Bowel Resection                  | 121355     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1200   | Surgical Oncology | SC008B         | Radical Small Bowel Resection        | Radical Small Bowel Resection-Lap.                  | 161771     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1201   | Surgical Oncology | SC009A         | Intersphincteric resection           | Open-Intersphincteric resection                     | 109688     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1202   | Surgical Oncology | SC009B         | Intersphincteric resection           | Intersphincteric resection-Lap.                     | 109688     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1203   | Surgical Oncology | SC010A         | Surgery for Abdominal wall tumour    | Abdominal wall tumour resection                     | 72084      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1204   | Surgical Oncology | SC010B         | Surgery for Abdominal wall tumour    | Abdominal wall tumour resection with reconstruction | 106250     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|-------------------------------------------------------|-----------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1205   | Surgical Oncology | SC011A         | Exploratory laparotomy f / b diversion stoma / bypass | Exploratory laparotomy f / b diversion stoma  | 95105      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1206   | Surgical Oncology | SC011B         | Exploratory laparotomy f / b diversion stoma / bypass | Exploratory laparotomy f / b diversion bypass | 95105      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1207   | Surgical Oncology | SC012A         | Abdominoperineal resection                            | Open-Intersphincteric resection               | 108542     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1208   | Surgical Oncology | SC012B         | Abdominoperineal resection                            | Abdominoperineal resection -Lap.              | 108542     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1209   | Surgical Oncology | SC013A         | Omentectomy                                           | Omentectomy                                   | 44584      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1210   | Surgical Oncology | SC014A         | Procedures Requiring Bypass Techniques                | Procedures Requiring Bypass Techniques        | 76667      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1211   | Surgical Oncology | SC015A         | Segmentectomy - hepatobiliary system                  | Segmentectomy - hepatobiliary system          | 86563      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1212   | Surgical Oncology | SC016A         | Radical / Revision Cholecystectomy                    | Radical                                       | 108542     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1213   | Surgical Oncology | SC016B         | Radical / Revision Cholecystectomy                    | Revision                                      | 108542     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1214   | Surgical Oncology | SC017A         | Enucleation of pancreatic neoplasm                    | Enucleation of pancreatic neoplasm            | 74688      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1215   | Surgical Oncology | SC018A         | Hepatoblastoma Excision                               | Hepatoblastoma Excision                       | 106667     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1216   | Pediatric Surgery | SC018A         | Hepatoblastoma Excision                               | Hepatoblastoma Excision                       | 106667     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1217   | Surgical Oncology | SC019A         | Hemipelvectomy - Internal                             | Hemipelvectomy - Internal                     | 115834     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|-----------------------------------------|----------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1218   | Surgical Oncology | SC020A         | Pelvic Exenteration                     | Pelvic Exenteration Anterior - Open                | 161980     | N                      | N                             | 15  | Regular Procedure | N                                  | N                               | N                            |
| 1219   | Surgical Oncology | SC020B         | Pelvic Exenteration                     | Pelvic Exenteration Anterior - Lap.                | 161980     | N                      | N                             | 15  | Regular Procedure | N                                  | N                               | N                            |
| 1220   | Surgical Oncology | SC020C         | Pelvic Exenteration                     | Pelvic Exenteration Total - Open                   | 161980     | N                      | N                             | 15  | Regular Procedure | N                                  | N                               | N                            |
| 1221   | Surgical Oncology | SC020D         | Pelvic Exenteration                     | Pelvic Exenteration Total - Lap.                   | 161980     | N                      | N                             | 15  | Regular Procedure | N                                  | N                               | N                            |
| 1222   | Surgical Oncology | SC021A         | Wilms tumors: surgery                   | Wilms tumors: surgery                              | 71250      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1223   | Pediatric Surgery | SC021A         | Wilms tumors: surgery                   | Wilms tumors: surgery                              | 71250      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1224   | Surgical Oncology | SC022A         | Ureteric end to end anastomosis         | Ureteric end to end anastomosis                    | 55000      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1225   | Surgical Oncology | SC023A         | Distal ureterectomy with reimplantation | Distal ureterectomy with reimplantation            | 55625      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1226   | Urology           | SC023A         | Distal ureterectomy with reimplantation | Distal ureterectomy with reimplantation            | 55625      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1227   | Surgical Oncology | SC024A         | Radical cystectomy                      | Radical cystectomy With continent diversion - Open | 156355     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1228   | Urology           | SC024A         | Radical cystectomy                      | Radical cystectomy With continent diversion - Open | 156355     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1229   | Surgical Oncology | SC024B         | Radical cystectomy                      | Radical cystectomy With Ileal Conduit - Open       | 202709     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name       | Procedure Name                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|--------------------|-------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1230   | Urology           | SC024B         | Radical cystectomy | Radical cystectomy With Ileal Conduit - Open          | 202709     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1231   | Surgical Oncology | SC024C         | Radical cystectomy | Radical cystectomy- With Ileal Conduit - Lap.         | 202709     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1232   | Urology           | SC024C         | Radical cystectomy | Radical cystectomy- With Ileal Conduit - Lap.         | 202709     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1233   | Surgical Oncology | SC024D         | Radical cystectomy | Radical cystectomy- With neobladder - Open            | 232084     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1234   | Urology           | SC024D         | Radical cystectomy | Radical cystectomy- With neobladder - Open            | 232084     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1235   | Surgical Oncology | SC024E         | Radical cystectomy | With neobladder - Lap                                 | 232084     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1236   | Urology           | SC024E         | Radical cystectomy | With neobladder - Lap                                 | 232084     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1237   | Surgical Oncology | SC024F         | Radical cystectomy | Radical cystectomy - With ureterosigmoidostomy - Open | 180834     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1238   | Urology           | SC024F         | Radical cystectomy | Radical cystectomy - With ureterosigmoidostomy - Open | 180834     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1239   | Surgical Oncology | SC024G         | Radical cystectomy | With ureterosigmoidostomy - Lap                       | 121355     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty         | Procedure Code | Package Name                                        | Procedure Name                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1240   | Urology           | SC024G         | Radical cystectomy                                  | With ureterosigmoidostomy - Lap                     | 121355     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1241   | Surgical Oncology | SC024H         | Radical cystectomy                                  | Radical cystectomy - With ureterostomy - Open       | 120938     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1242   | Urology           | SC024H         | Radical cystectomy                                  | Radical cystectomy - With ureterostomy - Open       | 120938     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1243   | Surgical Oncology | SC024I         | Radical cystectomy                                  | Radical cystectomy-With ureterostomy - Lap.         | 120938     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1244   | Urology           | SC024I         | Radical cystectomy                                  | Radical cystectomy-With ureterostomy - Lap.         | 120938     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1245   | Surgical Oncology | SC025A         | Channel TURP                                        | Channel TURP                                        | 60000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1246   | Urology           | SC026A         | Radical Urethrectomy                                | Radical Urethrectomy                                | 60834      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1247   | Surgical Oncology | SC026A         | Radical Urethrectomy                                | Radical Urethrectomy                                | 60834      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1248   | Urology           | SC027A         | Penile preserving surgery (WLE, Glansectomy, Laser) | Penile preserving surgery (WLE, Glansectomy, Laser) | 45209      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1249   | Surgical Oncology | SC027A         | Penile preserving surgery (WLE, Glansectomy, Laser) | Penile preserving surgery (WLE, Glansectomy, Laser) | 45209      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------------|----------------|-----------------------------------------|-----------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1250   | Surgical Oncology       | SC028A         | Excision of undescended testicular mass | Excision of undescended testicular mass                                     | 44584      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1251   | Surgical Oncology       | SC029A         | Germ Cell Tumour Excision               | Germ Cell Tumour Excision                                                   | 55625      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1252   | Obstetrics & Gynecology | SC030A         | Salpingoophorectomy                     | Salpingoophorectomy- Open                                                   | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1253   | Obstetrics & Gynecology | SC030B         | Salpingoophorectomy                     | Salpingoophorectomy -Lap.                                                   | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1254   | Surgical Oncology       | SC031A         | Leiomyoma excision                      | Leiomyoma excision- Open                                                    | 122813     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1255   | Surgical Oncology       | SC031B         | Leiomyoma excision                      | MIS                                                                         | 122813     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1256   | Surgical Oncology       | SC032A         | Radical Hysterectomy                    | Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Lap. | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1257   | Obstetrics & Gynecology | SC032A         | Radical Hysterectomy                    | Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Lap. | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1258   | Surgical Oncology       | SC032B         | Radical Hysterectomy                    | Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Open | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1259   | Obstetrics & Gynecology | SC032B         | Radical Hysterectomy                    | Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Open | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |

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| 1260   | Surgical Oncology       | SC032C         | Radical Hysterectomy | Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Lap.                           | 62450      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1261   | Obstetrics & Gynecology | SC032C         | Radical Hysterectomy | Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Lap.                           | 62450      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1262   | Surgical Oncology       | SC032D         | Radical Hysterectomy | Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Open                           | 62450      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1263   | Obstetrics & Gynecology | SC032D         | Radical Hysterectomy | Class I radical Hysterectomy +/- bilateral salpingoophorectomy - Open                           | 62450      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1264   | Surgical Oncology       | SC032E         | Radical Hysterectomy | Class II radical hysterctomy + BPLND                                                            | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1265   | Obstetrics & Gynecology | SC032E         | Radical Hysterectomy | Class II radical hysterctomy + BPLND                                                            | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1266   | Surgical Oncology       | SC032F         | Radical Hysterectomy | Class III radical hysterctomy + BPLND                                                           | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1267   | Obstetrics & Gynecology | SC032F         | Radical Hysterectomy | Class III radical hysterctomy + BPLND                                                           | 66980      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1268   | Surgical Oncology       | SC032G         | Radical Hysterectomy | Hysterectomy + bilateral salpingoophorectomy + omentectomy + peritonectomy and organ resections | 110105     | N                      | N                             | 13  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                  | Procedure Code | Package Name                           | Procedure Name                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------------------|----------------|----------------------------------------|-------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1269   | Obstetrics & Gynecology                    | SC032G         | Radical Hysterectomy                   | Hysterectomy + bilateral salpingoophorectomy + omentectomy + peritonectomy and organ resections | 110105     | N                      | N                             | 13  | Regular Procedure | N                                  | N                               | N                            |
| 1270   | Surgical Oncology                          | SC033A         | Radical vaginectomy                    | Radical vaginectomy                                                                             | 60209      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1271   | Surgical Oncology/ Obstetrics & Gynecology | SC034A         | Vulvectomy + reconstruction procedures | Vulvectomy + reconstruction procedures                                                          | 90625      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1272   | Surgical Oncology                          | SC035A         | Radical Trachelectomy                  | Radical Trachelectomy                                                                           | 74584      | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1273   | Surgical Oncology                          | SC036A         | Sacral Tumour Excision                 | Anterior + Posterior approach                                                                   | 178750     | N                      | N                             | 13  | Regular Procedure | N                                  | N                               | N                            |
| 1274   | Surgical Oncology                          | SC036B         | Sacral Tumour Excision                 | Posterior approach                                                                              | 153021     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1275   | Surgical Oncology                          | SC037A         | Resection of nasopharyngeal tumour     | Resection of nasopharyngeal tumour                                                              | 87605      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1276   | Surgical Oncology                          | SC038A         | Total Pharyngectomy                    | Total Pharyngectomy                                                                             | 84271      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1277   | Surgical Oncology                          | SC039A         | Parapharyngeal Tumour Excision         | Parapharyngeal Tumour Excision                                                                  | 59688      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1278   | Surgical Oncology                          | SC040A         | Laryngectomy                           | Partial laryngectomy (voice preserving)                                                         | 118125     | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1279   | Surgical Oncology                          | SC040B         | Laryngectomy                           | Total Laryngectomy                                                                              | 117605     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1280   | Surgical Oncology                          | SC041A         | Tracheal resection                     | Tracheal resection                                                                              | 82396      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1281   | Surgical Oncology                          | SC042A         | Tracheal / Carinal resection           | Tracheal / Carinal resection                                                                    | 121042     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |

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| 1282   | Surgical Oncology | SC043A         | Tracheal Stenosis (End to end Anastamosis) (Throat) | Tracheal Stenosis (End to end Anastamosis) (Throat) | 62500      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1283   | Surgical Oncology | SC044A         | Central airway tumour debulking                     | Central airway tumour debulking                     | 43855      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1284   | Surgical Oncology | SC045A         | Diagnostic thoracoscopy                             | Video Assisted Diagnostic thoracoscopy              | 32396      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1285   | Surgical Oncology | SC046A         | Sleeve resection of lung cancer                     | Sleeve resection of lung cancer                     | 143438     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1286   | Surgical Oncology | SC047A         | Mediastinoscopy                                     | Diagnostic                                          | 67500      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1287   | Surgical Oncology | SC047B         | Mediastinoscopy                                     | Staging                                             | 67500      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1288   | Surgical Oncology | SC048A         | Removal of Chest Wall Tumour                        | Chest Wall Tumour Excision                          | 137188     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1289   | Surgical Oncology | SC048B         | Removal of Chest Wall Tumour                        | Removal of chest wall tumour with reconstruction    | 155209     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1290   | Surgical Oncology | SC049A         | Pleurectomy Decortication                           | Pleurectomy Decortication                           | 80209      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1291   | Surgical Oncology | SC050A         | Chamberlain procedure                               | Chamberlain procedure                               | 38334      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1292   | Surgical Oncology | SC051A         | Extrapleural pneumonectomy                          | Extrapleural pneumonectomy                          | 135313     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1293   | Surgical Oncology | SC052A         | Pneumonectomy                                       | Pneumonectomy                                       | 118855     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1294   | Surgical Oncology | SC053A         | Lung metastectomy                                   | Lung metastectomy-Open                              | 92292      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1295   | Surgical Oncology | SC053B         | Lung metastectomy                                   | VATS                                                | 92292      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1296   | Surgical Oncology | SC054A         | Thoracostomy                                        | Thoracostomy                                        | 36980      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

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| 1297   | Surgical Oncology | SC055A         | Mediastinal lymphadenectomy                    | Mediastinal lymphadenectomy-Open                          | 122917     | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1298   | Surgical Oncology | SC055B         | Mediastinal lymphadenectomy                    | Video - assisted                                          | 122917     | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1299   | Surgical Oncology | SC056A         | Mediastinal mass excision with lung resection  | Mediastinal mass excision with lung resection             | 127084     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1300   | Surgical Oncology | SC057A         | Segmental resection of lung                    | Segmental resection of lung-Open                          | 108750     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1301   | Surgical Oncology | SC057B         | Segmental resection of lung                    | Thoracoscopic                                             | 108750     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1302   | Surgical Oncology | SC058A         | Wedge resection lung                           | Wedge resection lung- Open                                | 124896     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1303   | Surgical Oncology | SC058B         | Wedge resection lung                           | Thoracoscopic                                             | 124896     | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1304   | Surgical Oncology | SC059A         | Breast conserving surgery                      | Breast conserving surgery (lumpectomy + axillary surgery) | 76875      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1305   | Surgical Oncology | SC059B         | Breast conserving surgery                      | Breast conserving surgery with Oncoplasty                 | 70730      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1306   | Surgical Oncology | SC060A         | Axillary Sampling / Sentinel Node Biopsy       | Axillary Sampling / Sentinel Node Biopsy                  | 32292      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1307   | Surgical Oncology | SC061A         | Axillary dissection                            | Axillary dissection                                       | 40209      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1308   | Surgical Oncology | SC062A         | Scalp tumour excision with skull bone excision | Scalp tumour excision with skull bone excision            | 55625      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1309   | Surgical Oncology | SC063A         | Neuroblastoma Excision                         | Neuroblastoma Excision                                    | 132084     | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |

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| 1310   | Surgical Oncology | SC064A         | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Growth - Squamous | 70313      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1311   | ENT               | SC064A         | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Growth - Squamous | 70313      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1312   | Surgical Oncology | SC064B         | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Growth - Basal    | 70313      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1313   | ENT               | SC064B         | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Growth - Basal    | 70313      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1314   | Surgical Oncology | SC064C         | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Injury            | 70313      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                        | Procedure Code | Package Name                                                                                       | Procedure Name                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1315   | ENT                              | SC064C         | Excision of Pinna for Growths / Injuries - Total Amputation & Excision of External Auditory Meatus | Injury                                                         | 70313      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1316   | Surgical Oncology                | SC065A         | Neck dissection - comprehensive                                                                    | Neck dissection - comprehensive(St andalone or opposite side)  | 41563      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1317   | Surgical Oncology                | SC066A         | Benign Soft Tissue Tumour - Excision                                                               | Benign Soft Tissue Tumour - Excision (Small)                   | 24167      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1318   | Surgical Oncology                | SC067A         | Malignant Soft Tissue Tumour - Excision                                                            | Malignant Soft Tissue Tumour (Small)- Excision (New procedure) | 63750      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1319   | Plastic & Reconstructive Surgery | SC068A         | Regional flap                                                                                      | Myocutaneous flap                                              | 81667      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1320   | Surgical Oncology                | SC068A         | Regional flap                                                                                      | Myocutaneous flap                                              | 81667      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1321   | Plastic & Reconstructive Surgery | SC068B         | Regional flap                                                                                      | Fasciocutaneous flap                                           | 81667      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1322   | Surgical Oncology                | SC068B         | Regional flap                                                                                      | Fasciocutaneous flap                                           | 81667      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1323   | Surgical Oncology                | SC069A         | Rotationplasty                                                                                     | Rotationplasty                                                 | 100105     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1324   | Orthopedics                      | SC070A         | Bone tumors / soft tissue sarcomas: surgery                                                        | Bone tumors / soft tissue sarcomas: surgery                    | 66042      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1325   | Surgical Oncology                | SC070A         | Bone tumors / soft tissue sarcomas: surgery                                                        | Bone tumors / soft tissue sarcomas: surgery                    | 66042      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |



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|--------|----------------------------------|----------------|--------------------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1326   | Surgical Oncology                | SC071A         | Endoprosthesis Revision                          | Complete                                       | 121355     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1327   | Surgical Oncology                | SC071B         | Endoprosthesis Revision                          | Partial                                        | 84480      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1328   | Surgical Oncology                | SC072A         | Vertebral Tumour Excision and Reconstruction     | Vertebral Tumour Excision and Reconstruction   | 124896     | N                      | N                             | 11  | Regular Procedure | N                                  | N                               | N                            |
| 1329   | Plastic & Reconstructive Surgery | SC073A         | Microvascular reconstruction (free flaps)        | Microvascular reconstruction (free flaps)      | 90730      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1330   | Surgical Oncology                | SC073A         | Microvascular reconstruction (free flaps)        | Microvascular reconstruction (free flaps)      | 90730      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1331   | Plastic & Reconstructive Surgery | SC074A         | Vascular reconstruction                          | Vascular reconstruction                        | 119167     | N                      | N                             | 9   | Regular Procedure | N                                  | N                               | N                            |
| 1332   | Surgical Oncology                | SC074A         | Vascular reconstruction                          | Vascular reconstruction                        | 119167     | N                      | N                             | 9   | Regular Procedure | N                                  | N                               | N                            |
| 1333   | CTVS                             | SC074A         | Vascular reconstruction                          | Vascular reconstruction                        | 119167     | N                      | N                             | 9   | Regular Procedure | N                                  | N                               | N                            |
| 1334   | Surgical Oncology                | SC075A         | Curopsy / Sclerotherapy                          | Curopsy / Sclerotherapy                        | 34896      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1335   | Surgical Oncology                | SC076A         | Chemo Port Insertion                             | Chemo Port Insertion                           | 30000      | Y                      | N                             | 0   | Regular Procedure | Y                                  | N                               | N                            |
| 1336   | Surgical Oncology                | SC077A         | Posterior Exenteration (Gynaec)                  | Posterior Exenteration (Gynaec)                | 126355     | N                      | N                             | 15  | Regular Procedure | N                                  | N                               | N                            |
| 1337   | Surgical Oncology                | SC078A         | Bilateral pelvic lymph Node Dissection (BPLND)18 | Bilateral pelvic lymph Node Dissection (BPLND) | 70105      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1338   | Surgical Oncology                | SC079A         | Plastic surgery flap division                    | Head & Neck Flap Cutting any type              | 30000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1339   | Surgical Oncology                | SC081A         | Cytoreductive surgery for ovarian cancer         | Cytoreductive surgery for ovarian cancer       | 113438     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1340   | Surgical Oncology                | SC082A         | Wide Excision-Oral Cavity Malignancy             | Wide Excision-Oral Cavity Malignancy           | 61250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

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| 1341   | Ophthalmology | SE001A         | Ptosis Surgery                                                 | Ptosis Surgery                                                                        | 10417      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1342   | Ophthalmology | SE002A         | Entropion correction                                           | Entropion correction                                                                  | 8646       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1343   | Ophthalmology | SE003A         | Ectropion correction                                           | Ectropion correction                                                                  | 8542       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1344   | Ophthalmology | SE004A         | Lid Tear Repair                                                | Lid Tear Repair                                                                       | 10105      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1345   | Ophthalmology | SE005A         | Lid Abscess Drainage                                           | Lid Abscess Drainage                                                                  | 7500       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1346   | Ophthalmology | SE006A         | Lid Tumor excision + Lid Reconstruction                        | Lid Tumor excision + Lid Reconstruction                                               | 18230      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1347   | Ophthalmology | SE007A         | Chalazion Removal                                              | Chalazion Removal                                                                     | 2605       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1348   | Ophthalmology | SE008A         | Squint correction                                              | Minor - upto 2 muscles                                                                | 5313       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1349   | Ophthalmology | SE008B         | Squint correction                                              | Major - 3 or more muscles (complex surgery involving four muscles or oblique muscles) | 15625      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1350   | Ophthalmology | SE009A         | Conjunctival tumour excision including Amniotic Membrane Graft | Conjunctival tumour excision including Amniotic Membrane Graft                        | 9167       | Y                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1351   | Ophthalmology | SE010A         | Dacryocystorhinostomy                                          | Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent                            | 15625      | Y                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1352   | Ophthalmology | SE010B         | Dacryocystorhinostomy                                          | Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent                         | 12500      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

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| 1353   | Ophthalmology | SE010C         | Dacryocystorhinostomy                         | Dacryocystorhinostomy with Silicon Tube / Stent            | 15625      | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1354   | Ophthalmology | SE010D         | Dacryocystorhinostomy                         | Dacryocystorhinostomy without Silicon Tube / Stent         | 12500      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1355   | Ophthalmology | SE011A         | Corneal Ulcer Management                      | Corneal Ulcer Management                                   | 6250       | N                      | N                             | 5   | Regular Procedure     | N                                  | N                               | N                            |
| 1356   | Ophthalmology | SE012A         | Corneal Grafting                              | Corneal Grafting                                           | 17084      | N                      | N                             | 1   | Regular Procedure     | Y                                  | N                               | N                            |
| 1357   | Ophthalmology | SE012C         | Corneal Grafting                              | Lamellar Keratoplasty                                      | 21563      | N                      | N                             | 1   | Regular Procedure     | Y                                  | N                               | N                            |
| 1358   | Ophthalmology | SE013A         | Corneal Collagen Crosslinking                 | Corneal Collagen Crosslinking                              | 21875      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1359   | Ophthalmology | SE014A         | Pterygium + Conjunctival Autograft            | Pterygium + Conjunctival Autograft                         | 14584      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1360   | Ophthalmology | SE015A         | Corneo / Scleral / Corneo scleral tear repair | Corneo / Scleral / Corneo scleral tear repair              | 9375       | N                      | N                             | 2   | Regular Procedure     | N                                  | N                               | N                            |
| 1361   | Ophthalmology | SE016A         | Corneal / Scleral Patch Graft                 | Corneal / Scleral Patch Graft                              | 9063       | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 1362   | Ophthalmology | SE017A         | Scleral buckling surgery                      | Scleral buckling surgery                                   | 30834      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1363   | Ophthalmology | SE018A         | Scleral Buckle Removal                        | Scleral Buckle Removal                                     | 8646       | N                      | N                             | 1   | Regular Procedure     | Y                                  | Y                               | N                            |
| 1364   | Ophthalmology | SE019A         | Limbal Dermoid Removal                        | Limbal Dermoid Removal                                     | 3125       | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1365   | Ophthalmology | SE020A         | Cataract surgery                              | Phaco emulsification with foldable hydrophobic acrylic IOL | 13000      | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1366   | Ophthalmology | SE020B         | Cataract surgery                              | SICS with non-foldable IOL                                 | 13000      | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1367   | Ophthalmology | SE021A         | Surgery for Pediatric Cataract                | Paediatric lensectomy                                      | 13000      | Y                      | N                             | 1   | Stand Alone Procedure | N                                  | N                               | N                            |

| S. No. | Specialty     | Procedure Code | Package Name                           | Procedure Name                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label       | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------|----------------|----------------------------------------|----------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-----------------------|------------------------------------|---------------------------------|------------------------------|
| 1368   | Ophthalmology | SE021B         | Surgery for Pediatric Cataract         | Pediatric lens aspiration with posterior capsulotomy & anterior vitrectomy | 23438      | Y                      | N                             | 1   | Stand Alone Procedure | N                                  | N                               | N                            |
| 1369   | Ophthalmology | SE021C         | Surgery for Pediatric Cataract         | Paediatric Membranectomy & anterior vitrectomy                             | 23438      | Y                      | N                             | 1   | Stand Alone Procedure | N                                  | N                               | N                            |
| 1370   | Ophthalmology | SE022A         | Capsulotomy (YAG)                      | Capsulotomy (YAG)                                                          | 2396       | N                      | N                             | 0   | Regular Procedure     | Y                                  | Y                               | N                            |
| 1371   | Ophthalmology | SE023A         | SFIOL (inclusive of Vitrectomy)        | SFIOL (inclusive of Vitrectomy)                                            | 23438      | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1372   | Ophthalmology | SE024A         | Secondary IOL / IOL Exchange / Explant | Secondary IOL / IOL Exchange / Explant                                     | 8125       | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1373   | Ophthalmology | SE025A         | IRIS Prolapse – Repair                 | IRIS Prolapse – Repair                                                     | 5938       | N                      | N                             | 1   | Regular Procedure     | Y                                  | Y                               | N                            |
| 1374   | Ophthalmology | SE026A         | Iridectomy                             | Iridectomy                                                                 | 2605       | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1375   | Ophthalmology | SE027A         | Glaucoma Surgery                       | Cyclocryotherapy / Cyclophotocoagulation                                   | 5834       | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |

| S. No. | Specialty     | Procedure Code | Package Name                               | Procedure Name                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label       | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|---------------|----------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-----------------------|------------------------------------|---------------------------------|------------------------------|
| 1376   | Ophthalmology | SE027B         | Glaucoma Surgery                           | 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) | 17709      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1377   | Ophthalmology | SE027C         | Glaucoma Surgery                           | Glaucoma Shunt Surgery                                                                                                                                                                                                           | 20313      | Y                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 1378   | Ophthalmology | SE027D         | Glaucoma Surgery                           | Pediatric Glaucoma Surgery                                                                                                                                                                                                       | 23438      | N                      | N                             | 4   | Stand Alone Procedure | N                                  | N                               | N                            |
| 1379   | Ophthalmology | SE028A         | EUA for Confirmation of Pediatric Glaucoma | EUA for Confirmation of Pediatric Glaucoma                                                                                                                                                                                       | 3959       | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1380   | Ophthalmology | SE029A         | Retinal Laser Photocoagulation             | For retinal tear repair Per Eye Per Sitting                                                                                                                                                                                      | 1980       | N                      | N                             | 1   | Regular Procedure     | Y                                  | Y                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                            | Procedure Name                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 1381   | Ophthalmology     | SE029B         | Retinal Laser Photocoagulation                          | Pan Retinal Photocoagulation (PRP) - Retinal Laser including 3 sittings / package of retino laser photocoagulation (3 sittings per eye for both eyes) | 11146      | N                      | N                             | 0   | Regular Procedure  | Y                                  | N                               | N                            |
| 1382   | Ophthalmology     | SE030A         | ROP Laser - Per Eye                                     | ROP Laser - Per Eye                                                                                                                                   | 6563       | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1383   | Ophthalmology     | SE031A         | Retinal Cryopexy                                        | Retinal Cryopexy                                                                                                                                      | 5000       | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1384   | Ophthalmology     | SE032A         | Vitreoretinal Surgery (with Silicon Oil Insertion)      | Vitreoretinal Surgery (with Silicon Oil Insertion)                                                                                                    | 33021      | Y                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1385   | Ophthalmology     | SE033A         | SOR (Silicon Oil Removal)                               | SOR (Silicon Oil Removal)                                                                                                                             | 12188      | N                      | N                             | 0   | Add - On Procedure | Y                                  | Y                               | N                            |
| 1386   | Ophthalmology     | SE034A         | Endophthalmitis (excluding Vitrectomy)                  | Endophthalmitis (excluding Vitrectomy)                                                                                                                | 6563       | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 1387   | Ophthalmology     | SE035A         | Enucleation                                             | Enucleation Without implant                                                                                                                           | 14896      | N                      | N                             | 2   | Regular Procedure  | N                                  | N                               | N                            |
| 1388   | Ophthalmology     | SE035B         | Enucleation                                             | Enucleation With implant                                                                                                                              | 16563      | Y                      | N                             | 2   | Regular Procedure  | N                                  | N                               | N                            |
| 1389   | Ophthalmology     | SE036A         | Evisceration                                            | Evisceration                                                                                                                                          | 17396      | Y                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1390   | Ophthalmology     | SE037A         | Exenteration                                            | Exenteration                                                                                                                                          | 30938      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1391   | Surgical Oncology | SE037A         | Exenteration                                            | Exenteration                                                                                                                                          | 30938      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1392   | Ophthalmology     | SE038A         | Socket Reconstruction including Amniotic Membrane Graft | Socket Reconstruction including Amniotic Membrane Graft                                                                                               | 17500      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                      | Procedure Name                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|---------------------------------------------------|----------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 1393   | Ophthalmology                | SE039A         | Orbitotomy                                        | Orbitotomy                                         | 21875      | N                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1394   | Ophthalmology                | SE040A         | GA / EUA separate add on package                  | GA / EUA separate add on package                   | 3959       | N                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |
| 1395   | ENT                          | SE040A         | GA / EUA separate add on package                  | GA / EUA separate add on package                   | 3959       | N                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |
| 1396   | Radiation Oncology           | SE040A         | GA / EUA separate add on package                  | GA / EUA separate add on package                   | 3959       | N                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |
| 1397   | General Surgery              | SE040A         | GA / EUA separate add on package                  | GA / EUA separate add on package                   | 3959       | N                      | N                             | 1   | Add - On Procedure | N                                  | N                               | N                            |
| 1398   | Ophthalmology                | SE041A         | Orbital fracture repair                           | Orbital fracture repair under GA                   | 13750      | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 1399   | Pediatric Medical Management | SE042A         | Optic neuritis                                    | Optic neuritis                                     | 2813       | N                      | N                             | 0   | Regular Procedure  | N                                  | N                               | N                            |
| 1400   | General Medicine             | SE042A         | Optic neuritis                                    | Optic neuritis                                     | 2813       | N                      | N                             | 0   | Regular Procedure  | N                                  | N                               | N                            |
| 1401   | Ophthalmology                | SE042A         | Optic neuritis                                    | Optic neuritis                                     | 2813       | N                      | N                             | 0   | Regular Procedure  | N                                  | N                               | N                            |
| 1402   | Ophthalmology                | SE043A         | Glaucoma Screening                                | Vision Refraction-IOP & Fundus                     | 1042       | N                      | N                             | 0   | Regular Procedure  | N                                  | N                               | N                            |
| 1403   | Ophthalmology                | SE043B         | Glaucoma Screening                                | Vision Refraction-IOP & Fundus OCT & Visual Fields | 1980       | N                      | N                             | 0   | Regular Procedure  | N                                  | N                               | N                            |
| 1404   | Ophthalmology                | SE044A         | Diabetic Retinopathy Screening                    | Vision refraction,fundus photo and OCT             | 1355       | N                      | N                             | 0   | Regular Procedure  | N                                  | N                               | N                            |
| 1405   | General Surgery              | SG001A         | Oesophagectomy                                    | Oesophagectomy                                     | 156250     | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 1406   | Surgical Oncology            | SG001A         | Oesophagectomy                                    | Oesophagectomy                                     | 156250     | N                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 1407   | General Surgery              | SG002A         | Operations for Replacement of Oesophagus by Colon | Operations for Replacement of Oesophagus by Colon  | 76563      | N                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |

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|--------|-------------------|----------------|---------------------------------------------------|-------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1408   | Pediatric Surgery | SG002A         | Operations for Replacement of Oesophagus by Colon | Operations for Replacement of Oesophagus by Colon     | 76563      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1409   | General Surgery   | SG003A         | Gastrectomy                                       | Bleeding Ulcer - Partial Gastrectomy without Vagotomy | 78125      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1410   | General Surgery   | SG003B         | Gastrectomy                                       | Bleeding Ulcer - Partial Gastrectomy with Vagotomy    | 78125      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1411   | General Surgery   | SG003C         | Gastrectomy                                       | Partial Gastrectomy for Carcinoma                     | 54375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1412   | Surgical Oncology | SG003C         | Gastrectomy                                       | Partial Gastrectomy for Carcinoma                     | 54375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1413   | General Surgery   | SG003D         | Gastrectomy                                       | Subtotal Gastrectomy for Carcinoma                    | 54375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1414   | Surgical Oncology | SG003D         | Gastrectomy                                       | Subtotal Gastrectomy for Carcinoma                    | 54375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1415   | General Surgery   | SG003E         | Gastrectomy                                       | Total Gastrectomy - Lap.                              | 101563     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1416   | Surgical Oncology | SG003E         | Gastrectomy                                       | Total Gastrectomy - Lap.                              | 101563     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1417   | General Surgery   | SG003F         | Gastrectomy                                       | Total Gastrectomy - Open                              | 101563     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1418   | Surgical Oncology | SG003F         | Gastrectomy                                       | Total Gastrectomy - Open                              | 101563     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1419   | General Surgery   | SG004A         | Operative Gastrostomy                             | Operative Gastrostomy                                 | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1420   | Pediatric Surgery | SG004A         | Operative Gastrostomy                             | Operative Gastrostomy                                 | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |



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|--------|-------------------|----------------|----------------------------------------------|-------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1421   | General Surgery   | SG005A         | Vagotomy                                     | G J Vagotomy                        | 40209      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1422   | General Surgery   | SG005B         | Vagotomy                                     | Vagotomy + Pyloroplasty             | 40209      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1423   | General Surgery   | SG006A         | Operation for Bleeding Peptic Ulcer          | Operation for Bleeding Peptic Ulcer | 35417      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1424   | General Surgery   | SG007A         | Operation for Gastric / Duodenal Perforation | Gastric Perforation                 | 29375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1425   | General Surgery   | SG007B         | Operation for Gastric / Duodenal Perforation | Duodenal Perforation                | 29375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1426   | General Surgery   | SG008A         | Pyloroplasty                                 | Pyloroplasty                        | 25834      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1427   | Pediatric Surgery | SG008A         | Pyloroplasty                                 | Pyloroplasty                        | 25834      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1428   | General Surgery   | SG009A         | Pyloromyotomy                                | Pyloromyotomy                       | 46875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1429   | Pediatric Surgery | SG009A         | Pyloromyotomy                                | Pyloromyotomy                       | 46875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1430   | General Surgery   | SG0106A        | Subtotal Colectomy                           | Subtotal Colectomy- Open            | 59042      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1431   | Surgical Oncology | SG0106A        | Subtotal Colectomy                           | Subtotal Colectomy- Open            | 59042      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1432   | General Surgery   | SG0106B        | Subtotal Colectomy                           | Lap                                 | 59042      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1433   | Surgical Oncology | SG0106B        | Subtotal Colectomy                           | Lap                                 | 59042      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1434   | General Surgery   | SG0109A        | ERCP                                         | ERCP                                | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1435   | General Surgery   | SG010A         | Gastrojejunostomy                            | Gastrojejunostomy                   | 50780      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1436   | Surgical Oncology | SG010A         | Gastrojejunostomy                            | Gastrojejunostomy                   | 50780      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|--------------------------------------------------|--------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1437   | General Surgery   | SG0110A        | Brachial sinus excision                          | Brachial sinus excision                          | 26042      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1438   | General Surgery   | SG0111A        | Epididymal Excision under GA                     | Epididymal Excision under GA                     | 2605       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1439   | General Surgery   | SG0112A        | Mesentric cyst excision                          | Mesentric cyst excision                          | 26042      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1440   | General Surgery   | SG0116A        | Splenorenal Anastomosis                          | Splenorenal Anastomosis                          | 91146      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1441   | General Surgery   | SG0117A        | Replacement Surgery For Corrosive Injury Stomach | Replacement Surgery For Corrosive Injury Stomach | 65105      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1442   | General Surgery   | SG0118A        | Choledochoduodenostomy Or Choledochoduodenostomy | Choledochoduodenostomy Or Choledochoduodenostomy | 45625      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1443   | General Surgery   | SG0119A        | Hepatico Jejunostomy for biliary stricture       | Hepatico Jejunostomy for biliary stricture       | 58646      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1444   | General Surgery   | SG011A         | Surgical Management of PseudoCyst                | CystoJejunostomy - Open                          | 29375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1445   | Pediatric Surgery | SG011A         | Surgical Management of PseudoCyst                | CystoJejunostomy - Open                          | 29375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1446   | General Surgery   | SG011B         | Surgical Management of PseudoCyst                | CystoJejunostomy - Lap                           | 29375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1447   | Pediatric Surgery | SG011B         | Surgical Management of PseudoCyst                | CystoJejunostomy - Lap                           | 29375      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1448   | General Surgery   | SG011C         | Surgical Management of PseudoCyst                | Cystogastrostomy - Open                          | 34271      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1449   | Pediatric Surgery | SG011C         | Surgical Management of PseudoCyst                | Cystogastrostomy - Open                          | 34271      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1450   | General Surgery   | SG011D         | Surgical Management of PseudoCyst                | Cystogastrostomy - Lap                           | 34271      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|------------------------------------------------------|------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1451   | Pediatric Surgery | SG011D         | Surgical Management of PseudoCyst                    | Cystogastrostomy - Lap                               | 34271      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1452   | General Surgery   | SG0120A        | I Stage- Sub Total Colectomy + Ileostomy + J - Pouch | I Stage- Sub Total Colectomy + Ileostomy + J - Pouch | 104167     | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1453   | General Surgery   | SG0121A        | Pancreatic Necrosectomy                              | Pancreatic Necrosectomy                              | 78125      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1454   | General Surgery   | SG0122A        | Distal Pancreatectomy + Splenectomy                  | Distal Pancreatectomy + Splenectomy                  | 78125      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1455   | General Surgery   | SG0123A        | Heller Myotomy (Lap./Open)                           | Heller Myotomy (Lap./Open)                           | 39063      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1456   | General Surgery   | SG0124A        | I Stage-Sub Total Colectomy + Ileostomy              | I Stage-Sub Total Colectomy + Ileostomy              | 52084      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1457   | General Surgery   | SG012A         | Feeding Jejunostomy                                  | Feeding Jejunostomy                                  | 25460      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1458   | Surgical Oncology | SG012A         | Feeding Jejunostomy                                  | Feeding Jejunostomy                                  | 25460      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1459   | Pediatric Surgery | SG012A         | Feeding Jejunostomy                                  | Feeding Jejunostomy                                  | 25460      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1460   | General Surgery   | SG013A         | Ileostomy                                            | Ileostomy                                            | 21563      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1461   | Pediatric Surgery | SG013A         | Ileostomy                                            | Ileostomy                                            | 21563      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1462   | General Surgery   | SG014A         | Congenital Atresia & Stenosis of Small Intestine     | Congenital Atresia & Stenosis of Small Intestine     | 46875      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1463   | Pediatric Surgery | SG014A         | Congenital Atresia & Stenosis of Small Intestine     | Congenital Atresia & Stenosis of Small Intestine     | 46875      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1464   | General Surgery   | SG015A         | Operation for Duplication of Intestine               | Operation for Duplication of Intestine               | 31667      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1465   | Pediatric Surgery | SG015A         | Operation for Duplication of Intestine               | Operation for Duplication of Intestine               | 31667      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

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| 1466   | General Surgery   | SG016A         | Diverticulectomy                           | Excision Duodenal Diverticulum             | 32605      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1467   | Pediatric Surgery | SG016B         | Diverticulectomy                           | Excision Meckel's Diverticulum             | 21980      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1468   | General Surgery   | SG016B         | Diverticulectomy                           | Excision Meckel's Diverticulum             | 21980      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1469   | Pediatric Surgery | SG017A         | Appendicectomy                             | Appendicectomy-Open                        | 44000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1470   | General Surgery   | SG017A         | Appendicectomy                             | Appendicectomy-Open                        | 44000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1471   | Pediatric Surgery | SG017B         | Appendicectomy                             | Lap-Appendicectomy                         | 44000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1472   | General Surgery   | SG017B         | Appendicectomy                             | Lap-Appendicectomy                         | 44000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1473   | Pediatric Surgery | SG018A         | Appendicular Perforation                   | Appendicular Perforation                   | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1474   | General Surgery   | SG018A         | Appendicular Perforation                   | Appendicular Perforation                   | 44000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1475   | Pediatric Surgery | SG019A         | Operative drainage of Appendicular Abscess | Operative drainage of Appendicular Abscess | 30000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1476   | General Surgery   | SG019A         | Operative drainage of Appendicular Abscess | Operative drainage of Appendicular Abscess | 30000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1477   | General Surgery   | SG020A         | Total Colectomy                            | Total Colectomy-Open                       | 78540      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1478   | Surgical Oncology | SG020A         | Total Colectomy                            | Total Colectomy-Open                       | 78540      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1479   | General Surgery   | SG020B         | Total Colectomy                            | Total Colectomy-Lap                        | 78540      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1480   | Surgical Oncology | SG020B         | Total Colectomy                            | Lap                                        | 78540      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                    | Procedure Name                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-------------------------------------------------|-------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1481   | General Surgery   | SG021A         | Hemi colectomy                                  | Hemi colectomy Right-Open                       | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1482   | Surgical Oncology | SG021A         | Hemi colectomy                                  | Hemi colectomy Right-Open                       | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1483   | General Surgery   | SG021B         | Hemi colectomy                                  | Right- Lap                                      | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1484   | Surgical Oncology | SG021B         | Hemi colectomy                                  | Right- Lap                                      | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1485   | General Surgery   | SG021C         | Hemi colectomy                                  | Hemi colectomy Left-Open                        | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1486   | Surgical Oncology | SG021C         | Hemi colectomy                                  | Hemi colectomy Left-Open                        | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1487   | General Surgery   | SG021D         | Hemi colectomy                                  | Left- Lap                                       | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1488   | Surgical Oncology | SG021D         | Hemi colectomy                                  | Left- Lap                                       | 57150      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1489   | Pediatric Surgery | SG022A         | Operative Management of Volvulus of Large Bowel | Operative Management of Volvulus of Large Bowel | 41042      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1490   | General Surgery   | SG022A         | Operative Management of Volvulus of Large Bowel | Operative Management of Volvulus of Large Bowel | 41042      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1491   | General Surgery   | SG023A         | Colostomy                                       | Colostomy                                       | 33855      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1492   | Surgical Oncology | SG023A         | Colostomy                                       | Colostomy                                       | 33855      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1493   | Pediatric Surgery | SG023A         | Colostomy                                       | Colostomy                                       | 33855      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1494   | General Surgery   | SG024A         | Closure of stoma                                | Closure of stoma                                | 28302      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1495   | Surgical Oncology | SG024A         | Closure of stoma                                | Closure of stoma                                | 28302      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1496   | Pediatric Surgery | SG024A         | Closure of stoma                                | Closure of stoma                                | 28302      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1497   | General Surgery   | SG025A         | Sigmoid Resection                               | Sigmoid Resection                               | 30105      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1498   | General Surgery   | SG026A         | Perineal Procedure for Rectal Prolapse          | Perineal Procedure for Rectal Prolapse          | 24480      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                            | Procedure Name                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-----------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1499   | General Surgery   | SG027A         | Abdominal Procedure for Rectal Prolapse | Abdominal Procedure for Rectal Prolapse - Open | 26459      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1500   | General Surgery   | SG027B         | Abdominal Procedure for Rectal Prolapse | Lap                                            | 26459      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1501   | General Surgery   | SG028A         | Rectal Polyp Excision                   | Rectal Polyp Excision                          | 16930      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1502   | Surgical Oncology | SG028A         | Rectal Polyp Excision                   | Rectal Polyp Excision                          | 16930      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1503   | General Surgery   | SG029A         | Anterior Resection of rectum            | Anterior Resection of rectum- Open             | 84630      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1504   | Surgical Oncology | SG029A         | Anterior Resection of rectum            | Anterior Resection of rectum- Open             | 84630      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1505   | General Surgery   | SG029B         | Anterior Resection of rectum            | Lap                                            | 84630      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1506   | Surgical Oncology | SG029B         | Anterior Resection of rectum            | Lap                                            | 84630      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1507   | General Surgery   | SG030A         | Resection Anastomosis                   | Resection Anastomosis - Open                   | 34688      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1508   | Pediatric Surgery | SG030A         | Resection Anastomosis                   | Resection Anastomosis - Open                   | 34688      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1509   | General Surgery   | SG030B         | Resection Anastomosis                   | Lap                                            | 34688      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1510   | Pediatric Surgery | SG030B         | Resection Anastomosis                   | Lap                                            | 34688      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1511   | General Surgery   | SG031A         | Procedure for Fissure in Ano            | Procedure for Fissure in Ano                   | 13021      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1512   | General Surgery   | SG032A         | Haemorrhoidectomy                       | without Stapler                                | 25000      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1513   | General Surgery   | SG032B         | Haemorrhoidectomy                       | with Stapler                                   | 25000      | Y                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1514   | General Surgery   | SG033A         | Management of Pilonidal Sinus           | Management of Pilonidal Sinus                  | 7396       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                        | Procedure Name                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label       | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-----------------------|------------------------------------|---------------------------------|------------------------------|
| 1515   | General Surgery         | SG034A         | Excision of Sinus and Curettage                                     | Excision of Sinus and Curettage                                     | 6563       | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1516   | General Surgery         | SG035A         | Exploratory Laparotomy                                              | Exploratory Laparotomy                                              | 15417      | N                      | N                             | 5   | Stand Alone Procedure | N                                  | Y                               | N                            |
| 1517   | Pediatric Surgery       | SG035A         | Exploratory Laparotomy                                              | Exploratory Laparotomy                                              | 15417      | N                      | N                             | 5   | Stand Alone Procedure | N                                  | Y                               | N                            |
| 1518   | General Surgery         | SG036A         | Closure of Burst Abdomen                                            | Closure of Burst Abdomen                                            | 19584      | N                      | N                             | 6   | Regular Procedure     | N                                  | N                               | N                            |
| 1519   | Pediatric Surgery       | SG036A         | Closure of Burst Abdomen                                            | Closure of Burst Abdomen                                            | 19584      | N                      | N                             | 6   | Regular Procedure     | N                                  | N                               | N                            |
| 1520   | Obstetrics & Gynecology | SG036A         | Closure of Burst Abdomen                                            | Closure of Burst Abdomen                                            | 19584      | N                      | N                             | 6   | Regular Procedure     | N                                  | N                               | N                            |
| 1521   | Pediatric Surgery       | SG037A         | Hepatic Resection                                                   | Hepatic Resection-Open                                              | 63500      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 1522   | General Surgery         | SG037A         | Hepatic Resection                                                   | Hepatic Resection-Open                                              | 63500      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 1523   | Surgical Oncology       | SG037A         | Hepatic Resection                                                   | Hepatic Resection-Open                                              | 63500      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 1524   | Pediatric Surgery       | SG037B         | Hepatic Resection                                                   | Lap                                                                 | 63500      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 1525   | General Surgery         | SG037B         | Hepatic Resection                                                   | Lap                                                                 | 63500      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 1526   | Surgical Oncology       | SG037B         | Hepatic Resection                                                   | Lap                                                                 | 63500      | N                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 1527   | General Surgery         | SG038A         | Operation forAbdominal Hydatid Cyst (Single Organ) - Change in Name | Operation forAbdominal Hydatid Cyst (Single Organ) - Change in Name | 27292      | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 1528   | Pediatric Surgery       | SG038A         | Operation forAbdominal Hydatid Cyst (Single Organ) - Change in Name | Operation forAbdominal Hydatid Cyst (Single Organ) - Change in Name | 27292      | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                  | Procedure Name                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-------------------------------|-----------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1529   | General Surgery   | SG039A         | Cholecystectomy               | Without Exploration of CBD - Open | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1530   | Pediatric Surgery | SG039A         | Cholecystectomy               | Without Exploration of CBD - Open | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1531   | General Surgery   | SG039B         | Cholecystectomy               | With Exploration of CBD - Open    | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1532   | Pediatric Surgery | SG039B         | Cholecystectomy               | With Exploration of CBD - Open    | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1533   | General Surgery   | SG039C         | Cholecystectomy               | Without Exploration of CBD - Lap  | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1534   | Pediatric Surgery | SG039C         | Cholecystectomy               | Without Exploration of CBD - Lap  | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1535   | General Surgery   | SG039D         | Cholecystectomy               | With Exploration of CBD - Lap     | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1536   | Pediatric Surgery | SG039D         | Cholecystectomy               | With Exploration of CBD - Lap     | 40521      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1537   | General Surgery   | SG040A         | Operative Cholecystostomy     | Operative Cholecystostomy-Open    | 14688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1538   | Pediatric Surgery | SG040A         | Operative Cholecystostomy     | Operative Cholecystostomy-Open    | 14688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1539   | General Surgery   | SG040B         | Operative Cholecystostomy     | Lap                               | 14688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1540   | Pediatric Surgery | SG040B         | Operative Cholecystostomy     | Lap                               | 14688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1541   | General Surgery   | SG041A         | Operation of Choledochal Cyst | Operation of Choledochal Cyst     | 41355      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1542   | Pediatric Surgery | SG041A         | Operation of Choledochal Cyst | Operation of Choledochal Cyst     | 41355      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1543   | General Surgery   | SG042A         | Splenectomy                   | Splenectomy-Open                  | 43959      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1544   | Pediatric Surgery | SG042A         | Splenectomy                   | Splenectomy-Open                  | 43959      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty         | Procedure Code | Package Name                                       | Procedure Name                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|----------------------------------------------------|--------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1545   | General Surgery   | SG042A         | Splenectomy                                        | Splenectomy-Open                                                         | 43959      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1546   | Pediatric Surgery | SG042A         | Splenectomy                                        | Splenectomy-Open                                                         | 43959      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1547   | General Surgery   | SG042B         | Splenectomy                                        | Lap                                                                      | 43959      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1548   | Pediatric Surgery | SG042B         | Splenectomy                                        | Lap                                                                      | 43959      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1549   | General Surgery   | SG043A         | Bypass - Inoperable Pancreas                       | Bypass - Inoperable Pancreas                                             | 101560     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1550   | Surgical Oncology | SG043A         | Bypass - Inoperable Pancreas                       | Bypass - Inoperable Pancreas                                             | 101560     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1551   | Pediatric Surgery | SG044A         | Distal Pancreatectomy with Pancreatico Jejunostomy | Distal Pancreatectomy/Pancreatico Jejunostomy with/without spleenlectomy | 100000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1552   | General Surgery   | SG044A         | Distal Pancreatectomy with Pancreatico Jejunostomy | Distal Pancreatectomy/Pancreatico Jejunostomy with/without spleenlectomy | 100000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1553   | Surgical Oncology | SG044A         | Distal Pancreatectomy with Pancreatico Jejunostomy | Distal Pancreatectomy/Pancreatico Jejunostomy with/without spleenlectomy | 100000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1554   | General Surgery   | SG045A         | PancreaticoDuodenectomy (Whipple's)                | PancreaticoDuodenectomy (Whipple's)                                      | 203125     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1555   | Surgical Oncology | SG045A         | PancreaticoDuodenectomy (Whipple's)                | PancreaticoDuodenectomy (Whipple's)                                      | 203125     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1556   | General Surgery   | SG046A         | Porto Caval Anastomosis                            | Porto Caval Anastomosis                                                  | 62500      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                     | Procedure Name                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|----------------------------------|--------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1557   | General Surgery   | SG047A         | Mesenteric Caval Anastomosis     | Mesenteric Caval Anastomosis         | 60730      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1558   | General Surgery   | SG048A         | Mesenteric Cyst – Excision       | Mesenteric Cyst – Excision           | 26875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1559   | Pediatric Surgery | SG048A         | Mesenteric Cyst – Excision       | Mesenteric Cyst – Excision           | 26875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1560   | Pediatric Surgery | SG049A         | Retroperitoneal Tumor – Excision | Retroperitoneal Tumor – Excision     | 70000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1561   | General Surgery   | SG049A         | Retroperitoneal Tumor – Excision | Retroperitoneal Tumor – Excision     | 70000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1562   | Surgical Oncology | SG049A         | Retroperitoneal Tumor – Excision | Retroperitoneal Tumor – Excision     | 70000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1563   | General Surgery   | SG050A         | Groin Hernia Repair              | Inguinal - Open                      | 40000      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1564   | General Surgery   | SG050B         | Groin Hernia Repair              | Groin Hernia Repair Inguinal - Lap.  | 40000      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1565   | General Surgery   | SG050C         | Groin Hernia Repair              | Femoral - Open                       | 40000      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1566   | General Surgery   | SG050D         | Groin Hernia Repair              | Femoral - Lap                        | 40000      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1567   | General Surgery   | SG050E         | Groin Hernia Repair              | Groin Hernia Repair Obturator - Lap. | 45000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1568   | Pediatric Surgery | SG050E         | Groin Hernia Repair              | Groin Hernia Repair Obturator - Lap. | 45000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1569   | General Surgery   | SG051A         | Hernia - Ventral                 | Epigastric                           | 40000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1570   | Pediatric Surgery | SG051A         | Hernia - Ventral                 | Epigastric                           | 40000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1571   | General Surgery   | SG051B         | Hernia - Ventral                 | Umbilical                            | 45000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1572   | Pediatric Surgery | SG051B         | Hernia - Ventral                 | Umbilical                            | 45000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1573   | General Surgery   | SG051C         | Hernia - Ventral                 | Paraumbilical                        | 45000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|---------------------------------------|-------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1574   | Pediatric Surgery | SG051C         | Hernia - Ventral                      | Paraumbilical                                   | 45000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1575   | General Surgery   | SG051D         | Hernia - Ventral                      | Spigelian                                       | 50000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1576   | Pediatric Surgery | SG051D         | Hernia - Ventral                      | Spigelian                                       | 50000      | Y                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1577   | General Surgery   | SG052A         | Repair of Incisional Hernia           | Repair of Incisional Hernia Lap/Open            | 55000      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1578   | Pediatric Surgery | SG052A         | Repair of Incisional Hernia           | Repair of Incisional Hernia Lap/Open            | 55000      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1579   | General Surgery   | SG053A         | Hiatus Hernia Repair / Fundoplication | Hiatus Hernia Repair - Open                     | 55000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1580   | Pediatric Surgery | SG053A         | Hiatus Hernia Repair / Fundoplication | Hiatus Hernia Repair - Open                     | 55000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1581   | General Surgery   | SG053B         | Hiatus Hernia Repair / Fundoplication | Hiatus Hernia Repair - Lap                      | 55000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1582   | Pediatric Surgery | SG053B         | Hiatus Hernia Repair / Fundoplication | Hiatus Hernia Repair - Lap                      | 55000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1583   | General Surgery   | SG053C         | Hiatus Hernia Repair / Fundoplication | Fundoplication - Open(+/- Hiatus Hernia repair) | 55000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1584   | Pediatric Surgery | SG053C         | Hiatus Hernia Repair / Fundoplication | Fundoplication - Open(+/- Hiatus Hernia repair) | 55000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1585   | General Surgery   | SG055A         | Excision Filarial Scrotum             | Excision Filarial Scrotum                       | 10417      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1586   | General Surgery   | SG056A         | Operation for Hydrocele               | Operation for Hydrocele (U/L)                   | 13021      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1587   | Pediatric Surgery | SG056A         | Operation for Hydrocele               | Operation for Hydrocele (U/L)                   | 13021      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1588   | General Surgery   | SG056B         | Operation for Hydrocele               | Operation for Hydrocele (B/L)                   | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1589   | Pediatric Surgery | SG056B         | Operation for Hydrocele               | Operation for Hydrocele (B/L)                   | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                      | Procedure Name                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-----------------------------------|------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1590   | General Surgery   | SG057A         | Epididymal Cyst / Nodule Excision | Epididymal Cyst excision           | 6875       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1591   | Pediatric Surgery | SG057A         | Epididymal Cyst / Nodule Excision | Epididymal Cyst excision           | 6875       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1592   | General Surgery   | SG057B         | Epididymal Cyst / Nodule Excision | Epididymal Nodule excision         | 6875       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1593   | Pediatric Surgery | SG057B         | Epididymal Cyst / Nodule Excision | Epididymal Nodule excision         | 6875       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1594   | General Surgery   | SG058A         | Vasovasostomy                     | Vasovasostomy                      | 15625      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1595   | Urology           | SG058A         | Vasovasostomy                     | Vasovasostomy                      | 15625      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1596   | Pediatric Surgery | SG059A         | Orchidectomy                      | Orchidectomy                       | 20320      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1597   | General Surgery   | SG059A         | Orchidectomy                      | Orchidectomy                       | 20320      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1598   | Surgical Oncology | SG059A         | Orchidectomy                      | Orchidectomy                       | 20320      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1599   | General Surgery   | SG060A         | Inguinal Node (dissection) - U/L  | Inguinal Node (dissection) - U/L   | 25730      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1600   | Pediatric Surgery | SG060A         | Inguinal Node (dissection) - U/L  | Inguinal Node (dissection) - U/L   | 25730      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1601   | General Surgery   | SG061A         | Estlander Operation (lip)         | Estlander Operation (lip)          | 23125      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1602   | Surgical Oncology | SG061A         | Estlander Operation (lip)         | Estlander Operation (lip)          | 23125      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1603   | General Surgery   | SG062A         | Operation for Carcinoma Lip       | Wedge Excision                     | 31355      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1604   | Surgical Oncology | SG062A         | Operation for Carcinoma Lip       | Wedge Excision                     | 31355      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1605   | General Surgery   | SG062B         | Operation for Carcinoma Lip       | Wedge Excision and Vermilionectomy | 46875      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                               | Procedure Name                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1606   | Surgical Oncology | SG062B         | Operation for Carcinoma Lip                                                | Wedge Excision and Vermilionectomy                                         | 46875      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1607   | General Surgery   | SG062C         | Operation for Carcinoma Lip                                                | Cheek advancement                                                          | 46875      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1608   | Surgical Oncology | SG062C         | Operation for Carcinoma Lip                                                | Cheek advancement                                                          | 46875      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1609   | General Surgery   | SG063A         | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | 26042      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1610   | Surgical Oncology | SG063A         | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | 26042      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1611   | Pediatric Surgery | SG063A         | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | Complete Excision of Growth from Tongue only (inclusive of Histopathology) | 26042      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1612   | General Surgery   | SG064A         | Excision of Growth from Tongue with neck node dissection                   | Excision of Growth from Tongue with neck node dissection                   | 48959      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1613   | Surgical Oncology | SG064A         | Excision of Growth from Tongue with neck node dissection                   | Excision of Growth from Tongue with neck node dissection                   | 48959      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1614   | General Surgery   | SG065A         | Microlaryngoscopic Surgery                                                 | Microlaryngoscopic Surgery                                                 | 24167      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1615   | General Surgery   | SG066A         | Submandibular Mass Excision                                                | Submandibular Mass Excision                                                | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1616   | Surgical Oncology | SG066A         | Submandibular Mass Excision                                                | Submandibular Mass Excision                                                | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|------------------------------------------|------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1617   | General Surgery   | SG067A         | Radical Neck Dissection                  | Radical Neck Dissection                  | 42084      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1618   | Surgical Oncology | SG067A         | Radical Neck Dissection                  | Radical Neck Dissection                  | 42084      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1619   | ENT               | SG067A         | Radical Neck Dissection                  | Radical Neck Dissection                  | 42084      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1620   | General Surgery   | SG068A         | Surgical removal of Branchial Cyst/Sinus | Surgical removal of Branchial Cyst/Sinus | 26042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1621   | ENT               | SG068A         | Surgical removal of Branchial Cyst/Sinus | Surgical removal of Branchial Cyst/Sinus | 26042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1622   | General Surgery   | SG069A         | Carotid Body tumour - Excision           | Carotid Body tumour - Excision           | 46875      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1623   | Surgical Oncology | SG069A         | Carotid Body tumour - Excision           | Carotid Body tumour - Excision           | 46875      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1624   | CTVS              | SG069A         | Carotid Body tumour - Excision           | Carotid Body tumour - Excision           | 46875      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1625   | General Surgery   | SG070A         | Thyroidectomy                            | Hemi thyroidectomy                       | 44420      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1626   | Surgical Oncology | SG070A         | Thyroidectomy                            | Hemi thyroidectomy                       | 44420      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1627   | Pediatric Surgery | SG070A         | Thyroidectomy                            | Hemi thyroidectomy                       | 44420      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1628   | ENT               | SG070A         | Thyroidectomy                            | Hemi thyroidectomy                       | 44420      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1629   | General Surgery   | SG070B         | Thyroidectomy                            | Total thyroidectomy                      | 44550      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1630   | Surgical Oncology | SG070B         | Thyroidectomy                            | Total thyroidectomy                      | 44550      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1631   | Pediatric Surgery | SG070B         | Thyroidectomy                            | Total thyroidectomy                      | 44550      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1632   | ENT               | SG070B         | Thyroidectomy                            | Total thyroidectomy                      | 44550      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                | Procedure Name                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------------------------|-------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1633   | General Surgery   | SG070C         | Thyroidectomy                               | Total Thyroidectomy with Block Dissection | 70960      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1634   | Surgical Oncology | SG070C         | Thyroidectomy                               | Total Thyroidectomy with Block Dissection | 70960      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1635   | Pediatric Surgery | SG070C         | Thyroidectomy                               | Total Thyroidectomy with Block Dissection | 70960      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1636   | ENT               | SG070C         | Thyroidectomy                               | Total Thyroidectomy with Block Dissection | 70960      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1637   | General Surgery   | SG071A         | Excision of Parathyroid Adenoma / Carcinoma | Excision of Parathyroid Adenoma/Carcinoma | 32605      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1638   | Surgical Oncology | SG071A         | Excision of Parathyroid Adenoma / Carcinoma | Excision of Parathyroid Adenoma/Carcinoma | 32605      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1639   | Pediatric Surgery | SG071A         | Excision of Parathyroid Adenoma / Carcinoma | Excision of Parathyroid Adenoma/Carcinoma | 32605      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1640   | General Surgery   | SG072A         | Thymectomy                                  | Thymectomy                                | 75000      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1641   | Pediatric Surgery | SG072A         | Thymectomy                                  | Thymectomy                                | 75000      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1642   | General Surgery   | SG073A         | Sympathectomy                               | Sympathectomy-Unilateral (U/L)            | 25834      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1643   | Pediatric Surgery | SG073A         | Sympathectomy                               | Sympathectomy-Unilateral (U/L)            | 25834      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1644   | General Surgery   | SG073B         | Sympathectomy                               | Sympathectomy-Bilateral (B/L)             | 45625      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1645   | Pediatric Surgery | SG073B         | Sympathectomy                               | Sympathectomy-Bilateral (B/L)             | 45625      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|-------------------------------|---------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1646   | General Surgery   | SG074A         | Breast Lump Excision (Benign) | Breast Lump Excision (Benign)         | 13021      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1647   | Surgical Oncology | SG074A         | Breast Lump Excision (Benign) | Breast Lump Excision (Benign)         | 13021      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1648   | General Surgery   | SG075A         | Mastectomy                    | Simple Mastectomy                     | 32605      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1649   | Surgical Oncology | SG075A         | Mastectomy                    | Simple Mastectomy                     | 67000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1650   | General Surgery   | SG075B         | Mastectomy                    | Radical / Modified Radical Mastectomy | 70000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1651   | Surgical Oncology | SG075B         | Mastectomy                    | Radical / Modified Radical Mastectomy | 70000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1652   | General Surgery   | SG076A         | Excision Mammary Fistula      | Excision Mammary Fistula              | 15625      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1653   | Pediatric Surgery | SG077A         | Intercostal drainage Only     | Intercostal drainage Only             | 7292       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1654   | General Surgery   | SG077A         | Intercostal drainage Only     | Intercostal drainage Only             | 7292       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1655   | CTVS              | SG077A         | Intercostal drainage Only     | Intercostal drainage Only             | 7292       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1656   | Pediatric Surgery | SG078A         | Rib Resection & Drainage      | Rib Resection & Drainage              | 26042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1657   | General Surgery   | SG078A         | Rib Resection & Drainage      | Rib Resection & Drainage              | 26042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1658   | Pediatric Surgery | SG079A         | Thoracoplasty                 | Thoracoplasty                         | 31771      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1659   | General Surgery   | SG079A         | Thoracoplasty                 | Thoracoplasty                         | 31771      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1660   | Pediatric Surgery | SG080A         | Decortication (Pleurectomy)   | Decortication (Pleurectomy)           | 43021      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1661   | General Surgery   | SG080A         | Decortication (Pleurectomy)   | Decortication (Pleurectomy)           | 43021      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1662   | General Surgery   | SG081A         | Lobectomy                     | Thoracoscopic                         | 42813      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty                        | Procedure Code | Package Name                      | Procedure Name                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|----------------------------------|----------------|-----------------------------------|-----------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1663   | Pediatric Surgery                | SG081A         | Lobectomy                         | Thoracoscopic                     | 42813      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1664   | Surgical Oncology                | SG081A         | Lobectomy                         | Thoracoscopic                     | 42813      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1665   | Surgical Oncology                | SG081B         | Lobectomy                         | Lobectomy-Open                    | 84000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1666   | Pediatric Surgery                | SG081B         | Lobectomy                         | Lobectomy-Open                    | 84000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1667   | General Surgery                  | SG081B         | Lobectomy                         | Lobectomy-Open                    | 84000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1668   | Pediatric Surgery                | SG082A         | Thoracoscopic Segmental Resection | Thoracoscopic Segmental Resection | 49896      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1669   | General Surgery                  | SG082A         | Thoracoscopic Segmental Resection | Thoracoscopic Segmental Resection | 49896      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1670   | Pediatric Surgery                | SG083A         | Lung Hydatid Cyst removal         | Lung Hydatid Cyst removal         | 34271      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1671   | General Surgery                  | SG083A         | Lung Hydatid Cyst removal         | Lung Hydatid Cyst removal         | 34271      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1672   | General Surgery                  | SG088A         | Free Grafts - Wolfe Grafts        | Free Grafts - Wolfe Grafts        | 39063      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1673   | Plastic & Reconstructive Surgery | SG088A         | Free Grafts - Wolfe Grafts        | Free Grafts - Wolfe Grafts        | 39063      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1674   | General Surgery                  | SG089A         | Tissue Reconstruction Flap        | Tissue Reconstruction Flap        | 43959      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1675   | General Surgery                  | SG090A         | Split thickness skin grafts       | Small (< 4% TBSA)                 | 23438      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1676   | Plastic & Reconstructive Surgery | SG090A         | Split thickness skin grafts       | Small (< 4% TBSA)                 | 23438      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1677   | Pediatric Surgery                | SG090A         | Split thickness skin grafts       | Small (< 4% TBSA)                 | 23438      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1678   | General Surgery                  | SG090B         | Split thickness skin grafts       | Medium (4 - 8% TBSA)              | 22605      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1679   | Plastic & Reconstructive Surgery | SG090B         | Split thickness skin grafts       | Medium (4 - 8% TBSA)              | 22605      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1680   | Pediatric Surgery                | SG090B         | Split thickness skin grafts       | Medium (4 - 8% TBSA)              | 22605      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

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|--------|----------------------------------|----------------|------------------------------------------------------------|------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1681   | General Surgery                  | SG090C         | Split thickness skin grafts                                | Large (> 8% TBSA)                                          | 25521      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1682   | Plastic & Reconstructive Surgery | SG090C         | Split thickness skin grafts                                | Large (> 8% TBSA)                                          | 25521      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1683   | Pediatric Surgery                | SG090C         | Split thickness skin grafts                                | Large (> 8% TBSA)                                          | 25521      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1684   | General Surgery                  | SG091A         | Skin Flaps - Rotation Flaps                                | Skin Flaps - Rotation Flaps                                | 36042      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1685   | Surgical Oncology                | SG091A         | Skin Flaps - Rotation Flaps                                | Skin Flaps - Rotation Flaps                                | 36042      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1686   | Plastic & Reconstructive Surgery | SG091A         | Skin Flaps - Rotation Flaps                                | Skin Flaps - Rotation Flaps                                | 36042      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1687   | Orthopedics                      | SG092A         | Tendon Transfer                                            | Tendon Transfer                                            | 31250      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1688   | General Surgery                  | SG092A         | Tendon Transfer                                            | Tendon Transfer                                            | 31250      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1689   | General Surgery                  | SG093A         | Lymphatics Excision of Subcutaneous Tissues In Lymphoedema | Lymphatics Excision of Subcutaneous Tissues In Lymphoedema | 19584      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1690   | General Surgery                  | SG094A         | AV Fistula without prosthesis                              | AV Fistula without prosthesis                              | 23959      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1691   | General Surgery                  | SG095A         | Management of Varicose Veins                               | Management of Varicose Veins- Operative management         | 21563      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1692   | General Surgery                  | SG095B         | Management of Varicose Veins                               | Minor sclerotherapy                                        | 6563       | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1693   | General Surgery                  | SG096A         | Biopsy                                                     | Lymph Node                                                 | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1694   | Pediatric Surgery                | SG096A         | Biopsy                                                     | Lymph Node                                                 | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1695   | Obstetrics & Gynecology          | SG096A         | Biopsy                                                     | Lymph Node                                                 | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1696   | General Surgery                  | SG096B         | Biopsy                                                     | Endometrial Aspiration                                     | 3438       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1697   | Pediatric Surgery                | SG096B         | Biopsy                                                     | Endometrial Aspiration                                     | 3438       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------------|----------------|-------------------------------------------|--------------------------------------------|------------|------------------------|-------------------------------|-----|---------------------|------------------------------------|---------------------------------|------------------------------|
| 1698   | Obstetrics & Gynecology | SG096B         | Biopsy                                    | Endometrial Aspiration                     | 3438       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1699   | General Surgery         | SG096C         | Biopsy                                    | Cervix Cancer screening (PAP + Colposcopy) | 3230       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1700   | Pediatric Surgery       | SG096C         | Biopsy                                    | Cervix Cancer screening (PAP + Colposcopy) | 3230       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1701   | Obstetrics & Gynecology | SG096C         | Biopsy                                    | Cervix Cancer screening (PAP + Colposcopy) | 3230       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1702   | General Surgery         | SG096E         | Biopsy                                    | Vulval                                     | 3230       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1703   | Pediatric Surgery       | SG096E         | Biopsy                                    | Vulval                                     | 3230       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1704   | Obstetrics & Gynecology | SG096E         | Biopsy                                    | Vulval                                     | 3230       | N                      | N                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1705   | General Surgery         | SG097A         | Stoma Management                          | Stoma Management follow up of Ileostomy    | 7084       | N                      | N                             | 3   | Follow-up Procedure | Y                                  | Y                               | N                            |
| 1706   | General Surgery         | SG097B         | Stoma Management                          | Stoma Management follow up of Colostomy    | 7084       | N                      | N                             | 3   | Follow-up Procedure | Y                                  | Y                               | N                            |
| 1707   | General Surgery         | SG098A         | Foreign Body Removal                      | Foreign Body Removal                       | 9167       | N                      | Y                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1708   | ENT                     | SG098A         | Foreign Body Removal                      | Foreign Body Removal                       | 9167       | N                      | Y                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1709   | General Surgery         | SG098A         | Foreign Body Removal                      | Foreign Body Removal                       | 9167       | N                      | Y                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1710   | ENT                     | SG098A         | Foreign Body Removal                      | Foreign Body Removal                       | 9167       | N                      | Y                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1711   | Pediatric Surgery       | SG098A         | Foreign Body Removal                      | Foreign Body Removal                       | 9167       | N                      | Y                             | 1   | Regular Procedure   | N                                  | N                               | N                            |
| 1712   | General Surgery         | SG099A         | Necrotising fasciitis / Fournier Gangrene | Necrotising fasciitis / Fournier Gangrene  | 17605      | N                      | N                             | 8   | Regular Procedure   | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                                                                                                                        | Procedure Name                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1713   | General Surgery          | SG100A         | Surgical management of Lower GI bleed (inclusive of sigmoidoscopy / colonoscopy) - Colonoscopic management only excluding local perineal conditions | Surgical management of Lower GI bleed (inclusive of sigmoidoscopy / colonoscopy) - Colonoscopic management only excluding local perineal conditions | 31250      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1714   | General Surgery          | SG101A         | Caecopexy                                                                                                                                           | Caecopexy                                                                                                                                           | 31250      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1715   | General Surgery          | SG102A         | Repair of Renal Artery Stenosis                                                                                                                     | Repair of Renal Artery Stenosis                                                                                                                     | 95000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1716   | General Surgery          | SG103A         | ERCP                                                                                                                                                | ERCP + Stenting/Stone removal                                                                                                                       | 31250      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1717   | General Surgery          | SG104A         | Circumcision                                                                                                                                        | Circumcision - Phimosis / Paraphimosis or any other clinical condition                                                                              | 13021      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1718   | Interventional Radiology | SG105A         | Percutaneous transhepatic external biliary drainage (PTBD)                                                                                          | Percutaneous transhepatic external biliary drainage (PTBD)                                                                                          | 31563      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1719   | General Surgery          | SG105A         | Percutaneous transhepatic external biliary drainage (PTBD)                                                                                          | Percutaneous transhepatic external biliary drainage (PTBD)                                                                                          | 31563      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1720   | General Surgery          | SG56B          | Operation for Hydrocele (U/L)                                                                                                                       | Operation for Hydrocele (B/L)                                                                                                                       | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1721   | Pediatric Surgery        | SG56B          | Operation for Hydrocele (U/L)                                                                                                                       | Operation for Hydrocele (B/L)                                                                                                                       | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 1722   | ENT                      | SL001A         | Pinna surgery for tumour / trauma                                                                                                                   | Pinna surgery for tumor                                                                                                                             | 15625      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                        | Procedure Name                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-------------------------------------|---------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1723   | ENT               | SL001B         | Pinna surgery for tumour / trauma   | Pinna surgery for trauma                                                  | 13021      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1724   | ENT               | SL002A         | Tympanoplasty                       | Tympanoplasty (can be stratified (GA/LA) and price adjusted accordingly ) | 20000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1725   | ENT               | SL003A         | Stapedectomy / tympanotomy          | Stapedectomy                                                              | 22500      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1726   | ENT               | SL003B         | Stapedectomy / tympanotomy          | Tympanotomy                                                               | 19584      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1727   | ENT               | SL004A         | Mastoidectomy                       | Simple                                                                    | 36459      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1728   | Surgical Oncology | SL004A         | Mastoidectomy                       | Simple                                                                    | 36459      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1729   | ENT               | SL004B         | Mastoidectomy                       | Radical                                                                   | 36459      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1730   | Surgical Oncology | SL004B         | Mastoidectomy                       | Radical                                                                   | 36459      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1731   | ENT               | SL005A         | Myringotomy with or without Grommet | Unilateral                                                                | 15000      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1732   | Surgical Oncology | SL005A         | Myringotomy with or without Grommet | Unilateral                                                                | 15000      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1733   | ENT               | SL005B         | Myringotomy with or without Grommet | Bilateral                                                                 | 22500      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1734   | Surgical Oncology | SL005B         | Myringotomy with or without Grommet | Bilateral                                                                 | 22500      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1735   | ENT               | SL006A         | Endoscopic DCR                      | Endoscopic DCR                                                            | 26042      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1736   | ENT               | SL007A         | Epistaxis treatment - packing       | Epistaxis treatment - packing (inc. of pack cost)                         | 3230       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1737   | ENT               | SL008A         | Functional septo rhinoplasty        | Functional septo rhinoplasty                                              | 29584      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                    | Procedure Name                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1738   | ENT       | SL009A         | Septoplasty                                     | Septoplasty                                                                                     | 18125      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1739   | ENT       | SL010A         | Fracture - setting nasal bone                   | Fracture - setting nasal bone                                                                   | 11250      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1740   | ENT       | SL011A         | Inferior turbinate reduction under GA           | Inferior turbinate reduction under GA(HOW IS IT DIFFERENT FROM TURBINATE REDUCTION AT THE END?) | 7813       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1741   | ENT       | SL012A         | Open sinus surgery                              | Open sinus surgery(Open Sinus Surgery (Single/Multiple Sinuses))                                | 21042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1742   | ENT       | SL013A         | Functional Endoscopic Sinus (FESS)              | Functional Endoscopic Sinus (FESS)stratified as U/L or B/L and cost adjusted                    | 19063      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1743   | ENT       | SL014A         | Ant. Ethmoidal / sphenopalatine artery ligation | Ant. Ethmoidal artery ligation - Open                                                           | 21042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1744   | ENT       | SL014B         | Ant. Ethmoidal / sphenopalatine artery ligation | Ant. Ethmoidal artery ligation - Endoscopic                                                     | 21042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1745   | ENT       | SL014C         | Ant. Ethmoidal / sphenopalatine artery ligation | Sphenopalatine artery ligation - Open                                                           | 21042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1746   | ENT       | SL014D         | Ant. Ethmoidal / sphenopalatine artery ligation | Sphenopalatine artery ligation - Endoscopic                                                     | 21042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1747   | ENT       | SL015A         | Adenoidectomy                                   | Adenoidectomy                                                                                   | 12292      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                | Procedure Name                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-------------------------------------------------------------|-----------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1748   | ENT               | SL016A         | Tonsillectomy                                               | Tonsillectomy - U/L tonsillectomy (unilateral/bilateral ) | 15938      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1749   | ENT               | SL016B         | Tonsillectomy                                               | Tonsillectomy - B/L adenotonsillectomy                    | 15938      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1750   | ENT               | SL017A         | Peritonsillar abscess drainage / intraoral calculus removal | Peritonsillar abscess drainage                            | 7605       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1751   | Pediatric Surgery | SL017A         | Peritonsillar abscess drainage / intraoral calculus removal | Peritonsillar abscess drainage                            | 7605       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1752   | ENT               | SL017B         | Peritonsillar abscess drainage / intraoral calculus removal | Intraoral calculus removal                                | 7605       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1753   | Pediatric Surgery | SL017B         | Peritonsillar abscess drainage / intraoral calculus removal | Intraoral calculus removal                                | 7605       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1754   | ENT               | SL018A         | Thyroglossal / Branchial cyst / sinus / fistula excision    | Thyroglossal cyst excision                                | 22084      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1755   | ENT               | SL018B         | Thyroglossal / Branchial cyst / sinus / fistula excision    | Thyroglossal sinus excision                               | 22084      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                                                        | Procedure Name                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1756   | ENT               | SL018C         | Thyroglossal / Branchial cyst / sinus / fistula excision                                            | Thyroglossal fistula excision                                                                          | 22084      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1757   | ENT               | SL018D         | Thyroglossal / Branchial cyst / sinus / fistula excision                                            | Branchial sinus excision                                                                               | 22188      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1758   | ENT               | SL018E         | Thyroglossal / Branchial cyst / sinus / fistula excision                                            | Branchial fistula excision                                                                             | 22188      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1759   | ENT               | SL019A         | Uvulopalatopharyngoplasty (UPPP)                                                                    | Uvulopalatopharyngoplasty (UPPP)                                                                       | 26250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1760   | ENT               | SL020A         | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx without reconstruction            | 15625      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1761   | Surgical Oncology | SL020A         | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx without reconstruction            | 15625      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1762   | ENT               | SL020B         | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with pedicled flap reconstruction | 57084      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty         | Procedure Code | Package Name                                                                                        | Procedure Name                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1763   | Surgical Oncology | SL020B         | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with pedicled flap reconstruction | 57084      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1764   | ENT               | SL020C         | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with free flap reconstruction     | 39063      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1765   | Surgical Oncology | SL020C         | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with or without reconstruction | Excision of tumour of oral cavity / paranasal sinus / laryngopharynx with free flap reconstruction     | 39063      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1766   | ENT               | SL021A         | Parotidectomy                                                                                       | Total Parotidectomy                                                                                    | 36771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1767   | Surgical Oncology | SL021A         | Parotidectomy                                                                                       | Total Parotidectomy                                                                                    | 36771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1768   | General Surgery   | SL021A         | Parotidectomy                                                                                       | Total Parotidectomy                                                                                    | 36771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1769   | ENT               | SL021B         | Parotidectomy                                                                                       | Superficial Parotidectomy                                                                              | 31042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1770   | Surgical Oncology | SL021B         | Parotidectomy                                                                                       | Superficial Parotidectomy                                                                              | 31042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1771   | General Surgery   | SL021B         | Parotidectomy                                                                                       | Superficial Parotidectomy                                                                              | 31042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1772   | ENT               | SL022A         | Removal of Submandibular Salivary gland                                                             | Removal of Submandibular Salivary gland                                                                | 37813      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1773   | ENT               | SL022B         | Removal of Submandibular Salivary gland                                                             | Removal of Ranula                                                                                      | 37813      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                                 | Procedure Name                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|------------------------------------------------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1774   | ENT               | SL023A         | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Rigid laryngoscopy - Diagnostic + / - biopsy   | 9167       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1775   | Pediatric Surgery | SL023A         | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Rigid laryngoscopy - Diagnostic + / - biopsy   | 9167       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1776   | ENT               | SL023B         | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Rigid bronchoscopy - Diagnostic + / - biopsy   | 9167       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1777   | Pediatric Surgery | SL023B         | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Rigid bronchoscopy - Diagnostic + / - biopsy   | 9167       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1778   | ENT               | SL023C         | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Rigid oesophagoscopy - Diagnostic + / - biopsy | 9167       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1779   | Pediatric Surgery | SL023C         | Rigid laryngoscopy / bronchoscopy / oesophagoscopy - Diagnostic + / - biopsy | Rigid oesophagoscopy - Diagnostic + / - biopsy | 9167       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1780   | ENT               | SL024A         | Microlaryngeal surgery with or without laser                                 | Microlaryngeal surgery with or without laser   | 22188      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                   | Procedure Name                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|------------------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 1781   | ENT               | SL025A         | Open laryngeal framework surgery / Thyroplasty | Open laryngeal framework surgery / Thyroplasty | 6563       | Y                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1782   | Surgical Oncology | SL025A         | Open laryngeal framework surgery / Thyroplasty | Open laryngeal framework surgery / Thyroplasty | 6563       | Y                      | N                             | 1   | Regular Procedure  | N                                  | N                               | N                            |
| 1783   | General Surgery   | SL026A         | Tracheostomy / Tracheotomy                     | Tracheostomy                                   | 36459      | N                      | Y                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 1784   | ENT               | SL026A         | Tracheostomy / Tracheotomy                     | Tracheostomy                                   | 36459      | N                      | Y                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 1785   | Pediatric Surgery | SL026A         | Tracheostomy / Tracheotomy                     | Tracheostomy                                   | 36459      | N                      | Y                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 1786   | General Surgery   | SL026B         | Tracheostomy / Tracheotomy                     | Tracheotomy                                    | 36459      | N                      | Y                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 1787   | ENT               | SL026B         | Tracheostomy / Tracheotomy                     | Tracheotomy                                    | 36459      | N                      | Y                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 1788   | Pediatric Surgery | SL026B         | Tracheostomy / Tracheotomy                     | Tracheotomy                                    | 36459      | N                      | Y                             | 0   | Add - On Procedure | N                                  | N                               | N                            |
| 1789   | Surgical Oncology | SL027A         | Neck dissection                                | Selective Benign neck tumour excision          | 29375      | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 1790   | General Surgery   | SL027A         | Neck dissection                                | Selective Benign neck tumour excision          | 29375      | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 1791   | ENT               | SL027A         | Neck dissection                                | Selective Benign neck tumour excision          | 29375      | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 1792   | Surgical Oncology | SL027B         | Neck dissection                                | Comprehensive Benign neck tumour excision      | 29375      | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 1793   | General Surgery   | SL027B         | Neck dissection                                | Comprehensive Benign neck tumour excision      | 29375      | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                             | Procedure Name                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|----------------------------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1794   | ENT               | SL027B         | Neck dissection                                          | Comprehensive Benign neck tumour excision      | 29375      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1795   | Surgical Oncology | SL027C         | Neck dissection                                          | Selective Pharyngeal diverticulum excision     | 29375      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1796   | General Surgery   | SL027C         | Neck dissection                                          | Selective Pharyngeal diverticulum excision     | 29375      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1797   | ENT               | SL027C         | Neck dissection                                          | Selective Pharyngeal diverticulum excision     | 29375      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1798   | Surgical Oncology | SL027D         | Neck dissection                                          | Comprehensive Pharyngeal diverticulum excision | 29375      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1799   | General Surgery   | SL027D         | Neck dissection                                          | Comprehensive Pharyngeal diverticulum excision | 29375      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1800   | ENT               | SL027D         | Neck dissection                                          | Comprehensive Pharyngeal diverticulum excision | 29375      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1801   | General Surgery   | SL028A         | Deep neck abscess drainage/ Post trauma neck exploration | Deep neck abscess drainage                     | 21875      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1802   | ENT               | SL028A         | Deep neck abscess drainage/ Post trauma neck exploration | Deep neck abscess drainage                     | 21875      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                             | Procedure Name                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|----------------------------------------------------------|----------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1803   | Pediatric Surgery | SL028A         | Deep neck abscess drainage/ Post trauma neck exploration | Deep neck abscess drainage       | 21875      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1804   | General Surgery   | SL028B         | Deep neck abscess drainage/ Post trauma neck exploration | Post trauma neck exploration     | 26250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1805   | ENT               | SL028B         | Deep neck abscess drainage/ Post trauma neck exploration | Post trauma neck exploration     | 26250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1806   | Pediatric Surgery | SL028B         | Deep neck abscess drainage/ Post trauma neck exploration | Post trauma neck exploration     | 26250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1807   | ENT               | SL029A         | Anterior skull base surgery                              | Endoscopic CSF Rhinorrhea Repair | 40625      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1808   | Surgical Oncology | SL029A         | Anterior skull base surgery                              | Endoscopic CSF Rhinorrhea Repair | 40625      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1809   | Neurosurgery      | SL029A         | Anterior skull base surgery                              | Endoscopic CSF Rhinorrhea Repair | 40625      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1810   | ENT               | SL029B         | Anterior skull base surgery                              | Optic nerve decompression        | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1811   | Surgical Oncology | SL029B         | Anterior skull base surgery                              | Optic nerve decompression        | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1812   | Neurosurgery      | SL029B         | Anterior skull base surgery                              | Optic nerve decompression        | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1813   | ENT               | SL029C         | Anterior skull base surgery                              | Orbital decompression            | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1814   | Surgical Oncology | SL029C         | Anterior skull base surgery                              | Orbital decompression            | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1815   | Neurosurgery      | SL029C         | Anterior skull base surgery                              | Orbital decompression            | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                         | Procedure Name                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|--------------------------------------|-------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1816   | ENT               | SL029D         | Anterior skull base surgery          | Craniofacial resection                    | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1817   | Surgical Oncology | SL029D         | Anterior skull base surgery          | Craniofacial resection                    | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1818   | Neurosurgery      | SL029D         | Anterior skull base surgery          | Craniofacial resection                    | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1819   | ENT               | SL029E         | Anterior skull base surgery          | Maxillary swing                           | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1820   | Surgical Oncology | SL029E         | Anterior skull base surgery          | Maxillary swing                           | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1821   | Neurosurgery      | SL029E         | Anterior skull base surgery          | Maxillary swing                           | 39896      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1822   | ENT               | SL030A         | Advanced anterior skull base surgery | Endoscopic Hypophysectomy                 | 62188      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1823   | Surgical Oncology | SL030A         | Advanced anterior skull base surgery | Endoscopic Hypophysectomy                 | 62188      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1824   | ENT               | SL030B         | Advanced anterior skull base surgery | Clival tumour excision                    | 62188      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1825   | Surgical Oncology | SL030B         | Advanced anterior skull base surgery | Clival tumour excision                    | 62188      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1826   | ENT               | SL031A         | Lateral skull base procedures        | Subtotal petrosectomy                     | 38646      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1827   | Surgical Oncology | SL031A         | Lateral skull base procedures        | Subtotal petrosectomy                     | 38646      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1828   | ENT               | SL031B         | Lateral skull base procedures        | Post-traumatic facial nerve decompression | 38646      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1829   | Surgical Oncology | SL031B         | Lateral skull base procedures        | Post-traumatic facial nerve decompression | 38646      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1830   | ENT               | SL031C         | Lateral skull base procedures        | CSF Otorrhoea repair                      | 38646      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1831   | Surgical Oncology | SL031C         | Lateral skull base procedures        | CSF Otorrhoea repair                      | 38646      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                                           | Procedure Name                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1832   | ENT               | SL032A         | Advanced lateral skull base surgery                                                    | Fisch approach                            | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1833   | Surgical Oncology | SL032A         | Advanced lateral skull base surgery                                                    | Fisch approach                            | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1834   | ENT               | SL032B         | Advanced lateral skull base surgery                                                    | Translabyrinthine approach                | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1835   | Surgical Oncology | SL032B         | Advanced lateral skull base surgery                                                    | Translabyrinthine approach                | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1836   | ENT               | SL032C         | Advanced lateral skull base surgery                                                    | Transcochlear approach                    | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1837   | Surgical Oncology | SL032C         | Advanced lateral skull base surgery                                                    | Transcochlear approach                    | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1838   | ENT               | SL032D         | Advanced lateral skull base surgery                                                    | Temporal Bone resection                   | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1839   | Surgical Oncology | SL032D         | Advanced lateral skull base surgery                                                    | Temporal Bone resection                   | 81110      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1840   | ENT               | SL033A         | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Closed reduction for fracture of maxilla  | 6510       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1841   | ENT               | SL033B         | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Closed reduction for fracture of mandible | 6510       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                        | Procedure Code | Package Name                                                                           | Procedure Name                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1842   | ENT                              | SL033C         | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Closed reduction for fracture of zygoma                               | 6510       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1843   | ENT                              | SL033D         | Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma | Closed reduction and Intermaxillary fixation for fracture of mandible | 6510       | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1844   | ENT                              | SL034A         | Open reduction and internal fixation of maxilla / mandible / zygoma                    | Open reduction and internal fixation of maxilla                       | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1845   | Oral & Maxillofacial Surgery     | SL034A         | Open reduction and internal fixation of maxilla / mandible / zygoma                    | Open reduction and internal fixation of maxilla                       | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1846   | Plastic & Reconstructive Surgery | SL034A         | Open reduction and internal fixation of maxilla / mandible / zygoma                    | Open reduction and internal fixation of maxilla                       | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1847   | ENT                              | SL034B         | Open reduction and internal fixation of maxilla / mandible / zygoma                    | Open reduction and internal fixation of mandible                      | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty                        | Procedure Code | Package Name                                                        | Procedure Name                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1848   | Oral & Maxillofacial Surgery     | SL034B         | Open reduction and internal fixation of maxilla / mandible / zygoma | Open reduction and internal fixation of mandible | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1849   | Plastic & Reconstructive Surgery | SL034B         | Open reduction and internal fixation of maxilla / mandible / zygoma | Open reduction and internal fixation of mandible | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1850   | ENT                              | SL034C         | Open reduction and internal fixation of maxilla / mandible / zygoma | Open reduction and internal fixation of zygoma   | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1851   | Oral & Maxillofacial Surgery     | SL034C         | Open reduction and internal fixation of maxilla / mandible / zygoma | Open reduction and internal fixation of zygoma   | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1852   | Plastic & Reconstructive Surgery | SL034C         | Open reduction and internal fixation of maxilla / mandible / zygoma | Open reduction and internal fixation of zygoma   | 18230      | Y                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1853   | ENT                              | SL035A         | Clinic based therapeutic interventions of ENT                       | Turbinate reduction                              | 1563       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1854   | ENT                              | SL035B         | Clinic based therapeutic interventions of ENT                       | Biopsy                                           | 1563       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1855   | ENT                              | SL035C         | Clinic based therapeutic interventions of ENT                       | Intratympanic injections                         | 1563       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                                                                                                                                                                                                                                            | Procedure Name                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1856   | ENT                          | SL035D         | Clinic based therapeutic interventions of ENT                                                                                                                                                                                                                           | Wide bore aspiration                                                                                                                                                                                                                                                    | 1563       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1857   | ENT                          | SL036A         | Cochlear Implant Surgery* Surgery(53000) *pre -op evaluation(including vaccine for meningitis)- 10000/- *Initial mapping and swithch on - 5000/- Rehabilitation Therapy (part- 1 for first 6 months) - 21700 Rehabilitation Therapy (part- 2 for second 6 months)-40300 | Cochlear Implant Surgery* Surgery(53000) *pre -op evaluation(including vaccine for meningitis)- 10000/- *Initial mapping and swithch on - 5000/- Rehabilitation Therapy (part- 1 for first 6 months) - 21700 Rehabilitation Therapy (part- 2 for second 6 months)-40300 | 203125     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1858   | Oral & Maxillofacial Surgery | SM001A         | Extraction of impacted tooth under LA                                                                                                                                                                                                                                   | Extraction of impacted tooth under LA                                                                                                                                                                                                                                   | 1042       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1859   | Oral & Maxillofacial Surgery | SM002A         | Sequestrectomy Debridement                                                                                                                                                                                                                                              | Osteomyelitis - Acute                                                                                                                                                                                                                                                   | 2605       | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1860   | Oral & Maxillofacial Surgery | SM002B         | Sequestrectomy Debridement                                                                                                                                                                                                                                              | Osteomyelitis- Chronic                                                                                                                                                                                                                                                  | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1861   | Oral & Maxillofacial Surgery | SM003A         | TM joint ankylosis of both jaws - under GA                                                                                                                                                                                                                              | 1.TM joint ankylosis of both jaws - under GA (Unilateral)                                                                                                                                                                                                               | 19584      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                                  | Procedure Name                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1862   | Oral & Maxillofacial Surgery | SM003B         | TM joint ankylosis of both jaws - under GA                    | 2.TM joint ankylosis of both jaws - under GA (Bilateral)- (Covering Reconstruction)                            | 39063      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1863   | Oral & Maxillofacial Surgery | SM004A         | Fixation of fracture of jaw                                   | Closed reduction (1 jaw) using wires - under LA/GA                                                             | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1864   | Oral & Maxillofacial Surgery | SM004B         | Fixation of fracture of jaw                                   | Open reduction (1 jaw) and fixing of plates / wire – under LA/GA<br>Cost of implant Titanium:- TBF at pre-auth | 15625      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1865   | Oral & Maxillofacial Surgery | SM005A         | Surgery for Cyst & tumour of Maxilla / Mandible               | Enucleation / excision of cyst / tumour of jaws under LA +cost of implant                                      | 3438       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1866   | Oral & Maxillofacial Surgery | SM005B         | Surgery for Cyst & tumour of Maxilla / Mandible               | Enucleation / excision of cyst / tumour of jaws under GA                                                       | 7084       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1867   | Oral & Maxillofacial Surgery | SM006A         | Mandible Tumour Resection and reconstruction / Cancer surgery | Maxilla / Mandible neoplastic Tumour Resection and reconstruction (Cancer surgery)                             | 17605      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

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| 1868   | Oral & Maxillofacial Surgery | SM007A         | Release of fibrous bands & grafting - in (OSMF) treatment under GA | 1.Release of fibrous bands & grafting - in (OSMF) treatment under LA: 5000                        | 4375       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1869   | Oral & Maxillofacial Surgery | SM007B         | Release of fibrous bands & grafting - in (OSMF) treatment under GA | 2. Release of fibrous release bands & coronoidectomy with grafting - in (OSMF) treatment under GA | 23438      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1870   | Oral & Maxillofacial Surgery | SM008A         | Apicoectomy (A) Tooth                                              | Apicoectomy (A) (1-3 teeth) LA/GA 3-6:4000                                                        | 1980       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1871   | Oral & Maxillofacial Surgery | SM009A         | Correction of oro-antral communication                             | Correction of oro-antral Fistula                                                                  | 9167       | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1872   | Oral & Maxillofacial Surgery | SM010A         | Submandibular sialolithotomy                                       | Intraoral submandibular sialolithotomy LA/ GA                                                     | 9167       | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1873   | Oral & Maxillofacial Surgery | SM010C         | Submandibular sialolithotomy                                       | Submandibular sialolithotomy                                                                      | 11771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1874   | Oral & Maxillofacial Surgery | SM011A         | Dentoalveolar trauma - wiring                                      | Dentoalveolar trauma - wiring (dental /trauma wiring- one jaw)                                    | 3959       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1875   | Oral & Maxillofacial Surgery | SM012A         | Parotid sialolithotomy                                             | Extraoral parotid sialolithotomy under GA                                                         | 15625      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1876   | Oral & Maxillofacial Surgery | SM012B         | Parotid sialolithotomy                                             | Intraoral parotid sialolithotomy                                                                  | 9167       | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |

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|--------|------------------------------|----------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1877   | Oral & Maxillofacial Surgery | SM013A         | Re-implantation of Avulsed tooth with wiring | Re-implantation of Avulsed tooth with wiring (1-3 teeth)                                               | 2188       | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1878   | Oral & Maxillofacial Surgery | SM014A         | Osteoradionecrosis management by excision    | Osteoradionecrosis of jaws management by excision under LA                                             | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1879   | Oral & Maxillofacial Surgery | SM014B         | Osteoradionecrosis management by excision    | 2.Osteoradionecrosis of Jaws management by excision and / or reconstruction under GA including Implant | 18750      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1880   | Neurosurgery                 | SN001A         | Depressed Skull Fracture                     | Surgery for Depressed Skull fracture                                                                   | 62500      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1881   | Neurosurgery                 | SN002A         | CranioPlasty                                 | Cranioplasty with autologous bone graft                                                                | 100000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1882   | Neurosurgery                 | SN002B         | CranioPlasty                                 | Cranioplasty with exogenous Graft                                                                      | 120000     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1883   | Neurosurgery                 | SN003A         | Twist Drill Craniostomy                      | Twist Drill Craniostomy                                                                                | 40000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1884   | Neurosurgery                 | SN004A         | Craniostenosis                               | Cranial vault remodeling/ surgery for "Craniosynostosis"                                               | 59063      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1885   | Neurosurgery                 | SN005A         | Meningocele                                  | Anterior cranial fossa encephalocele/meningocele repair                                                | 78021      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

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| 1886   | Neurosurgery | SN005B         | Meningocele                 | Surgery for spina bifida cystica/occulta                                                               | 58646      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1887   | Neurosurgery | SN005C         | Meningocele                 | Posterior cranial fossa encephalocele/meningocele repair                                               | 150000     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1888   | Neurosurgery | SN006A         | Surgery for tumour meninges | Surgery for supratentorial Extra-axial Tumours (Meningioma etc)                                        | 150000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1889   | Neurosurgery | SN006B         | Surgery for tumour meninges | Surgery for infratentorial ExtraaxialTumour( meningioma etc)                                           | 150000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1890   | Neurosurgery | SN007A         | Duroplasty                  | Duroplasty with Endogenous graft-(May be performed as a add-on procedure)                              | 60000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1891   | Neurosurgery | SN007B         | Duroplasty                  | Duroplasty with Exogenous graft-(May be performed as an add-on procedure) Cost of graft will be extra  | 70000      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1892   | Neurosurgery | SN008A         | Burr hole surgery           | Burr hole surgery for evacuation of hematoma/ biopsy/ pus drainage/Placeme nt of ICP monitoring device | 60000      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

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| 1893   | Neurosurgery | SN008B         | Burr hole surgery                      | Burr hole surgery with chronic Sub Dural Haematoma                             | 60000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1894   | Neurosurgery | SN009A         | Surgery for Haematoma - Intracranial   | Evacuation of Post-traumatic Intraparenchymal Hematoma                         | 87917      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1895   | Neurosurgery | SN009B         | Surgery for Haematoma - Intracranial   | Spontaneous Intraparenchymal hematoma evacuation                               | 80625      | N                      | N                             | 8   | Regular Procedure | N                                  | N                               | N                            |
| 1896   | Neurosurgery | SN009C         | Surgery for Haematoma - Intracranial   | Evacuation of Post-traumatic Intraparenchymal Hematoma in Pediatric Age group  | 80625      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1897   | Neurosurgery | SN010A         | Excision of Brain Abscess              | Excision of Brain abscess                                                      | 78021      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1898   | Neurosurgery | SN011A         | Abscess Tapping                        | Craniotomy/Burr hole and Tapping of Brain Abscess                              | 60000      | N                      | Y                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1899   | Neurosurgery | SN012A         | Epilepsy Surgery                       | Epilepsy Surgery Lesionectomy for intractable seizures under Neuro-navigation) | 200000     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1900   | Neurosurgery | SN013A         | Brain Biopsy                           | Brain Biopsy- Open/Stereotactic guided                                         | 45000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1901   | Neurosurgery | SN014A         | Excision of Orbital Tumour             | Excision of Orbital Tumour                                                     | 78125      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1902   | Neurosurgery | SN015A         | Excision of Brain Tumor Supratentorial | Parasagittal Tumours                                                           | 150000     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

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|--------|--------------|----------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1903   | Neurosurgery | SN015B         | Excision of Brain Tumor Supratentorial                                 | Skull Base Tumours                                                             | 150000     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1904   | Neurosurgery | SN015C         | Excision of Brain Tumor Supratentorial                                 | Surgerey for infratentorial intra-axial tumours                                | 150000     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1905   | Neurosurgery | SN015D         | Excision of Brain Tumor Supratentorial                                 | Cerebello-pontine angle Angle                                                  | 150000     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1906   | Neurosurgery | SN015E         | Excision of Brain Tumor Supratentorial                                 | Supratentorial & other Tumours                                                 | 150000     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1907   | Neurosurgery | SN016A         | Stereotactic Lesioning                                                 | Stereotactic Lesioning for movement disorders                                  | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1908   | Neurosurgery | SN017A         | Trans Sphenoidal Surgery                                               | Endoscpic/Microscopic Trans Sphenoidal Surgery                                 | 150000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1909   | Neurosurgery | SN018A         | Trans oral Surgery                                                     | Trans oral Surgery                                                             | 150000     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1910   | Neurosurgery | SN019A         | Transoral surgery (Anterior) and CV Junction (Posterior Sterilisation) | Trans oral anterior decompression and Posterior stabilisation or C V junction  | 116250     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 1911   | Neurosurgery | SN020A         | External Ventricular Drainage (EVD) including antibiotics              | External Ventricular Drainage (EVD)                                            | 65000      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1912   | Neurosurgery | SN021A         | Ventricular Puncture                                                   | Ventricular Tap                                                                | 45000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1913   | Neurosurgery | SN022A         | Shunt Surgery                                                          | Ventriculo-Peritoneal Shunt (Low/Medium/High Pressure or Flow regulated valve) | 65000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty    | Procedure Code | Package Name                                                                                        | Procedure Name                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------|----------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1914   | Neurosurgery | SN022B         | Shunt Surgery                                                                                       | Ventriculo - pleural Shunt (Low/Medium/High Pressure or Flow regulated valve)                       | 65000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1915   | Neurosurgery | SN022C         | Shunt Surgery                                                                                       | Ventriculo - atrial Shunt (Low/Medium/High Pressure or Flow regulated valve)                        | 65000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1916   | Neurosurgery | SN022D         | Shunt Surgery                                                                                       | Theco - peritoneal Shunt (Low/Medium/High Pressure or Flow regulated valve)                         | 65000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1917   | Neurosurgery | SN023A         | Aneurysm Clipping including angiogram                                                               | Aneurysm Clipping including DSA or CTA                                                              | 107500     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 1918   | Neurosurgery | SN024A         | Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure | Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure | 105521     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1919   | Neurosurgery | SN025A         | Arterio venous malformation (AVM) excision                                                          | Craniotomy and excision of arteriovenous malformation                                               | 107500     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1920   | Neurosurgery | SN025B         | Arterio venous malformation (AVM) excision                                                          | Laminectomy/Laminotomy and excision of Intraspinal arteriovenous malformation                       | 107500     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty    | Procedure Code | Package Name                                                   | Procedure Name                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------|----------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1921   | Neurosurgery | SN025C         | Arterio venous malformation (AVM) excision                     | Excision of scalp arteriovenous malformation                                                            | 53750      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1922   | Neurosurgery | SN026A         | Foramen Magnum Decompression                                   | Foramen magnum decompression for Chiari malformation with or without duraplasty or tonsillar resection. | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1923   | Neurosurgery | SN027A         | Skull Traction                                                 | Skull Traction                                                                                          | 15625      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1924   | Neurosurgery | SN028A         | Posterior Cervical Discectomy without implant                  | Posterior cervical laminoforaminotomy and discectomy                                                    | 70000      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1925   | Neurosurgery | SN029A         | Posterior Cervical Fusion with implant (Lateral mass fixation) | Posterior cervical fusion using lateral mass or pedicle screws and rods                                 | 82084      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1926   | Neurosurgery | SN030A         | Cervical Disc Multiple level without Fusion                    | Anterior cervical discectomy without fusion                                                             | 78125      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1927   | Neurosurgery | SN031A         | Excision of Cervical Ribs                                      | Excision of Cervical Ribs                                                                               | 45000      | N                      | Y                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1928   | Orthopedics  | SN032A         | Thoracic / Lumbar Corpectomy with fusion                       | Cervical/Thoracic/ Lumbar corpectomy with fusion for Tumor/Infection/Trauma                             | 117188     | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                  | Procedure Code | Package Name                             | Procedure Name                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------------------|----------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1929   | Neurosurgery                               | SN032A         | Thoracic / Lumbar Corpectomy with fusion | Cervical/Thoracic/ Lumbar corpectomy with fusion for Tumor/Infection/Trauma                                                                | 117188     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1930   | Interventional Radiology/ Pain Specialists | SN033A         | Lumbar Discectomy                        | Microscopic/Endoscopic Lumbar Discectomy (One level)                                                                                       | 70000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1931   | Orthopedics                                | SN034A         | Laminectomy                              | Laminectomy without fusion for lumbar or cervical canal stenosis                                                                           | 78125      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1932   | Neurosurgery                               | SN034A         | Laminectomy                              | Laminectomy without fusion for lumbar or cervical canal stenosis                                                                           | 78125      | N                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1933   | Orthopedics                                | SN034B         | Laminectomy                              | Laminectomy with fusion and fixation for lumbar/cervical/thoracic canal stenosis or for tumor / trauma/Bleed                               | 85000      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1934   | Neurosurgery                               | SN034B         | Laminectomy                              | Laminectomy with fusion and fixation for lumbar/cervical/thoracic canal stenosis or for tumor / trauma/Bleed(Cost of implants to be extra) | 85000      | Y                      | N                             | 6   | Regular Procedure | N                                  | N                               | N                            |
| 1935   | Neurosurgery                               | SN035A         | Neurectomy                               | Peripheral Neurectomy                                                                                                                      | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                      | Procedure Code | Package Name                 | Procedure Name                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------------------------|----------------|------------------------------|-----------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1936   | Neurosurgery                                   | SN035B         | Neurectomy                   | Trigeminal Nerve Neurectomy                                                                         | 38855      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1937   | ENT                                            | SN035B         | Neurectomy                   | Trigeminal Nerve Neurectomy                                                                         | 38855      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1938   | Oral & Maxillofacial Surgery/ Pain Specialists | SN035B         | Neurectomy                   | Trigeminal Nerve Neurectomy                                                                         | 38855      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1939   | Neurosurgery                                   | SN036A         | Micro discectomy             | Anterior Cervical Discectomy with fusion (Cost of implants to be extra)                             | 78125      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 1940   | Neurosurgery                                   | SN039A         | Spine - Extradural Haematoma | Intraspinal Extradural hematoma evacuation                                                          | 52813      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1941   | Neurosurgery                                   | SN041A         | Spine - Extradural Tumour    | Excision of extradural spinal tumor                                                                 | 67396      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1942   | Neurosurgery                                   | SN041B         | Spine - Extradural Tumour    | Excision of extradural spinal tumor with fusion and fixation (Cost of implants to be extra)         | 67396      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1943   | Neurosurgery                                   | SN042A         | Spine - Intradural Tumour    | Excision of Intradural extramedullary tumor                                                         | 78125      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1944   | Neurosurgery                                   | SN042B         | Spine - Intradural Tumour    | Excision of Intradural extramedullary tumor with fusion and fixation (Cost of implants to be extra) | 85000      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                  | Procedure Code | Package Name                                                                         | Procedure Name                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------------------|----------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1945   | Neurosurgery                               | SN043A         | Spine - Intramedullar Tumour                                                         | Excision of Intramedullary tumor of spine                                                | 80625      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1946   | Neurosurgery                               | SN043B         | Spine - Intramedullar Tumour                                                         | Excision of Intramedullary tumor with fusion and fixation (Cost of implants to be extra) | 80625      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1947   | Interventional Radiology/ Pain Specialists | SN044A         | R. F. Lesioning for Trigeminal Neuralgia                                             | R. F. Lesioning for Trigeminal Neuralgia                                                 | 31250      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1948   | Neurosurgery                               | SN045A         | Brachial Plexus – Repair                                                             | Brachial Plexus repair                                                                   | 57292      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 1949   | Orthopedics                                | SN046A         | Carpal Tunnel Release                                                                | Carpal tunnel release                                                                    | 23438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1950   | Neurosurgery                               | SN046A         | Carpal Tunnel Release                                                                | Carpal tunnel release                                                                    | 23438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1951   | Neurosurgery                               | SN047A         | Nerve Decompression                                                                  | Peripheral nerve repair/Neurolysis                                                       | 26667      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 1952   | Neurosurgery                               | SN048A         | Cranial Nerve Anastomosis                                                            | Cranial nerve re-anastomosis/Repair (Facial/)                                            | 39063      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1953   | Neurosurgery                               | SN049B         | Peripheral Nerve Surgery                                                             | Peripheral nerve tumor excision and repair                                               | 52813      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1954   | Neurosurgery                               | SN050A         | Nerve Biopsy excluding Hensens                                                       | Nerve Biopsy excluding Hansen's                                                          | 11771      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1955   | Neurosurgery                               | SN051A         | Muscle Biopsy with report                                                            | Muscle Biopsy                                                                            | 11771      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1956   | Neurosurgery                               | SN054A         | Gamma Knife radiosurgery (GKRS) / SRS for tumours / Arteriovenous malformation (AVM) | Gamma Knife Radiosurgery for tumors/AVMs/ Trigeminal Neuralgia                           | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                                  | Procedure Code | Package Name                                                                      | Procedure Name                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------------------------|----------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 1957   | Neurosurgery                               | SN057A         | Endoscopic Third Ventriculostomy                                                  | Endoscopic Third ventriculostomy                                                  | 57292      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1958   | Interventional Radiology/ Pain Specialists | SN059A         | R. F. Lesioning                                                                   | Radiofrequency lesioning for sacroilitis                                          | 12709      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1959   | Interventional Radiology/ Pain Specialists | SN059B         | R. F. Lesioning                                                                   | Radiofrequency lesioning for chronic back pain                                    | 12709      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1960   | Neurosurgery                               | SN060A         | Discectomy - Dorsal                                                               | Discectomy - Dorsal                                                               | 70000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1961   | Neurosurgery                               | SN061A         | Diagnostic Cerebral / Spinal Angiography (DSA - Digital Substraction Angiography) | Diagnostic Cerebral / Spinal Angiography (DSA - Digital Substraction Angiography) | 26042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1962   | Neurosurgery                               | SN062A         | Reexploration for Cranial / Spinal surgeries                                      | Reexploration for Cranial / Spinal surgeries                                      | 39063      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1963   | Neurosurgery                               | SN063A         | Conservative management of high cervical injury                                   | Conservatively managed spinal injury with ventilator                              | 0          | N                      | Y                             | 30  | Regular Procedure | N                                  | Y                               | Y                            |
| 1964   | Polytrauma                                 | SN063B         | Conservative management of high cervical injury                                   | Moderate head injury                                                              | 0          | N                      | Y                             | 14  | Regular Procedure | N                                  | Y                               | Y                            |
| 1965   | Neurosurgery                               | SN063C         | Conservative management of high cervical injury                                   | Conservatively managed Severe Head injury                                         | 0          | N                      | Y                             | 14  | Regular Procedure | N                                  | Y                               | Y                            |
| 1966   | Polytrauma                                 | SN063D         | Conservative management of high cervical injury                                   | Simple head injury                                                                | 0          | N                      | Y                             | 14  | Regular Procedure | N                                  | Y                               | Y                            |
| 1967   | Neurosurgery                               | SN064A         | AVM EMBOLISATION                                                                  | AVM EMBOLISATION/ THROMBECTOM Y                                                   | 273438     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                                              | Procedure Name                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1968   | Neurosurgery            | SN065A         | Ventricular tap                                                                           | Ventricular tapping with Omayya reservoir/external ventricular drain                      | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1969   | Neurosurgery            | SN066A         | Decompressive Caniectomy                                                                  | Craniectomy/ DECRA for head injury/acute stroke/cerebral venous thrombosis                | 117188     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1970   | Obstetrics & Gynecology | SO002A         | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | 49480      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1971   | Surgical Oncology       | SO002A         | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | 49480      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1972   | Pediatric Surgery       | SO002A         | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | Laparotomy and proceed for Ovarian Cancers. Omentomy with Bilateral Salpingo-oophorectomy | 49480      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                                  | Procedure Name                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1973   | Obstetrics & Gynecology | SO003A         | Laparoscopic tubal surgeries (for any indication including ectopic pregnancy) | Laparoscopic tubal surgeries (for any indication including ectopic pregnancy) | 18125      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1974   | Surgical Oncology       | SO003A         | Laparoscopic tubal surgeries (for any indication including ectopic pregnancy) | Laparoscopic tubal surgeries (for any indication including ectopic pregnancy) | 18125      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 1975   | Obstetrics & Gynecology | SO004A         | Procedure on Fallopian Tube for establishing Tubal Patency                    | Procedure on Fallopian Tube for establishing Tubal Patency                    | 15105      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1976   | Surgical Oncology       | SO004A         | Procedure on Fallopian Tube for establishing Tubal Patency                    | Procedure on Fallopian Tube for establishing Tubal Patency                    | 15105      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1977   | Obstetrics & Gynecology | SO006A         | Abdominal Myomectomy                                                          | Abdominal Myomectomy                                                          | 32605      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1978   | Obstetrics & Gynecology | SO007A         | Hysteroscopic Myomectomy                                                      | Hysteroscopic Myomectomy                                                      | 15625      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1979   | Obstetrics & Gynecology | SO009A         | Hysteroscopic polypectomy                                                     | Hysteroscopic polypectomy                                                     | 13750      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1980   | Obstetrics & Gynecology | SO010A         | Hysterectomy                                                                  | Abdominal Hysterectomy                                                        | 50000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1981   | Obstetrics & Gynecology | SO010B         | Hysterectomy                                                                  | Abdominal Hysterectomy + Salpingo-oophorectomy                                | 50000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1982   | Obstetrics & Gynecology | SO010C         | Hysterectomy                                                                  | Non descent vaginal hysterectomy                                              | 50000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty               | Procedure Code | Package Name                                             | Procedure Name                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 1983   | Obstetrics & Gynecology | SO010D         | Hysterectomy                                             | Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy | 50000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1984   | Obstetrics & Gynecology | SO010E         | Hysterectomy                                             | Laparoscopic hysterectomy (TLH)                                      | 50000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1985   | Obstetrics & Gynecology | SO010F         | Hysterectomy                                             | Laparoscopically assisted vaginal hysterectomy (LAVH)                | 50000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1986   | Obstetrics & Gynecology | SO011A         | Caesarean hysterectomy                                   | Caesarean hysterectomy                                               | 26042      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1987   | Obstetrics & Gynecology | SO012A         | Manchester Repair                                        | Manchester Repair                                                    | 26042      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1988   | Obstetrics & Gynecology | SO013A         | Sling Surgeries for Prolapse                             | Surgeries for Prolapse - Sling Surgeries                             | 39063      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 1989   | Obstetrics & Gynecology | SO014A         | Hysterotomy                                              | Hysterotomy                                                          | 8334       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1990   | Obstetrics & Gynecology | SO015A         | Lap. Surgery for Endometriosis (Other than Hysterectomy) | Lap. Surgery for Endometriosis (Other than Hysterectomy)             | 22605      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 1991   | Obstetrics & Gynecology | SO016A         | Diagnostic hysteroscopy                                  | With biopsy                                                          | 10417      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1992   | Obstetrics & Gynecology | SO016B         | Diagnostic hysteroscopy                                  | Without biopsy                                                       | 10417      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1993   | Obstetrics & Gynecology | SO017A         | Hysteroscopic IUCD removal                               | Hysteroscopic IUCD removal                                           | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1994   | Obstetrics & Gynecology | SO018A         | D&C (Dilatation&curret age)                              | D&C (Dilatation&curret age)                                          | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1995   | Obstetrics & Gynecology | SO019A         | Dilation and Evacuation (D&E)                            | Dilation and Evacuation (D&E)                                        | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 1996   | Obstetrics & Gynecology | SO020A         | Pyometra drainage                                        | Pyometra drainage                                                    | 6563       | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                | Procedure Name                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label       | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|---------------------------------------------|------------------------------------------------------|------------|------------------------|-------------------------------|-----|-----------------------|------------------------------------|---------------------------------|------------------------------|
| 1997   | Obstetrics & Gynecology | SO021A         | Intrauterine transfusions                   | Intrauterine transfusions                            | 13021      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1998   | Obstetrics & Gynecology | SO022A         | Hysteroscopic adhesiolysis                  | Hysteroscopic adhesiolysis                           | 10417      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 1999   | Obstetrics & Gynecology | SO023A         | Laparoscopic adhesiolysis                   | Laparoscopic adhesiolysis                            | 12709      | N                      | N                             | 1   | Stand Alone Procedure | N                                  | N                               | N                            |
| 2000   | Obstetrics & Gynecology | SO024A         | Trans - vaginal tape / Trans-obturator tape | Trans-vaginal tape (tape cost additional=30-35000)   | 10417      | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 2001   | Obstetrics & Gynecology | SO024B         | Trans - vaginal tape / Trans-obturator tape | Trans-obturator tape (tape cost additional=30-35000) | 10417      | Y                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 2002   | Obstetrics & Gynecology | SO025A         | Sacrocolpopexy (Abdominal)                  | Open-Sacrocolpopexy (Abdominal)                      | 26042      | Y                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 2003   | Obstetrics & Gynecology | SO025B         | Sacrocolpopexy (Abdominal)                  | Sacrocolpopexy (Abdominal)- Lap.                     | 26042      | Y                      | N                             | 7   | Regular Procedure     | N                                  | N                               | N                            |
| 2004   | Obstetrics & Gynecology | SO026A         | LLETZ (including PAP smear and colposcopy)  | LLETZ (including PAP smear and colposcopy)           | 9167       | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |
| 2005   | Obstetrics & Gynecology | SO027A         | Vaginal Sacrospinus fixation with repair    | Vaginal Sacrospinus fixation with repair             | 21980      | N                      | N                             | 5   | Regular Procedure     | N                                  | N                               | N                            |
| 2006   | Obstetrics & Gynecology | SO028A         | Excision of Vaginal Septum (vaginal route)  | Excision of Vaginal Septum (vaginal route)           | 32188      | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 2007   | Obstetrics & Gynecology | SO029A         | Hymenectomy for imperforate hymen           | Hymenectomy for imperforate hymen                    | 4480       | N                      | N                             | 1   | Regular Procedure     | N                                  | N                               | N                            |
| 2008   | Obstetrics & Gynecology | SO030A         | Anterior & Posterior Colpoperineorrhaphy    | Anterior & Posterior Colpoperineorrhaphy             | 14688      | N                      | N                             | 5   | Regular Procedure     | N                                  | N                               | N                            |
| 2009   | Obstetrics & Gynecology | SO031A         | Vaginoplasty (McIndoe procedure)            | Vaginoplasty (McIndoe procedure)                     | 26042      | N                      | N                             | 3   | Regular Procedure     | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                      | Procedure Name                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|-------------------------------------------------------------------|-------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2010   | Obstetrics & Gynecology | SO032A         | Vaginal repair for vesico-vaginal fistula (Repair for VVF)        | Vaginal repair for vesico-vaginal fistula (Open)                  | 52084      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2011   | Obstetrics & Gynecology | SO033A         | Rectovaginal fistula repair                                       | Rectovaginal fistula repair                                       | 32605      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2012   | Obstetrics & Gynecology | SO034A         | Vulval Hematoma drainage                                          | Vulval Hematoma drainage                                          | 4480       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2013   | Obstetrics & Gynecology | SO035A         | Vulvectomy simple                                                 | Vulvectomy simple                                                 | 26042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2014   | Obstetrics & Gynecology | SO036A         | Radical Vulvectomy with Inguinal and Pelvic lymph node dissection | Radical Vulvectomy with Inguinal and Pelvic lymph node dissection | 65105      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2015   | Obstetrics & Gynecology | SO037A         | Abdomino Perineal repair for Mullerian Anomaly                    | Abdomino Perineal repair for Mullerian Anomaly                    | 45209      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2016   | Obstetrics & Gynecology | SO038A         | Colpotomy                                                         | Colpotomy                                                         | 6355       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2017   | Obstetrics & Gynecology | SO039A         | Diagnostic laparoscopy                                            | Diagnostic laparoscopy                                            | 15625      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2018   | Obstetrics & Gynecology | SO040A         | Laparotomy for ectopic/ benign disorders                          | Open-Laparotomy for ectopic/ benign disorders                     | 26042      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2019   | Obstetrics & Gynecology | SO040B         | Laparotomy for ectopic/ benign disorders                          | PID                                                               | 26042      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2020   | Obstetrics & Gynecology | SO041A         | Cystectomy                                                        | Lap                                                               | 26042      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2021   | Obstetrics & Gynecology | SO042A         | Cystocele - Anterior repair                                       | Cystocele - Anterior repair                                       | 10417      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2022   | Obstetrics & Gynecology | SO043A         | Burch                                                             | Abdominal                                                         | 32605      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2023   | Obstetrics & Gynecology | SO043B         | Burch                                                             | Laparoscopic - Burch                                              | 32605      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                                  | Procedure Name                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2024   | Obstetrics & Gynecology | SO044A         | Electro Cauterisation / Cryo Surgery                                          | Electro Cauterisation / Cryo Surgery                                                                                                                                       | 7396       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2025   | Obstetrics & Gynecology | SO045A         | EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse) | EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)                                                                                              | 3438       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2026   | Obstetrics & Gynecology | SO046A         | Hospitalisation for Antenatal Complications                                   | Hospitalisation for Antenatal Complications                                                                                                                                | 0          | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | Y                            |
| 2027   | Obstetrics & Gynecology | SO047A         | Amniocentesis                                                                 | Amniocentesis                                                                                                                                                              | 6563       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2028   | Obstetrics & Gynecology | SO048A         | Chorionic villus sampling/ amniocentesis with prenatal molecular testing      | Chorionic villus sampling /amniocentesis with prenatal molecular testing for Sickle cell disease or Thalassemia Including HPLC test and Pre and Post-procedure counselling | 13021      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2029   | Obstetrics & Gynecology | SO048B         | Chorionic villus sampling/ amniocentesis with prenatal molecular testing      | Chorionic Villus sampling / amniocentesis with prenatal molecular testing for hemophilia and other genetic disorders with known mutations and inheritance pattern          | 13021      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2030   | Obstetrics & Gynecology | SO049A         | Cordocentesis                                                                 | Cordocentesis                                                                                                                                                              | 13021      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                   | Procedure Name                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2031   | Obstetrics & Gynecology | SO050A         | McDonald's stitch                              | McDonald's stitch                                                                                                                                                  | 10417      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2032   | Obstetrics & Gynecology | SO051A         | Shirodkar's stitch                             | Shirodkar's stitch                                                                                                                                                 | 5938       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2033   | Obstetrics & Gynecology | SO054B         | High risk delivery                             | Mothers with eclampsia / imminent eclampsia / severe pre-eclampsia                                                                                                 | 19584      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2034   | Obstetrics & Gynecology | SO054C         | High risk delivery                             | Major Fetal malformation requiring intervention immediately after birth                                                                                            | 19584      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2035   | Obstetrics & Gynecology | SO054D         | High risk delivery                             | Mothers with severe anaemia (<7 g/dL)                                                                                                                              | 13021      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2036   | Obstetrics & Gynecology | SO054E         | High risk delivery                             | Other maternal and fetal conditions as per guidelines-eg previous caesarean section, diabetes, severe growth retardation, etc that qualify for high risk delivery. | 13021      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2037   | Obstetrics & Gynecology | SO055A         | Manual removal of placenta                     | Manual removal of placenta                                                                                                                                         | 11146      | N                      | N                             | 2   | Regular Procedure | N                                  | Y                               | N                            |
| 2038   | Obstetrics & Gynecology | SO060A         | Staging laparotomy for ovarian cancer (simple) | Hysterectomy + salpingo ophorectomy + omentectomy + BPLND- Open                                                                                                    | 65105      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2039   | Obstetrics & Gynecology | SO061A         | Vaginal Myomectomy                             | Vaginal Myomectomy                                                                                                                                                 | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                     | Procedure Name                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS       | Procedure Label     | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|------------------------------------------------------------------|----------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----------|---------------------|------------------------------------|---------------------------------|------------------------------|
| 2040   | Obstetrics & Gynecology | SO062A         | Cystectomy                                                       | Cystectomy - Open                                                          | 26042      | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2041   | Obstetrics & Gynecology | SO063A         | Laparoscopy for Ectopic/ other benign disorders                  | Cystectomy-lap                                                             | 26042      | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2042   | Obstetrics & Gynecology | SO065A         | Reversal of Sterilisation/ Tuboplasty (lap/ open)                | Reversal of Sterilisation/ Tuboplasty (lap/ open)                          | 32605      | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2043   | Obstetrics & Gynecology | SO066A         | Diagnostic Hystero - Laparoscopy with/ without Chromopertubation | Diagnostic Hystero - Laparoscopy with/ without Chromopertubation           | 19584      | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2044   | Obstetrics & Gynecology | SO067A         | Laparotomy for Broad Ligament Hematoma                           | Laparotomy for Broad Ligament Hematoma (including internal iliac ligation) | 45573      | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2045   | Obstetrics & Gynecology | SO068A         | Complete Perineal Tear                                           | Complete Perineal Tear                                                     | 32605      | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2046   | Obstetrics & Gynecology | SO069A         | Molar follow up for chemotherapy                                 | Molar follow up for chemotherapy                                           | 7813       | N                      | N                             | 1- 2 days | Follow-up Procedure | N                                  | N                               | N                            |
| 2047   | Obstetrics & Gynecology | SO070A         | Resuturing of wounds                                             | Resuturing of wounds                                                       | 6563       | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2048   | Obstetrics & Gynecology | SO072A         | Cone biopsy                                                      | Cone biopsy                                                                | 9167       | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2049   | Obstetrics & Gynecology | SO073A         | Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy       | Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy                 | 6563       | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |
| 2050   | Obstetrics & Gynecology | SO075A         | Operative vaginal delivery (Vacuum/ forceps)                     | Operative vaginal delivery (Vacuum/ forceps)                               | 13021      | N                      | N                             | 0         | Regular Procedure   | N                                  | N                               | N                            |

| S. No. | Specialty                        | Procedure Code | Package Name                                                                                              | Procedure Name                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|----------------------------------|----------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2051   | Obstetrics & Gynecology          | SO076A         | Surgical management of PPH after vaginal delivery                                                         | Surgical management of PPH after vaginal delivery                                                         | 19584      | N                      | N                             | 0   | Regular Procedure | N                                  | N                               | N                            |
| 2052   | Plastic & Reconstructive Surgery | SP001A         | Pressure Sore – Surgery                                                                                   | Pressure Sore – Surgery                                                                                   | 52813      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2053   | Plastic & Reconstructive Surgery | SP002A         | Diabetic Foot – Surgery                                                                                   | Diabetic Foot – Conservative management                                                                   | 32813      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2054   | Plastic & Reconstructive Surgery | SP003A         | Revascularization of limb / digit                                                                         | Revascularization of limb / digit (single digit)                                                          | 49896      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2055   | Plastic & Reconstructive Surgery | SP003B         | Revascularization of limb / digit                                                                         | Revascularization of limb / digit (more than one digit)                                                   | 140625     | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2056   | Plastic & Reconstructive Surgery | SP004A         | Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants) | Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants) | 61563      | Y                      | N                             | 5   | Regular Procedure | N                                  | Y                               | N                            |
| 2057   | Plastic & Reconstructive Surgery | SP004B         | Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants) | Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants) | 125000     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2058   | Plastic & Reconstructive Surgery | SP005A         | Scalp avulsion reconstruction                                                                             | Scalp avulsion reconstruction                                                                             | 93750      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

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|--------|----------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|--------------------|------------------------------------|---------------------------------|------------------------------|
| 2059   | Plastic & Reconstructive Surgery | SP006A         | Tissue Expander for disfigurement following burns / trauma / congenital deformity (including cost of expander / implant) | Tissue Expander for disfigurement following burns                | 78125      | Y                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 2060   | Plastic & Reconstructive Surgery | SP006B         | Tissue Expander for disfigurement following burns / trauma / congenital deformity (including cost of expander / implant) | Tissue Expander for disfigurement following trauma               | 78125      | Y                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 2061   | Plastic & Reconstructive Surgery | SP006C         | Tissue Expander for disfigurement following burns / trauma / congenital deformity (including cost of expander / implant) | Tissue Expander for disfigurement following congenital deformity | 78125      | Y                      | N                             | 5   | Regular Procedure  | N                                  | N                               | N                            |
| 2062   | Plastic & Reconstructive Surgery | SP007A         | Hemangioma                                                                                                               | Sclerotherapy under GA                                           | 39063      | N                      | N                             | 3   | Regular Procedure  | N                                  | N                               | N                            |
| 2063   | Plastic & Reconstructive Surgery | SP007B         | Hemangioma                                                                                                               | Debulking                                                        | 62500      | N                      | N                             | 4   | Regular Procedure  | N                                  | N                               | N                            |
| 2064   | Plastic & Reconstructive Surgery | SP007C         | Hemangioma                                                                                                               | Excision                                                         | 63021      | N                      | N                             | 4   | Regular Procedure  | N                                  | N                               | N                            |
| 2065   | Plastic & Reconstructive Surgery | SP008A         | NPWT                                                                                                                     | NPWT                                                             | 5938       | N                      | N                             | 3   | Add - On Procedure | N                                  | N                               | N                            |



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|--------|----------------------------------|----------------|------------------------------------------|------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2066   | Orthopedics                      | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2067   | Oral & Maxillofacial Surgery     | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2068   | ENT                              | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2069   | Pediatric Surgery                | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2070   | Plastic & reconstructive Surgery | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2071   | Surgical Oncology                | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2072   | Urology                          | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2073   | Polytrauma                       | SP009A         | Resuturing of Any Wound gap Surgeries    | Resuturing of Any Wound gap Surgeries    | 4688       | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2074   | Plastic & Reconstructive Surgery | SP009B         | Diabetic Foot – Surgery                  | Resuturing of Any Wound gap Surgeries    | 70313      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2075   | Pediatric Surgery                | SS001A         | Cleft Lip and Palate Surgery (per stage) | Cleft Lip and Palate Surgery (per stage) | 26667      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2076   | Oral & Maxillofacial Surgery     | SS001A         | Cleft Lip and Palate Surgery (per stage) | Cleft Lip and Palate Surgery (per stage) | 26667      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2077   | Plastic & Reconstructive Surgery | SS001A         | Cleft Lip and Palate Surgery (per stage) | Cleft Lip and Palate Surgery (per stage) | 26667      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2078   | Pediatric Surgery                | SS002A         | Ankyloglossia                            | Ankyloglossia Minor                      | 11146      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2079   | Pediatric Surgery                | SS002B         | Ankyloglossia                            | Ankyloglossia Major                      | 23438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2080   | Pediatric Surgery                | SS003A         | Anti GERD Surgery                        | Anti GERD Surgery                        | 33438      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|----------------------------------------------|----------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2081   | Pediatric Surgery | SS004A         | Gastrostomy + Esophagoscopy + Threading      | Gastrostomy + Esophagoscopy + Threading      | 34584      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2082   | Pediatric Surgery | SS005A         | Ladds Procedure                              | Ladds Procedure                              | 60938      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2083   | Pediatric Surgery | SS006A         | Duplication Cyst Excision                    | Duplication Cyst Excision                    | 38438      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2084   | Pediatric Surgery | SS007A         | Intussusception                              | Non – Operative Reduction in infants         | 35938      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2085   | Pediatric Surgery | SS007B         | Intussusception                              | Operative in infants                         | 42188      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2086   | Pediatric Surgery | SS008A         | Surgery for Hirschsprung's Disease           | Myectomy                                     | 40000      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2087   | Pediatric Surgery | SS008B         | Surgery for Hirschsprung's Disease           | Pull Through                                 | 38750      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2088   | Pediatric Surgery | SS008C         | Surgery for Hirschsprung's Disease           | Rectal Biopsy - Punch                        | 20000      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2089   | Pediatric Surgery | SS008D         | Surgery for Hirschsprung's Disease           | Rectal Biopsy – Open                         | 20521      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2090   | Pediatric Surgery | SS008E         | Surgery for Hirschsprung's Disease           | Sphincterotomy                               | 25834      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2091   | Pediatric Surgery | SS009A         | Rectal Polypectomy - Sigmoidoscopic Under GA | Rectal Polypectomy - Sigmoidoscopic Under GA | 18230      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2092   | Pediatric Surgery | SS010A         | Ano Rectal Malformation                      | Abd - Perineal PSARP                         | 39896      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2093   | Pediatric Surgery | SS010B         | Ano Rectal Malformation                      | Anoplasty                                    | 35834      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2094   | Pediatric Surgery | SS010C         | Ano Rectal Malformation                      | Cutback                                      | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2095   | Pediatric Surgery | SS010D         | Ano Rectal Malformation                      | PSARP                                        | 39271      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2096   | Pediatric Surgery | SS010E         | Ano Rectal Malformation                      | Redo - Pullthrough                           | 37500      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                             | Procedure Name                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|------------------------------------------|------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2097   | Pediatric Surgery | SS010F         | Ano Rectal Malformation                  | Transposition                            | 33438      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2098   | Pediatric Surgery | SS011A         | Fecal Fistula Closure                    | Fecal Fistula Closure                    | 44271      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2099   | Pediatric Surgery | SS012A         | GI Tumor Excision                        | GI Tumor Excision                        | 52084      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2100   | Pediatric Surgery | SS013A         | Congenital Diaphragmatic Hernia          | Congenital Diaphragmatic Hernia          | 63021      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2101   | Pediatric Surgery | SS014A         | Exomphalos / Gastroschisis               | Exomphalos                               | 48125      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2102   | Pediatric Surgery | SS014B         | Exomphalos / Gastroschisis               | Gastroschisis                            | 48125      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2103   | Pediatric Surgery | SS015A         | Hernia & Hydrocele                       | Hernia & Hydrocele                       | 31250      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2104   | Pediatric Surgery | SS016A         | Retro - Peritoneal Lymphangioma Excision | Retro - Peritoneal Lymphangioma Excision | 41042      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2105   | Pediatric Surgery | SS017A         | Surgery for Sacrococcygeal Teratoma      | Surgery for Sacrococcygeal Teratoma      | 38125      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2106   | Pediatric Surgery | SS018A         | Surgery for Congenital Lobar Emphysema   | Surgery for Congenital Lobar Emphysema   | 50521      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2107   | Pediatric Surgery | SS019A         | Undescended Testis                       | Bilateral - Palpable + Nonpalpable       | 24688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2108   | Pediatric Surgery | SS019B         | Undescended Testis                       | Bilateral Palpable                       | 24688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2109   | Pediatric Surgery | SS019C         | Undescended Testis                       | Bilateral Non - Palpable                 | 29688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2110   | Pediatric Surgery | SS019D         | Undescended Testis                       | Unilateral - Palpable                    | 24688      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2111   | Pediatric Surgery | SS019E         | Undescended Testis                       | Reexploration / Second Stage             | 28125      | N                      | N                             | 4   | Regular Procedure | N                                  | Y                               | N                            |
| 2112   | Pediatric Surgery | SS020A         | Excision of accessory auricle            | Excision of accessory auricle            | 29688      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2113   | Pediatric Surgery | SS021A         | MACROSTOMIA REPAIR                       | Repair of macrostomia                    | 60938      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                       | Procedure Name                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|------------------------------------|------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2114   | Pediatric Surgery | SS022A         | PARATHYROIDE CTOMY                 | Parathyroidectomy                        | 60938      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2115   | Pediatric Surgery | SS023A         | STENSON'S DUCT DILATATION          | Dilatation of Stenson's duct             | 17188      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2116   | Pediatric Surgery | SS024A         | SUPERNUMMER Y DIGIT EXISION        | Excision of supernumerary digit          | 21875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2117   | Pediatric Surgery | SS025A         | SYNDACTYLY                         | Syndactyly repair                        | 54688      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2118   | Pediatric Surgery | SS026A         | TONGUE LACERATION                  | Repair of tongue laceration              | 21875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2119   | Pediatric Surgery | SS027A         | TORTICOLLIS                        | Sternomastoid division                   | 23438      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2120   | Pediatric Surgery | SS028A         | LIVER TRAUMA NON-OP                | Non-operative management of liver trauma | 62500      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2121   | Pediatric Surgery | SS029A         | PORTAL HYPERTENSION                | NON-SHUNTS                               | 70313      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2122   | Pediatric Surgery | SS030A         | CONJOINED TWINS                    | Separation of twins                      | 148438     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2123   | Pediatric Surgery | SS031A         | ESOPHAGEAL ATRESIA/TEF             | PRIMARY REPAIR                           | 101563     | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2124   | Pediatric Surgery | SS032A         | MALROTATION                        | Ladd's procedure                         | 60938      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2125   | Pediatric Surgery | SS033A         | POSTERIOR URETHERAL VALVES         | VESICOSTOMY                              | 64063      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2126   | Pediatric Surgery | SS034A         | SPLENORRHAPHY                      | Splenoraphy                              | 48438      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2127   | Pediatric Surgery | SS035A         | ESOPHAGEAL DILATATION              | Esophageal dilatation                    | 46875      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2128   | Pediatric Surgery | SS036A         | OPEN KIDNEY BIOPSY                 | Kiidney biopsy                           | 51563      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2129   | Pediatric Surgery | SS037A         | APPENDICO-VESICOSTOMY/ Mitraffanof | Appendicovesicos tomy or Monti procedure | 67188      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2130   | Pediatric Surgery | SS038A         | VESICOSTOMY                        | Vesicostomy                              | 43750      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                           | Procedure Name               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|----------------------------------------|------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2131   | Pediatric Surgery | SS039A         | SUPRAGLOTTO PLASTY                     | Supra-gltoplasty             | 42188      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2132   | Pediatric Surgery | SS040A         | SINGLE STAGE AIRWAY RECONSTRUCTION     | Airway reconstruction        | 85938      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2133   | Pediatric Surgery | SS041A         | STAGED AIRWAY RECONSTRUCTION           | Staged airway reconstruction | 78125      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2134   | Pediatric Surgery | SS042A         | SLIDE TRACHEOPLASTY                    | Slide tracheoplasty          | 93750      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2135   | Polytrauma        | ST001A         | Conservative Management of Head Injury | Severe                       | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |
| 2136   | Orthopedics       | ST001A         | Conservative Management of Head Injury | Severe                       | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |
| 2137   | Neurosurgery      | ST001A         | Conservative Management of Head Injury | Severe                       | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |
| 2138   | General Surgery   | ST001A         | Conservative Management of Head Injury | Severe                       | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |
| 2139   | Polytrauma        | ST001B         | Conservative Management of Head Injury | Depressed Fracture           | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |
| 2140   | Orthopedics       | ST001B         | Conservative Management of Head Injury | Depressed Fracture           | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |
| 2141   | Neurosurgery      | ST001B         | Conservative Management of Head Injury | Depressed Fracture           | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |
| 2142   | General Surgery   | ST001B         | Conservative Management of Head Injury | Depressed Fracture           | 0          | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | Y                            |

| S. No. | Specialty                    | Procedure Code | Package Name                                                                       | Procedure Name                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------------------|----------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2143   | Polytrauma                   | ST002A         | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | 48438      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2144   | Orthopedics                  | ST002A         | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | 48438      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2145   | Neurosurgery                 | ST002A         | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | 48438      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2146   | General Surgery              | ST002A         | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | 48438      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2147   | Oral & Maxillofacial Surgery | ST002A         | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | Head injury with repair of Facio-Maxillary Injury & fixations (including implants) | 48438      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2148   | Polytrauma                   | ST003A         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone      | Subdural hematoma along with fixation of fracture of single long bone              | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                                                  | Procedure Name                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2149   | Orthopedics     | ST003A         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Subdural hematoma along with fixation of fracture of single long bone   | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2150   | Neurosurgery    | ST003A         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Subdural hematoma along with fixation of fracture of single long bone   | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2151   | General Surgery | ST003A         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Subdural hematoma along with fixation of fracture of single long bone   | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2152   | Polytrauma      | ST003B         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of single long bone | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2153   | Orthopedics     | ST003B         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of single long bone | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2154   | Neurosurgery    | ST003B         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of single long bone | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                                                  | Procedure Name                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2155   | General Surgery | ST003B         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of single long bone     | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2156   | Polytrauma      | ST003C         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Subdural hematoma along with fixation of fracture of 2 or more long bone.   | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2157   | Orthopedics     | ST003C         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Subdural hematoma along with fixation of fracture of 2 or more long bone.   | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2158   | Neurosurgery    | ST003C         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Subdural hematoma along with fixation of fracture of 2 or more long bone.   | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2159   | General Surgery | ST003C         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Subdural hematoma along with fixation of fracture of 2 or more long bone.   | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2160   | Polytrauma      | ST003D         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of 2 or more long bone. | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty       | Procedure Code | Package Name                                                                  | Procedure Name                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2161   | Orthopedics     | ST003D         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of 2 or more long bone. | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2162   | Neurosurgery    | ST003D         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of 2 or more long bone. | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2163   | General Surgery | ST003D         | Craniotomy and evacuation of Haematoma with fixation of fracture of long bone | Extradural hematoma along with fixation of fracture of 2 or more long bone. | 117188     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2164   | Polytrauma      | ST004A         | Management of Chest injury with fracture of Long bone                         | Management of Chest injury with fixation of Single Long bone                | 39063      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2165   | Orthopedics     | ST004A         | Management of Chest injury with fracture of Long bone                         | Management of Chest injury with fixation of Single Long bone                | 39063      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2166   | Neurosurgery    | ST004A         | Management of Chest injury with fracture of Long bone                         | Management of Chest injury with fixation of Single Long bone                | 39063      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2167   | General Surgery | ST004A         | Management of Chest injury with fracture of Long bone                         | Management of Chest injury with fixation of Single Long bone                | 39063      | Y                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                          | Procedure Name                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2168   | Polytrauma      | ST004B         | Management of Chest injury with fracture of Long bone | Management of Chest injury with fixation of 2 or more Long bones                       | 58646      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2169   | Orthopedics     | ST004B         | Management of Chest injury with fracture of Long bone | Management of Chest injury with fixation of 2 or more Long bones                       | 58646      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2170   | Neurosurgery    | ST004B         | Management of Chest injury with fracture of Long bone | Management of Chest injury with fixation of 2 or more Long bones                       | 58646      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2171   | General Surgery | ST004B         | Management of Chest injury with fracture of Long bone | Management of Chest injury with fixation of 2 or more Long bones                       | 58646      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2172   | Polytrauma      | ST005A         | Management of Visceral injury and fracture long bone  | Surgical intervention for Visceral injury and fixation of fracture of single long bone | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2173   | Orthopedics     | ST005A         | Management of Visceral injury and fracture long bone  | Surgical intervention for Visceral injury and fixation of fracture of single long bone | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2174   | Neurosurgery    | ST005A         | Management of Visceral injury and fracture long bone  | Surgical intervention for Visceral injury and fixation of fracture of single long bone | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                         | Procedure Name                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2175   | General Surgery | ST005A         | Management of Visceral injury and fracture long bone | Surgical intervention for Visceral injury and fixation of fracture of single long bone     | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2176   | Polytrauma      | ST005B         | Management of Visceral injury and fracture long bone | Surgical intervention for Visceral injury and fixation of fracture of 2 or more long bones | 70313      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2177   | Orthopedics     | ST005B         | Management of Visceral injury and fracture long bone | Surgical intervention for Visceral injury and fixation of fracture of 2 or more long bones | 70313      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2178   | Neurosurgery    | ST005B         | Management of Visceral injury and fracture long bone | Surgical intervention for Visceral injury and fixation of fracture of 2 or more long bones | 70313      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2179   | General Surgery | ST005B         | Management of Visceral injury and fracture long bone | Surgical intervention for Visceral injury and fixation of fracture of 2 or more long bones | 70313      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2180   | Polytrauma      | ST006A         | Internal fixation of Pelviacetabular fracture        | Internal fixation of Pelviacetabular fracture                                              | 52084      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                                               | Procedure Name                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2181   | Orthopedics     | ST006A         | Internal fixation of Pelviacetabular fracture                              | Internal fixation of Pelviacetabular fracture                            | 52084      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2182   | Neurosurgery    | ST006A         | Internal fixation of Pelviacetabular fracture                              | Internal fixation of Pelviacetabular fracture                            | 52084      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2183   | General Surgery | ST006A         | Internal fixation of Pelviacetabular fracture                              | Internal fixation of Pelviacetabular fracture                            | 52084      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2184   | Polytrauma      | ST007A         | Internal fixation with Flap cover Surgery for wound in compound fracture   | Internal fixation with Flap cover Surgery for wound in compound fracture | 52084      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2185   | Orthopedics     | ST007A         | Internal fixation with Flap cover Surgery for wound in compound fracture   | Internal fixation with Flap cover Surgery for wound in compound fracture | 52084      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2186   | Neurosurgery    | ST007A         | Internal fixation with Flap cover Surgery for wound in compound fracture   | Internal fixation with Flap cover Surgery for wound in compound fracture | 52084      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2187   | General Surgery | ST007A         | Internal fixation with Flap cover Surgery for wound in compound fracture   | Internal fixation with Flap cover Surgery for wound in compound fracture | 52084      | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2188   | Polytrauma      | ST008A         | Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery | Emergency tendons repair ± Peripheral Nerve repair                       | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                                               | Procedure Name                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2189   | Orthopedics     | ST008A         | Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery | Emergency tendons repair ± Peripheral Nerve repair                                              | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2190   | Neurosurgery    | ST008A         | Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery | Emergency tendons repair ± Peripheral Nerve repair                                              | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2191   | General Surgery | ST008A         | Emergency tendons repair ± Peripheral Nerve repair/ reconstructive surgery | Emergency tendons repair ± Peripheral Nerve repair                                              | 46875      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2192   | Polytrauma      | ST009A         | Management of Nerve Plexus / Tendon injuries                               | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair | 15625      | Y                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2193   | Orthopedics     | ST009A         | Management of Nerve Plexus / Tendon injuries                               | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair | 31250      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2194   | Neurosurgery    | ST009A         | Management of Nerve Plexus / Tendon injuries                               | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair | 65105      | Y                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                 | Procedure Name                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2195   | General Surgery | ST009A         | Management of Nerve Plexus / Tendon injuries | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair        | 15625      | Y                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2196   | Polytrauma      | ST009B         | Management of Nerve Plexus / Tendon injuries | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve graft. C. Tendon graft/transfer | 15625      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2197   | Orthopedics     | ST009B         | Management of Nerve Plexus / Tendon injuries | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve graft. C. Tendon graft/transfer | 31250      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2198   | Neurosurgery    | ST009B         | Management of Nerve Plexus / Tendon injuries | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve graft. C. Tendon graft/transfer | 65105      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2199   | General Surgery | ST009B         | Management of Nerve Plexus / Tendon injuries | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve graft. C. Tendon graft/transfer | 15625      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2200   | Polytrauma      | ST009C         | Management of Nerve Plexus / Tendon injuries | Tendon injury repair                                                                                   | 15625      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                            | Procedure Name                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2201   | Orthopedics     | ST009C         | Management of Nerve Plexus / Tendon injuries            | Tendon injury repair                                                                                                     | 31250      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2202   | Neurosurgery    | ST009C         | Management of Nerve Plexus / Tendon injuries            | Tendon injury repair                                                                                                     | 65105      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2203   | General Surgery | ST009C         | Management of Nerve Plexus / Tendon injuries            | Tendon injury repair                                                                                                     | 15625      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2204   | Polytrauma      | ST009D         | Management of Nerve Plexus / Tendon injuries            | Tendon graft repair                                                                                                      | 15625      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2205   | Orthopedics     | ST009D         | Management of Nerve Plexus / Tendon injuries            | Tendon graft repair                                                                                                      | 31250      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2206   | Neurosurgery    | ST009D         | Management of Nerve Plexus / Tendon injuries            | Tendon graft repair                                                                                                      | 65105      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2207   | General Surgery | ST009D         | Management of Nerve Plexus / Tendon injuries            | Tendon graft repair                                                                                                      | 15625      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2208   | Polytrauma      | ST009E         | Management of Nerve Plexus / Tendon injuries            | Tendon Transfer                                                                                                          | 26042      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2209   | Orthopedics     | ST009E         | Management of Nerve Plexus / Tendon injuries            | Tendon Transfer                                                                                                          | 31250      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2210   | Neurosurgery    | ST009E         | Management of Nerve Plexus / Tendon injuries            | Tendon Transfer                                                                                                          | 65105      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2211   | General Surgery | ST009E         | Management of Nerve Plexus / Tendon injuries            | Tendon Transfer                                                                                                          | 26042      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2212   | Polytrauma      | ST010A         | Plexus injury along with Vascular injury repair / graft | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair D. Vascular repair/graft | 15625      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty       | Procedure Code | Package Name                                            | Procedure Name                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------------|----------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2213   | Orthopedics     | ST010A         | Plexus injury along with Vascular injury repair / graft | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair D. Vascular repair/graft | 31250      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2214   | Neurosurgery    | ST010A         | Plexus injury along with Vascular injury repair / graft | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair D. Vascular repair/graft | 65105      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2215   | General Surgery | ST010A         | Plexus injury along with Vascular injury repair / graft | Nerve and/or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair D. Vascular repair/graft | 15625      | N                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2216   | Polytrauma      | ST010B         | Plexus injury along with Vascular injury repair / graft | Plexus injury along with Vascular injury graft                                                                           | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2217   | Orthopedics     | ST010B         | Plexus injury along with Vascular injury repair / graft | Plexus injury along with Vascular injury graft                                                                           | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2218   | Neurosurgery    | ST010B         | Plexus injury along with Vascular injury repair / graft | Plexus injury along with Vascular injury graft                                                                           | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty               | Procedure Code | Package Name                                            | Procedure Name                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|---------------------------------------------------------|------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2219   | General Surgery         | ST010B         | Plexus injury along with Vascular injury repair / graft | Plexus injury along with Vascular injury graft | 93750      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2220   | Pediatric Surgery       | SU001A         | Adrenalectomy                                           | Adrenalectomy-Open                             | 84000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2221   | Urology                 | SU001A         | Adrenalectomy                                           | Adrenalectomy-Open                             | 84000      | N                      | Y                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2222   | Pediatric Surgery       | SU001B         | Adrenalectomy                                           | Adrenalectomy - Lap.                           | 84000      | N                      | Y                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2223   | Urology                 | SU001B         | Adrenalectomy                                           | Adrenalectomy - Lap.                           | 84000      | N                      | Y                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2224   | Urology                 | SU003A         | Nephrectomy                                             | Nephrectomy For Benign pathology - Open        | 68000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2225   | Obstetrics & Gynecology | SU003A         | Nephrectomy                                             | Nephrectomy For Benign pathology - Open        | 68000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2226   | Surgical Oncology       | SU003A         | Nephrectomy                                             | Nephrectomy For Benign pathology - Open        | 68000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2227   | Urology                 | SU003B         | Nephrectomy                                             | Nephrectomy -For Benign pathology - Lap.       | 68000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2228   | Obstetrics & Gynecology | SU003B         | Nephrectomy                                             | Nephrectomy -For Benign pathology - Lap.       | 68000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2229   | Surgical Oncology       | SU003B         | Nephrectomy                                             | Nephrectomy -For Benign pathology - Lap.       | 68000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2230   | Urology                 | SU003C         | Nephrectomy                                             | Nephrectomy-Radical (Renal tumor) - Open       | 84000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2231   | Obstetrics & Gynecology | SU003C         | Nephrectomy                                             | Nephrectomy-Radical (Renal tumor) - Open       | 84000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2232   | Surgical Oncology       | SU003C         | Nephrectomy                                             | Nephrectomy-Radical (Renal tumor) - Open       | 84000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                | Procedure Code | Package Name                                 | Procedure Name                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|--------------------------|----------------|----------------------------------------------|----------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2233   | Urology                  | SU003D         | Nephrectomy                                  | Nephrectomy-Radical (Renal tumor) - Lap.     | 84000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2234   | Obstetrics & Gynecology  | SU003D         | Nephrectomy                                  | Nephrectomy-Radical (Renal tumor) - Lap.     | 84000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2235   | Surgical Oncology        | SU003D         | Nephrectomy                                  | Nephrectomy-Radical (Renal tumor) - Lap.     | 84000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2236   | Urology                  | SU004A         | Nephrectomy - Partial or Hemi                | Nephrectomy - Partial or Hemi-Open           | 90000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2237   | Surgical Oncology        | SU004A         | Nephrectomy - Partial or Hemi                | Nephrectomy - Partial or Hemi-Open           | 90000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2238   | Pediatric Surgery        | SU004A         | Nephrectomy - Partial or Hemi                | Nephrectomy - Partial or Hemi-Open           | 90000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2239   | Urology                  | SU004B         | Nephrectomy - Partial or Hemi                | Nephrectomy - Partial or Hemi-Lap.           | 90000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2240   | Surgical Oncology        | SU004B         | Nephrectomy - Partial or Hemi                | Nephrectomy - Partial or Hemi-Lap.           | 90000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2241   | Pediatric Surgery        | SU004B         | Nephrectomy - Partial or Hemi                | Nephrectomy - Partial or Hemi-Lap.           | 90000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2242   | Urology                  | SU005A         | Nephrolithotomy                              | Nephrolithotomy-Open                         | 47500      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2243   | Urology                  | SU005B         | Nephrolithotomy                              | Anatrophic                                   | 47500      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2244   | Urology                  | SU007A         | PCNL (Percutaneous Nephrolithotomy)          | PCNL (Percutaneous Nephrolithotomy)          | 58646      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2245   | Interventional Radiology | SU008A         | Nephrostomy - Percutaneous ultrasound guided | Nephrostomy - Percutaneous ultrasound guided | 23438      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                 | Procedure Name                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS       | Procedure Label     | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|----------------------------------------------|-----------------------------------------------|------------|------------------------|-------------------------------|-----------|---------------------|------------------------------------|---------------------------------|------------------------------|
| 2246   | Pediatric Surgery | SU008A         | Nephrostomy - Percutaneous ultrasound guided | Nephrostomy - Percutaneous ultrasound guided  | 23438      | N                      | N                             | 1         | Regular Procedure   | N                                  | N                               | N                            |
| 2247   | Urology           | SU008A         | Nephrostomy - Percutaneous ultrasound guided | Nephrostomy - Percutaneous ultrasound guided  | 23438      | N                      | N                             | 1         | Regular Procedure   | N                                  | N                               | N                            |
| 2248   | Urology           | SU0100A        | Torsion of testis                            | Torsion of testis                             | 23438      | N                      | N                             | 5         | Regular Procedure   | N                                  | N                               | N                            |
| 2249   | Urology           | SU0101A        | Follow up for urological procedures          | Follow up for urological procedures           | 2396       | N                      | N                             | 1- 2 days | Follow-up Procedure | N                                  | N                               | N                            |
| 2250   | Urology           | SU010A         | Nephro ureterectomy (Benign)                 | Nephro ureterectomy (Benign)-Open             | 68000      | N                      | N                             | 4         | Regular Procedure   | N                                  | N                               | N                            |
| 2251   | Surgical Oncology | SU010A         | Nephro ureterectomy (Benign)                 | Nephro ureterectomy (Benign)-Open             | 68000      | N                      | N                             | 4         | Regular Procedure   | N                                  | N                               | N                            |
| 2252   | Pediatric Surgery | SU010A         | Nephro ureterectomy (Benign)                 | Nephro ureterectomy (Benign)-Open             | 68000      | N                      | N                             | 4         | Regular Procedure   | N                                  | N                               | N                            |
| 2253   | Urology           | SU010B         | Nephro ureterectomy (Benign)                 | Nephro ureterectomy (Benign) - Lap.           | 68000      | N                      | N                             | 3         | Regular Procedure   | N                                  | N                               | N                            |
| 2254   | Surgical Oncology | SU010B         | Nephro ureterectomy (Benign)                 | Nephro ureterectomy (Benign) - Lap.           | 68000      | N                      | N                             | 3         | Regular Procedure   | N                                  | N                               | N                            |
| 2255   | Pediatric Surgery | SU010B         | Nephro ureterectomy (Benign)                 | Nephro ureterectomy (Benign) - Lap.           | 68000      | N                      | N                             | 3         | Regular Procedure   | N                                  | N                               | N                            |
| 2256   | Urology           | SU011A         | Nephro ureterectomy with cuff of bladder     | Nephro ureterectomy with cuff of bladder-Open | 68000      | N                      | N                             | 4         | Regular Procedure   | N                                  | N                               | N                            |
| 2257   | Surgical Oncology | SU011A         | Nephro ureterectomy with cuff of bladder     | Nephro ureterectomy with cuff of bladder-Open | 68000      | N                      | N                             | 4         | Regular Procedure   | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                   | Procedure Name                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|------------------------------------------------|----------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2258   | Pediatric Surgery | SU011A         | Nephro ureterectomy with cuff of bladder       | Nephro ureterectomy with cuff of bladder-Open                                          | 68000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2259   | Urology           | SU011B         | Nephro ureterectomy with cuff of bladder       | Nephro ureterectomy with cuff of bladder Lap.                                          | 68000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2260   | Surgical Oncology | SU011B         | Nephro ureterectomy with cuff of bladder       | Nephro ureterectomy with cuff of bladder Lap.                                          | 68000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2261   | Pediatric Surgery | SU011B         | Nephro ureterectomy with cuff of bladder       | Nephro ureterectomy with cuff of bladder Lap.                                          | 68000      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2262   | Urology           | SU013A         | Perinephric Abscess drainage                   | Perinephric Abscess drainage -Open                                                     | 31250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2263   | Urology           | SU013B         | Perinephric Abscess drainage                   | Percutaneous                                                                           | 23438      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2264   | Urology           | SU014A         | Ureteroscopy + Stone removal with lithotripsy  | Lower Ureter                                                                           | 46771      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2265   | Urology           | SU014B         | Ureteroscopy + Stone removal with lithotripsy  | Upper Ureter                                                                           | 46771      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2266   | Urology           | SU016A         | Extracorporeal shock - wave Lithotripsy (ESWL) | Extracorporeal shock - wave Lithotripsy (ESWL) stone, with or without stent (one side) | 40000      | Y                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2267   | Pediatric Surgery | SU018A         | Ureterolithotomy                               | Ureterolithotomy - Open                                                                | 35834      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2268   | Urology           | SU018A         | Ureterolithotomy                               | Ureterolithotomy - Open                                                                | 35834      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2269   | Pediatric Surgery | SU018B         | Ureterolithotomy                               | Lap.- Ureterolithotomy                                                                 | 35209      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2270   | Urology           | SU018B         | Ureterolithotomy                               | Lap.- Ureterolithotomy                                                                 | 35209      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                      | Procedure Name                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------------------------------|----------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2271   | Pediatric Surgery | SU021A         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloplasty - Open               | 48438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2272   | Urology           | SU021A         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloplasty - Open               | 48438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2273   | Pediatric Surgery | SU021B         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloplasty - Laparoscopic       | 54271      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2274   | Urology           | SU021B         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloplasty - Laparoscopic       | 54271      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2275   | Pediatric Surgery | SU021C         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloureterostomy - Open         | 48438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2276   | Urology           | SU021C         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloureterostomy - Open         | 48438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2277   | Pediatric Surgery | SU021D         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloureterostomy - Laparoscopic | 54271      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2278   | Urology           | SU021D         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyeloureterostomy - Laparoscopic | 54271      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

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|--------|-------------------|----------------|---------------------------------------------------|-----------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2279   | Pediatric Surgery | SU021E         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyelopyelostomy - Open            | 48438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2280   | Urology           | SU021E         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyelopyelostomy - Open            | 48438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2281   | Pediatric Surgery | SU021F         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyelopyelostomy - Laparoscopic    | 54271      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2282   | Urology           | SU021F         | Pyeloplasty / Pyeloureterostomy / Pyelopyelostomy | Pyelopyelostomy - Laparoscopic    | 54271      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2283   | Pediatric Surgery | SU023A         | Ureterocalycostomy                                | Ureterocalycostomy - Open         | 49896      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2284   | Urology           | SU023A         | Ureterocalycostomy                                | Ureterocalycostomy - Open         | 49896      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2285   | Pediatric Surgery | SU023B         | Ureterocalycostomy                                | Ureterocalycostomy - Laparoscopic | 55730      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2286   | Urology           | SU023B         | Ureterocalycostomy                                | Ureterocalycostomy - Laparoscopic | 55730      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2287   | Pediatric Surgery | SU024A         | Pyelolithotomy                                    | Pyelolithotomy - Open             | 46771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2288   | Urology           | SU024A         | Pyelolithotomy                                    | Pyelolithotomy - Open             | 46771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2289   | Pediatric Surgery | SU024B         | Pyelolithotomy                                    | Lap.                              | 46771      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2290   | Urology           | SU024B         | Pyelolithotomy                                    | Lap.                              | 46771      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                                 | Procedure Name                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2291   | Urology                 | SU025A         | Internal Ureterotomy including cystoscopy as an independent procedure        | Internal Ureterotomy including cystoscopy as an independent procedure               | 22000      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2292   | Urology                 | SU026A         | Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping) | Open - Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping) | 46771      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2293   | Urology                 | SU026B         | Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping) | Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping- Lap.   | 45730      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2294   | Pediatric Surgery       | SU027A         | Ureterostomy                                                                 | Ureterostomy (Cutaneous)                                                            | 31667      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2295   | Urology                 | SU027A         | Ureterostomy                                                                 | Ureterostomy (Cutaneous)                                                            | 31667      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2296   | Pediatric Surgery       | SU028A         | Uretero-ureterostomy                                                         | Uretero-ureterostomy-Open                                                           | 46875      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2297   | Urology                 | SU028A         | Uretero-ureterostomy                                                         | Uretero-ureterostomy-Open                                                           | 46875      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2298   | Pediatric Surgery       | SU028B         | Uretero-ureterostomy                                                         | Lap.                                                                                | 52813      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2299   | Urology                 | SU028B         | Uretero-ureterostomy                                                         | Lap.                                                                                | 52813      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2300   | Obstetrics & Gynecology | SU029A         | Uretero-vaginal / Uterine fistula repair                                     | Uretero - vaginal fistula repair - Open                                             | 41042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2301   | Urology                 | SU029A         | Uretero-vaginal / Uterine fistula repair                                     | Uretero - vaginal fistula repair - Open                                             | 41042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2302   | Obstetrics & Gynecology | SU029B         | Uretero-vaginal / Uterine fistula repair                                     | Uretero - Uterine fistula repair - Open                                             | 41042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                             | Procedure Name                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|------------------------------------------|-------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2303   | Urology                 | SU029B         | Uretero-vaginal / Uterine fistula repair | Uretero - Uterine fistula repair - Open         | 41042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2304   | Obstetrics & Gynecology | SU029C         | Uretero-vaginal / Uterine fistula repair | Uretero - vaginal fistula repair - Laparoscopic | 41042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2305   | Urology                 | SU029C         | Uretero-vaginal / Uterine fistula repair | Uretero - vaginal fistula repair - Laparoscopic | 41042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2306   | Obstetrics & Gynecology | SU029D         | Uretero-vaginal / Uterine fistula repair | Uretero - Uterine fistula repair - Laparoscopic | 41042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2307   | Urology                 | SU029D         | Uretero-vaginal / Uterine fistula repair | Uretero - Uterine fistula repair - Laparoscopic | 41042      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2308   | Pediatric Surgery       | SU030A         | Ureteric reimplantation                  | Ureteric reimplantation - Open                  | 39896      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2309   | Urology                 | SU030A         | Ureteric reimplantation                  | Ureteric reimplantation - Open                  | 39896      | N                      | Y                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2310   | Pediatric Surgery       | SU030B         | Ureteric reimplantation                  | Lap.                                            | 39896      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2311   | Urology                 | SU030B         | Ureteric reimplantation                  | Lap.                                            | 39896      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2312   | Urology                 | SU031A         | Boari flap for ureteric stricture        | Open - Boari flap for ureteric stricture        | 49896      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2313   | Urology                 | SU031B         | Boari flap for ureteric stricture        | Boari flap for ureteric stricture-Lap.          | 52813      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2314   | Urology                 | SU032A         | Ileal replacement for ureteric stricture | Ileal replacement for ureteric stricture        | 101563     | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty         | Procedure Code | Package Name                                                                              | Procedure Name                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2315   | Pediatric Surgery | SU033A         | DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram          | DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram                            | 10000      | Y                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2316   | Urology           | SU033A         | DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram          | DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram                            | 10000      | Y                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2317   | Urology           | SU034A         | DJ Stent Removal                                                                          | DJ Stent Removal                                                                                            | 5000       | N                      | N                             | 1        | Regular Procedure | N                                  | Y                               | N                            |
| 2318   | Urology           | SU035A         | Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram | Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram                   | 31250      | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2319   | Urology           | SU036A         | Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram    | Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram                      | 23438      | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2320   | Pediatric Surgery | SU037A         | Acute management of upper urinary tract trauma – conservative                             | Acute management of upper urinary tract trauma – conservative (1-5 days)plus high end investigation package | 13542      | N                      | N                             | 1-5 days | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                       | Procedure Name                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS      | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|----------|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2321   | Urology           | SU037A         | Acute management of upper urinary tract trauma – conservative      | Acute management of upper urinary tract trauma – conservative (1-5 days)plus high end investigation package | 13542      | N                      | N                             | 1-5 days | Regular Procedure | N                                  | N                               | N                            |
| 2322   | Urology           | SU038A         | Endopyelotomy                                                      | Retrograde with laser / bugbee                                                                              | 46875      | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2323   | Urology           | SU038B         | Endopyelotomy                                                      | Antegrade with laser / bugbee                                                                               | 46875      | N                      | N                             | 2        | Regular Procedure | N                                  | N                               | N                            |
| 2324   | Pediatric Surgery | SU040A         | Cystolithotomy - Open, including cystoscopy                        | Open - including cystoscopy                                                                                 | 31146      | N                      | N                             | 2        | Regular Procedure | N                                  | N                               | N                            |
| 2325   | Urology           | SU040A         | Cystolithotomy - Open, including cystoscopy                        | Open - including cystoscopy                                                                                 | 31146      | N                      | N                             | 2        | Regular Procedure | N                                  | N                               | N                            |
| 2326   | Pediatric Surgery | SU041A         | Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy | Cystolithotripsy endoscopic, including cystoscopy                                                           | 31146      | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2327   | Urology           | SU041A         | Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy | Cystolithotripsy endoscopic, including cystoscopy                                                           | 31146      | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2328   | Pediatric Surgery | SU041B         | Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy | Urethral Stone removal endoscopic, including cystoscopy                                                     | 31146      | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2329   | Urology           | SU041B         | Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy | Urethral Stone removal endoscopic, including cystoscopy                                                     | 31146      | N                      | N                             | 1        | Regular Procedure | N                                  | N                               | N                            |
| 2330   | Urology           | SU043A         | Partial Cystectomy                                                 | Partial Cystectomy-Open                                                                                     | 40938      | N                      | N                             | 3        | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                          | Procedure Name                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2331   | Pediatric Surgery | SU043A         | Partial Cystectomy                                                    | Partial Cystectomy-Open                                               | 40938      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2332   | Surgical Oncology | SU043A         | Partial Cystectomy                                                    | Partial Cystectomy-Open                                               | 40938      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2333   | Urology           | SU043B         | Partial Cystectomy                                                    | Lap.                                                                  | 39896      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2334   | Pediatric Surgery | SU043B         | Partial Cystectomy                                                    | Lap.                                                                  | 39896      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2335   | Surgical Oncology | SU043B         | Partial Cystectomy                                                    | Lap.                                                                  | 39896      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2336   | Urology           | SU045A         | Augmentation cystoplasty                                              | Augmentation cystoplasty - Open                                       | 49896      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2337   | Pediatric Surgery | SU045A         | Augmentation cystoplasty                                              | Augmentation cystoplasty - Open                                       | 49896      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2338   | Urology           | SU045B         | Augmentation cystoplasty                                              | Lap.                                                                  | 55730      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2339   | Pediatric Surgery | SU045B         | Augmentation cystoplasty                                              | Lap.                                                                  | 55730      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2340   | Urology           | SU048A         | Open bladder diverticulectomy with / without ureteric re-implantation | Open bladder diverticulectomy with / without ureteric re-implantation | 41042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2341   | Pediatric Surgery | SU048A         | Open bladder diverticulectomy with / without ureteric re-implantation | Open bladder diverticulectomy with / without ureteric re-implantation | 41042      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2342   | Urology           | SU049A         | Bladder injury repair (with or without urethral injury)               | Bladder injury repair (with or without urethral injury)               | 39896      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2343   | Pediatric Surgery | SU049A         | Bladder injury repair (with or without urethral injury)               | Bladder injury repair (with or without urethral injury)               | 39896      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                                                                                                   | Procedure Name                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2344   | Urology           | SU050A         | Bladder injury repair with colostomy (with or without urethral injury)                                                                         | Bladder injury repair with colostomy (with or without urethral injury)                                                                         | 45417      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2345   | Pediatric Surgery | SU050A         | Bladder injury repair with colostomy (with or without urethral injury)                                                                         | Bladder injury repair with colostomy (with or without urethral injury)                                                                         | 45417      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2346   | Urology           | SU051A         | Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant                                                 | Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant                                                 | 140625     | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2347   | Pediatric Surgery | SU051A         | Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant                                                 | Extrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric reimplant                                                 | 140625     | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2348   | Urology           | SU052A         | Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics) | Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics) | 25625      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                                                                                                  | Procedure Name                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2349   | Pediatric Surgery | SU052A         | Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + RGU/MCU) for 1 month (medicines - antibiotics) | Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + RGU/MCU) for 1 month (medicines - antibiotics) | 25625      | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 2350   | Urology           | SU054A         | Bladder Neck incision - Endoscopic                                                                                                            | Bladder Neck incision - Endoscopic                                                                                                            | 25834      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2351   | Urology           | SU055A         | TURBT (Transurethral Resection of the Bladder Tumor)                                                                                          | TURBT (Transurethral Resection of the Bladder Tumor)                                                                                          | 45417      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2352   | Surgical Oncology | SU055A         | TURBT (Transurethral Resection of the Bladder Tumor)                                                                                          | TURBT (Transurethral Resection of the Bladder Tumor)                                                                                          | 45417      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2353   | Urology           | SU056A         | TURBT - Restage                                                                                                                               | TURBT - Restage                                                                                                                               | 30938      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2354   | Surgical Oncology | SU056A         | TURBT - Restage                                                                                                                               | TURBT - Restage                                                                                                                               | 30938      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2355   | Urology           | SU057A         | Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy                                                                              | Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy                                                                              | 15625      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2356   | Urology           | SU058A         | Urachal Cyst excision                                                                                                                         | Urachal Cyst excision - Open                                                                                                                  | 34375      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2357   | Urology           | SU058B         | Urachal Cyst excision                                                                                                                         | Urachal Cyst excision - Laparoscopic                                                                                                          | 37292      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                     | Procedure Name                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|--------------------------------------------------|-----------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2358   | Medical Oncology  | SU060A         | Intravesical BCG / Mitomycin                     | Induction cycles (PC)<br>Rate per dose -Rs 5000 max no- 06 (including drug) | 3959       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 2359   | Urology           | SU060A         | Intravesical BCG / Mitomycin                     | Induction cycles (PC)<br>Rate per dose -Rs 5000 max no- 06 (including drug) | 3959       | N                      | N                             | 1   | Regular Procedure | Y                                  | Y                               | N                            |
| 2360   | Urology           | SU061A         | Suprapubic Drainage - Closed / Trocar            | Suprapubic Drainage - Closed / Trocar                                       | 7917       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2361   | Pediatric Surgery | SU061A         | Suprapubic Drainage - Closed / Trocar            | Suprapubic Drainage - Closed / Trocar                                       | 7917       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2362   | Urology           | SU062A         | Stress incontinence surgery                      | Stress incontinence surgery - Open                                          | 36875      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2363   | Surgical Oncology | SU062A         | Stress incontinence surgery                      | Stress incontinence surgery - Open                                          | 36875      | Y                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2364   | Pediatric Surgery | SU064A         | Emergency management of Acute retention of Urine | Emergency management of Acute retention of Urine                            | 0          | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | Y                            |
| 2365   | Urology           | SU065A         | Meatotomy / Meatoplasty                          | Meatotomy                                                                   | 6459       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2366   | Pediatric Surgery | SU065A         | Meatotomy / Meatoplasty                          | Meatotomy                                                                   | 6459       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2367   | Urology           | SU065B         | Meatotomy / Meatoplasty                          | Meatoplasty                                                                 | 7396       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2368   | Pediatric Surgery | SU065B         | Meatotomy / Meatoplasty                          | Meatoplasty                                                                 | 7396       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2369   | Urology           | SU066A         | Urethroplasty                                    | Urethroplasty - End to end                                                  | 46771      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2370   | Pediatric Surgery | SU066A         | Urethroplasty                                    | Urethroplasty - End to end                                                  | 46771      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                          | Procedure Name                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------------------|-------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2371   | Urology           | SU066B         | Urethroplasty                         | Urethroplasty - Substitution - single stage                       | 46771      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2372   | Pediatric Surgery | SU066B         | Urethroplasty                         | Urethroplasty - Substitution - single stage                       | 46771      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2373   | Urology           | SU066C         | Urethroplasty                         | Urethroplasty - Substitution - two stage                          | 93750      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2374   | Pediatric Surgery | SU066C         | Urethroplasty                         | Urethroplasty - Substitution - two stage                          | 93750      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2375   | Urology           | SU066D         | Urethroplasty                         | Urethroplasty - Transpubic                                        | 53959      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2376   | Pediatric Surgery | SU066D         | Urethroplasty                         | Urethroplasty - Transpubic                                        | 53959      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2377   | Urology           | SU068A         | Urethral Dilatation                   | Non endoscopic as an independent procedure                        | 3959       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2378   | Pediatric Surgery | SU068A         | Urethral Dilatation                   | Non endoscopic as an independent procedure                        | 3959       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2379   | Urology           | SU068B         | Urethral Dilatation                   | Endoscopic as an independent procedure                            | 8855       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2380   | Pediatric Surgery | SU068B         | Urethral Dilatation                   | Endoscopic as an independent procedure                            | 8855       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2381   | Urology           | SU069A         | Perineal Urethrostomy without closure | Perineal Urethrostomy without closure                             | 31667      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2382   | Pediatric Surgery | SU069A         | Perineal Urethrostomy without closure | Perineal Urethrostomy without closure                             | 31667      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2383   | Urology           | SU070A         | Post. Urethral Valve fulguration      | Post. Urethral Valve fulguration(to be checked from pead surgery) | 31250      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty                        | Procedure Code | Package Name                      | Procedure Name                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|----------------------------------|----------------|-----------------------------------|-------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2384   | Pediatric Surgery                | SU070A         | Post. Urethral Valve fulguration  | Post. Urethral Valve fulguration(to be checked from pead surgery) | 31250      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2385   | Pediatric Surgery                | SU071A         | Hypospadias repair                | Single stage                                                      | 62500      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2386   | Urology                          | SU071A         | Hypospadias repair                | Single stage                                                      | 62500      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2387   | Plastic & Reconstructive Surgery | SU071A         | Hypospadias repair                | Single stage                                                      | 62500      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2388   | Pediatric Surgery                | SU071B         | Hypospadias repair                | Two or more stage (First Stage)                                   | 25521      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2389   | Urology                          | SU071B         | Hypospadias repair                | Two or more stage (First Stage)                                   | 25521      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2390   | Plastic & Reconstructive Surgery | SU071B         | Hypospadias repair                | Two or more stage (First Stage)                                   | 25521      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2391   | Pediatric Surgery                | SU071D         | Hypospadias repair                | Two or more stage (Final Stage)/Fistula repair                    | 31250      | N                      | N                             | 3   | Regular Procedure | Y                                  | Y                               | N                            |
| 2392   | Urology                          | SU071D         | Hypospadias repair                | Two or more stage (Final Stage)/Fistula repair                    | 31250      | N                      | N                             | 3   | Regular Procedure | Y                                  | Y                               | N                            |
| 2393   | Plastic & Reconstructive Surgery | SU071D         | Hypospadias repair                | Two or more stage (Final Stage)/Fistula repair                    | 31250      | N                      | N                             | 3   | Regular Procedure | Y                                  | Y                               | N                            |
| 2394   | Emergency Room Packages          | SU073A         | Emergency management of Hematuria | Emergency management of Hematuria(per day) LOS-1-5 days           | 0          | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | Y                            |



| S. No. | Specialty               | Procedure Code | Package Name                                                    | Procedure Name                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|-----------------------------------------------------------------|-----------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2395   | Pediatric Surgery       | SU073A         | Emergency management of Hematuria                               | Emergency management of Hematuria(per day) LOS-1-5 days         | 0          | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | Y                            |
| 2396   | Urology                 | SU074A         | Excision of Urethral Caruncle                                   | Excision of Urethral Caruncle                                   | 8855       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2397   | Urology                 | SU075A         | Urethrovaginal fistula repair                                   | Urethrovaginal fistula repair                                   | 62500      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2398   | Obstetrics & Gynecology | SU075A         | Urethrovaginal fistula repair                                   | Urethrovaginal fistula repair                                   | 62500      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2399   | Surgical Oncology       | SU075A         | Urethrovaginal fistula repair                                   | Urethrovaginal fistula repair                                   | 62500      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2400   | Urology                 | SU076A         | Urethrorectal fistula repair                                    | Urethrorectal fistula repair                                    | 78125      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2401   | Pediatric Surgery       | SU076A         | Urethrorectal fistula repair                                    | Urethrorectal fistula repair                                    | 78125      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2402   | Urology                 | SU077A         | Open simple prostatetctomy for BPH                              | Open simple prostatetctomy for BPH                              | 46667      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2403   | Urology                 | SU078A         | Radical prostatectomy                                           | Radical prostatectomy-Open                                      | 85000      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2404   | Urology                 | SU078B         | Radical prostatectomy                                           | Lap.                                                            | 87917      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2405   | Urology                 | SU080A         | TURP- Transurethral Resection of the Prostate, BPH              | Monopolar                                                       | 60000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2406   | Urology                 | SU080B         | TURP- Transurethral Resection of the Prostate, BPH              | Bipolar                                                         | 60000      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2407   | Urology                 | SU081A         | Transrectal Ultrasound guided prostate biopsy (minimum 12 core) | Transrectal Ultrasound guided prostate biopsy (minimum 12 core) | 15834      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                | Procedure Name                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|---------------------------------------------|------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2408   | Urology           | SU082A         | Penectomy                                   | Partial Penectomy                                                | 31250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2409   | Surgical Oncology | SU082A         | Penectomy                                   | Partial Penectomy                                                | 31250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2410   | Urology           | SU082B         | Penectomy                                   | Total Penectomy + Perineal Urethrostomy                          | 46875      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2411   | Surgical Oncology | SU082B         | Penectomy                                   | Total Penectomy + Perineal Urethrostomy                          | 46875      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2412   | Urology           | SU083A         | Surgery for Priapism                        | Aspiration                                                       | 23438      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2413   | Urology           | SU083B         | Surgery for Priapism                        | Shunt                                                            | 25834      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2414   | Urology           | SU085A         | Penile prosthesis insertion                 | Penile prosthesis insertion                                      | 54688      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2415   | Urology           | SU086A         | Orchiectomy                                 | High inguinal                                                    | 31250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2416   | Pediatric Surgery | SU086A         | Orchiectomy                                 | High inguinal                                                    | 31250      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2417   | Urology           | SU087A         | Bilateral Orchidectomy for hormone ablation | Bilateral Orchidectomy for hormone ablation                      | 30000      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2418   | Surgical Oncology | SU087A         | Bilateral Orchidectomy for hormone ablation | Bilateral Orchidectomy for hormone ablation                      | 30000      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2419   | Urology           | SU088A         | Orchiopexy                                  | Orchiopexy with laparoscopyto be cross checked with pead surgery | 46875      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2420   | Pediatric Surgery | SU088A         | Orchiopexy                                  | Orchiopexy with laparoscopyto be cross checked with pead surgery | 46875      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                  | Procedure Name                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|-----------------------------------------------|------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2421   | Urology                 | SU088B         | Orchiopexy                                    | Orchiopexy without laparoscopy - U/L                 | 25834      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2422   | Pediatric Surgery       | SU088B         | Orchiopexy                                    | Orchiopexy without laparoscopy - U/L                 | 25834      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2423   | Urology                 | SU088C         | Orchiopexy                                    | Orchiopexy without laparoscopy - B/L                 | 25834      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2424   | Pediatric Surgery       | SU088C         | Orchiopexy                                    | Orchiopexy without laparoscopy - B/L                 | 25834      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2425   | Urology                 | SU089A         | Surgical Correction of Varicocele             | Non Microsurgical                                    | 15834      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2426   | Urology                 | SU089B         | Surgical Correction of Varicocele             | Microsurgical                                        | 31250      | N                      | Y                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2427   | Urology                 | SU090A         | Radical Retroperitoneal lymph node dissection | Radical Retroperitoneal lymph node dissection- Open  | 62292      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2428   | Obstetrics & Gynecology | SU090A         | Radical Retroperitoneal lymph node dissection | Radical Retroperitoneal lymph node dissection- Open  | 62292      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2429   | Surgical Oncology       | SU090A         | Radical Retroperitoneal lymph node dissection | Radical Retroperitoneal lymph node dissection- Open  | 62292      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2430   | Urology                 | SU090B         | Radical Retroperitoneal lymph node dissection | Radical Retroperitoneal lymph node dissection - Lap. | 63438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty               | Procedure Code | Package Name                                                                                                                    | Procedure Name                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2431   | Obstetrics & Gynecology | SU090B         | Radical Retroperitoneal lymph node dissection                                                                                   | Radical Retroperitoneal lymph node dissection - Lap.                                                                            | 63438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2432   | Surgical Oncology       | SU090B         | Radical Retroperitoneal lymph node dissection                                                                                   | Radical Retroperitoneal lymph node dissection - Lap.                                                                            | 63438      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2433   | Urology                 | SU091A         | Ilio-Inguinal lymphadenectomy                                                                                                   | Ilio-Inguinal lymphadenectomy                                                                                                   | 34375      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2434   | Surgical Oncology       | SU091A         | Ilio-Inguinal lymphadenectomy                                                                                                   | Ilio-Inguinal lymphadenectomy                                                                                                   | 34375      | N                      | Y                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2435   | Pediatric Surgery       | SU094A         | Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines). | Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines). | 3125       | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2436   | Urology                 | SU095A         | Retrograde Intrarenal Surgery with Laser Lithotripsy                                                                            | Retrograde Intrarenal Surgery with Laser Lithotripsy                                                                            | 47500      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2437   | Urology                 | SU096B         | Repair for VVF                                                                                                                  | Repair for VVF - Laparoscopic/open                                                                                              | 58646      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2438   | Urology                 | SU097A         | Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis                                       | Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis                                       | 39063      | N                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty         | Procedure Code | Package Name                                                 | Procedure Name                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-------------------|----------------|--------------------------------------------------------------|-----------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2439   | Urology           | SU098A         | Pelvic lymphadenectomy , after prior cancer surgery          | Pelvic lymphadenectomy , after prior cancer surgery- Open | 46875      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2440   | Surgical Oncology | SU098A         | Pelvic lymphadenectomy , after prior cancer surgery          | Pelvic lymphadenectomy , after prior cancer surgery- Open | 46875      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2441   | Urology           | SU098B         | Pelvic lymphadenectomy , after prior cancer surgery          | Laparoscopic                                              | 47500      | N                      | N                             | 3   | Regular Procedure | N                                  | N                               | N                            |
| 2442   | Urology           | SU099A         | Botulinum toxin injection for Neuropathic bladder            | Botulinum toxin injection for Neuropathic bladder         | 15625      | N                      | N                             | 5   | Regular Procedure | N                                  | N                               | N                            |
| 2443   | CTVS              | SV001A         | Surgical Correction of Category - I Congenital Heart Disease | Unifocalization of MAPCA                                  | 171875     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2444   | CTVS              | SV001B         | Surgical Correction of Category - I Congenital Heart Disease | Isolated Secundum Atrial Septal Defect (ASD) Repair       | 171875     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2445   | CTVS              | SV001C         | Surgical Correction of Category - I Congenital Heart Disease | Glenn procedure                                           | 171875     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2446   | CTVS              | SV001D         | Surgical Correction of Category - I Congenital Heart Disease | Pulmonary Artery Banding                                  | 171875     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                                  | Procedure Name                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|---------------------------------------------------------------|--------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2447   | CTVS      | SV001E         | Surgical Correction of Category - I Congenital Heart Disease  | Systemic - Pulmonary Artery shunt                      | 171875     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2448   | CTVS      | SV001F         | Surgical Correction of Category - I Congenital Heart Disease  | Vascular Ring division                                 | 171875     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2449   | CTVS      | SV001G         | Surgical Correction of Category - I Congenital Heart Disease  | Coarctation repair                                     | 171875     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2450   | CTVS      | SV002A         | Surgical Correction of Category - II Congenital Heart Disease | ASD closure + Partial Anomalous Venous Drainage Repair | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2451   | CTVS      | SV002B         | Surgical Correction of Category - II Congenital Heart Disease | ASD Closure + Mitral procedure                         | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2452   | CTVS      | SV002C         | Surgical Correction of Category - II Congenital Heart Disease | ASD Closure + Tricuspid procedure                      | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2453   | CTVS      | SV002D         | Surgical Correction of Category - II Congenital Heart Disease | ASD Closure + Pulmonary procedure                      | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2454   | CTVS      | SV002E         | Surgical Correction of Category - II Congenital Heart Disease | ASD Closure + Infundibular procedure                   | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty  | Procedure Code | Package Name                                                  | Procedure Name                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------|----------------|---------------------------------------------------------------|-----------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2455   | Cardiology | MC008B         | VSD Device Closure-Minimal Access                             | VSD Device Closure-Minimal Access | 77084      | Y                      | N                             | 2   | Regular Procedure | N                                  | N                               | N                            |
| 2456   | CTVS       | SV002F         | Surgical Correction of Category - II Congenital Heart Disease | VSD closure                       | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2457   | CTVS       | SV002G         | Surgical Correction of Category - II Congenital Heart Disease | Infundibular PS repair            | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2458   | CTVS       | SV002H         | Surgical Correction of Category - II Congenital Heart Disease | Valvular PS / PR repair           | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2459   | CTVS       | SV002I         | Surgical Correction of Category - II Congenital Heart Disease | Partial AV canal repair           | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2460   | CTVS       | SV002J         | Surgical Correction of Category - II Congenital Heart Disease | Intermediate AV canal repair      | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2461   | CTVS       | SV002K         | Surgical Correction of Category - II Congenital Heart Disease | Atrial septectomy + Glenn         | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2462   | CTVS       | SV002L         | Surgical Correction of Category - II Congenital Heart Disease | Atrial septectomy + PA Band       | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |

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| 2463   | CTVS      | SV002M         | Surgical Correction of Category - II Congenital Heart Disease  | Sinus of Valsalva aneurysm repair with aortic valve procedure    | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2464   | CTVS      | SV002N         | Surgical Correction of Category - II Congenital Heart Disease  | Sinus of Valsalva aneurysm repair without aortic valve procedure | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2465   | CTVS      | SV002O         | Surgical Correction of Category - II Congenital Heart Disease  | Sub-aortic membrane resection                                    | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2466   | CTVS      | SV003A         | Surgical Correction of Category - III Congenital Heart Disease | Ebstien anomoly repair                                           | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2467   | CTVS      | SV003B         | Surgical Correction of Category - III Congenital Heart Disease | Double switch operation                                          | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2468   | CTVS      | SV003C         | Surgical Correction of Category - III Congenital Heart Disease | Rastelli Procedure                                               | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2469   | CTVS      | SV003D         | Surgical Correction of Category - III Congenital Heart Disease | Fontan procedure                                                 | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2470   | CTVS      | SV003E         | Surgical Correction of Category - III Congenital Heart Disease | AP window repair                                                 | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty | Procedure Code | Package Name                                                   | Procedure Name                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2471   | CTVS      | SV003F         | Surgical Correction of Category - III Congenital Heart Disease | Arch interruption Repair without VSD closure | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2472   | CTVS      | SV003G         | Surgical Correction of Category - III Congenital Heart Disease | Arch interruption Repair with VSD closure    | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2473   | CTVS      | SV003H         | Surgical Correction of Category - III Congenital Heart Disease | DORV Repair                                  | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2474   | CTVS      | SV003I         | Surgical Correction of Category - III Congenital Heart Disease | Supravalvular AS repair                      | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2475   | CTVS      | SV003J         | Surgical Correction of Category - III Congenital Heart Disease | Konno procedure                              | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2476   | CTVS      | SV003K         | Surgical Correction of Category - III Congenital Heart Disease | Norwood procedure                            | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2477   | CTVS      | SV003L         | Surgical Correction of Category - III Congenital Heart Disease | VSD closure + RV - PA conduit                | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2478   | CTVS      | SV003M         | Surgical Correction of Category - III Congenital Heart Disease | VSD + Aortic procedure                       | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                                   | Procedure Name                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2479   | CTVS      | SV003N         | Surgical Correction of Category - III Congenital Heart Disease | VSD + Mitral procedure           | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2480   | CTVS      | SV003O         | Surgical Correction of Category - III Congenital Heart Disease | VSD + Tricuspid procedure        | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2481   | CTVS      | SV003P         | Surgical Correction of Category - III Congenital Heart Disease | VSD + Pulmonary artery procedure | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2482   | CTVS      | SV003Q         | Surgical Correction of Category - III Congenital Heart Disease | VSD + Infundibular procedure     | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2483   | CTVS      | SV003R         | Surgical Correction of Category - III Congenital Heart Disease | VSD + Coarctation repair         | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2484   | CTVS      | SV003S         | Surgical Correction of Category - III Congenital Heart Disease | TAPVC Repair                     | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2485   | CTVS      | SV003T         | Surgical Correction of Category - III Congenital Heart Disease | Truncus arteriosus repair        | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2486   | CTVS      | SV003U         | Surgical Correction of Category - III Congenital Heart Disease | Tetralogy of Fallot Repair       | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                                                                 | Procedure Name                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2487   | CTVS      | SV003V         | Surgical Correction of Category - III Congenital Heart Disease                               | Complete AV canal repair                                                     | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2488   | CTVS      | SV003W         | Surgical Correction of Category - III Congenital Heart Disease                               | Arterial switch operation                                                    | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2489   | CTVS      | SV003X         | Surgical Correction of Category - III Congenital Heart Disease                               | Senning Operation                                                            | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2490   | CTVS      | SV003Y         | Surgical Correction of Category - III Congenital Heart Disease                               | Mustard Operation                                                            | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2491   | CTVS      | SV003Z         | Surgical Correction of Category - III Congenital Heart Disease                               | ALCAPA repair                                                                | 343750     | N                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2492   | CTVS      | SV004A         | Coronary artery bypass grafting (CABG), including intra operative balloon pump (if required) | Coronary artery bypass grafting (CABG), with or without intraoperative IABP) | 203021     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2493   | CTVS      | SV005A         | Single Valve Procedure                                                                       | Aortic valve replacement                                                     | 204584     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2494   | CTVS      | SV005B         | Single Valve Procedure                                                                       | Mitral valve replacement / Mitral valve repair                               | 204584     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2495   | CTVS      | SV005C         | Single Valve Procedure                                                                       | Tricuspid valve replacement / Tricuspid valve repair                         | 204584     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                               | Procedure Name                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|------------------------------------------------------------|------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2496   | CTVS      | SV006A         | Double Valve Procedure                                     | Double valve replacement / repair                          | 244063     | Y                      | Y                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2497   | CTVS      | SV007A         | Triple valve procedure                                     | Triple valve replacement / repair                          | 292188     | Y                      | Y                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2498   | CTVS      | SV008A         | Closed Mitral Valvotomy including thoracotomy              | Closed mitral valvotomy                                    | 98021      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2499   | CTVS      | SV009A         | Ross Procedure                                             | Ross Procedure                                             | 257813     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2500   | CTVS      | SV010A         | Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM) | Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM) | 190834     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2501   | CTVS      | SV011A         | Pericardial window (via thoracotomy)                       | Pericardial window (via thoracotomy)                       | 51563      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2502   | CTVS      | SV012A         | Pericardiectomy                                            | Pericardiectomy                                            | 115209     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2503   | CTVS      | SV013A         | Patent Ductus Arteriosus (PDA) Closure via thoracotomy     | Patent Ductus Arteriosus (PDA) Closure via thoracotomy     | 98021      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2504   | CTVS      | SV014A         | Aortic Root Replacement Surgery                            | Bental Procedure                                           | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2505   | CTVS      | SV014B         | Aortic Root Replacement Surgery                            | Aortic Dissection                                          | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2506   | CTVS      | SV014C         | Aortic Root Replacement Surgery                            | Aortic Aneurysm ( Root Ascending )                         | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2507   | CTVS      | SV014D         | Aortic Root Replacement Surgery                            | Valve sparing root replacement                             | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2508   | CTVS      | SV014E         | Aortic Root Replacement Surgery                            | AVR + Root enlargement                                     | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                                            | Procedure Name                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2509   | CTVS      | SV015A         | Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass | Aortic Arch Replacement using cardiopulmonary bypass                  | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2510   | CTVS      | SV015B         | Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass | Thoracoabdominal aneurysm Repair using partial cardiopulmonary bypass | 257813     | Y                      | N                             | 12  | Regular Procedure | N                                  | N                               | N                            |
| 2511   | CTVS      | SV016A         | Aortic Aneurysm Repair                                                  | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)             | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2512   | CTVS      | SV016B         | Aortic Aneurysm Repair                                                  | Aortic Aneurysm Repair using Left Heart Bypass                        | 206250     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2513   | CTVS      | SV016C         | Aortic Aneurysm Repair                                                  | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)     | 112605     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2514   | CTVS      | SV016D         | Aortic Aneurysm Repair                                                  | Aortic Aneurysm Repair without using Left Heart Bypass                | 112605     | Y                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2515   | CTVS      | SV017A         | Aorto Iliac / Aorto femoral bypass (Uni and Bi)                         | Aorto Iliac bypass - U/L                                              | 110938     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2516   | CTVS      | SV017B         | Aorto Iliac / Aorto femoral bypass (Uni and Bi)                         | Aorto femoral bypass - U/L                                            | 110938     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                    | Procedure Name                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|-------------------------------------------------|---------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2517   | CTVS      | SV017C         | Aorto Iliac / Aorto femoral bypass (Uni and Bi) | Aorto Iliac bypass - B/L        | 110938     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2518   | CTVS      | SV017D         | Aorto Iliac / Aorto femoral bypass (Uni and Bi) | Aorto femoral bypass - B/L      | 110938     | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2519   | CTVS      | SV018A         | Pulmonary Embolectomy / Thromboendarterectomy   | Pulmonary Embolectomy           | 242396     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2520   | CTVS      | SV018B         | Pulmonary Embolectomy / Thromboendarterectomy   | Pulmonary Thromboendarterectomy | 242396     | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2521   | CTVS      | SV019A         | Peripheral Arterial Surgeries                   | Femoro - Femoral Bypass         | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2522   | CTVS      | SV019B         | Peripheral Arterial Surgeries                   | Carotid - endarterectomy        | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2523   | CTVS      | SV019C         | Peripheral Arterial Surgeries                   | Carotid Body Tumor Excision     | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2524   | CTVS      | SV019D         | Peripheral Arterial Surgeries                   | Thoracic Outlet syndrome Repair | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2525   | CTVS      | SV019E         | Peripheral Arterial Surgeries                   | Carotid aneurysm repair         | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2526   | CTVS      | SV019F         | Peripheral Arterial Surgeries                   | Subclavian aneurysm repair      | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2527   | CTVS      | SV019G         | Peripheral Arterial Surgeries                   | Axillary aneurysm repair        | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2528   | CTVS      | SV019H         | Peripheral Arterial Surgeries                   | Brachial artery aneurysm repair | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                  | Procedure Name                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|-------------------------------|-------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2529   | CTVS      | SV019I         | Peripheral Arterial Surgeries | Femoral artery aneurysm repair      | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2530   | CTVS      | SV019J         | Peripheral Arterial Surgeries | Popliteal artery aneurysm repair    | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2531   | CTVS      | SV019K         | Peripheral Arterial Surgeries | Femoral - popliteal Bypass          | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2532   | CTVS      | SV019L         | Peripheral Arterial Surgeries | Axillo - Brachial Bypass            | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2533   | CTVS      | SV019M         | Peripheral Arterial Surgeries | Carotio - carotid Bypass            | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2534   | CTVS      | SV019N         | Peripheral Arterial Surgeries | Carotido - subclavian artery bypass | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2535   | CTVS      | SV019O         | Peripheral Arterial Surgeries | Carotido - axillary bypass          | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2536   | CTVS      | SV019P         | Peripheral Arterial Surgeries | Axillo - femoral bypass - U/L       | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2537   | CTVS      | SV019Q         | Peripheral Arterial Surgeries | Axillo - femoral bypass - B/L       | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2538   | CTVS      | SV019R         | Peripheral Arterial Surgeries | Aorto - carotid bypass              | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2539   | CTVS      | SV019S         | Peripheral Arterial Surgeries | Aorto - subclavian bypass           | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2540   | CTVS      | SV019T         | Peripheral Arterial Surgeries | Patch Graft Angioplasty             | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2541   | CTVS      | SV019U         | Peripheral Arterial Surgeries | Small Arterial Aneurysms – Repair   | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                       | Procedure Name                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|----------------------------------------------------|-----------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2542   | CTVS      | SV019V         | Peripheral Arterial Surgeries                      | Medium size arterial aneurysms with synthetic graft | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2543   | CTVS      | SV019W         | Peripheral Arterial Surgeries                      | Surgery for Arterial Aneurysm –Vertebral            | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2544   | CTVS      | SV019X         | Peripheral Arterial Surgeries                      | Surgery for Arterial Aneurysm Renal Artery          | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2545   | CTVS      | SV019Y         | Peripheral Arterial Surgeries                      | Operations for Acquired Arteriovenous Fistual       | 85938      | Y                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2546   | CTVS      | SV019Z         | Peripheral Arterial Surgeries                      | Congenital Arterio Venous Fistula                   | 85938      | N                      | N                             | 7   | Regular Procedure | N                                  | N                               | N                            |
| 2547   | CTVS      | SV020A         | Thromboembolctomy                                  | Peripheral Thromboembolctomy                        | 48125      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2548   | CTVS      | SV021A         | Peripheral arterial injury repair (without bypass) | Peripheral arterial injury repair (without bypass)  | 51563      | N                      | N                             | 4   | Regular Procedure | N                                  | N                               | N                            |
| 2549   | CTVS      | SV022A         | Thoracotomy, Thoraco Abdominal Approach            | Thoracotomy, Thoraco Abdominal Approach             | 51563      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2550   | CTVS      | SV023A         | Lung surgery including Thoracotomy                 | Lung cyst exision                                   | 77396      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2551   | CTVS      | SV023B         | Lung surgery including Thoracotomy                 | Decortication                                       | 77396      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |
| 2552   | CTVS      | SV023C         | Lung surgery including Thoracotomy                 | Hydatid cyst                                        | 77396      | N                      | N                             | 10  | Regular Procedure | N                                  | N                               | N                            |



| S. No. | Specialty | Procedure Code | Package Name                                                                                        | Procedure Name                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label    | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2553   | CTVS      | SV023D         | Lung surgery including Thoracotomy                                                                  | Other simple lung procedure excluding lung resection                                                | 77396      | N                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 2554   | CTVS      | SV023E         | Lung surgery including Thoracotomy                                                                  | Bronchial Repair Surgery for Injuries due to FB                                                     | 77396      | N                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 2555   | CTVS      | SV024A         | Pulmonary Resection                                                                                 | Pulmonary Resection                                                                                 | 120313     | N                      | Y                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 2556   | CTVS      | SV025A         | Foreign Body Removal with scope                                                                     | Foreign Body Removal with scope                                                                     | 34375      | N                      | N                             | 2   | Regular Procedure  | N                                  | N                               | N                            |
| 2557   | CTVS      | SV026A         | Surgical Correction of Bronchopleural Fistula                                                       | Surgical Correction of Bronchopleural Fistula                                                       | 111771     | N                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 2558   | CTVS      | SV027A         | Space - Occupying Lesion (SOL) mediastinum                                                          | Space - Occupying Lesion (SOL) mediastinum                                                          | 112605     | N                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 2559   | CTVS      | SV028A         | Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy | Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy | 17188      | N                      | N                             | 4   | Regular Procedure  | N                                  | N                               | N                            |
| 2560   | CTVS      | SV029A         | Diaphragmatic Repair                                                                                | Diaphragmatic Repair                                                                                | 51563      | Y                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 2561   | CTVS      | SV030A         | Surgery for Cardiac Tumour                                                                          | Surgery for Cardiac Tumour                                                                          | 163334     | N                      | N                             | 10  | Regular Procedure  | N                                  | N                               | N                            |
| 2562   | CTVS      | SV031A         | Immediate reoperation (within 5 days)                                                               | Tetralogy of Fallot Repair (immediate re operation)                                                 | 128959     | Y                      | N                             | 12  | Add - On Procedure | N                                  | Y                               | N                            |
| 2563   | CTVS      | SV031B         | Immediate reoperation (within 5 days)                                                               | Aortic valve replacement /repair                                                                    | 245105     | Y                      | N                             | 7   | Add - On Procedure | N                                  | Y                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                                            | Procedure Name                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS       | Procedure Label     | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|-----------|----------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----------|---------------------|------------------------------------|---------------------------------|------------------------------|
| 2564   | CTVS      | SV031C         | Immediate reoperation (within 5 days)                                   | Mitral valve replacement /repair                                        | 245105     | Y                      | N                             | 7         | Add - On Procedure  | N                                  | Y                               | N                            |
| 2565   | CTVS      | SV031D         | Immediate reoperation (within 5 days)                                   | Tricuspid valve replacement /repair                                     | 245105     | Y                      | N                             | 7         | Add - On Procedure  | N                                  | Y                               | N                            |
| 2566   | CTVS      | SV031E         | Immediate reoperation (within 5 days)                                   | Double valve replacement /repair                                        | 122084     | Y                      | Y                             | 10        | Add - On Procedure  | N                                  | Y                               | N                            |
| 2567   | CTVS      | SV031F         | Immediate reoperation (within 5 days)                                   | Triple valve replacement /repair                                        | 146146     | Y                      | Y                             | 12        | Add - On Procedure  | N                                  | Y                               | N                            |
| 2568   | CTVS      | SV032A         | Low Cardiac Output syndrome requiring IABP insertion post - operatively | Low Cardiac Output syndrome requiring IABP insertion post - operatively | 85938      | Y                      | N                             | 7         | Add - On Procedure  | Y                                  | N                               | N                            |
| 2569   | CTVS      | SV033A         | Re-do sternotomy                                                        | Re-do sternotomy                                                        | 34375      | N                      | N                             | 5         | Add - On Procedure  | N                                  | N                               | N                            |
| 2570   | CTVS      | SV034A         | Excessive bleeding requiring re-exploration                             | Excessive bleeding requiring re-exploration                             | 17188      | N                      | N                             | 5         | Add - On Procedure  | N                                  | N                               | N                            |
| 2571   | CTVS      | SV035A         | Mediastinotomy                                                          | Mediastinotomy                                                          | 49480      | N                      | N                             | 4         | Regular Procedure   | N                                  | N                               | N                            |
| 2572   | CTVS      | SV036A         | Pectus excavation                                                       | Pectus excavation (including implants if any)                           | 78125      | N                      | N                             | 5         | Regular Procedure   | N                                  | N                               | N                            |
| 2573   | CTVS      | SV037A         | Left ventricular aneurysm repair                                        | Left ventricular aneurysm repair                                        | 203021     | N                      | N                             | 5         | Regular Procedure   | N                                  | N                               | N                            |
| 2574   | CTVS      | SV038A         | CABG + Left ventricular aneurysm repair                                 | CABG + Left ventricular aneurysm repair                                 | 281146     | N                      | N                             | 5         | Regular Procedure   | N                                  | N                               | N                            |
| 2575   | CTVS      | SV039A         | Tracheal repair                                                         | Tracheal repair                                                         | 78125      | N                      | N                             | 5         | Regular Procedure   | N                                  | N                               | N                            |
| 2576   | CTVS      | SV040A         | Aortic stenting                                                         | Aortic stenting +Cost of Stent)                                         | 78125      | Y                      | N                             | 5         | Regular Procedure   | N                                  | N                               | N                            |
| 2577   | CTVS      | SV041B         | follow up -CTVS                                                         | Second Follow-up-After 3 months                                         | 5209       | N                      | N                             | 1- 2 days | Follow-up Procedure | N                                  | N                               | N                            |

| S. No. | Specialty | Procedure Code | Package Name                                                                                 | Procedure Name                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS       | Procedure Label     | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2578   | CTVS      | SV041C         | follow up -CTVS                                                                              | Third Follow-up-After 3 months                                                               | 2605       | N                      | N                             | 1- 2 days | Follow-up Procedure | N                                  | N                               | N                            |
| 2579   | CTVS      | SV041D         | follow up -CTVS                                                                              | fourth Follow-up-After 3 months                                                              | 2605       | N                      | N                             | 1- 2 days | Follow-up Procedure | N                                  | N                               | N                            |
| 2580   | CTVS      | SV041E         | follow up -CTVS                                                                              | FifthFollow-up -After 3 months                                                               | 2605       | N                      | N                             | 1- 2 days | Follow-up Procedure | N                                  | N                               | N                            |
| 2581   | CTVS      | SV005A1        | Single Valve Procedure-Minimal Access                                                        | Aortic valve replacement-Minimal Access                                                      | 265959     | Y                      | N                             | 7         | Regular Procedure   | N                                  | N                               | N                            |
| 2582   | CTVS      | SV005B1        | Single Valve Procedure-Minimal Access                                                        | Mitral valve replacement / Mitral valve repair-Minimal Access                                | 265959     | Y                      | N                             | 7         | Regular Procedure   | N                                  | N                               | N                            |
| 2583   | CTVS      | SV005C1        | Single Valve Procedure-Minimal Access                                                        | Tricuspid valve replacement / Tricuspid valve repair-Minimal Access                          | 265959     | Y                      | N                             | 7         | Regular Procedure   | N                                  | N                               | N                            |
| 2584   | CTVS      | SV006A1        | Double Valve Procedure-Minimal Access                                                        | Double valve replacement / repair-Minimal Access                                             | 317281     | Y                      | Y                             | 10        | Regular Procedure   | N                                  | N                               | N                            |
| 2585   | CTVS      | SV007A1        | Triple valve procedure - Minimal Access                                                      | Triple valve replacement / repair-Minimal Access                                             | 379844     | Y                      | Y                             | 12        | Regular Procedure   | N                                  | N                               | N                            |
| 2586   | CTVS      | SV004A1        | Coronary artery bypass grafting (CABG), including intra operative balloon pump (if required) | Coronary artery bypass grafting (CABG), with or without intraoperative IABP) -Minimal Access | 263927     | N                      | N                             | 10        | Regular Procedure   | N                                  | N                               | N                            |

| S. No. | Specialty          | Procedure Code | Package Name                                                                                                                   | Procedure Name                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2587   | Radiation Oncology | MR021A         | SPECIALIZED RADIATION THERAPY - RAPID ARC THERAPY (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION) | SPECIALIZED RADIATION THERAPY - RAPID ARC THERAPY (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION) | 195313     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2588   | Radiation Oncology | MR022A         | SRS/SRT/SBRT( Stereotacatic radiotherapy) (Inclusive of Simulation & Planning Cost)                                            | SRS/SRT/SBRT( Stereotacatic radiotherapy) (Inclusive of Simulation & Planning Cost)                                            | 91146      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2589   | Radiation Oncology | MRO23A         | TOTAL BODY RADIATION                                                                                                           | TOTAL BODY RADIATION done Prior To BMT (for 6 Fraction)                                                                        | 57709      | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |
| 2590   | Radiation Oncology | MR024A         | CRANIOSPINAL RADIATION                                                                                                         | CRANIOSPINAL RADIATION(for 30 Fractions)                                                                                       | 203125     | N                      | N                             | 1   | Regular Procedure | N                                  | N                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2591   | Medical Oncology | MO077A         | CT for CA Breast | BREAST<br>CANCER - DOSE<br>DENSE AC<br>(ADRIAMYCIN/C<br>YCLOPHOSPHA<br>MIDE) ; (DAY 1 -<br>DOXORUBICIN<br>60MG/M2 IV,<br>CYCLOPHOSPH<br>AMIDE<br>600MG/M2 IV) ;<br>REPEAT CYCLE -<br>EVERY 14 DAYS<br>FOR 4 CYCLES;<br>FOLLOWED BY<br>PACLITAXEL<br>FOR 4 CYCLES | 3334       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2592   | Medical Oncology | MO078A         | CT for CA Breast | BREAST<br>CANCER - TC<br>(DOECTAXEL &<br>CYCLOPHOSPH<br>AMIDE) ; DAY 1 -<br>DOCETAXEL<br>75MG/M2 IV,<br>CYCLOPHOSPH<br>AMIDE<br>600MG/M2 IV ;<br>REPEAT CYCLE -<br>EVERY 21 DAYS<br>FOR 4 CYCLES                                                                 | 6563       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|----------------------|------------------------------------|---------------------------------|------------------------------|
| 2593   | Medical Oncology | MO079A         | CT for CA Breast | BREAST<br>CANCER -<br>FEC/CEF<br>FOLLOWED BY T<br>(FLUOROURACIL<br>/EPIRUBICIN/CY<br>CLOPHOSPHAMI<br>DE) -<br>FOLLOWED BY<br>DOCETAXEL OR<br>FOLLOWED BY<br>WEEKLY<br>PACLITAXEL) ;<br>DAY 1 - 5-<br>FLUOROURACIL<br>500MG/M2 IV ;<br>DAY 1 -<br>EPIRUBICIN<br>100MG/M2 IV ;<br>DAY 1 -<br>CYCLOPHOSPH<br>AMIDE<br>500MG/M2 IV. ;<br>REPEAT CYCLE | 5625       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2594   | Medical Oncology | MO080A         | CT for CA Breast | BREAST<br>CANCER -<br>DOCETAXEL -<br>(PRECEDED BY<br>FEC/CEF ) ; DAY<br>1 - DOCETAXEL<br>100MG/M2 IV. ;<br>REPEAT CYCLE -<br>EVERY 21 DAYS<br>FOR 3 CYCLES                                                                                                                                                                                        | 6042       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|----------------------|------------------------------------|---------------------------------|------------------------------|
| 2595   | Medical Oncology | MO081A         | CT for CA Breast | BREAST<br>CANCER - FAC<br>FOLLOWED BY T<br>(FLUOROURACIL<br>/ADRIAMYCIN/CY<br>CLOPHOSPHAMI<br>DE) -<br>FOLLOWED BY<br>WEEKLY<br>PACLITAXEL ; 5-<br>FLUOROURACIL<br>500MG/M2 IV<br>DAYS 1 AND 8<br>OR 1 AND 4 - ;<br>DAY 1 -<br>DOXORUBICIN<br>50MG/M2 IV ;<br>DAY 1 -<br>CYCLOPHOSPH<br>AMIDE<br>500MG/M2 IV. ;<br>REPEAT CYCLE -<br>EVERY 21 DAYS<br>FOR 6 CYCLES | 3542       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|----------------------|------------------------------------|---------------------------------|------------------------------|
| 2596   | Medical Oncology | MO082A         | CT for CA Breast | BREAST<br>CANCER - TAC<br>(DOCETAXEL/AD<br>RIAMYCIN/CYCL<br>OPHOSPHAMIDE<br>); DAY 1 -<br>DOXORUBICIN<br>60MG/M2 IV ;<br>DAY 1 -<br>CYCLOPHOSPH<br>AMIDE<br>600MG/M2 IV. ;<br>DAY 1 -<br>DOCETAXEL<br>100MG/M2 IV. ;<br>REPEAT CYCLE<br>EVERY 21 DAYS<br>FOR 4 CYCLES, | 6146       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|----------------------|------------------------------------|---------------------------------|------------------------------|
| 2597   | Medical Oncology | MO083A         | CT for CA Breast | BREAST<br>CANCER -<br>TRASTUZUMAB<br>2MG<br>(SUBSEQUENT<br>DOSES) ; (TO BE<br>CHOSEN<br>ALONG WITH<br>PACLITAXEL<br>PACKAGE) ; DAY<br>1 -<br>TRASTUZUMAB<br>2MG/KG IV<br>WEEKLY TILL<br>ONE YEAR<br>FROM DAY 1 OF<br>AC. ; (TO BE<br>APPROVED<br>WITH<br>PACLITAXEL<br>CYCLES 2 - 12<br>AND<br>STANDALONE<br>FOR THE LPTO | 10209      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2598   | Medical Oncology | MO084A         | CT for CA Breast | BREAST<br>CANCER - TC<br>(DOCETAXEL/CA<br>RBOPLATIN) ;<br>(TO BE<br>CHOSEN<br>ALONG WITH<br>TRASTUZUMAB<br>PACKAGE) ; DAY<br>1 - DOCETAXEL<br>75MG/M2 IV;<br>CARBOPLATIN<br>AUC 6MG PER<br>MIN/ML IV. ;<br>EVERY 21 DAYS<br>FOR 6 CYCLES                                                                                  | 7813       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|----------------------|------------------------------------|---------------------------------|------------------------------|
| 2599   | Medical Oncology | MO085A         | CT for CA Breast | BREAST<br>CANCER -<br>TRASTUZUMAB<br>2MG<br>(SUBSEQUENT<br>DOSES -<br>WEEKLY) ;<br>TRASTUZUMAB<br>2MG/KG IV ; (TO<br>BE APPROVED<br>WEEKLY FOR 17<br>WEEEEKS MAY<br>OVERLAP WITH<br>TC CYCLES 2 - 6.<br>TO BE<br>FOLLOWED BY<br>TRASTUZUMAB<br>(6MG) PACKAGE<br>UPTO 1 YEAR | 10209      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2600   | Medical Oncology | MO086A         | CT for CA Breast | BREAST<br>CANCER - AC -<br>FOLLOWED BY<br>DOCETAXEL +<br>TRASTUZUMAB ;<br>DAY 1 -<br>DOXORUBICIN<br>60MG/M2 IV; DAY<br>1 -<br>CYCLOPHOSPH<br>AMIDE<br>600MG/M2 IV. ;<br>REPEAT CYCLE<br>EVERY 21 DAYS<br>FOR 4 CYCLES,                                                      | 3334       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2601   | Medical Oncology | MO087A         | CT for CA Breast | BREAST CANCER - DOCETAXEL (PRECEDED BY AC) + TRASTUZUMAB ; (TO BE CHOSEN ALONG WITH TRASTUZUMAB PACKAGE) ; DAY 1 - DOCETAXEL 100MG/M2 IV. ; REPEAT CYCLE EVERY 21 DAYS FOR 4 CYCLES                                | 5938       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2602   | Medical Oncology | MO088A         | CT for CA Breast | BREAST CANCER - TRASTUZUMAB 2MG (SUBSEQUENT DOSES) ; TRASTUZUMAB 2MG/KG IV ; (TO BE APPROVED WEEKLY FOR 11 WEEKS MAY OVERLAP WITH DOCETAXEL CYCLES 2 - 4. TO BE FOLLOWED BY TRASTUZUMAB (6MG) PACKAGE UPTO 1 YEAR) | 10209      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2603   | Medical Oncology | MO089A         | CT for CA Breast | BREAST CANCER - TRASTUZUMAB 2MG (SUBSEQUENT DOSES) ; TRASTUZUMAB 2MG/KG IV ; (TO BE APPROVED WEEKLY FOR 11 WEEEEKS MAY OVERLAP WITH DOCETAXEL + CYCLOPHOSPH AMIDE CYCLES 2 - 4. TO BE FOLLOWED BY TRASTUZUMAB (6MG) PACKAGE UPTO 1 YEAR) | 10209      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|----------------------|------------------------------------|---------------------------------|------------------------------|
| 2604   | Medical Oncology | MO090A         | CT for CA Breast | BREAST<br>CANCER -<br>TRASTUZUMAB<br>2MG<br>(SUBSEQUENT<br>DOSES) ; (TO BE<br>CHOSEN<br>ALONG WITH<br>PACLITAXEL<br>PACKAGE) ; DAY<br>1 -<br>TRASTUZUMAB<br>2MG/KG IV<br>WEEKLY ; (TO<br>BE APPROVED<br>WITH<br>PACLITAXEL<br>CYCLES 2 - 12.<br>MAY BE<br>APPROVED AS<br>STANDALONE<br>FOR THE UPTO<br>1 YEAR EVERY<br>WEEK OR | 10209      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2605   | Medical Oncology | MO091A         | CT for CA Breast | BREAST<br>CANCER -<br>ZOLEDRONIC<br>ACID FOR<br>SKELETAL<br>METASTASIS                                                                                                                                                                                                                                                         | 3021       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|----------------------|------------------------------------|---------------------------------|------------------------------|
| 2606   | Medical Oncology | MO092A         | CT for CA Breast  | BLADDER<br>CANCER -<br>RADIOSENSITIZI<br>NG - CISPLATIN<br>+ PACLITAXEL ;<br>DAYS 1, 8, AND<br>15 - PACLITAXEL<br>50MG/M2 ; DAY 1-<br>3, 8-10, 15-17 -<br>CISPLATIN<br>15MG/M2;<br>FOLLOWED BY<br>TWICE-DAILY<br>RADIOTHERAPY<br>FOR 8 DAYS                                                               | 20105      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2607   | Medical Oncology | MO093A         | CT for CA Bladder | BLADDER<br>CANCER -<br>RADIOSENSITIZI<br>NG - 5-FU +<br>MITOMYCIN32 ;<br>DAY 1 OF<br>RADIOTHERAPY -<br>MITOMYCIN<br>12MG/M2 IV<br>BOLUS, PLUS ;<br>WEEK 1<br>(FRACTIONS 1-5)<br>AND WEEK 4<br>(FRACTIONS 16-<br>20) OF<br>RADIOTHERAPY -<br>5-FU 500MG/M2<br>CONTINUOUS IV<br>INFUSION (10<br>DAYS TOTAL) | 16563      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2608   | Medical Oncology | MO094A         | CT for CA Bladder | BLADDER CANCER - CONCURRENT CISPLATIN; CISPLATIN 40MG/M2 IV ONCE WEEKLY FOR UP TO 5 CYCLES                                              | 1980       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2609   | Medical Oncology | MO095A         | CT for CA Bladder | LUNG CANCER - MESOTHELIOMA - VINOELBINE ; VINOELBINE 25-30MG/M2 (MAX 60MG) IV ; REPEAT EVERY WEEK FOR 12 WEEKS.                         | 9896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2610   | Medical Oncology | MO096A         | CT for CA Lung    | LUNG CANCER - MESOTHELIOMA - GEMCITABINE ; DAYS 1, 8, AND 15 - GEMCITABINE 1250MG/M2 IV. ; REPEAT EVERY 28 DAYS FOR A MAX OF 10 CYCLES. | 8334       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2611   | Medical Oncology | MO097A         | CT for CA Lung | LUNG CANCER - NSCLC - CISPLATIN & VINORELBINE - (I) ; DAYS 1 AND 8 - CISPLATIN 50MG/M2 IV AND DAYS 1, 8, 15 AND 22 - VINORELBINE 25MG/M2 IV ; (OR) ; DAY 1 - CISPLATIN 100MG/M2 IV AND DAYS 1, 8, 15 AND 22 - VINORELBINE 30MG/M2 IV. ; REPEAT CYCLE EVERY 4 WEEKS FOR 4 CYCLES. | 36771      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2612   | Medical Oncology | MO098A         | CT for CA Lung | LUNG CANCER - NSCLC - CISPLATIN & DOCETAXEL ; DAY 1 - DOCETAXEL 75MG/M2 IV, CISPLATIN 75MG/M2 IV. ; REPEAT EVERY 3 WEEKS FOR 4 CYCLES.                                                                                                                                           | 6875       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2613   | Medical Oncology | MO099A         | CT for CA Lung | LUNG CANCER - NSCLC - CISPLATIN & ETOPOSIDE ; DAYS 1, 8, 29 AND 36 - CISPLATIN 50MG/M2 IV ; DAYS 1-5 AND 29-33 - ETOPOSIDE 50MG/M2 IV ; CONCURRENT THORACIC RADIOTHERAPY 1.8GY/DAY FOR 5 DAYS/WEEK (TOTAL DOSE, 61GY). | 9271       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2614   | Medical Oncology | MO100A         | CT for CA Lung | LUNG CANCER - NSCLC - CISPLATIN & VINBLASTINE ; DAYS 1 AND 29 - CISPLATIN 100MG/M2 IV ; DAYS 1, 8, 15, 22 AND 29 - VINBLASTINE 5MG/M2 IV ; CONCURRENT THORACIC RADIOTHERAPY (TOTAL DOSE, 60GY).                        | 8959       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2615   | Medical Oncology | MO101A         | CT for CA Lung | LUNG CANCER - SCLC - CISPLATIN + IRINOTECAN ; DAY 1 - CISPLATIN 60MG/M2 IV. ; DAYS 1, 8, AND 15 - IRINOTECAN 60MG/M2 IV. ; REPEAT CYCLE EVERY 4 WEEKS FOR 4 CYCLES. | 6355       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2616   | Medical Oncology | MO102A         | CT for CA Lung | LUNG CANCER - SCLC - CISPLATIN + IRINOTECAN ; DAY 1 AND 8 - CISPLATIN 30MG/M2 IV, IRINOTECAN 65MG/M2 IV. ; REPEAT CYCLE EVERY 3 WEEKS FOR 4-6 CYCLES.               | 6250       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2617   | Medical Oncology | MO103A         | CT for CA Lung | LUNG CANCER - SCLC - CARBOPLATIN & IRINOTECAN ; DAY 1 - CARBOPLATIN AUC 5MG PER MIN/ML IV ; DAYS 1, 8, AND 15 - IRINOTECAN 50MG/M2 IV. ; REPEAT CYCLE EVERY 4 WEEKS FOR 4 CYCLES      | 8438       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2618   | Medical Oncology | MO104A         | CT for CA Lung | ESOPHAGEAL CANCER - NEO ADJUVANT - FLUOROURACIL & CISPLATIN ; DAYS 1-5 - CISPLATIN 15MG/M2 IV DAILY ; DAYS 1-5 AND DAYS 22-26 - 5-FU 800 MG/M2 IV ; REPEAT EVERY 21 DAYS FOR 2 CYCLES | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2619   | Medical Oncology | MO105A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - NEO ADJUVANT - CISPLATIN + CAPECITABINE ; DAY 1 - CISPLATIN 30MG/M2 IV ; DAYS 1-5 - CAPECITABINE 800MG/M2 ORALLY TWICE DAILY ; REPEAT CYCLE WEEKLY FOR 5 WEEKS | 2709       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2620   | Medical Oncology | MO106A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - NEO ADJUVANT - FLUOROURACIL & OXALIPLATIN ; DAYS 1, 15, AND 29 - OXALIPLATIN 85MG/M2 IV ; DAYS 1-33 - 5-FU 180MG/M2/DAY IV                                     | 28230      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2621   | Medical Oncology | MO107A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - NEO ADJUVANT - OXALIPLATIN + CAPECITABINE ; DAYS 1, 15, AND 29 - OXALIPLATIN 85MG/M2 IV ; DAYS 1-5 - CAPECITABINE 625MG/M2 ORALLY TWICE DAILY FOR 5 WEEKS. | 9792       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2622   | Medical Oncology | MO108A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - NEO ADJUVANT - IRINOTECAN & CISPLATIN ; DAYS 1, 8, 22, AND 29 - IRINOTECAN 65MG/M2 IV, CISPLATIN 30MG/M2 IV.                                               | 10625      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2623   | Medical Oncology | MO109A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - NEO ADJUVANT - FLUOROURACIL & PACLITAXEL ; DAY 1 - PACLITAXEL 45MG/M2 IV ; DAYS 1-5 - 5-FU 300MG/M2/DAY IV INFUSION. ; REPEAT CYCLE WEEKLY FOR 5 WEEKS.                                                                                                          | 6042       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2624   | Medical Oncology | MO110A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - PERI-OPERATIVE - ECF (EPIRUBICIN/CIS PLATIN/FLUORO URACIL) ; DAY 1 - EPIRUBICIN 50MG/M2 IV; CISPLATIN 60MG/M2 IV ; DAYS 1-21 - 5-FU 200MG/M2 IV CONTINUOUS INFUSION ONCE DAILY; ; REPEAT EVERY 21 DAYS FOR 3 CYCLES PREOPERATIVE LY AND 3 CYCLES POSTOPERATIVELY | 18334      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2625   | Medical Oncology | MO111A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - PERI-OPERATIVE - EOF (EPIRUBICIN/CIS PLATIN/FLUORO URACIL) ; DAY 1 - EPIRUBICIN 50MG/M2 IV; OXALIPLATIN 130MG/M2 IV ; DAYS 1-21 - 5-FU 200MG/M2 IV; ; REPEAT EVERY 21 DAYS FOR 3 CYCLES PREOPERATIVE LY AND 3 CYCLES POSTOPERATIVELY. | 20521      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2626   | Medical Oncology | MO112A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - PERI-OPERATIVE - EOC (EPIRUBICIN/CIS PLATIN/FLUORO URACIL) ; DAY 1 - EPIRUBICIN 50MG/M2 IV; OXALIPLATIN 130MG/M2 IV ; DAYS 1-21 - CAPECITABINE 625MG/M2 ORALLY TWICE DAILY. ; REPEAT EVERY 21 DAYS FOR 3 CYCLES PREOPERATIVE LY AND 3 CYCLES POSTOPERATIVELY. | 8542       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2627   | Medical Oncology | MO113A         | CT for CA Oesophagus | ESOPHAGEAL<br>CANCER - PERI-<br>OPERATIVE -<br>FLUOROURACIL<br>& CISPLATIN ;<br>DAYS 1-5 -<br>CISPLATIN<br>15MG/M2 IV<br>DAILY ; DAYS 1-5<br>- 5-FU 800<br>MG/M2 IV<br>CONTINUOUS<br>INFUSION OVER<br>24 HOURS. ;<br>CYCLED EVERY<br>21 DAYS FOR 2<br>CYCLES<br>CYCLED<br>EVERY 21 DAYS<br>FOR 2 CYCLES | 7813       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2628   | Medical Oncology | MO114A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - POST-OPERATIVE - FLUOROURACIL + LEUCOVORIN (I) ; DAYS 1-5 - 5-FU 425MG/M2/DAY IV AND LEUCOVORIN 20MG/M2/DAY IV, FOLLOWED BY 4 WEEKS BREAK AND CCRT ; RT DAYS 1-4 AND 23-25 - 5-FU 400MG/M2/DAY IV AND LEUCOVORIN 20MG/M2/DAY IV FOLLOWED BY ONE MONTH BREAK AND ; DAYS 1-5 - 5-FU | 27813      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2629   | Medical Oncology | MO115A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - POST-OPERATIVE - FLUOROURACIL + LEUCOVORIN (II) ; DAYS 1, 2, 15, AND 16 - LEUCOVORIN 200MG/M2 IV, 5-FU 400MG/M2 IV PUSH AND 5-FU 600MG/M2 INFUSION                                                                                                                                | 9896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2630   | Medical Oncology | MO116A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - NEO ADJUVANT - PACLITAXEL + CAPECITABINE ; DAY 1 - PACLITAXEL 45-50MG/M2 IV ; DAYS 1-5 - CAPECITABINE 625-825MG/M2 ORALLY TWICE DAILY. ; REPEAT CYCLE WEEKLY FOR 5 WEEKS.                | 13438      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2631   | Medical Oncology | MO117A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - FLUOROURACIL & CISPLATIN (II) ; DAYS 1-5 - CISPLATIN 15MG/M2 IV DAILY ; DAYS 1-5 - 5-FU 800 MG/M2 IV CONTINUOUS INFUSION OVER 24 HOURS. ; CYCLED EVERY 21 DAYS FOR 2 CYCLES | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2632   | Medical Oncology | MO118A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - FLUOROURACIL & OXALIPLATIN ; DAYS 1, 15, AND 29 - OXALIPLATIN 85MG/M2 IV ; DAYS 1-33 - 5-FU 180MG/M2/DAY CONTINUOUS IV INFUSION.                | 28230      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2633   | Medical Oncology | MO119A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - CISPLATIN + CAPECITABINE ; DAY 1 - CISPLATIN 30MG/M2 IV ; DAYS 1-5 - CAPECITABINE 800MG/M2 ORALLY TWICE DAILY ; REPEAT CYCLE WEEKLY FOR 5 WEEKS | 2188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2634   | Medical Oncology | MO120A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - OXALIPLATIN + CAPECITABINE ; DAYS 1, 15, AND 29 - OXALIPLATIN 85MG/M2 IV ; DAYS 1-5 - CAPECITABINE 625MG/M2 ORALLY TWICE DAILY FOR 5 WEEKS | 9792       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2635   | Medical Oncology | MO121A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - CISPLATIN WITH DOCETAXEL (I) ; DAYS 1 AND 22 - DOCETAXEL 60MG/M2 IV ; DAYS 1 AND 22 - CISPLATIN 60-80MG/M2 IV GIVEN FOR 1 CYCLE            | 9792       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2636   | Medical Oncology | MO122A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - CISPLATIN WITH PACLITAXEL ; DAYS 1, 8, 15, AND 22 - PACLITAXEL 60MG/M2 IV ; DAY 1 - CISPLATIN 75MG/M2 IV GIVEN FOR 1 CYCLE. | 14375      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2637   | Medical Oncology | MO123A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - IRINOTECAN & CISPLATIN ; DAYS 1, 8, 22, AND 29 - IRINOTECAN 65MG/M2 IV ; DAYS 1, 8, 22, AND 29 - CISPLATIN 30MG/M2 IV.      | 10625      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2638   | Medical Oncology | MO124A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - FLUOROURACIL & PACLITAXEL ; DAY 1 - PACLITAXEL 45MG/M2 IV ; DAYS 1-5 - 5-FU 300MG/M2/DAY IV ; REPEAT CYCLE WEEKLY FOR 5 WEEKS.                         | 6042       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2639   | Medical Oncology | MO125A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - DEFINITIVE - PACLITAXEL + CAPECITABINE ; DAY 1 - PACLITAXEL 45-50MG/M2 IV ; DAYS 1-5 - CAPECITABINE 625-825MG/M2 PO TWICE DAILY. ; REPEAT CYCLE WEEKLY FOR 5 WEEKS. | 13438      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2640   | Medical Oncology | MO126A         | CT for CA Oesophagus | ESOPHAGEAL CANCER - CONCURRENT CISPLATIN; CISPLATIN 40MG/M2 IV ONCE WEEKLY FOR UP TO 5 CYCLES                                                                                                                            | 1980       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2641   | Medical Oncology | MO127A         | CT for CA Oesophagus | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - PACLITAXEL + CARBOPLATIN ; DAY 1 - PACLITAXEL 50MG/M2 IV, CARBOPLATIN AUC 2MG/MIN/ML IV. ; REPEAT CYCLE WEEKLY FOR 5 WEEKS. | 3646       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2642   | Medical Oncology | MO128A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - FLUOROURACIL & CISPLATIN (I) ; DAYS 1 AND 29 - CISPLATIN 75-100MG/M2 IV ; DAYS 1-4 AND 29-32 - 5-FU 750-1000MG/M2/DAY IV | 13125      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2643   | Medical Oncology | MO129A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - FLUOROURACIL & CISPLATIN (II) ; DAYS 1-5 - CISPLATIN 15MG/M2 IV ONCE DAILY, 5-FU 800MG/M2/DAY IV ; REPEAT CYCLE EVERY 21 DAYS FOR 2 CYCLES. | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2644   | Medical Oncology | MO130A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - FLUOROURACIL & OXALIPLATIN (I)DAYS 1, 15, AND 29 - OXALIPLATIN 85MG/M2 IV ; DAYS 1-33 - 5-FU 180MG/M2/DAY IV. | 28230      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2645   | Medical Oncology | MO131A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - FLUOROURACIL & OXALIPLATIN (II)DAY 1 - OXALIPLATIN 85MG/M2 AND LEUCOVORIN 400MG/M2 FOLLOWED BY 5-FU 400MG/M2 BOLUS, THEN 800MG/M2 24-HOUR CONTINUOUS INFUSION OVER DAYS 1 AND 2. | 6771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2646   | Medical Oncology | MO132A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - CISPLATIN + CAPECITABINE ; DAY 1 - CISPLATIN 30MG/M2 IV ; DAYS 1-5 - CAPECITABINE 800MG/M2 ORALLY TWICE DAILY. ; REPEAT CYCLE WEEKLY FOR 5 WEEKS. | 2188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2647   | Medical Oncology | MO133A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - OXALIPLATIN + CAPECITABINE ; DAYS 1, 15, AND 29 - OXALIPLATIN 85MG/M2 IV ; DAYS 1-5 - CAPECITABINE 625MG/M2 ORALLY TWICE DAILY FOR 5 WEEKS | 9792       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2648   | Medical Oncology | MO134A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - FLUOROURACIL & PACLITAXEL ; DAY 1 - PACLITAXEL 45-50MG/M2 IV WEEKLY ; DAYS 1-5 - 5-FU 300MG/M2 IV ; REPEAT CYCLE WEEKLY FOR 5 WEEKS | 6042       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2649   | Medical Oncology | MO135A         | CT for CA Stomach | GASTRIC CANCER - PREOPERATIVE CHEMORADIATION (ESOPHAGOGASTRIC JUNCTION AND GASTRIC CARDIA) - PACLITAXEL + CAPECITABINE ; DAY 1 - PACLITAXEL 45-50MG/M2 IV ; DAYS 1-5 - CAPECITABINE 625-825MG/M2 ORALLY TWICE DAILY. ; REPEAT CYCLE WEEKLY FOR 5 WEEKS. | 3438       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2650   | Medical Oncology | MO136A         | CT for CA Stomach | GASTRIC CANCER - PERIOPERATIVE CHEMOTHERAPY (INCLUDING ESOPHAGOGASTRIC JUNCTION) - ECF (EPIRUBICIN/CISPLATIN/FLUOROURACIL) ; DAY 1 - EPIRUBICIN 50MG/M2 IV, CISPLATIN 60MG/M2 IV ; DAYS 1-21 - 5-FU 200MG/M2/DAY IV ; REPEAT CYCLE EVERY 21 DAYS FOR 3 CYCLES PREOPERATIVELY AND 3 CYCLES | 18334      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2651   | Medical Oncology | MO137A         | CT for CA Stomach | GASTRIC CANCER - PERIOPERATIVE CHEMOTHERAPY (INCLUDING ESOPHAGOGASTRIC JUNCTION) - EOF (EPIRUBICIN/ OXALIPLATIN /FLUOROURACIL ); DAY 1 - EPIRUBICIN 50MG/M2 IV; OXALIPLATIN 130MG/M2 IV ; DAYS 1-21 - 5-FU 200MG/M2 IV; ; REPEAT EVERY 21 DAYS FOR 3 CYCLES PREOPERATIVELY AND 3 CYCLES | 20105      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2652   | Medical Oncology | MO138A         | CT for CA Stomach | GASTRIC CANCER - PERIOPERATIVE CHEMOTHERAPY (INCLUDING ESOPHAGOGASTRIC JUNCTION) - EPIRUBICIN + CISPLATIN + CAPECITABINE ; DAY 1 - EPIRUBICIN 50MG/M2 IV + CISPLATIN 60MG/M2 IV ; DAYS 1-21 - CAPECITABINE 625MG/M2 ORALLY TWICE DAILY. ; REPEAT CYCLE EVERY 21 DAYS FOR 3 CYCLES PREOPERATIVE | 6459       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2653   | Medical Oncology | MO139A         | CT for CA Stomach | GASTRIC CANCER - PERIOPERATIVE CHEMOTHERAPY (INCLUDING ESOPHAGOGASTRIC JUNCTION) - ECF MODIFICATION (EPIRUBICIN + OXALIPLATIN + CAPECITABINE) ; DAY 1 - EPIRUBICIN 50MG/M2 IV + OXALIPLATIN 130MG/M2 IV ; DAYS 1-21 - CAPECITABINE 625MG/M2 ORALLY TWICE DAILY. ; REPEAT CYCLE EVERY 21 DAYS FOR 2 | 8542       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2654   | Medical Oncology | MO140A         | CT for CA Stomach | GASTRIC CANCER - PERIOPERATIVE CHEMOTHERAPY (INCLUDING ESOPHAGOGASTRIC JUNCTION) - FLUOROURACIL & CISPLATIN ; DAY 1 - CISPLATIN 75-80MG/M2 IV ; DAYS 1-5 - 5-FU 800MG/M2 IV ; REPEAT CYCLE EVERY 28 DAYS FOR 2-3 CYCLES PREOPERATIVELY AND 3-4 CYCLES POSTOPERATIVELY FOR A TOTAL OF 6 | 7605       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2655   | Medical Oncology | MO141A         | CT for CA Stomach | GASTRIC CANCER - POSTOPERATIVE CHEMORADIATION (INCLUDING ESOPHAGOGASTRIC JUNCTION) - FLUOROURACIL + LEUCOVORIN (I) ; CYCLES 1, 3, AND 4 (BEFORE AND AFTER RADIATION) DAYS 1-5 - LEUCOVORIN 20MG/M2 IV, 5-FU 425MG/M2/DAY IV ; REPEAT CYCLE EVERY 28 DAYS. ; CYCLE 2 WITH | 27813      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2656   | Medical Oncology | MO142A         | CT for CA Stomach | GASTRIC CANCER - POSTOPERATIVE CHEMORADIATION (INCLUDING ESOPHAGOGASTRIC JUNCTION) - FLUOROURACIL + LEUCOVORIN (II) ; DAYS 1, 2, 15, AND 16 - LEUCOVORIN 400MG/M2 IV, 5-FU 400MG/M2 IV AND 5-FU 1200MG/M2 INFUSION; ; 1 CYCLE BEFORE AND 2 CYCLES AFTER CHEMORADIATION - REPEAT | 16355      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2657   | Medical Oncology | MO143A         | CT for CA Stomach | GASTRIC CANCER - POSTOPERATIVE CHEMORADIATION (INCLUDING ESOPHAGOGASTRIC JUNCTION) - CAPECITABINE (I) ; DAYS 1-14 - CAPECITABINE 750-1000MG/M2 ORALLY TWICE DAILY. ; REPEAT CYCLE EVERY 28 DAYS; 1 CYCLE BEFORE AND 2 CYCLES AFTER CHEMORADIATION. | 3438       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2658   | Medical Oncology | MO144A         | CT for CA Stomach | GASTRIC CANCER - POSTOPERATIVE CHEMORADIATION (INCLUDING ESOPHAGOGASTRIC JUNCTION) - CAPECITABINE (II) ; DAYS 1-5 OR DAYS 1-7 - CAPECITABINE 625-825MG/M2 ORALLY TWICE DAILY; WEEKLY FOR 5 WEEKS. | 1771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2659   | Medical Oncology | MO145A         | CT for CA Stomach | GASTRIC CANCER - POSTOPERATIVE CHEMORADIATION (INCLUDING ESOPHAGOGASTRIC JUNCTION) - FLUOROURACIL ; DAYS 1-5 OR DAYS 1-7 - 5-FU 200-250MG/M2 IV; ; WEEKLY FOR 5 WEEKS.                            | 7188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name      | Procedure Name                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2660   | Medical Oncology | MO146A         | CT for CA Stomach | GASTRIC CANCER - POSTOPERATIVE CHEMORADIATION (INCLUDING ESOPHAGOGASTRIC JUNCTION) - CISPLATIN + CAPECITABINE ; DAY 1 - CISPLATIN 60MG/M2 IV. ; DAYS 1-14 - CAPECITABINE 1000MG/M2 ORALLY TWICE DAILY ; REPEAT CYCLE EVERY 21 DAYS FOR 6 CYCLES. | 4375       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2661   | Medical Oncology | MO147A         | CT for CA Stomach    | COLORECTAL CARCINOMA - FLOX (STAGE - III) (5-FU, LEUCOVORIN, OXALIPLATIN) ; 5-FU 500MG/M2 IV BOLUS WEEKLY X 6, LEUCOVORIN 500MG/M2 IV WEEKLY X 6, EACH ; OXALIPLATIN 85MG/M2 IV ON WEEKS 1, 3, AND 5 ; 8-WEEK CYCLE X 3 CYCLES ; | 32813      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2662   | Medical Oncology | MO148A         | CT for CA Colorectal | COLORECTAL CARCINOMA - FLUOROURACIL + LEUCOVORIN (I) ; LEUCOVORIN 500MG/M2 WEEKLY X 6 WEEKS, ; 5-FU 500MG/M2 WEEKLY X 6 WEEKS. ; REPEAT CYCLE EVERY 8 WEEKS FOR 4 CYCLES.                                                        | 25938      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2663   | Medical Oncology | MO149A         | CT for CA Colorectal | COLORECTAL CARCINOMA - CONCURRENT - 5FU - WITH XRT ; DAYS 1-5 OR 1-7 5-FU 225MG/M2 IV ; WITH EXTERNAL BEAM RADIOTHERAPY                                                     | 4167       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2664   | Medical Oncology | MO150A         | CT for CA Colorectal | COLORECTAL CARCINOMA - CONCURRENT - FLUOROURACIL + LEUCOVORIN - WITH XRT ; DAYS 1-4 - 5-FU 400MG/M2 IV + LEUCOVORIN 20MG/M2 IV. ; REPEAT CYCLE DURING WEEKS 1 AND 5 OF XRT. | 6771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name         | Procedure Name                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2665   | Medical Oncology | MO151A         | CT for CA Colorectal | OSTEOSARCOMA/ BONE TUMORS / DEDIFFERENTIATED CHONDROSARCOMA - CISPLATIN + DOXORUBICIN ; DAYS 1-3 - DOXORUBICIN 25MG/M2/DAY IV, ; DAY 1 - CISPLATIN 100MG/M2 IV ; REPEAT CYCLE EVERY 3 WEEKS FOR 6 CYCLES | 6146       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2666   | Medical Oncology | MO152A         | CT for CA Bone | OSTEOSARCOMA/ BONE TUMORS / DE DIFFERENTIATED CHONDROSARCOMA - MAP (HIGH-DOSE METHOTREXATE + CISPLATIN + DOXORUBICIN) - PRE OPERATIVE ; DAYS 1 AND 28 - METHOTREXATE 8G/M2 IV ; DAYS 7-9 AND 34-36 - CISPLATIN 120MG/M2 BY INFUSION FOR 72 HOURS. ; DAYS 9 AND 36 - DOXORUBICIN 60MG/M2 IV | 26563      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2667   | Medical Oncology | MO153A         | CT for CA Bone | OSTEOSARCOMA/ BONE TUMORS / DEDIFFERENTIATED CHONDROSARCOMA - MAP (HIGH-DOSE METHOTREXATE + CISPLATIN + DOXORUBICIN) - POST OPERATIVE NECROSIS < 90% ; DAYS 1, 48, 96, AND 144 - DOXORUBICIN 45MG/M2/DAY FOR 2 CONSECUTIVE DAYS ; DAYS 21, 69, AND 117 - METHOTREXAT | 43750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2668   | Medical Oncology | MO154A         | CT for CA Bone | OSTEOSARCOMA/ BONE TUMORS / DEDIFFERENTIATED CHONDROSARCOMA - MAP (HIGH-DOSE METHOTREXATE + CISPLATIN + DOXORUBICIN) - POST OPERATIVE NECROSIS > 90%POSTOPERATIVE CHEMOTHERAPY (NECROSIS | 64584      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2669   | Medical Oncology | MO155A         | CT for CA Bone | DOXORUBICIN + CISPLATIN + IFOSFAMIDE + HIGH-DOSE METHOTREXATE (INCLUDING SURGERY COST)                                                                                                   | 121980     | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2670   | Medical Oncology | MO156A         | CT for CA Bone | OSTEOSARCOMA/ BONE TUMORS / DEDIFFERENTIATED CHONDROSARCOMA - IFOSFAMIDE + CISPLATIN + EPIRUBICIN ; DAY 1 - EPIRUBICIN 90MG/M2 IV, CISPLATIN 100MG/M2 IV ; DAYS 2-4 - IFOSFAMIDE 2.0G/M2 WITH MESNA ; REPEAT CYCLE EVERY 21 DAYS. (3 CYCLES PREOPERATIVE | 9063       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2671   | Medical Oncology | MO157A         | CT for CA Bone | OTHER BONE TUMORS - CHORDROMA - IMATINIB ; IMATINIB 800 MG ONCE DAILY                                                                                                                                                                                    | 4896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2672   | Medical Oncology | MO158A         | CT for CA Bone | OTHER BONE TUMORS - CHORDROMA - IMATINIB + CISPLATIN ; IMATINIB 400MG OD + CISPLATIN 25MG/M2 WEEKLY.                                                                                                                                                     | 4896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2673   | Medical Oncology | MO159A         | CT for CA Bone | OTHER BONE TUMORS - CHORDROMA - IMATINIB + SIROLIMUS ; IMATINIB 400MG OD + SIROLIMUS 2MG OD                                  | 6563       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2674   | Medical Oncology | MO160A         | CT for CA Bone | OTHER BONE TUMORS - CHORDROMA - ERLOTINIB ; ERLOTINIB 150MG OD                                                               | 2396       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2675   | Medical Oncology | MO161A         | CT for CA Bone | OTHER BONE TUMORS - CHORDROMA - SUNITINIB ; SUNITINIB 37.5MG OD                                                              | 31146      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2676   | Medical Oncology | MO162A         | CT for CA Bone | OTHER BONE TUMORS - GIANT CELL TUMOR OF BONE - DENOSUMAB ; DENOSUMAB 120MG SUBCUTANEOUS ON WEEK 1, 2 AND 3 OF A 4 WEEK CYCLE | 61250      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2677   | Medical Oncology | MO163A         | CT for CA Bone | OTHER BONE TUMORS - GIANT CELL TUMOR OF BONE - INTERFERON ALFA ; INTERFERON ALFA- 2A THRICE WEEKLY                  | 5000       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2678   | Medical Oncology | MO164A         | CT for CA Bone | OTHER BONE TUMORS - GIANT CELL TUMOR OF BONE - PEGINTERFERON ; PEGINTERFERON ALFA-2A 1.0MCG/KG SQ INJECTION WEEKLY. | 3855       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2679   | Medical Oncology | MO165A         | CT for CA Bone | VAC AND IE CYCLES                                                                                                   | 7084       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2680   | Medical Oncology | MO166A         | CT for CA Bone | OTHER BONE TUMORS - MESENCHYMAL CHORDOSARCOMA VAIA ; DAY 1 - VINCRISTINE 1.5MG/M2 IV ; DAYS 1-3 - IFOSFAMIDE 2,000MG/M2 IV + MESNA ; DAYS 1, 3, AND 5 - DACTINOMYCIN 0.5MG/M2 IV ; DAYS 2 AND 4 - DOXORUBICIN 30MG/M2 IV. ; REPEAT CYCLE EVERY 3 WEEKS. | 8334       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name   | Procedure Name                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2681   | Medical Oncology | MO167A         | CT for CA Bone | OTHER BONE TUMORS - MESENCHYMAL CHORDOSARCOMA VIDE (VINCRISTINE + IFOSFAMIDE + DOXORUBICIN + ETOPOSIDE); DAY 1 - VINCRISTINE 1.4MG/M2 (MAX 2MG), ; DAYS 1-3 - DOXORUBICIN 20MG/M2 IV + IFOSFAMIDE 3MG/M2 IV + MESNA 3G/M2 + ETOPOSIDE 150MG/M2 IV. ; REPEAT CYCLE EVERY 3 WEEKS FOR UP TO 6 CYCLES | 10105      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name     | Procedure Name                                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2682   | Medical Oncology | MO168A         | CT for CA Bone   | WILMS TUMOR - CYCLOPHOSPH AMIDE, ETOPOSIDE, CARBOPLATIN ; CYCLOPHOSPH AMIDE 440MG/M2/DAY - WEEK 6, 15, 24 *5 DAYS / WEEK ; CARBOPLATIN 500MG/M2 - WEEK - 0, 3, 9, 12, 18, 21 *2 DAYS / WEEK ; ETOPOSIDE 100MG/M2 - WEEK - 0, 3, 9, 12, 18, 21 *5 DAYS / WEEK | 92396      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2683   | Medical Oncology | MO169A         | CT for CA Kidney | HEPATOBLASTO MA- OPERABLE - PLADO - CISPLATIN + DOXORUBICIN ; CISPLATIN (PLA) (80MG/M2 / IV), DOXORUBICIN (DO) (30 MG/M2 IV ; EVERY 21 DAYS FOR 6 CYCLES                                                                                                     | 3125       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name    | Procedure Name                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2684   | Medical Oncology | MO170A         | CT for CA Liver | HEPATOBLASTOMA- OPERABLE - CISPLATIN + VINCRISTINE +5FU ; CISPLATIN (90 MG/M2), VINCRISTINE (1.5MG/M2), 5-FU(5- FLUOURACIL- 600 MG/M2) ; EVERY 21 DAYS FOR 6 CYCLES | 2709       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2685   | Medical Oncology | MO171A         | CT for CA Liver | NEUROBLASTOMA ALL STAGES - CYCLOPHOSPHAMIDE/ADRIAMYCIN/VINCRISTINE ; D1-D5 - CYCLOPHOSPHAMIDE 300MG/M2 ; ADRIAMYCIN 60MG/M2 ; VINCRISTINE 1.5MG/M2                  | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name    | Procedure Name                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2686   | Medical Oncology | MO172A         | CT for CA Brain | NEUROBLASTOMA ALL STAGES - CISPLATIN & ETOPOSIDE ; DAYS 1-5 - CISPLATIN - 20MG/M2 ; DAYS 1-5 - ETOPOSIDE - 70 MG/M2    | 5417       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2687   | Medical Oncology | MO173A         | CT for CA Brain | NEUROBLASTOMA ALL STAGES - CARBOPLATIN & ETOPOSIDE ; DAYS 1-2 - CARBOPLATIN - 500MG/M2 ; DAYS 1-5 - ETOPOSIDE 100MG/M2 | 7188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2688   | Medical Oncology | MO174A         | CT for CA Brain | NEUROBLASTOMA ALL STAGES - FOR STAGE IV PALLIATIVE CHEMOTHERAPY ONLY                                                   | 10938      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2689   | Medical Oncology | MO175A         | CT for CA Brain | RETINOBLASTOMA - MELPHALAN - INTRA-ARTERIAL ; MELPHALAN - 3-7.5MG - INTRA-ARTERIAL                                     | 10625      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2690   | Medical Oncology | MO176A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>CARBOPLATIN -<br>INTRA-<br>ARTERIAL ;<br>CARBOPLATIN<br>15-30 MG -<br>INTRA-<br>ARTERIAL    | 9792       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2691   | Medical Oncology | MO177A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>TOPOTECAN -<br>INTRA-<br>ARTERIAL ;<br>TOPOTECAN<br>0.15-1.5 MG -<br>INTRA-<br>ARTERIAL     | 10834      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2692   | Medical Oncology | MO178A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>METHOTREXAT<br>E - INTRA-<br>ARTERIAL ;<br>METHOTREXAT<br>E 6-12 MG -<br>INTRA-<br>ARTERIAL | 9480       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2693   | Medical Oncology | MO179A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>CARBOPLATIN -<br>PERI OCULAR ;<br>CARBOPLATIN<br>20MG/M2 - PERI<br>OCULAR                   | 2084       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2694   | Medical Oncology | MO180A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>TOPOTECAN -<br>PERI OCULAR ;<br>TOPOTECAN<br>0.09 - 0.27 - PERI<br>OCULAR                  | 4688       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2695   | Medical Oncology | MO181A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>MELPHALAN -<br>INTRA-VITREAL ;<br>MELPHALAN 20-<br>30 MCG / 0.1CC -<br>INTRA-VITREAL       | 313        | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2696   | Medical Oncology | MO182A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>CARBOPLATIN -<br>INTRA-VITREAL ;<br>CARBOPLATIN 3-<br>6MCG / 0.05CC -<br>INTRA-VITREAL     | 2084       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2697   | Medical Oncology | MO183A         | CT for CA Eye | RETINOBLASTO<br>MA -<br>METHOTREXAT<br>E - INTRA-<br>VITREAL ;<br>METHOTREXAT<br>E 400MCG/0.1CC<br>- INTRA-VITREAL | 1771       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2698   | Medical Oncology | MO184A         | CT for CA Eye | HISTIOCYTOSIS -<br>PREDNISOLONE AND VINBLASTINE - 1;<br>PREDNISOLONE AND VINBLASTINE - 1;<br>PREDNISOLONE - 6 WEEKS ORAL;<br>VINBLASTINE 1, 2, 3, 4, 5, 6 | 6771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2699   | Medical Oncology | MO185A         | Chemotherapy  | HISTIOCYTOSIS -<br>PREDNISOLONE AND VINBLASTINE - 2;<br>PREDNISOLONE AND VINBLASTINE - 1;<br>PREDNISOLONE - 6 WEEKS ORAL;<br>VINBLASTINE 1, 2, 3, 4, 5, 6 | 7500       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2700   | Medical Oncology | MO186A         | Chemotherapy | HISTIOCYTOSIS - PREDNISOLONE AND VINBLASTINE - CONTINUATION; PREDNISOLONE AND VINBLASTINE - CONTINUATION AFTER EITHER COURSE 1 OR BOTH 1 & 2 ; PREDNISOLONE - 5 DAYS A WEEK ORAL ; VINBLASTINE -IV ; REPEAT EVERY 3 WEEKS TILL 1 YEAR | 1980       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2701   | Medical Oncology | MO187A         | Chemotherapy | RHABDOMYOSA<br>RCOMA - IVA<br>(VINCRIPTINE +<br>DACTINOMYCIN<br>+ IFOSFAMIDE +<br>MESNA ) ; DAY 1,<br>2 - IFOSFAMIDE<br>IV 3 G/M2 +<br>MESNA ; DAY 1 -<br>VINCRIPTINE IV<br>1.5 MG/M2 (MAX<br>2 MG),<br>ACTINOMYCIN-D<br>IV 1.5 MG/M2<br>(MAX 2 MG) ;<br>REPEAT AT 21<br>DAY INTERVALS<br>FOR 6 CYCLES | 6146       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2702   | Medical Oncology | MO188A         | Chemotherapy | RHABDOMYOSARCOMA - IVAD (VINCRIStINE + DOXORUBICIN + IFOSFAMIDE + MESNA ) ; DAYS 1 AND 2 - IFOSFAMIDE 3 G/M2 + MESNA, DOXORUBICIN 30MG/M2 ; DAY 1 - VINCRIStINE 1.5 MG/M2, ACTINOMYCIN-D 1.5 MG/M2 ; REPEAT AT 21 DAY INTERVALS FOR 6 CYCLES | 6042       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2703   | Medical Oncology | MO189A         | Chemotherapy | EWINGS SARCOMA - INDUCTION TREATMENT - VIDE ; DAY 1 - VINCRISTINE 1.5MG/M2(MAX 2MG) IV ; DAYS 1-3 - DOXORUBICIN 20MG/M2 IV, IFOSFAMIDE 3G/M2IV, MESNA CONTINUOUS IV, ETOPOSIDE 150MG/M2 IV ; REPEAT CYCLE EVERY 3 WEEKS FOR UP TO 6 CYCLES | 9167       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2704   | Medical Oncology | MO190A         | Chemotherapy | EWINGS SARCOMA - INDUCTION TREATMENT - VAC/IE - IE ; IE CYCLES ; DAYS 1-5 - IFOSFAMIDE 1, 800MG/M2 IV + MESNA + ETOPOSIDE 100MG/M2 IV. ; REPEAT EACH CYCLE EVERY 3 WEEKS FOR 17 CYCLES.                                                    | 6563       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2705   | Medical Oncology | MO191A         | Chemotherapy | LEWINGS SARCOMA - INDUCTION TREATMENT - VAIA - 4 DAY REGIMEN ; DAY 1 - VINCRISTINE 1.5MG/M2IV ; DAYS 1-3 - IFOSFAMIDE 2,000MG/M2 IV + MESNA ; DAYS 1, 3, AND 5 - DACTINOMYCIN 0.5MG/M2 IV ; DAYS 2 AND 4 - DOXORUBICIN 30MG/M2 IV. ; REPEAT CYCLE EVERY 21 DAYS FOR 4 CYCLES, THEN LOCAL THERAPY, FOLLOWED BY | 8334       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2706   | Medical Oncology | MO192A         | Chemotherapy | LEWINGS<br>SARCOMA -<br>INDUCTION<br>TREATMENT -<br>VAIA - 24 DAY<br>REGIMEN ; DAYS<br>1, 8, 15, AND 22 -<br>VINCRIPTINE<br>1.5MG/M2 IV ;<br>DAYS 1, 2, 22,<br>23, 43, AND 44 -<br>IFOSFAMIDE 3,<br>000MG/M2 IV +<br>MESNA ; DAYS 1,<br>2, 43, AND 44 -<br>DOXORUBICIN<br>30MG/M2 IV ;<br>DAYS 22, 23,<br>AND 24 -<br>DACTINOMYCIN<br>0.5MG/M2 IV ;<br>AFTER<br>COMPLETION<br>OF ONE 9 WEEK | 19375      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2707   | Medical Oncology | MO193A         | Chemotherapy | EWINGS SARCOMA - INDUCTION TREATMENT - VACA ; DAY 1 - VINCRISTINE 1.5MG/M2 IV + CYCLOPHOSPHAMIDE 1, 200MG/M2 IV + MESNA ; DAYS 1, 3, AND 5 - DACTINOMYCIN 0.5MG/M2 IV ; DAYS 2 AND 4 - DOXORUBICIN 30MG/M2 IV. ; REPEAT CYCLE EVERY 21 DAYS FOR 10 CYCLES. | 5000       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2708   | Medical Oncology | MO194A         | Chemotherapy | EWINGS SARCOMA - MAINTENANCE TREATMENT - ETOPOSIDE/IFO SFAMIDE ; DAYS 1-5 - IFOSFAMIDE 1, 800MG/M2/DAY IV + MESNA ; DAYS 1-5 - ETOPOSIDE 100MG/M2/DAY IV.                                                                                                  | 9063       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2709   | Medical Oncology | MO195A         | Chemotherapy | CERVICAL CANCER - CISPLATIN ; CISPLATIN 40MG/M2 IV ONCE WEEKLY FOR UP TO 6 CYCLES                                                                                 | 1980       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2710   | Medical Oncology | MO196A         | Chemotherapy | CERVICAL CANCER - CISPLATIN & 5FU WITH RT ; DAYS 1-5 OF RADIOTHERAPY - CISPLATIN 75MG/M2 IV, 5-FU 4, 000MG/M2 IV OVER 96 HOURS ; REPEAT CYCLE EVERY 3 WEEKS FOR 3 | 10105      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2711   | Medical Oncology | MO197A         | Chemotherapy | CERVICAL CANCER - CISPLATIN & 5FU ; DAYS 1 AND 29 - CISPLATIN 50MG/M2 IV ; DAYS 2-5, AND 30-33 - 5-FU 1, 000MG/M2 IV                                              | 9792       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2712   | Medical Oncology | MO198A         | Chemotherapy | VULVAL<br>CANCER -<br>CISPLATIN + 5FU<br>; DAYS 1-5 OF<br>RADIOTHERAPY -<br>CISPLATIN<br>75MG/M2 IV, 5-<br>FU 4, 000MG/M2<br>; REPEAT CYCLE<br>EVERY 3 WEEKS<br>- TOTAL 3<br>CYCLES                                                       | 5209       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2713   | Medical Oncology | MO199A         | Chemotherapy | VULVAL<br>CANCER - 5-FU +<br>MITOMYCIN ; 5-<br>FU + MITOMYCIN<br>; DAYS 1-4 AND<br>29-32 - 5-FU 1,<br>000MG/M2/DAY<br>CONTINUOUS IV<br>INFUSION ;<br>DAYS 1 AND 29 -<br>MITOMYCIN<br>10MG/M2 IV<br>BOLUS<br>(MAXIMUM 20MG<br>PER COURSE), | 12500      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2714   | Medical Oncology | MO200A         | Chemotherapy | VAGINAL<br>CANCER -<br>CISPLATIN ;<br>CISPLATIN<br>75MG/M2 ; ONCE<br>WEEKLY FOR<br>UP TO 6 DOSES                                                                                                                                 | 1980       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2715   | Medical Oncology | MO201A         | Chemotherapy | OVARIAN<br>CANCER -<br>PACLITAXEL +<br>CISPLATIN ; DAY<br>1 - PACLITAXEL<br>135MG/M2<br>CONTINUOUS IV<br>; DAY 2 -<br>CISPLATIN 75-<br>100MG/M2 ; DAY<br>8 - PACLITAXEL<br>60MG/M2 ;<br>REPEAT EVERY<br>3 WEEKS FOR 6<br>CYCLES. | 9688       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2716   | Medical Oncology | MO202A         | Chemotherapy | OVARIAN<br>CANCER -<br>DOCETAXEL +<br>CARBOPLATIN ;<br>DAY 1 -<br>DOCETAXEL 60-<br>75MG/M2 IV,<br>CARBOPLATIN<br>AUC 5-6<br>MG/MIN/ML ;<br>REPEAT EVERY<br>3 WEEKS FOR 6<br>CYCLES                                               | 9584       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2717   | Medical Oncology | MO203A         | Chemotherapy | ENDOMETRIAL CANCER (PALLIATIVE CHEMOTHERAPY ONLY)                                                                                                                         | 10938      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2718   | Medical Oncology | MO204A         | Chemotherapy | OVARY- GERM CELL TUMOR - EP ( ETOPOSIDE + CARBOPLATIN) ; DAY 1 - CARBOPLATIN 400 MG/M 2 IV ON DAYS 1-3 ; REPEAT EVERY 28 DAYS FOR THREE CYCLES                            | 7084       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2719   | Medical Oncology | MO205A         | Chemotherapy | GESTATIONAL TROPHOBLAST DISEASES - METHOTREXATE (5 DAYS REGIMEN) ; DAYS 1-5 - MTX 0.4 MG/KG/DAY IV OR IM FOR 5 DAYS, NOT TO EXCEED 25 MG/DAY ; REPEAT CYCLE EVERY 14 DAYS | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2720   | Medical Oncology | MO206A         | Chemotherapy | GESTATIONAL TROPHOBLAST DISEASES - METHOTREXATE + FOLINIC ACID ; DAY 1 - MTX 100 MG/M 2 IVP, THEN 200 MG/M 2 INFUSION ; DAY 2 - FOLINIC ACID 15 MG IM/PO Q12H FOR 4 DOSES ; REPEAT CYCLE EVERY 18 DAYS | 2188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2721   | Medical Oncology | MO207A         | Chemotherapy | GESTATIONAL TROPHOBLAST DISEASES - METHOTREXATE - WEEKLY ; MTX 30-50 MG/M 2 IM WEEKLY                                                                                                                  | 1459       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2722   | Medical Oncology | MO208A         | Chemotherapy | GESTATIONAL TROPHOBLAST DISEASES - ACTINOMYCIN ; ACTINOMYCIN 1.25 MG/M 2 IV ; REPEAT EVERY 2 WEEKS                                                                                                     | 2396       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2723   | Medical Oncology | MO209A         | Chemotherapy | TESTICULAR CANCER - EP ; DAYS 1-5 - ETOPOSIDE 100MG/M2, CISPLATIN 20MG/M2 ; REPEAT CYCLE EVERY 3 WEEKS FOR 4 CYCLES.                                                                  | 5938       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2724   | Medical Oncology | MO210A         | Chemotherapy | TESTICULAR CANCER - BEP ; DAYS 1-5 - CISPLATIN 20MG/M2, ETOPOSIDE 100MG/M2 ; DAYS 1, 8, AND 15 OR DAYS 2, 9, OR 16 - BLEOMYCIN 30 UNITS IV ; REPEAT CYCLE EVERY 3 WEEKS FOR 3 CYCLES. | 10938      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2725   | Medical Oncology | MO211A         | Chemotherapy | TESTICULAR CANCER - VIP ; DAY 1 (BEFORE IFOSFAMIDE) - MESNA 120MG/M2 IV ; DAYS 1-5 - ETOPOSIDE 75MG/M2 IV, MESNA 1, 200MG/M2 IV, IFOSFAMIDE 1, 200MG/M2 IV + CISPLATIN 20MG/M2. ; REPEAT CYCLE EVERY 3 WEEKS FOR 4 CYCLES. | 6875       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2726   | Medical Oncology | MO212A         | Chemotherapy | PROSTATE CANCER - ZOLEDRONIC ACID FOR SKELETAL METASTASIS                                                                                                                                                                  | 3021       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2727   | Medical Oncology | MO213A         | Chemotherapy | THYROID CANCER - SORAFENIB ; SORAFENIB 400 MG PO BID                                                                                                                                                                       | 3230       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2728   | Medical Oncology | MO214A         | Chemotherapy | THYROID CANCER - SUNITINIB ; SUNITINIB 50 MG                                                                                                                                                                               | 31146      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2729   | Medical Oncology | MO215A         | Chemotherapy | THYROID CANCER - PAZOPANIB                                                                                                                                                                                                 | 10417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2730   | Medical Oncology | MO216A         | Chemotheraphy | THYROID<br>CANCER -<br>DOXORUBICIN ;<br>DOXORUBICIN<br>60 MG/M2 AS<br>MONOTHERAPY<br>OR IN<br>COMBINATION<br>WITH CISPLATIN<br>40 MG/M2                                                                                                       | 4792       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2731   | Medical Oncology | MO217A         | Chemotherapy  | THYMOMA -<br>CAPP ; DAY 1 -<br>CYCLOPHOSPH<br>AMIDE<br>500MG/M2 IV ;<br>DAYS 1-3 -<br>CISPLATIN<br>30MG/M2 IV ;<br>DAYS 1-3 -<br>DOXORUBICIN<br>20MG/M2 ; DAYS<br>1-5 -<br>PREDNISONE<br>100MG. ;<br>REPEAT EVERY<br>3 WEEKS FOR 3<br>CYCLES. | 7500       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2732   | Medical Oncology | MO218A         | Chemotherapy | THYMOMA - ADOC ; DAY 1 - CISPLATIN 50MG/M2 IV, DOXORUBICIN 40MG/M2 IV ; DAY 3 - VINCRIPTINE 0.6MG/M2 IV ; DAY 4 - CYCLOPHOSPH AMIDE 700MG/M2 IV. ; REPEAT EVERY 3 WEEKS FOR 5 CYCLES. | 6459       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2733   | Medical Oncology | MO219A         | Chemotherapy | THYMOMA - PE ; DAY 1 - CISPLATIN 60MG/M2 IV ; DAYS 1-3 - ETOPOSIDE 120MG/M2 IV ; REPEAT EVERY 3 WEEKS FOR A MAX OF 8 CYCLES.                                                          | 5625       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2734   | Medical Oncology | MO220A         | Chemotherapy | THYMOMA - VIP ; DAYS 1-4 - ETOPOSIDE 75MG/M2 IV, IFOSFAMIDE 1.2G/M2 IV, CISPLATIN 20MG/M2 IV. ; REPEAT EVERY 3 WEEKS FOR 4 CYCLES                                                     | 8334       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2735   | Medical Oncology | MO221A         | Chemotherapy | THYMOMA - CARBOPLATIN+ PACLITAXEL ; DAY 1 - PACLITAXEL 225MG/M2 IV, CARBOPLATIN AUC = 6 IV ; REPEAT EVERY 3 WEEKS FOR A MAX OF 6 CYCLES.                                                                                                              | 10209      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2736   | Medical Oncology | MO222A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ADULT LOW-GRADE INFILTRATIVE SUPRATENTORIAL ASTROCYTOMA/ OLIGODENDRO GLIOMA - COMBINATION PCV (LOMUSTINE + PROCARBAZINE + VINCRIStINE) ; DAY 1 - LOMUSTINE 110MG/M2 ORALLY. ; DAYS 8-21 - PROCARBAZINE 60MG/M2 | 4167       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2737   | Medical Oncology | MO223A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ADULT LOW-GRADE INFILTRATIVE SUPRATENTORIAL ASTROCYTOMA/ OLIGODENDROGLIOMA - TEMOZOLOMIDE (7 WEEKS) ; DAYS 1-49 - TEMOZOLOMIDE 75MG/M2 ORALLY. ; REPEAT CYCLE EVERY 11 WEEKS (7 WEEKS ON/4 WEEKS OFF) FOR 6 CYCLES | 7084       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2738   | Medical Oncology | MO224A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ADULT LOW-GRADE INFILTRATIVE SUPRATENTORIAL ASTROCYTOMA/ OLIGODENDRO GLIOMA - TEMOZOLOMIDE MONTHLY 5-DAY COURSE ; TEMOZOLOMIDE MONTHLY 5-DAY COURSES AT DOSES OF 180 - 200MG/M2/DAY | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2739   | Medical Oncology | MO225A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ADULT LOW-GRADE INFILTRATIVE SUPRATENTORIAL ASTROCYTOMA/ OLIGODENDROGLIOMA - TEMOZOLOMIDE (3 WEEKS) ; DAYS 1-21 - TEMOZOLOMIDE 75MG/M2/DAY ORALLY. ; REPEAT CYCLE EVERY 28 DAYS. | 3750       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2740   | Medical Oncology | MO226A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ANAPLASTIC GLIOMAS - TEMOZOLOMIDE MONTHLY 5-DAY COURSE ; DAYS 1-5 - TEMOZOLOMIDE 200MG/M2/DAY ORALLY. ; REPEAT CYCLE EVERY 4 WEEKS UNTIL DISEASE PROGRESSION OR FOR UP TO 24 CYCLES. | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2741   | Medical Oncology | MO227A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ANAPLASTIC GLIOMAS - PCV WITH DEFERRED RT (LOMUSTINE + PROCARBAZINE + VINCRIStINE) ; DAY 1 - LOMUSTINE 110MG/M2 ORALLY ; DAYS 8-21 - PROCARBAZINE 60MG/M2 ORALLY ONCE DAILY ; DAYS 8 AND 29 - VINCRIStINE 1.4MG/M2 (MAXIMUM 2MG) | 4167       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2742   | Medical Oncology | MO228A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ANAPLASTIC GLIOMAS - CONCURRENT TEMOZOLOMIDE (WITH RT) - FOLLOWED BY ADJUVANT TEMOZOLOMIDE ; DAILY ORAL TEMOZOLOMIDE (75MG/M2/DAY, 7 DAYS PER WEEK FROM THE FIRST TO THE LAST DAY OF RADIOTHERAPY) | 7917       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2743   | Medical Oncology | MO229A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ANAPLASTIC GLIOMAS - ADJUVANT TEMOZOLOMIDE - PRECEDED BY CONCURRENT TEMOZOLOMIDE (WITH RT) ; TEMOZOLOMIDE 150-200MG/M2/DAY FOR 5 DAYS. ; REPEAT CYCLE EVERY 28 DAYS FOR 6 CYCLES | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2744   | Medical Oncology | MO230A         | Chemotherapy | ADJUVANT TEMOZOLOMIDE                                                                                                                                                                                                   | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2745   | Medical Oncology | MO231A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR ANAPLASTIC GLIOMAS - PCV FOR 1P19Q CO-DELETED (WITH RADIOTHERAPY) ; DAY 1 - LOMUSTINE 110MG/M2 ORALLY ; DAYS 8-21 - PROCARBAZINE 60MG/M2 ORALLY ONCE DAILY ; DAYS 8 AND 29 - VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) IV. ; REPEAT EVERY 6 | 4167       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2746   | Medical Oncology | MO232A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR GLIOBLASTOMA - ADJUVANT TEMOZOLOMIDE (PRECEDED BY CONCURRENT TEMOZOLZMIDE ); DAYS 1-5 - TEMOZOLOMIDE 150-200MG/M2/DAY ORALLY FOR 5 DAYS. ; REPEAT CYCLE EVERY 28 DAYS FOR 6 CYCLES. | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2747   | Medical Oncology | MO233A         | Chemotherapy | BRAIN CARCINOMA - SYSTEMIC THERAPY FOR GLIOBLASTOMA - TEMOZOLOMIDE (200MG) WITH STANDARD RT ; DAYS 1-5 - TEMOZOLOMIDE 200MG/M2, ORALLY                                                                                     | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2748   | Medical Oncology | MO234A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - HIGH DOSE METHOTREXATE + CYTARABINE ; DAY 1 - MTX 3.5G/M2 ; DAYS 2-3 - CYTARABINE 2G/M2 IV TWICE A DAY.                                                                               | 7188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2749   | Medical Oncology | MO235A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - HIGH DOSE METHOTREXATE + LEUCOVORIN + IFOSFAMIDE + MESNA ; DAY 1 - MTX 4GM/M2 IV, ; DAYS 2-5 - LEUCOVORIN 20-25MG IV (UPTO 40MG) ; DAYS 3-5 - IFOSFAMIDE 1.5GM/M2 IV + MESNA 400MG IV | 10417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2750   | Medical Oncology | MO236A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - RITUXIMAB + MTX + VINCRIStINE +PROCARBAZIN E ; DAY 1 - RITUXIMAB 500MG/M2 IV ; DAY 2 - MTX 3.5MG/M2 IV PLUS VINCRIStINE 1.4MG/M2 ; PROCARBAZINE 100MG/M2/DAY ADMINISTERED FOR 7 DAYS WITH ODD-NUMBERED CYCLES | 45834      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2751   | Medical Oncology | MO237A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - HIGH DOSE METHOTREXAT E INDUCTION ; MTX 8G/M2 IV ; REPEAT EVERY 2 WEEKS UNTIL COMPLETE RESPONSE ACHIEVED OR MAX OF 8 CYCLES REACHED. ;                                                                        | 8646       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2752   | Medical Oncology | MO238A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - HIGH DOSE METHOTREXATE CONSOLIDATION ; MTX 8G/M2 IV ADMINISTERED ; REPEAT EVERY 2 WEEKS FOR 2 CYCLES.                              | 8646       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2753   | Medical Oncology | MO239A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - HIGH DOSE METHOTREXATE MAINTANANCE (CYCLES 1-4) ; DAY 1 - MTX 8G/M2 IV, RITUXIMAB 375MG/M2 IV. ; REPEAT EVERY 4 WEEKS FOR 4 CYCLES | 28750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2754   | Medical Oncology | MO240A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - HIGH DOSE METHOTREXATE MAINTANANCE (CYCLES 5-11) ; MTX 8G/M2 IV ADMINISTERED EVERY 4 WEEKS FOR 11 CYCLES. ; REPEAT CYCLE EVERY 4 WEEKS FOR 4 CYCLES                                                                 | 8646       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2755   | Medical Oncology | MO241A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - RITUXIMAB + TEMOZOLOMIDE REGIMEN - INDUCTION ; DAY 1 - RITUXIMAB 375MG/M2 IV, FOLLOWED BY ; DAYS 1-5 - TEMOZOLOMIDE 150-200MG/M2 ORALLY DAILY, AFTER RITUXIMAB INFUSION. ; REPEAT CYCLE EVERY 4 WEEKS FOR 4 CYCLES. | 23646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2756   | Medical Oncology | MO242A         | Chemotherapy | BRAIN CARCINOMA - PRIMARY CNS LYMPHOMA - RITUXIMAB + TEMOZOLOMIDE REGIMEN - MAINTANANCED AYS 1-5 - TEMOZOLOMIDE 150-200MG/M2 ORALLY DAILY. ; REPEAT CYCLE EVERY 4 WEEKS FOR 8 CYCLES. | 1771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2757   | Medical Oncology | MO243A         | Chemotherapy | BRAIN CARCINOMA - MENINGIOMA - INTERFERON-ALFAINTERFER ON-ALFA ; ALPHA-IFN 106 UNITS/M2 SC EVERY OTHER DAY FOR 4 WEEKS. ; REPEAT CYCLE EVERY 4 WEEKS. ;                               | 6563       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2758   | Medical Oncology | MO244A         | Chemotherapy | BRAIN CARCINOMA - MENINGIOMA - SOMATOSTATIN ANALOG ; SANDOSTATIN LAR DEPOT 10-30MG IM ; REPEAT EVERY 4 WEEKS. ;   | 5938       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2759   | Medical Oncology | MO245A         | Chemotherapy | BRAIN CARCINOMA - MENINGIOMA - SUNITINIB ; DAYS 1-28 - SUNITINIB 50MG ORALLY DAILY. ; REPEAT CYCLE EVERY 42 DAYS. | 3230       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2760   | Medical Oncology | MO246A         | Chemotherapy | HEAD AND NECK CANCER - CARBOPLATIN + INFUSIONAL 5-FU ; DAYS 1-4 - 5-FU 600MG/M2/DAY AS CONTINUOUS IV I, CARBOPLATIN 70MG/M2/DAY IV ; REPEAT EVERY 3 WEEKS FOR 3 CYCLES (GIVEN CONCURRENTLY WITH RADIOTHERAPY) | 5209       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2761   | Medical Oncology | MO247A         | Chemotherapy | HEAD AND NECK CANCER - 5-FU + HYDROXYUREA ; DAY 1 - HYDROXYUREA 1, 000MG ORALLY EVERY 12 HOURS (11 DOSES/CYCLE), 5-FU 800MG/M2/DAY ; REPEAT EVERY OTHER WEEK FOR 7 CYCLES. WITH CONCURRENT RADIOTHERAPY | 2500       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2762   | Medical Oncology | MO248A         | Chemotherapy | HEAD AND NECK CANCER - CISPLATIN + PACLITAXEL ; DAY 1 - PACLITAXEL 30MG/M2 IV (EVERY MONDAY), ; DAY 2 - CISPLATIN 20MG/M2 IV (EVERY TUESDAY). ; REPEAT CYCLE EVERY WEEK FOR 7 CYCLES, WITH CONCURRENT RADIOTHERAPY | 3750       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2763   | Medical Oncology | MO249A         | Chemotherapy | HEAD AND NECK CANCER - CISPLATIN + INFUSIONAL 5-FU ; DAY 1 - CISPLATIN 60MG/M2 OVER ; DAYS 1-5 - 5-FU 800MG/M2/DAY ; REPEAT EVERY OTHER WEEK FOR 7 CYCLES. WITH CONCURRENT RADIOTHERAPY                            | 5834       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2764   | Medical Oncology | MO250A         | Chemotherapy | HEAD AND NECK CANCER - CISPLATIN (FOR HIGH RISK OROPHARYNGEAL CARCINOMA) ; DAYS 1, 22, AND 43 - CISPLATIN 100MG/M2 IV + RADIOTHERAPY.                                                                                  | 5834       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2765   | Medical Oncology | MO251A         | Chemotherapy | NASOPHARYNX CANCER - CONCURRENT CISPLATIN (FOLLOWED BY CONCURRENT CISPLATIN +5FU) ; DAY 1 - CISPLATIN 100MG/M2 IV; PLUS RADIOTHERAPY. ; REPEAT CYCLE EVERY 3 WEEKS FOR 3 CYCLES; FOLLOWED BY CONCURRENT CISPLATIN +5FU | 2188       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2766   | Medical Oncology | MO252A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>CONCURRENT<br>CISPLATIN +5FU -<br>PRECEDED BY<br>(CONCURRENT<br>CISPLATIN 3<br>CYCLES) ; DAYS<br>1-4 - CISPLATIN<br>80MG/M2/DAY, 5-<br>FU 1,<br>000MG/M2/DAY<br>IV ; REPEAT<br>CYCLE EVERY 4<br>WEEKS FOR 3<br>CYCLES | 7396       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2767   | Medical Oncology | MO253A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>CONCURRENT<br>CARBOPLATIN -<br>(FOLLOWED BY<br>CONCURRENT<br>CARBOPLATIN<br>+5FU) ; DAY 1 -<br>CARBOPLATIN<br>AUC<br>6MG/MIN/ML IV. ;<br>REPEAT CYCLE<br>EVERY 3 WEEKS<br>FOR 3 CYCLES;                               | 4688       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2768   | Medical Oncology | MO254A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>CONCURRENT<br>CARBOPLATIN<br>+5FU -<br>PRECEDED BY<br>(CONCURRENT<br>CARBOPLATIN )<br>; DAY 1 -<br>CARBOPLATIN<br>AUC<br>5MG/MIN/ML IV ;<br>DAYS 1-4 - 5-FU<br>1,<br>000MG/M2/DAY<br>IV ; REPEAT<br>CYCLE EVERY 3<br>WEEKS FOR 3<br>CYCLES. | 14792      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2769   | Medical Oncology | MO255A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>CONCURRENT<br>CISPLATIN ;<br>CISPLATIN<br>40MG/M2 ;<br>REPEAT<br>WEEKLY FOR 7<br>CYCLES                                                                                                                                                     | 1980       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2770   | Medical Oncology | MO256A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>DOCETAXEL +<br>CISPLATIN + 5-<br>FU - FOLLOWED<br>BY CISPLATIN<br>AFTER 3<br>CYCLES ; DAY 1 -<br>DOCETAXEL<br>70MG/M2 IV,<br>CISPLATIN<br>75MG/M2 IV ;<br>DAYS 1-4 - 5-FU<br>1,<br>000MG/M2/DAY<br>IV ; REPEAT<br>EVERY WEEK<br>FOR 3 CYCLES | 6771       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2771   | Medical Oncology | MO257A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>CISPLATIN -<br>WEEKLY -<br>PRECEDED BY 3<br>CYCLES OF<br>DOCETAXEL + 5-<br>FU ; DAY 1 -<br>CISPLATIN<br>100MG/M2; ;<br>REPEAT EVERY<br>3 WEEKS, TILL<br>RADIATION                                                                            | 3125       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2772   | Medical Oncology | MO258A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>CISPLATIN -<br>WEEKLY -<br>PRECEDED BY 2<br>CYCLES OF<br>DOCETAXEL +<br>CISPLATIN ;<br>CISPLATIN<br>40MG/M2 IV ;<br>WEEKLY<br>CONCURRENT<br>WITH<br>RADIOTHERAPY.                                                          | 2500       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2773   | Medical Oncology | MO259A         | Chemotherapy | NASOPHARYNX<br>CANCER -<br>CISPLATIN + 5-<br>FU ; DAY 1 -<br>CISPLATIN<br>100MG/M2/DAY<br>IV. ; DAYS 1-4 - 5-<br>FU 1,<br>000MG/M2/DAY<br>CONTINUOUS IV<br>INFUSION FOR 4<br>DAYS. ; REPEAT<br>CYCLE EVERY 3<br>WEEKS FOR A<br>MINIMUM OF 6<br>CYCLES | 5625       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2774   | Medical Oncology | MO260A         | Chemotherapy | HEAD AND NECK CANCER - PACLITAXEL + CISPLATIN+ INFUSIONAL 5-FU ; DAY 1 - PACLITAXEL 175MG/M2 ; DAY 2 - CISPLATIN 100MG/M2 ; DAY 2-6 - 5-FU 500MG/M2/DAY IV ; REPEAT EVERY 3 WEEKS FOR 3 CYCLES. | 8646       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2775   | Medical Oncology | MO261A         | Chemotherapy | RENAL CELL CARCINOMA - PAZOPANIB                                                                                                                                                                | 20834      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2776   | Medical Oncology | MO262A         | Chemotherapy | RENAL CELL CARCINOMA - SORAFENIB                                                                                                                                                                | 6355       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2777   | Medical Oncology | MO263A         | Chemotherapy | RENAL CELL CARCINOMA - FIRST-LINE THERAPY FOR PATIENTS WITH PREDOMINANTLY CLEAR CELL HISTOLOGY - PAZOPANIB ; PAZOPANIB 800MG ORALLY ONCE DAILY                                                  | 21042      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2778   | Medical Oncology | MO264A         | Chemotherapy | RENAL CELL CARCINOMA - FIRST-LINE THERAPY FOR PATIENTS WITH PREDOMINANTLY CLEAR CELL HISTOLOGY - BEVACIZUMAB + IFN-ALPHA ; BEVACIZUMAB 10MG/KG IV EVERY 2 WEEKS + IFN-ALPHA. | 73021      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2779   | Medical Oncology | MO265A         | Chemotherapy | RENAL CELL CARCINOMA - FIRST-LINE THERAPY FOR PATIENTS WITH PREDOMINANTLY CLEAR CELL HISTOLOGY - SORAFENIB ; SORAFENIB 400MG ORALLY TWICE DAILY                              | 3959       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2780   | Medical Oncology | MO266A         | Chemotheraphy | RENAL CELL CARCINOMA - SUBSEQUENT THERAPY FOR PATIENTS WITH PREDOMINANTLY CLEAR CELL CARCINOMA - EVEROLIMUS ; EVEROLIMUS 10MG ORALLY ONCE DAILY | 40730      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2781   | Medical Oncology | MO267A         | Chemotheraphy | RENAL CELL CARCINOMA - SUBSEQUENT THERAPY FOR PATIENTS WITH PREDOMINANTLY CLEAR CELL CARCINOMA - PAZOPANIB ; PAZOPANIB 800MG ORALLY ONCE DAILY  | 21042      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2782   | Medical Oncology | MO268A         | Chemotherapy | RENAL CELL CARCINOMA - SUBSEQUENT THERAPY FOR PATIENTS WITH PREDOMINANTLY CLEAR CELL CARCINOMA - SORAFENIB ; SORAFENIB 400MG ORALLY TWICE DAILY      | 3959       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2783   | Medical Oncology | MO269A         | Chemotherapy | RENAL CELL CARCINOMA - SUBSEQUENT THERAPY FOR PATIENTS WITH PREDOMINANTLY CLEAR CELL CARCINOMA - BEVACIZUMAB ; BEVACIZUMAB 10MG/KG IV EVERY 2 WEEKS. | 72500      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2784   | Medical Oncology | MO270A         | Chemotherapy | RENAL CELL CARCINOMA - SYSTEMIC THERAPY FOR PATIENTS WITH NON-CLEAR CELL HISTOLOGY - BEVACIZUMAB ; BEVACIZUMAB 10MG/KG IV EVERY 2 WEEKS. | 72500      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2785   | Medical Oncology | MO271A         | Chemotherapy | RENAL CELL CARCINOMA - SYSTEMIC THERAPY FOR PATIENTS WITH NON-CLEAR CELL HISTOLOGY - EVEROLIMUS ; EVEROLIMUS 10MG ORALLY ONCE DAILY      | 40730      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2786   | Medical Oncology | MO272A         | Chemotherapy | RENAL CELL CARCINOMA - SYSTEMIC THERAPY FOR PATIENTS WITH NON-CLEAR CELL HISTOLOGY - ERLOTINIB ; ERLOTINIB 150MG ORALLY ONCE DAILY       | 3750       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2787   | Medical Oncology | MO273A         | Chemotherapy | RENAL CELL CARCINOMA - SYSTEMIC THERAPY FOR PATIENTS WITH NON-CLEAR CELL HISTOLOGY - PAZOPANIB ; PAZOPANIB 800MG ORALLY ONCE DAILY  | 21042      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2788   | Medical Oncology | MO274A         | Chemotherapy | RENAL CELL CARCINOMA - SYSTEMIC THERAPY FOR PATIENTS WITH NON-CLEAR CELL HISTOLOGY - SORAFENIB ; SORAFENIB 400MG ORALLY TWICE DAILY | 3959       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2789   | Medical Oncology | MO275A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - PACLITAXEL + CARBOPLATIN + ETOPOSIDE ; DAY 1 - PACLITAXEL 200 MG/M 2 IV, CARBOPLATIN AUC 6 ; DAYS 1-10 - ETOPOSIDE 50 MG PO ALTERNATING WITH 100 MG DAILY ; REPEAT EVERY 21DAYS FOR 2-3 CYCLES; RESTAGE, CAN BE TREATED UPTO 8 CYCLES | 8750       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2790   | Medical Oncology | MO276A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - PACLITAXEL + CARBOPLATIN ; DAY 1 - PACLITAXEL 200 MG/M 2, CARBOPLATIN AUC 6 ; REPEAT CYCLE EVERY 3 WEEKS, MAXIMUM 8 CYCLES                                                                                                            | 7917       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2791   | Medical Oncology | MO277A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - DOCETAXEL + CARBOPLATIN ; DAY 1 - DOCETAXEL 65MG/M2 IV, CARBOPLATIN AUC 6 ; REPEAT CYCLE EVERY 3 WEEKS, MAXIMUM 8 CYCLES.                    | 4167       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2792   | Medical Oncology | MO278A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - GEMCITABINE + CISPLATIN ; DAY 1 - CISPLATIN 100MG/M2 IV ; DAY 1 AND 8 - GEMCITABINE 1250MG/M2 IV. ; REPEAT CYCLE EVERY 3 WEEKS FOR 4 CYCLES. | 5834       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2793   | Medical Oncology | MO279A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - GEMCITABINE + DOCETAXEL ; DAY 1 AND 8 - GEMCITABINE 1000MG/M2 IV OVER 30 MINUTES ; DAY 8 - DOCETAXEL 75MG/M2 IV ; REPEAT CYCLE EVERY 3 WEEKS FOR A MAXIMUM OF 6 CYCLES | 6355       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2794   | Medical Oncology | MO280A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - GEMCITABINE + IRINOTECAN ; DAYS 1 AND 8 - IRINOTECAN 100MG/M2 IV, GEMCITABINE 1000MG/M2 IV. ; REPEAT CYCLE EVERY 3 WEEKS FOR 6 CYCLES.RESTA GE EVERY 2-3 CYCLES        | 6146       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2795   | Medical Oncology | MO281A         | Chemotherapy | UNKNOWN<br>PRIMARY -<br>ADENOCARCINO<br>MA - MFOLFOX ;<br>DAY 1 -<br>OXALIPLATIN<br>85MG/M2 IV<br>OVER 2 HOURS<br>+ LEUCOVORIN<br>400MG/M2 IV<br>OVER 2 HOURS<br>+ 5-FU<br>400MG/M2 IV<br>BOLUS THEN ;<br>DAYS 1 AND 2 - 5-<br>FU 1200MG/M2<br>(TOTAL<br>2400MG/M2<br>OVER 46-48<br>HOURS) IV<br>CONTINUOUS<br>INFUSION. ;<br>REPEAT CYCLE<br>EVERY 2 WEEKS | 8750       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2796   | Medical Oncology | MO282A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - CAPEOX ; DAY 1 - OXALIPLATIN 130MG/M2 IV OVER 2 HOURS ; DAY 1-14 - CAPECITABINE 850-1000MG/M2 ORALLY TWICE DAILY. ; REPEAT CYCLE EVERY 3 WEEKS FOR 16 CYCLES.     | 7084       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2797   | Medical Oncology | MO283A         | Chemotherapy | UNKNOWN PRIMARY - ADENOCARCINOMA - IRINOTECAN + CARBOPLATIN ; DAY 1 - CARBOPLATIN AUC 5MG PER MIN/ML IV ; DAYS 1, 8, AND 15 - IRINOTECAN 60MG/M2 IV. ; REPEAT CYCLE EVERY 4 WEEKS FOR UP TO 6 CYCLES | 8438       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2798   | Medical Oncology | MO284A         | Chemotherapy | UNKNOWN PRIMARY - SQUAMOUS CELL CARCINOMA - PACLITAXEL + CISPLATIN + 5-FU ; PACLITAXEL 175 MG/M 2 IV, ; DAY 2 - CISPLATIN 100 MG/M 2 IV, ; DAY 5-FU (5-FLUOROURACIL) 500 MG/M 2/DAY IV ; REPEAT EVERY 21D   | 6771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2799   | Medical Oncology | MO285A         | Chemotherapy | UNKNOWN PRIMARY - SQUAMOUS CELL CARCINOMA - DOCETAXEL + CISPLATIN + 5-FU ; DAY 1 - DOCETAXEL 75MG/M2 IV, CISPLATIN 75MG/M2 IV. ; DAYS 1-5 - 5-FU 750MG/M2/DAY IV ; REPEAT CYCLE EVERY 3 WEEKS FOR 3 CYCLES. | 7500       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2800   | Medical Oncology | MO286A         | Chemotherapy | UNKNOWN PRIMARY - SQUAMOUS CELL CARCINOMA - PACLITAXEL + CARBOPLATIN ; DAY 1 - CARBOPLATIN AUC 6MG PER MIN/ML IV OVER 30 MINUTES + PACLITAXEL 200MG/M2 IV OVER 3 HOURS. ; REPEAT CYCLE EVERY 3 WEEKS FOR 8 CYCLES IN RESPONDING PATIENTS AND FOR 6 CYCLES MAXIMUM IN PATIENTS WITH STABLE | 7917       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2801   | Medical Oncology | MO287A         | Chemotherapy | UNKNOWN PRIMARY - SQUAMOUS CELL CARCINOMA - CISPLATIN + GEMCITABINE ; DAY 1 - CISPLATIN 100MG/M2 IV ; DAY 1 AND 8 - GEMCITABINE 1250MG/M2 IV. ; REPEAT EVERY 3 WEEKS FOR 4 CYCLES.                                                                                                        | 5730       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2802   | Medical Oncology | MO288A         | Chemotherapy | UNKNOWN<br>PRIMARY -<br>SQUAMOUS<br>CELL<br>CARCINOMA -<br>MFOLFOX ; DAY<br>1 - OXALIPLATIN<br>85MG/M2 IV<br>OVER 2 HOURS<br>+ LEUCOVORIN<br>400MG/M2 IV<br>OVER 2 HOURS<br>+ 5-FU<br>400MG/M2 IV<br>BOLUS THEN ;<br>DAYS 1 AND 2 - 5-<br>FU 1200MG/M2<br>(TOTAL<br>2400MG/M2<br>OVER 46-48<br>HOURS) IV<br>CONTINUOUS<br>INFUSION. ;<br>REPEAT CYCLE | 8750       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2803   | Medical Oncology | MO289A         | Chemotherapy | UNKNOWN<br>PRIMARY -<br>SQUAMOUS<br>CELL<br>CARCINOMA -<br>PACLITAXEL +<br>CISPLATIN ; DAY<br>1 - PACLITAXEL<br>175MG/M2 IV +<br>CISPLATIN<br>60MG/M2 IV. ;<br>REPEAT CYCLE<br>EVERY 3<br>WEEKS.                                                                                                                                                      | 7084       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2804   | Medical Oncology | MO290A         | Chemotherapy | UNKNOWN<br>PRIMARY -<br>SQUAMOUS<br>CELL<br>CARCINOMA -<br>DOCETAXEL +<br>CARBOPLATIN ;<br>DAY 1 -<br>DOCETAXEL<br>75MG/M2 IV<br>OVER 30<br>MINUTES +<br>CARBOPLATIN<br>AUC 5MG PER<br>MIN/ML IV OVER<br>30 MINUTES. ;<br>REPEAT CYCLE<br>EVERY 3 WEEKS<br>FOR 8 CYCLES | 9584       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2805   | Medical Oncology | MO291A         | Chemotherapy | UNKNOWN PRIMARY - SQUAMOUS CELL CARCINOMA - DOCETAXEL + CISPLATIN ; DAY 1 - DOCETAXEL 60MG/M2 IV + CISPLATIN 80MG/M2 IV. ; REPEAT CYCLE EVERY 3 WEEKS FOR 2 CYCLES AND AN ADDITIONAL 4 CYCLES UNTIL DISEASE PROGRESSION IS DEMONSTRATED | 5521       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2806   | Medical Oncology | MO292A         | Chemotherapy | UNKNOWN PRIMARY - SQUAMOUS CELL CARCINOMA - DOCETAXEL + CISPLATIN ; DAY 1 - DOCETAXEL 75MG/M2 IV + CISPLATIN 75MG/M2 IV. ; REPEAT CYCLE EVERY 3 WEEKS FOR UP TO 6 CYCLES.                                                               | 4167       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2807   | Medical Oncology | MO293A         | Chemotherapy | UNKNOWN PRIMARY -<br>NEUROENDOCRINE TUMORS -<br>ETOPOSIDE + CISPLATIN ;<br>DAYS 1-3 -<br>ETOPOSIDE 100 MG/M 2 ; DAYS 2-3 - CISPLATIN 45 MG/M 2 IV ;<br>REPEAT EVERY 28 DAYS                                                                          | 5521       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2808   | Medical Oncology | MO294A         | Chemotherapy | UNKNOWN PRIMARY -<br>SQUAMOUS CELL CARCINOMA -<br>CISPLATIN + FLUOROURACIL ; DAYS 1-5 -<br>CISPLATIN 20MG/M2 IV ;<br>DAYS 1-5 -<br>FLUOROURACIL 700MG/M2/DAY IV VIA CONTINUOUS INFUSION OVER 24 HOURS. ;<br>REPEAT CYCLE EVERY 4 WEEKS FOR 3 CYCLES. | 7709       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2809   | Medical Oncology | MO295A         | Chemotherapy | CA HEPATO BILIARY /CA COMMON BILE DUCT/CA GALLBLADDER/ CHOLANGIOCARCINOMA - 5-FU ; 5 - FU IV                                                                        | 4480       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2810   | Medical Oncology | MO296A         | Chemotherapy | PANCREAS CARCINOMA - ADJUVANT CHEMOTHERAPY AND CHEMORADIATION - 5-FU + LEUCOVORIN ; DAYS 1-5 - LEUCOVORIN 20MG/M2 IV, 5-FU 425MG/M2 IV ; REPEAT CYCLE EVERY 4 WEEKS | 5521       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2811   | Medical Oncology | MO297A         | Chemotherapy | PANCREAS CARCINOMA - ADJUVANT CHEMOTHERAPY AND CHEMORADIATION - GEMCITABINE & 5FU ; PRIOR TO CHEMORADIATION - ; DAYS 1, 8 AND 15 - GEMCITABINE 1,000MG/M2 IV; INITIATE 1-2 WEEKS PRIOR TO CHEMORADIATION (50.4GY + 5-FU 250MG/M2/DAY). ; AFTER CHEMORADIATION - DAYS 1, 8 | 7396       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2812   | Medical Oncology | MO298A         | Chemotherapy | PANCREAS CARCINOMA - ADJUVANT CHEMOTHERAPY AND CHEMORADIATION - CONTINUOUS INFUSION 5-FU (WITH RADIATION) ; PRIOR TO CHEMORADIATION - ; DAYS 1-21 - 5-FU 250MG/M2/DAY CONTINUOUS IV INFUSION; INITIATE 1-2 WEEKS PRIOR TO CHEMORADIATION (50.4GY + 5-FU | 22709      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2813   | Medical Oncology | MO299A         | Chemotherapy | PERI AMPULLARY CARCINOMA - 5-FU ; FLUOROURACIL 425 MG/M2 ADMINISTERED ON DAYS 1 TO 5 AND 29-33                                                                                                                                                          | 5834       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2814   | Medical Oncology | MO300A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>DOXORUBICIN +<br>DACARBAZINE<br>(AD) ; DAYS 1-4 -<br>DOXORUBICIN<br>60MG/M2 +<br>DACARBAZINE<br>750MG/M2 ;<br>REPEAT CYCLE<br>EVERY 3 WEEKS                                                  | 12605      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2815   | Medical Oncology | MO301A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>DOXORUBICIN +<br>IFOSFAMIDE +<br>MESNA ; DAYS 1<br>AND 2 -<br>DOXORUBICIN<br>30MG/M2/DAY IV,<br>IFOSFAMIDE 3,<br>750MG/M2/DAY<br>IV, MESNA<br>750MG/M2 IV ;<br>REPEAT CYCLE<br>EVERY 3 WEEKS | 10105      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2816   | Medical Oncology | MO302A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>MESNA +<br>DOXORUBICIN +<br>IFOSFAMIDE +<br>DACARBAZINE<br>(MAID) ; DAYS 1-3 -<br>DOXORUBICIN<br>20MG/M2/DAY,<br>IFOSFAMIDE 2,<br>500MG/M2/DAY,<br>DACARBAZINE<br>300MG/M2/DAY<br>IV ; DAYS 1-4 -<br>MESNA 2,<br>500MG/M2/DAY<br>IV FOR 84 TO 96<br>HOURS. ;<br>REPEAT CYCLE<br>EVERY 3<br>WEEKS. | 11771      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2817   | Medical Oncology | MO303A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>IFOSFAMIDE +<br>EPIRUBICIN +<br>MESNA ; DAYS 1<br>AND 2 -<br>EPIRUBICIN<br>60MG/M2/DAY IV<br>; DAYS 1-5 -<br>IFOSFAMIDE<br>1.8G/M2/DAY IV<br>+ MESNA. ;<br>REPEAT CYCLE<br>EVERY 3 WEEKS<br>FOR 5 CYCLES.                                                                                         | 14063      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2818   | Medical Oncology | MO304A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>GEMCITABINE +<br>VINOURELBINE ;<br>DAYS 1 AND 8 -<br>VINOURELBINE<br>25MG/M2 IV,<br>GEMCITABINE<br>800MG/M2 IV ;<br>REPEAT CYCLE<br>EVERY 3 WEEKS                             | 16146      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2819   | Medical Oncology | MO305A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>GEMCITABINE +<br>DACARBAZINE ;<br>DAY 1 -<br>GEMCITABINE 1,<br>800MG/M2 IV +<br>DACARBAZINE<br>500MG/M2 IV. ;<br>REPEAT CYCLE<br>EVER 2 WEEKS<br>FOR A TOTAL<br>OF 12 CYCLES; | 3646       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2820   | Medical Oncology | MO306A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>IFOSFAMIDE ;<br>DAYS 1-3 -<br>IFOSFAMIDE 2,<br>000-3,<br>000MG/M2/DAY<br>IV FOR 3 TO 4<br>DAYS + MESNA ;<br>REPEAT EVERY<br>3 WEEKS.                                           | 10938      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2821   | Medical Oncology | MO307A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>IFOSFAMIDE ;<br>DAY 1 -<br>IFOSFAMIDE 5,<br>000MG/M2 +<br>MESNA 5,<br>000MG/M2 IV ;<br>DAY 2 - MESNA<br>400-600MG/M2 IV<br>; IFOSFAMIDE,<br>MESNA ;<br>REPEAT EVERY<br>3 WEEKS | 2084       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2822   | Medical Oncology | MO308A         | Chemotherapy | SARCOMA -<br>SOFT TISSUE<br>SARCOMA -<br>EPIRUBICIN ;<br>EPIRUBICIN<br>160MG/M2 IV ;<br>REPEAT EVERY<br>3 WEEKS                                                                                                         | 6459       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2823   | Medical Oncology | MO309A         | Chemotherapy | SARCOMA - SOFT TISSUE<br>SARCOMA - GEMCITABINE ;<br>DAYS 1 AND 8 - GEMCITABINE 1, 200MG/M2 IV ;<br>REPEAT CYCLE EVERY 3 WEEKS. | 3959       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2824   | Medical Oncology | MO310A         | Chemotherapy | SARCOMA - SOFT TISSUE<br>SARCOMA - DACARBAZINE (I) ;<br>DACARBAZINE 250MG/M2/DAY IV FOR 5 DAYS ;<br>REPEAT EVERY 3 WEEKS.      | 6771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2825   | Medical Oncology | MO311A         | Chemotherapy | SARCOMA - SOFT TISSUE<br>SARCOMA - DACARBAZINE (II) ;<br>DACARBAZINE 800-1, 000MG/M2 IV ; REPEAT EVERY 3 WEEKS.                | 2605       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2826   | Medical Oncology | MO312A         | Chemotherapy | SARCOMA - SOFT TISSUE<br>SARCOMA - LIPOSOMAL DOXORUBICIN ;<br>LIPOSOMAL DOXORUBICIN 30-50MG/M2 IV ;<br>REPEAT EVERY 4 WEEKS.                                                 | 8646       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2827   | Medical Oncology | MO313A         | Chemotherapy | SARCOMA - SOFT TISSUE<br>SARCOMA - TEMOZOLOMIDE ;<br>TEMOZOLOMIDE 200MG/M2 ORALLY TWICE DAILY FOR 5 DAYS,<br>FOLLOWED BY 9 DOSES OF 90MG/M2 ORALLY ;<br>REPEAT EVERY 4 WEEKS | 4584       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2828   | Medical Oncology | MO314A         | Chemotherapy | PRIMITIVE NEURO ECTODERMAL TUMOR - WEEKLY VINCRIStINE ;<br>VINCRIStINE 1.5MG/M2 IV, MAX 2MG ; FOR 5 TO 6 WEEKS                                                               | 1875       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2829   | Medical Oncology | MO315A         | Chemotherapy | PRIMITIVE NEURO ECTODERMAL TUMOR - VINCRISTINE + CISPLATIN + LOMUSTINE ; DURING CRANIOSPINAL RADIOTHERAPY (RT) ; DAY 1 - LOMUSTINE 75MG/M2 ORALLY ; DAY 2 - CISPLATIN 75MG/M2 IV ; DAYS 2, 8 AND 15 - VINCRISTINE 1.5MG/M2 IV BOLUS, MAX 2MG BOLUS; UP TO MAX 8 DOSES | 4792       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2830   | Medical Oncology | MO316A         | Chemotherapy | PRIMITIVE NEURO ECTODERMAL TUMOR - VINCRISTINE + CISPLATIN + CYCLOPHOSPHAMIDE ; DAY 1 - CISPLATIN 75MG/M2 IV ; DAYS 2, 8 AND 15 - VINCRISTINE 1.5MG/M2 IV, MAX 2MG ; DAYS 22, 23 - CYCLOPHOSPHAMIDE 1, 000MG/M2 IV                                                    | 8334       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2831   | Medical Oncology | MO317A         | Chemotherapy | ANAL CANAL<br>CANCER -<br>CAPECITABINE +<br>MITOMYCIN (I) ;<br>DAYS 1-5 -<br>CAPECITABINE<br>825MG/M2<br>ORALLY TWICE<br>DAILY WEEKLY<br>FOR 6 WEEKS, ;<br>DAYS 1 AND 29 -<br>MITOMYCIN<br>10MG/M2 IV<br>BOLUS, WITH<br>CONCURRENT<br>RADIOTHERAPY. | 8855       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2832   | Medical Oncology | MO318A         | Chemotherapy | CA-PENIS                                                                                                                                                                                                                                            | 6250       | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2833   | Medical Oncology | MO319A         | Chemotherapy | ACUTE<br>MYELOID<br>LEUKEMIA (AML)<br>-<br>DAUNORUBICIN<br>+ CYTARABINE 1<br>- AGE                                                                                                                                                                  | 13438      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |
| 2834   | Medical Oncology | MO320A         | Chemotherapy | ACUTE<br>MYELOID<br>LEUKEMIA (AML)<br>- IDARUBICIN +<br>CYTARABINE -<br>AGE                                                                                                                                                                         | 25417      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2835   | Medical Oncology | MO321A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - NILOTINIB - LOW TO INTERMEDIATE RISK - NILOTINIB 300MG ORALLY TWICE DAILY | 19480      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2836   | Medical Oncology | MO322A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - DAUNORUBICIN + CYTARABINE 2 - AGE                                           | 11355      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2837   | Medical Oncology | MO323A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - DAUNORUBICIN + CYTARABINE (HIGH DOSE) - AGE                                 | 18334      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2838   | Medical Oncology | MO324A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - IDARUBICIN + CYTARABINE (HIGH DOSE) - AGE                                   | 32396      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2839   | Medical Oncology | MO325A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - IDARUBICIN + CYTARABINE - AGE ≥60 YEARS, DAYS 1-3; IDARUBICIN 12MG/M2 IV, DAYS 1-7; CYTARABINE 100-200MG/M2 CONTINUOUS IV.      | 25417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2840   | Medical Oncology | MO326A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - MITOXANTRONE + CYTARABINE - AGE ≥60 YEARS, DAYS 1-3; MITOXANTRONE 12MG/M2 IV), DAYS 1-7; CYTARABINE 100-200MG/M2 CONTINUOUS IV. | 11250      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2841   | Medical Oncology | MO327A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - CYTARABINE - AGE ≥60 YEARS, LOW-INTENSITY THERAPY, DAYS 1-10; CYTARABINE 20MG SC TWICE DAILY                                                                                                                                                                                        | 7500       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2842   | Medical Oncology | MO328A         | Chemotherapy | CML - BLAST PHASE- LYMPHOID ALL TYPE INDUCTION + TKI - INDUCTION - 4 WEEKS OF STANDARD INDUCTION CHEMOTHERAPY - CYCLOPHOSPHAMIDE 1200 MG/M <sup>2</sup> (800 MG/M <sup>2</sup> - OLDER THAN 60 Y) IV ON DAY 1 +DAUNORUBICIN 45 MG/M <sup>2</sup> /DAY (30 MG/M <sup>2</sup> /DAY - OLDER THAN 60 Y) IV ON DAYS 1-3 | 14063      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2843   | Medical Oncology | MO329A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - MAINTANANCE - RITUXIMAB - RITUXIMAB AT DOSE OF 375MG/M2 IV EVERY 2 MONTHS FOR 2 YEARS | 22605      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2844   | Medical Oncology | MO330A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - RITUXIMAB DAY 1, 8, 15, AND 22 - DAY 1, 8, 15, AND 22; RITUXIMAB 375MG/M2/DAY IV.     | 89063      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2845   | Medical Oncology | MO331A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - CHLORAMBUCIL - DAYS 1-28; CHLORAMBUCIL 0.4MG/KG/DAY WITH AN INCREASE TO 0.8MG/KG ORALLY DAILY. REPEAT CYCLE EVERY 28 DAYS FOR 12 CYCLES | 2605       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2846   | Medical Oncology | MO332A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE- LYMPHOID ALL TYPE INDUCTION + TKI - NILOTINIB - NILOTINIB 300MG ORALLY TWICE DAILY                                                                              | 19480      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2847   | Medical Oncology | MO333A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - BENDAMUSTINE + RITUXIMAB (CYCLE -1) - DAY 0; RITUXIMAB 375MG/M2 IV, DAYS 1 AND 2; BENDAMUSTINE 70MG/M2 IV. REPEAT NEXT CYCLE AFTER 28 DAYS | 32396      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2848   | Medical Oncology | MO334A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - BENDAMUSTINE + RITUXIMAB (CYCLES 2-6) - RITUXIMAB 500MG/M2 ON DAY 1 AND BENDAMUSTINE - 90MG/M2. REPEAT CYCLE EVERY 28 DAYS FOR 6 CYCLE     | 33646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2849   | Medical Oncology | MO335A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - BENDAMUSTINE (70MG) (CYCLE - 1) - DAYS 1 AND 2; BENDAMUSTINE 70MG/M2 IV. REPEAT NEXT CYCLE AFTER 28 DAYS | 13646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2850   | Medical Oncology | MO336A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - BENDAMUSTINE (90 MG) (CYCLES 2-6) - DAY 1 - BENDAMUSTINE 90MG/M2. REPEAT CYCLE EVERY 28 DAYS FOR 6 CYCLE | 7084       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2851   | Medical Oncology | MO337A         | Chemotherapy | CHRONIC LYMPHO CYTIC LEUKEMIA/SMAL L LYMPHO CYTIC LYMPHOMA (CLL / SLL) - FLUDARABINE + RITUXIMAB (FR) - DAYS 1-5; FLUDARABINE 25MG/M2 IV, DAY 1; RITUXIMAB 50MG/M2 IV, DAY 3; RITUXIMAB 325MG/M2 IV, DAY 5; RITUXIMAB 375MG/M2 IV. REPEAT CYCLE EVERY 28 DAYS FOR 6 CYCLES WITH RITUXIMAB GIVEN AT A | 60209      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2852   | Medical Oncology | MO338A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - ALEMTUZUMAB + RITUXIMAB - DAY 1; ALEMTUZUMAB 3MG IV, DAY 2; ALEMTUZUMAB 10MG IV, DAY 3, 10, 12, 17, 19, 24, AND 26; ALEMTUZUMAB 30MG IV       | 96563      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2853   | Medical Oncology | MO339A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - ALEMTUZUMAB WITHOUT RITUXIMAB - DAY 1; ALEMTUZUMAB 3MG IV, DAY 2; ALEMTUZUMAB 10MG IV, DAY 3, 10, 12, 17, 19, 24, AND 26; ALEMTUZUMAB 30MG IV | 12500      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2854   | Medical Oncology | MO340A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - HIGH-DOSE METHYLPREDNISOLONE + RITUXIMAB - DAYS 1-3; METHYLPREDNISOLONE 1G/M2 IV, DAYS 1, 8, 15, AND 22; RITUXIMAB 375MG/M2 IV. REPEAT CYCLE EVERY 28 DAYS FOR 3 CYCLES | 92084      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2855   | Medical Oncology | MO341A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE-MYELOID AML TYPE INDUCTION + TKI - DAUNORUBICIN (90MG/M2)+ CYTARABINE - < 60 YEARS, DAYS 1-3; DAUNORUBICIN 90MG/M2 IV, DAYS 1-7; CYTARABINE 100-200MG/M2 CONTINUOUS IV | 13438      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2856   | Medical Oncology | MO342A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE-MYELOID AML TYPE INDUCTION + TKI - DAUNORUBICIN + CYTARABINE + CLADRIBINE - AGE                                                                                        | 11355      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name  | Procedure Name                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2857   | Medical Oncology | MO343A         | Chemotheraphy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE- MYELOID AML TYPE INDUCTION + TKI - DAUNORUBICIN + CYTARABINE (HIGH DOSE) - AGE                                                                                               | 18334      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2858   | Medical Oncology | MO344A         | Chemotheraphy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE- MYELOID AML TYPE INDUCTION + TKI - DAUNORUBICIN (90MG) + CYTARABINE - AGE >60 YEARS - DAYS 1-3; DAUNORUBICIN 45-90MG/M2 IV, DAYS 1-7; CYTARABINE 100-200MG/M2 CONTINUOUS IV. | 13438      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2859   | Medical Oncology | MO345A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE- MYELOID AML TYPE<br>INDUCTION + TKI - IDARUBICIN + CYTARABINE (HIGH DOSE) - DAYS 1-3; IDARUBICIN 12MG/M2, DAYS 1-6; HIGH-DOSE CYTARABINE 2G/M2 IV EVERY 12 HOURS, OR DAYS 1-4; HIGH-DOSE CYTARABINE 3G/M2 IV EVERY 12 HOURS | 32396      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2860   | Medical Oncology | MO346A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE- MYELOID AML TYPE INDUCTION + TKI - IDARUBICIN + CYTARABINE - AGE ≥60 YEARS, DAYS 1-3; IDARUBICIN 12MG/M2 IV, DAYS 1-7; CYTARABINE 100-200MG/M2 CONTINUOUS IV. | 25417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2861   | Medical Oncology | MO347A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE-MYELOID AML TYPE INDUCTION + TKI - MITOXANTRONE + CYTARABINE - AGE ≥60 YEARS, DAYS 1-3; MITOXANTRONE 12MG/M2 IV), DAYS 1-7; CYTARABINE 100-200MG/M2 CONTINUOUS IV. | 11875      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2862   | Medical Oncology | MO348A         | Chemotherapy | CHRONIC MYELOID LEUKEMIA (CML) - BLAST PHASE-MYELOID AML TYPE INDUCTION + TKI - NILOTINIB - NILOTINIB 300MG ORALLY TWICE DAILY                                                                                  | 19480      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2863   | Medical Oncology | MO349A         | Chemotherapy | CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL / SLL) - HIGH-DOSE METHYLPREDNISOLONE - DAYS 1-3; METHYLPREDNISOLONE 1G/M2 IV. REPEAT CYCLE EVERY 28 DAYS FOR 3 CYCLES | 7084       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2864   | Medical Oncology | MO350A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - DECITABINE - AGE ≥60 YEARS, LOW-INTENSITY THERAPY, DAYS 1-5; DECITABINE 20MG/M2 IV FOR A 4-WEEK CYCLE.                                               | 27396      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2865   | Medical Oncology | MO351A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - AZACYTIDINE - AGE ≥60 YEARS, LOW-INTENSITY THERAPY, DAYS 1-7; 5-AZACYTIDINE 75MG/M2 IV EVERY 28 DAYS | 84792      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2866   | Medical Oncology | MO352A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - HYDROXYUREA - AGE ≥60 YEARS, HYDROXYUREA 10-70MG/KG/DAY ORALLY IN DIVIDED DOSES.                     | 1771       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2867   | Medical Oncology | MO353A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - CLADRIBINE + CYTARABINE + IDARUBICIN + GCSF - DAYS 1-5; CLADRIBINE 5MG/M2 IV, DAYS 1-5; CYTARABINE 2G/M2 IV, DAYS 0-5; GRANULOCYTE-COLONY STIMULATING FACTOR (G-CSF) 300MCG SC, DAYS 1-3; IDARUBICIN 10MG/M2 IV. | 93125      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2868   | Medical Oncology | MO354A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - CLADRIBINE + CYTARABINE + MITOXANTRONE + GCSF - DAYS 1-5; CLADRIBINE 5MG/M2 IV, DAYS 1-5; CYTARABINE 2G/M2 IV, DAYS 0-5; GRANULOCYTE-COLONY STIMULATING FACTOR (G-CSF) 300MCG SC, DAYS 1-3; MITOXANTRONE 10MG/M2 IV. | 44480      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2869   | Medical Oncology | MO355A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - FLUDARABINE + CYTARABINE + IDARUBICIN + GCSF -DAYS 1-5; FLUDARABINE 30MG/M2 IV OVER 0.5 HOURS, DAYS 1-5; CYTARABINE 2G/M2 IV OVER 4 HOURS, DAYS 0 TO POLYMORPHONUCLEAR RECOVERY (>0.5 X 109/L); G-CSF 5MCG/KG OR 300MCG/M2. (G-CSF MAY ALSO START ON DAY 16 UNTIL | 73021      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2870   | Medical Oncology | MO356A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - ETOPOSIDE +CYTARABINE+ MITOXANTRONE - ETOPOSIDE +CYTARABINE+ MITOXANTRONE , DAYS 1-6; ETOPOSIDE 80MG/M2 IV OVER 1 HOUR, DAYS 1-6; CYTARABINE 1G/M2 IV OVER 6 HOURS + DAYS 1-6; MITOXANTRONE 6MG/M2 IV BOLUS | 14480      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2871   | Medical Oncology | MO357A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - CYTARABINE SC - DAYS 1-10; CYTARABINE 20MG SC TWICE DAILY                                                                                                                                                   | 3125       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2872   | Medical Oncology | MO358A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - AZACYTIDINE - DAYS 1-7; 5-AZACYTIDINE 75MG/M2 IV EVERY 28 DAYS | 84792      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2873   | Medical Oncology | MO359A         | Chemotherapy | ACUTE MYELOID LEUKEMIA (AML) - DECITABINE - DAYS 1-5; DECITABINE 20MG/M2 IV EVERY 28 DAYS.    | 27917      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2874   | Medical Oncology | MO360A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - CHILDRENS ONCOLOGY GROUP (COG) AALL-0031 INDUCTION PHASE; INDUCTION; 4 WEEKS OF STANDARD INDUCTION CHEMOTHERAPY; CYCLOPHOSPHAMIDE 1200 MG/M 2 (800 MG/M 2 IF PATIENTS OLDER THAN 60 Y) IV ON DAY 1 | 14584      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2875   | Medical Oncology | MO361A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - CHILDRENS ONCOLOGY GROUP (COG) AALL-0031 CONSOLIDATION PHASE - BLOCK 1 - (3 WEEKS); DAY 1 - METHOTREXATE (MTX) INTRATHECALLY (IT), ETOPOSIDE 100MG/M2/DAY INTRAVENOUSLY (IV), IFOSFAMIDE 3.4G/M2/DAY IV; DAYS 1 - 21 - IMATINIB 240MG/M2/DAY | 18750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2876   | Medical Oncology | MO362A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - CHILDRENS ONCOLOGY GROUP (COG) AALL-0031 CONSOLIDATION PHASE - BLOCK 2 (3 WEEKS); DAY 1 - AGE ADJUSTED - MTX IT, HYDROCORTISONE IT, CYTARABINE IT + MTX 5G/M2 IV OVER 24 HOURS; DAYS 1 - 21 - IMATINIB 340MG/M2/DAY ORALLY (HOLD IMATINIB IF | 21042      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                       | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2877   | Medical Oncology | MO363A         | Chemotherapy | ALL-PTN(+)ATA- COG AALL-0031 REINDUCTION ; DAY 1 - VINCRISTINE 1.5MG/M2 IV + AGE ADJUSTED - MTX IT, HYDROCORTISONE IT, CYTARABINE IT; DAYS 1 - 2 - DAUNORUBICIN 45MG/M2/DAY IV BOLUS; DAYS 1 - 21 - DEXAMETHASONE 6MG/M2/DAY ORALLY +/- IMATINIB 340MG/M2/DAY ORALLY (HOLD IMATINIB IF NEEDED); DAYS | 27709      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2878   | Medical Oncology | MO364A         | Chemotherapy | ALL - PH(+) ATLA - COG AALL-0031 INTENSIFICATION; DAY 1 - MTX, HYDROCORTISONE, CYTARABINE - IT + MTX IV; DAYS 1-63 - IMATINIB ORAL; DAYS 2-3 - LEUCOVORIN ; DAY 8 - MTX IV; DAYS 9-10 - LEUCOVORIN; DAY 15 - MTX , HYDROCORTISONE , CYTARABINE - IT; DAYS 15-19 - ETOPOSIDE + CYCLOPHOSPHAMIDE + MESNA - IV; DAYS 20-29 - FLUDABINOSIDE | 45313      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2879   | Medical Oncology | MO365A         | Chemotherapy | ALL-PTN(+)ATA- COG AALL-0031 MAINTENANCE CYCLES 1-4 (8 WEEKS); DAY 1 - MTX, HYDROCORTISONE, CYTARABINE - IT + VINCRIStINE + MTX IV; DAYS 1 - 5 - DEXA; DAYS 1 - 56 - IMATINIB; DAY 2 - LEUCOVORIN 36 HOURS AFTER MTX; DAYS 8, 15, AND 22 - MTX ORAL; DAYS 8 - 28 - 6-MP; DAY 29 - MTX, HYDROCORTISONE, CYTARABINE - IT | 38959      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2880   | Medical Oncology | MO366A         | Chemotherapy | ALL-TH(+)ATA- COG AALL-0031 MAINTENANCE CYCLES 5-12 (8 WEEKS); CYCLE 5 ONLY - CRANIAL IRRADIATION 12 GY; DAY 1 - VINCRISTINE 1.5MG/M2 IV; DAYS 1 - 5 - DEXAMETHASONE 6MG/M2/DAY ORALLY; DAYS 1 - 14 - IMATINIB 340MG/M2/DAY ORALLY (HOLD IMATINIB IF NEEDED); DAYS 8, 15, AND 22 - MTX 20MG/M2/WEEK ORALLY; DAYS 9 | 14063      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2881   | Medical Oncology | MO367A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS INDUCTION PHASE - DAY 1 - CYCLOPHOSPHAMIDE 1, 200MG/M2 IV OVER 3 HOURS; DAYS 1 - 3 - DAUNORUBICIN 60MG/M2 IV OVER 1 HOUR; DAYS 1, 8, 15, AND 22 - VINCRIStINE 1.3MG/M2 IV BOLUS; DAYS 1 - 21 - PREDNISOLONE | 16563      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2882   | Medical Oncology | MO368A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS CONSOLIDATION I - DAY 1 - MTX 1G/M2 IV OVER 24 HOURS + MTX 15MG IT + CYTARABINE 40MG IT + DEXAMETHASONE 4MG IT; DAYS 1 - 3 - METHYLPREDNISOLONE 50MG IV OVER 1 HOUR – 2 DOSES; DAYS 2 AND 3 - CYTARABINE 2G/M2 IV OVER 2 | 9271       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2883   | Medical Oncology | MO369A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS CONSOLIDATION II - DAY 1 - MTX 15MG IT + CYTARABINE 40MG IT + DEXAMETHASONE 4MG IT; REPEAT FOR 4 CYCLES; DAY 1 - 28 - IMATINIB 600MG ORALLY DAILY. | 4063       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2884   | Medical Oncology | MO370A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS MAINTENANCE - DAY 1 - VINCRISTINE 1.3MG/M2 IV BOLUS; DAYS 1 - 5 - PREDNISOLONE 60MG/M2 ORALLY DAILY; DAY 1 - 28 - IMATINIB 600MG ORALLY DAILY; REPEAT EVERY 4 WEEKS UP TO 2 YEARS FROM THE DATE OF COMPLETE | 3750       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2885   | Medical Oncology | MO371A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - NILOTINIB - NILOTINIB 300MG ORALLY TWICE DAILY                                                                                                                                                                                             | 19480      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2886   | Medical Oncology | MO372A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS INDUCTION PHASE - DAY 1 - CYCLOPHOSPHAMIDE 1, 200MG/M2 IV OVER 3 HOURS; DAYS 1 - 3 - DAUNORUBICIN 60MG/M2 IV OVER 1 HOUR; DAYS 1, 8, 15, AND 22 - VINCRISTINE 1.3MG/M2 IV BOLUS; DAYS 1 - 21 - PREDNISOLONE | 17084      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2887   | Medical Oncology | MO373A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS CONSOLIDATION I - DAY 1 - MTX 1G/M2 IV OVER 24 HOURS + MTX 15MG IT + CYTARABINE 40MG IT + DEXAMETHASONE 4MG IT; DAYS 1 - 3 - METHYLPREDNISOLONE 50MG IV OVER 1 HOUR — 2 DOSES; DAYS 2 AND 3 - CYTARABINE 2G/M2 IV OVER 2 | 13230      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2888   | Medical Oncology | MO374A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS CONSOLIDATION II - DAY 1 - MTX 15MG IT + CYTARABINE 40MG IT + DEXAMETHASONE 4MG IT; REPEAT FOR 4 CYCLES; DAY 1 - 28 - IMATINIB 600MG ORALLY DAILY. | 3542       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2889   | Medical Oncology | MO375A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - MULTIAGENT CHEMOTHERAPY + TKIS MAINTENANCE - DAY 1 - VINCRISTINE 1.3MG/M2 IV BOLUS; DAYS 1 - 5 - PREDNISOLONE 60MG/M2 ORALLY DAILY; DAY 1 - 28 - IMATINIB 600MG ORALLY DAILY; REPEAT EVERY 4 WEEKS UP TO 2 YEARS FROM THE DATE OF COMPLETE | 6980       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2890   | Medical Oncology | MO376A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - IMATINIB - IMATINIB 400MG ORALLY DAILY                                                                                                                                                                                                     | 1667       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2891   | Medical Oncology | MO377A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(+) AYA - CORTICOSTEROIDS + TKIS - PRETREATMENT                                                                                                                                                                                                      | 9896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2892   | Medical Oncology | MO378A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - GRAALL-2003 INDUCTION - CORTICOSTEROID PRE-PHASE - 1-7 DAYS BEFORE INDUCTION THERAPY; PREDNISONE 60MG/M2/DAY, 4-7 DAYS BEFORE INDUCTION THERAPY; MTX 15MG IT. INDUCTION I - DAY 1; CYCLOPHOSPHAMIDE 750MG/M2/DAY + VINCRISTINE | 17188      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2893   | Medical Oncology | MO379A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - GRAALL-2003 SALVAGE - DAYS 1-3; IDARUBICIN 12MG/M2/DAY, DAYS 1-4; CYTARABINE 2G/M2/12 HOURS, DAY 9; FILGRASTIM TO MYELOID RECOVERY.                                                                                            | 31459      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2894   | Medical Oncology | MO380A         | Chemotherapy | ALL - PHASE I - GRAALL-2003 CONSOLIDATION - BLOCKS 1, 4, AND 7; - DAYS 1 AND 2; CYTARABINE 2G/M2/12 HOURS + DEXAMETHASONE 10MG/12 HOURS, DAY 3; L-ASPARAGINASE 10,000IU/M2/DAY, DAYS 7-13; FILGRASTIM TO MYELOID RECOVERY. BLOCKS 2, 5, AND 8 - DAY 15; MTX 3G/M2 CONTINUOUS INFUSION. | 33646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2895   | Medical Oncology | MO381A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - GRAALL-2003 LATE INTENSIFICATION BETWEEN CONSOLIDATION BLOCKS 6 AND 7 (FOR PATIENTS IN COMPLETE REMISSION [CR] AFTER THE FIRST INDUCTION COURSE) - DAY 1; VINCRISTINE 2MG IV, DAYS 1-3; DAUNORUBICIN 30MG/M2/DAY, DAYS 1-14; | 16980      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2896   | Medical Oncology | MO382A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - GRAALL-2003 LATE INTENSIFICATION BETWEEN CONSOLIDATION BLOCKS 6 AND 7 (FOR PATIENTS IN CR AFTER SALVAGE COURSE) - DAYS 1-3; IDARUBICIN 9MG/M2/DAY, DAYS 1-4; CYTARABINE 2G/M2/12 HOURS, DAY 9; FILGRASTIM TO MYELOID RECOVERY | 29792      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2897   | Medical Oncology | MO383A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - GRAALL-2003 MAINTENANCE                                                                                                                                                                                                       | 62292      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2898   | Medical Oncology | MO384A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - CNS THERAPY- TREATMENT OF PATIENTS WITH INITIAL CNS INVOLVEMENT                                                                                                                                                               | 23125      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2899   | Medical Oncology | MO385A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - CCG-1961                                                                                                                 | 20000      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2900   | Medical Oncology | MO386A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - CALGB 8811 (LARSON REGIMEN) INDUCTION                                                                                    | 19792      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2901   | Medical Oncology | MO387A         | Chemotherapy | ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) - PH(-) AYA - CALGB 8811 (LARSON REGIMEN) CONSOLIDATION                                                                                | 18230      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2902   | Medical Oncology | MO388A         | Chemotherapy | HODGKINSLYMPHOMA - ESCALATED BEACOPP - DAY 1; CYCLOPHOSPHAMIDE 1, 250MG/M2 IV OVER 60 MINUTES + DOXORUBICIN 35MG/M2 IV PUSH, DAYS 1-3; ETOPOSIDE 200MG/M2 IV OVER 2 HOURS | 7813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2903   | Medical Oncology | MO389A         | Chemotherapy | HODGKINSLYMPHOMA - ABVD + RITUXIMAB (CYLED EVERY 4 WEEKS) -                                                                                                                                                                                                      | 25313      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2904   | Medical Oncology | MO390A         | Chemotherapy | HODGKINSLYMPHOMA - ABVD + RITUXIMAB (1 CYCLE - WEEKLY RITUXIMAB 4 DOSES) FOLLOWED BY ABVD - DAYS 1 AND 15; DOXORUBICIN 25MG/M2 IV PUSH + BLEOMYCIN 10UNITS/M2 IV PUSH + VINBLASTINE 6MG/M2 IV OVER 5-10 MINUTES + DACARBAZINE 375MG/M2 IV OVER 60 MINUTES - DAYS | 90834      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2905   | Medical Oncology | MO391A         | Chemotherapy | HODGKINS LYMPHOMA - CHOP + RITUXIMAB - CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE + PREDNISONE (CHOP) +/- RITUXIMAB - DAY 1; CYCLOPHOSPHAMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV PUSH + VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES - DAYS | 23750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2906   | Medical Oncology | MO392A         | Chemotherapy | HODGKINS LYMPHOMA - CHOP - CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE + PREDNISONE (CHOP) +/- RITUXIMAB - DAY 1; CYCLOPHOSPHAMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV PUSH + VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES, DAYS 1-5. | 3125       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2907   | Medical Oncology | MO393A         | Chemotherapy | HODGKINS LYMPHOMA - CVP +/- RITUXIMAB - DAY 1; CYCLOPHOSPHAMIDE 750MG/M2 OR 1,000MG/M2 OVER 60 MINUTES + VINCRIPTINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES, DAYS 1-5; PREDNISONE 100MG ORALLY DAILY, DAY 1; RITUXIMAB 375MG/M2 IV. REPEAT CYCLE EVERY 3 WEEKS FOR 3-4 CYCLES | 22917      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2908   | Medical Oncology | MO394A         | Chemotherapy | HODGKINS LYMPHOMA - CVP - DAY 1; CYCLOPHOSPH AMIDE 750MG/M2 OR 1,000MG/M2 OVER 60 MINUTES + VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES, DAYS 1-5; PREDNISONE 100MG ORALLY DAILY. REPEAT CYCLE EVERY 3 WEEKS FOR 3-4 CYCLES WITH SUBSEQUENT RADIATION OR 6 CYCLES WITHOUT | 1980       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                         | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label      | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2909   | Medical Oncology | MO395A         | Chemotherapy | HODGKINSLYMP<br>HOMA -<br>RITUXIMAB -<br>DAY 1;<br>RITUXIMAB<br>375MG/M2 IV.<br>REPEAT CYCLE<br>EVERY 7 DAYS<br>FOR 4 WEEKS<br>WITH OR<br>WITHOUT<br>MAINTENANCE<br>RITUXIMAB<br>(375MG/M2 IV<br>ONCE WEEKLY<br>FOR 4 WEEKS<br>EVERY 6<br>MONTHS FOR<br>UP TO 2 YEARS) | 22605      | N                      | N                             | 0   | Regular<br>Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2910   | Medical Oncology | MO396A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - BORTEZOMIB + DEXAMETHASONE - DAYS 1, 4, 8, AND 11; BORTEZOMIB 1.3MG/M2 IV, DAYS 1, 4, 8, AND 11; DEXAMETHASONE 40MG IV. REPEAT FOR 4 CONSECUTIVE CYCLES AS INDUCTION THERAPY AND FOLLOW WITH 4 | 60313      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2911   | Medical Oncology | MO397A         | Chemotherapy | WALDENSTROM'S<br>MACROGLOBULINEMIA/<br>LYMPHOPLASMACYTIC<br>LYMPHOMA -<br>CYCLOPHOSPHAMIDE +<br>DOXORUBICIN +<br>VINCRIStINE +<br>PREDNISONE +<br>RITUXIMAB -<br>DAY 1;<br>CYCLOPHOSPHAMIDE<br>750MG/M2 IV +<br>DOXORUBICIN<br>50MG/M2 IV +<br>VINCRIStINE<br>1.4MG/M2 (MAX<br>2MG) IV +<br>RITUXIMAB | 23750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2912   | Medical Oncology | MO398A         | Chemotherapy | WALDENSTROM'S<br>MACROGLOBULINEMIA/<br>LYMPHOPLASMACYTIC<br>LYMPHOMA -<br>RITUXIMAB -<br>DAY 1;<br>RITUXIMAB<br>375MG/M2 IV.<br>REPEAT EVERY<br>7 DAYS FOR 4<br>WEEKS                                                                                                                                 | 22605      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2913   | Medical Oncology | MO399A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - RITUXIMAB + CYCLOPHOSPHAMIDE + PREDNISONE - DAY 1; RITUXIMAB 375MG/M2 IV + CYCLOPHOSPHAMIDE 1,000MG/M2 IV, DAYS 1-5; PREDNISONE 100MG ORALLY. REPEAT EVERY 21 DAYS FOR 6 CYCLES | 22813      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2914   | Medical Oncology | MO400A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - RITUXIMAB + CYCLOPHOSPHAMIDE + DEXAMETHASONE - DAY 1; DEXAMETHASONE 20MG IV FOLLOWED BY RITUXIMAB 375MG/M2 IV, DAYS 1-5; CYCLOPHOSPHAMIDE 100MG/M2 ORALLY TWICE DAILY REPEAT | 22605      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2915   | Medical Oncology | MO401A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - THALIDOMIDE WITH OR WITHOUT RITUXIMAB (WEEKS 1 AND 2) - THALIDOMIDE 200MG ORALLY DAILY                                                                                       | 2813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2916   | Medical Oncology | MO402A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASM ACYTIC LYMPHOMA - THALIDOMIDE WITH OR WITHOUT RITUXIMAB (WEEKS 3-50) - THALIDOMIDE 400MG ORALLY DAILY  | 6563       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2917   | Medical Oncology | MO403A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASM ACYTIC LYMPHOMA - THALIDOMIDE WITH OR WITHOUT RITUXIMAB (WEEKS 50-52) - THALIDOMIDE 400MG ORALLY DAILY | 6563       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2918   | Medical Oncology | MO404A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - THALIDOMIDE WITH OR WITHOUT RITUXIMAB WEEKS 2-5 AND 13-16 - RITUXIMAB 375MG/M2 IV ONCE WEEKLY FOR A TOTAL OF 8 INFUSIONS AS ADD-ON | 21250      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2919   | Medical Oncology | MO405A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - BENDAMUSTINE WITH OR WITHOUT RITUXIMAB DAYS 1-2; BENDAMUSTINE 90MG/M2 IV, DAY 1; RITUXIMAB 375MG/M2 IV. REPEAT EVERY 4 WEEKS FOR 4 CYCLES. | 32396      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2920   | Medical Oncology | MO406A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - BENDAMUSTINE - RITUXIMAB - DAYS 1-2; BENDAMUSTINE 90MG/M2 IV, REPEAT EVERY 4 WEEKS FOR 4 CYCLES.                                           | 13646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2921   | Medical Oncology | MO407A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - CLADRIBINE WITH OR WITHOUT RITUXIMAB - DAYS 1-5; CLADRIBINE 0.1MG/KG SUBCUTANEOUS INJECTION, DAY 1; RITUXIMAB 375MG/M2 IV. REPEAT EVERY 4 WEEKS FOR 4 CYCLES | 28646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2922   | Medical Oncology | MO408A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - CLADRIBINE - RITUXIMAB - DAYS 1-5; CLADRIBINE 0.1MG/KG SUBCUTANEOUS INJECTION. REPEAT EVERY 4 WEEKS FOR 4 CYCLES                                             | 9063       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2923   | Medical Oncology | MO409A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASM ACYTIC LYMPHOMA - BENDAMUSTINE - DAYS 1-2; BENDAMUSTINE 90MG/M2 IV                                                                          | 13646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2924   | Medical Oncology | MO410A         | Chemotherapy | NON HODGKINS LYMPHOMA - BURKITT LYMPHOMA - CALGB 10002 CYCLE 1 - DAY 1; TRIPLE INTRATHECAL THERAPY FOR CNS, DAYS 1-5; CYCLOPHOSPHAMIDE 200MG/M2 IV, DAYS 1-7; PREDNISONE 60MG/M2 ORALLY. | 9792       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2925   | Medical Oncology | MO411A         | Chemotherapy | NON HODGKINS LYMPHOMA - BURKITT LYMPHOMA - CALGB 10002 CYCLES 2 (BEGINNING DAY 8) - DAY 1; TRIPLE INTRATHECAL THERAPY FOR CNS PROPHYLAXIS - DAYS 1-5; IFOSFAMIDE 800MG/M2 IV + DEXAMETHASONE 10MG/M2 IV | 72292      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2926   | Medical Oncology | MO412A         | Chemotherapy | NON HODGKINS LYMPHOMA - BURKITT LYMPHOMA - CALGB 10002 CYCLES 3, 5, AND 7 - DAY 1; TRIPLE INTRATHECAL THERAPY FOR CNS PROPHYLAXIS, DAYS 1-5; CYCLOPHOSPHAMIDE 200MG/M2 IV + DEXAMETHASONE 10MG/M2 IV    | 36250      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2927   | Medical Oncology | MO413A         | Chemotherapy | NON HODGKINS LYMPHOMA - BURKITT LYMPHOMA - CALGB 10002 CYCLES 4, AND 6. DAY 1; TRIPLE INTRATHECAL THERAPY FOR CNS PROPHYLAXIS, DAYS 1-5; IFOSFAMIDE 800MG/M2 IV + DEXAMETHASONE 10MG/M2 IV, DAY 1; METHOTREXATE 1.5G/M2 IV (WITH LEUCOVORIN RESCUE) + VINCRIStINE 2MG IV, DAYS 4 | 39792      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2928   | Medical Oncology | MO414A         | Chemotherapy | MTX + DOXORUBICIN + VINCRISTINE WITH INTRATHECAL MTX + CYTARABINE, FOLLOWED BY SYSTEMIC MTX AND CYTARABINE) WITH OR WITHOUT RITUXIMAB - DAY 1; CYCLOPHOSPHAMIDE + DOXORUBICIN | 41459      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2929   | Medical Oncology | MO415A         | Chemotherapy | NONHODGKINS LYMPHOMA - BURKITT LYMPHOMA - RICE (RITUXIMAB + IFOSFAMIDE + CARBOPLATIN + ETOPOSIDE) - DAY 1; RITUXIMAB 375MG/M2 IV, DAY 2; IFOSFAMIDE 5, 000MG/M2 AND MESNA 5, 000MG/M2 IV + CARBOPLATIN AUC 5 MG / MIN/ML (MAXIMUM 800MG) IV, DAY 1-3; ETOPOSIDE 100MG/M2 IV | 29271      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                               | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2930   | Medical Oncology | MO416A         | Chemotherapy | NONHODGKINS LYMPHOMA - BURKITT LYMPHOMA - RIVAC (RITUXIMAB + IFOSFAMIDE + CYTARABINE + ETOPOSIDE) - DAY 1; RITUXIMAB 375MG/M2 IV, DAY 1; CYTARABINE 2G/M2 IV EVERY 12 HOURS FOR 4 DOSES, DAYS 1-5; ETOPOSIDE 60MG/M2 IV + IFOSFAMIDE 1, 500MG/M2 IV, +MESNA 360MG/M2, DAY 5. | 38959      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2931   | Medical Oncology | MO417A         | Chemotherapy | NONHODGKINS LYMPHOMA - BURKITT LYMPHOMA - HDAC + RITUXIMAB - DAYS 1, 3, AND 5; HIGH-DOSE CYTARABINE 3G/M2 IV EVERY 12 HOURS, DAY 1; RITUXIMAB 375MG/M2 IV. REPEAT FOR 4 CYCLES                                                                                               | 24688      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2932   | Medical Oncology | MO418A         | Chemotherapy | NON HODGKINS LYMPHOMA - ADULT T-CELL LEUKEMIA / LYMPHOMA - ZIDOVUDINE + ALPHA-INTERFERON (INDUCTION) - ZIDOVUDINE 1G ORALLY DAILY + ALPHA-INTERFERON 9 MILLION UNITS SC DAILY FOR 2 MONTHS, FOLLOWED BY MAINTENANCE THERAPY | 5000       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2933   | Medical Oncology | MO419A         | Chemotherapy | NON HODGKINS LYMPHOMA - ADULT T-CELL LEUKEMIA / LYMPHOMA - ZIDOVUDINE + ALPHA-INTERFERON (MAINTENANCE THERAPY) - ZIDOVUDINE 600MG ORALLY DAILY + ALPHA-INTERFERON 4.5 MILLION UNITS SC DAILY FOR 1 MONTH, REPEAT 12 MONTHS | 2292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2934   | Medical Oncology | MO420A         | Chemotherapy | NONHODGKINS LYMPHOMA - ADULT T-CELL LEUKEMIA / LYMPHOMA - DOSE-ADJUSTED EPOCH (ETOPOSIDE + PREDNISONE + VINCRIPTINE + CYCLOPHOSPHAMIDE + DOXORUBICIN) - DAYS 1-4 - ETOPOSIDE 50MG/M2/DAY CONTINUOUS IV INFUSION + DOXORUBICIN 10MG/M2/DAY CONTINUOUS IV INFUSION + VINCRIPTINE | 7605       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                            | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2935   | Medical Oncology | MO421A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - CDE (CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE) + RITUXIMAB - DAYS 1-4; CYCLOPHOSPHAMIDE 187.5-200MG/M2 IV + DOXORUBICIN 12.5MG/M2 IV + ETOPOSIDE 60MG/M2 IV, DAY 1; RITUXIMAB 375MG/M2 IV JUST BEFORE CDE REGIMEN. REPEAT CYCLE | 2709       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2936   | Medical Oncology | MO422A         | Chemotherapy | INTL - DIFFUSE LARGE B CELL LYMPHOMA - CODOX-M ALTERNATED WITH IVAC (CODOX-M) (MODIFIED) (CYCLOPHOSPHAMIDE + VINCRIStINE + DOXORUBICIN + HIGH-DOSE MTX ALTERNATING WITH IFOSFAMIDE + ETOPOSIDE + HIGH-DOSE CYTARABINE) - DAY 1; CYCLOPHOSPHAMIDE + DOXORUBICIN | 51146      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2937   | Medical Oncology | MO423A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - CODOX-M ALTERNATED WITH IVAC (IVAC) CODOX-M/IVAC (MODIFIED) (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + HIGH-DOSE METHOTREXATE ALTERNATING WITH IFOSFAMIDE + ETOPOSIDE + HIGH-DOSE CYTARABINE) - DAY 1 | 46875      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2938   | Medical Oncology | MO424A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - DOSE-ADJUSTED EPOCH (ETOPOSIDE + PREDNISONE + VINCRIStINE + CYCLOPHOSPHAMIDE + DOXORUBICIN) + INTRATHECAL MTX + RITUXIMAB (CYCLES 1&2) - DAY 1; RITUXIMAB 375MG/M2 IV, DAYS 1-4; ETOPOSIDE 50MG/M2 | 29271      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2939   | Medical Oncology | MO425A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - DOSE-ADJUSTED EPOCH (ETOPOSIDE + PREDNISONE + VINCRIStINE + CYCLOPHOSPHAMIDE + DOXORUBICIN) + INTRATHECAL MTX + RITUXIMAB (CYCLES 3-6) - DAY 1; RITUXIMAB 375MG/M2 IV, DAYS 1-4; ETOPOSIDE 50MG/M2 | 28855      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2940   | Medical Oncology | MO426A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 1 AND 3) - DAYS 1 - 3 - CYCLOPHOSPHAMIDE 300MG/M2 IV EVERY 12 | 65000      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2941   | Medical Oncology | MO427A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 2 AND 4) - HIGH - DOSE MTX AND CYTARABINE DAY 1 - MTX 16MG IV OVER | 67709      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2942   | Medical Oncology | MO428A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 5 & 7) - DAYS 1 - 3 - CYCLOPHOSPHAMIDE 300MG/M2 IV EVERY 12 | 11980      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2943   | Medical Oncology | MO429A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 6 & 8) - HIGH - DOSE MTX AND CYTARABINE DAY 1 - MTX 16MG IV OVER | 14167      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2944   | Medical Oncology | MO430A         | Chemotherapy | NON HODGKINS LYMPHOMA - DIFFUSE LARGE B CELL LYMPHOMA - CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE + PREDNISONE (CHOP) - DAY 1; CYCLOPHOSPHAMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV PUSH + VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES DAYS 1-5. | 3125       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2945   | Medical Oncology | MO431A         | Chemotherapy | NONHODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - CDE (CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE) + RITUXIMAB - CDE (CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE) + RITUXIMAB - DAYS 1-4; CYCLOPHOSPHAMIDE 187.5-200MG/M2 IV + DOXORUBICIN 12.5MG/M2 IV + ETOPOSIDE | 2709       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2946   | Medical Oncology | MO432A         | Chemotherapy | INFLUENZA-RELATED B-CELL LYMPHOMAS - CODOX-M ALTERNATED WITH IVAC (CODOX-M) (MODIFIED) (CYCLOPHOSPHAMIDE + VINCRIStINE + DOXORUBICIN + HIGH-DOSE MTX ALTERNATING WITH IFOSFAMIDE + ETOPOSIDE + HIGH-DOSE CYTARABINE) - DAY 1; CYCLOPHOSPHAMIDE IV + DOXORUBICIN | 51146      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2947   | Medical Oncology | MO433A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - CODOX-M ALTERNATED WITH IVAC (IVAC) CODOX-M/IVAC (MODIFIED) (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + HIGH-DOSE METHOTREXATE ALTERNATING WITH IFOSFAMIDE + ETOPOSIDE + HIGH-DOSE CYTARABINE) - DAY 1 | 46875      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2948   | Medical Oncology | MO434A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - DOSE-ADJUSTED EPOCH (ETOPOSIDE + PREDNISONE + VINCRIPTINE + CYCLOPHOSPHAMIDE + DOXORUBICIN) + INTRATHECAL MTX + RITUXIMAB (CYCLES 1&2) - DAY 1; RITUXIMAB 375MG/M2 IV, DAYS 1-4; ETOPOSIDE 50MG/M2 | 29271      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                             | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2949   | Medical Oncology | MO435A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - DOSE-ADJUSTED EPOCH (ETOPOSIDE + PREDNISONE + VINCRIStINE + CYCLOPHOSPHAMIDE + DOXORUBICIN) + INTRATHECAL MTX + RITUXIMAB (CYCLES 3-6) - DAY 1; RITUXIMAB 375MG/M2 IV, DAYS 1-4; ETOPOSIDE 50MG/M2 | 28855      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2950   | Medical Oncology | MO436A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 1 AND 3) - DAYS 1 - 3 - CYCLOPHOSPHAMIDE 300MG/M2 IV EVERY 12 | 65000      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                     | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2951   | Medical Oncology | MO437A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 2 AND 4) - HIGH - DOSE MTX AND CYTARABINE DAY 1 - MTX 16MG IV OVER | 67709      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2952   | Medical Oncology | MO438A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 5 & 7) - DAYS 1 - 3 - CYCLOPHOSPHAMIDE 300MG/M2 IV EVERY 12 | 11980      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                   | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2953   | Medical Oncology | MO439A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - HYPERCVAD (CYCLOPHOSPHAMIDE + VINCRISTINE + DOXORUBICIN + DEXAMETHASONE ALTERNATING WITH HIGH-DOSE METHOTREXATE AND CYTARABINE) (CYCLES 6 & 8) - HIGH - DOSE MTX AND CYTARABINE DAY 1 - MTX 16MG IV OVER | 14167      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2954   | Medical Oncology | MO440A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE + PREDNISONE (CHOP) WITH OR WITHOUT RITUXIMAB - DAY 1; CYCLOPHOSPHAMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV PUSH + VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) | 23750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2955   | Medical Oncology | MO441A         | Chemotherapy | NON HODGKINS LYMPHOMA - AIDS-RELATED B-CELL LYMPHOMAS - CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE + PREDNISONE (CHOP) - DAY 1; CYCLOPHOSPHAMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV PUSH + VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES DAYS 1-5. | 3125       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2956   | Medical Oncology | MO442A         | Chemotherapy | NON HODGKINS LYMPHOMA - PRIMARY CUTANEOUS MARGINAL ZONE OR FOLLICLE CENTER LYMPHOMA - CYCLOPHOSPH AMIDE + DOXORUBICIN + VINCRISTINE + PREDNISONE (CHOP) WITH OR WITHOUT RITUXIMAB - DAY 1; CYCLOPHOSPH AMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV | 23750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2957   | Medical Oncology | MO443A         | Chemotherapy | NONHODGKINS LYMPHOMA - PRIMARY CUTANEOUS MARGINAL ZONE OR FOLLICLE CENTER LYMPHOMA - CYCLOPHOSPH AMIDE + DOXORUBICIN + VINCRISTINE + PREDNISONE (CHOP) - DAY 1; CYCLOPHOSPH AMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV PUSH + VINCRISTINE 1.4MG/M2 | 3125       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2958   | Medical Oncology | MO444A         | Chemotherapy | NONHODGKINS LYMPHOMA - PRIMARY CUTANEOUS MARGINAL ZONE OR FOLLICLE CENTER LYMPHOMA - RITUXIMAB - DAY 1; RITUXIMAB 375MG/M2 IV. REPEAT EVERY 7 DAYS FOR 4 WEEKS                                                                                                  | 22605      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2959   | Medical Oncology | MO445A         | Chemotherapy | NON HODGKINS LYMPHOMA - FOLLICULAR LYMPHOMA (GRADE 1-2) - BENDAMUSTINE (-) RITUXIMAB DAYS 1 AND 2; BENDAMUSTINE 90MG/M2 IV. REPEAT CYCLE EVERY 28 DAYS FOR 6 TO 8 CYCLES                                                                                                          | 13646      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2960   | Medical Oncology | MO446A         | Chemotherapy | NON HODGKINS LYMPHOMA - FOLLICULAR LYMPHOMA (GRADE 1-2) - CYCLOPHOSPH AMIDE + DOXORUBICIN + VINCRIStINE + PREDNISONE (CHOP) - DAY 1; CYCLOPHOSPH AMIDE 750MG/M2 OVER 60 MINUTES + DOXORUBICIN 50MG/M2 IV PUSH + VINCRIStINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES DAYS 1-5; | 3125       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                      | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2961   | Medical Oncology | MO447A         | Chemotherapy | NONHODGKINS LYMPHOMA - FOLLICULAR LYMPHOMA (GRADE 1-2) - CYCLOPHOSPHAMIDE + VINCRISTINE + PREDNISONE + RITUXIMAB (RCVP) - DAY 1;RITUXIMAB 375MG/M2 IV, CYCLOPHOSPHAMIDE 750MG/M2 OR 1,000MG/M2 OVER 60 MINUTES + VINCRISTINE 1.4MG/M2 (MAXIMUM 2MG) IV OVER 5-10 MINUTES, DAYS 1-5. | 22917      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2962   | Medical Oncology | MO448A         | Chemotherapy | NON HODGKINS LYMPHOMA - EXTRANODAL NK/T-CELL LYMPHOMA - SMILE - DAY 1; METHOTREXATE 2G/M2 IV, DAYS 2-4; DEXAMETHASONE 40MG IV OR ORALLY + LEUCOVORIN 15MG IV— 4 DOSES/DAY IV OR ORALLY + IFOSFAMIDE 1500MG/M2 IV + ETOPOSIDE 100MG/M2 IV, DAYS 8, 10, 12, 14, 16, 18, AND 20; L- ASPARAGINASE | 30105      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
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| 2963   | Medical Oncology | MO449A         | Chemotherapy | NON HODGKINS LYMPHOMA - EXTRANODAL NK/T-CELL LYMPHOMA - DEVIC +RT - DAY 1; CARBOPLATIN 300MG/M2, DAYS 1-3; DEXAMETHASONE 40MG IV + ETOPOSIDE 100MG/M2 IV + IFOSFAMIDE 1.5MG/M2. REPEAT CHEMOTHERAPY EVERY 3 WEEKS FOR 3 CYCLES. RADIATION 50GY AND 3 COURSES OF DEVIC | 10000      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                                              | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2964   | Medical Oncology | MO450A         | Chemotherapy | NON HODGKINS LYMPHOMA - EXTRANODAL NK/T-CELL LYMPHOMA - VIPID - DAYS 1-3; ETOPOSIDE 100MG/M2 IV OVER 90 MINUTES + IFOSFAMIDE 1200MG/M2 IV OVER 1 HOUR + CISPLATIN 33MG/M2 IV OVER 1 HOUR + DEXAMETHASONE 40MG ORALLY OR IV. REPEAT CHEMOTHERAPY EVERY 3 WEEKS FOR 3 CYCLES. | 7292       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2965   | Medical Oncology | MO451A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - CHLORAMBUCIL - DAYS 1-7; CHLORAMBUCIL 0.1MG/KG ORALLY DAILY OR 0.3MG/KG ORALLY DAILY. REPEAT EVERY 6 WEEKS.                                                                                                   | 1146       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                          | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2966   | Medical Oncology | MO452A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - FLUDARABINE - DAYS 1-5; FLUDARABINE 25MG/M2 IV DAILY. REPEAT EVERY 4 WEEKS FOR 5-6 CYCLES                                                                                                 | 13230      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2967   | Medical Oncology | MO453A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - FLUDARABINE + CYCLOPHOSPHAMIDE + RITUXIMAB (FCR) - DAY 1; RITUXIMAB 375MG/M2 IV, DAYS 2-4; FLUDARABINE 25MG/M2/DAY IV +CYCLOPHOSPHAMIDE 250MG/M2/DAY IV. REPEAT CYCLE EVERY 28 DAYS FOR 6 | 28750      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2968   | Medical Oncology | MO454A         | Chemotherapy | WALDENSTROM'S MACROGLOBULINEMIA/ LYMPHOPLASMACYTIC LYMPHOMA - ALEMTUZUMAB - ALEMTUZUMAB DOSES GRADUALLY ESCALATED OVER 1 WEEK (3, 10, AND 30 MG), FOLLOWED BY 36 ADDITIONAL TREATMENT-PHASE INFUSIONS AT 30-MG IV 3 TIMES WEEKLY FOR 12 WEEKS | 2917       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2969   | Medical Oncology | MO455A         | Chemotherapy | SYMPTOMATIC ANEMIA WITH DEL(5Q) WITH OR WITHOUT OTHER CYTOGENETIC ABNORMALITIES - LENALIDOMIDE                                                                                                                                                | 2813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                 | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|----------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2970   | Medical Oncology | MO456A         | Chemotherapy | SYMPTOMATIC ANEMIA WITHOUT DEL(5Q) AND SERUM ERYTHROPOIETIN =500MU/ML - RHU-EPO WITH OR WITHOUT G-CSF          | 27396      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2971   | Medical Oncology | MO457A         | Chemotherapy | SYMPTOMATIC ANEMIA WITHOUT DEL(5Q) AND SERUM ERYTHROPOIETIN =500MU/ML - RHU-EPO (-) G-CSF                      | 27084      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2972   | Medical Oncology | MO458A         | Chemotherapy | SYMPTOMATIC ANEMIA WITHOUT DEL(5Q) AND SERUM ERYTHROPOIETIN =500MU/ML - DARBEPOETIN ALFA WITH OR WITHOUT G-CSF | 10209      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                        | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-----------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2973   | Medical Oncology | MO459A         | Chemotherapy | SYMPTOMATIC ANEMIA WITHOUT DEL(5Q) AND SERUM ERYTHROPOIETIN =500MU/ML - DARBEPOETIN ALFA (-) G-CSF                    | 9896       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2974   | Medical Oncology | MO460A         | Chemotherapy | SYMPTOMATIC ANEMIA WITHOUT DEL(5Q), SERUM ERYTHROPOIETIN >500MU/ML, UNLIKELY TO RESPOND TO IST - DECITABINE (15MG/M2) | 16980      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2975   | Medical Oncology | MO461A         | Chemotherapy | SYMPTOMATIC ANEMIA WITHOUT DEL(5Q), SERUM ERYTHROPOIETIN >500MU/ML, UNLIKELY TO RESPOND TO IST - DECITABINE (20MG/M2) | 18021      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |



| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2976   | Medical Oncology | MO462A         | Chemotherapy | SYMPTOMATIC ANEMIA WITHOUT DEL(5Q), SERUM ERYTHROPOIETIN >500MU/ML, UNLIKELY TO RESPOND TO IST - LENALIDOMIDE | 2813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2977   | Medical Oncology | MO463A         | Chemotherapy | MULTIPLE MYELOMA - LENALIDOMIDE (21 DAYS) + DEXAMETHASONE                                                     | 5521       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2978   | Medical Oncology | MO464A         | Chemotherapy | MULTIPLE MYELOMA - LENALIDOMIDE                                                                               | 2813       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2979   | Medical Oncology | MO465A         | Chemotherapy | MULTIPLE MYELOMA - BENDAMUSTINE + LENALIDOMIDE + DEXAMETHASONE                                                | 14896      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2980   | Medical Oncology | MO466A         | Chemotherapy | MULTIPLE MYELOMA - BENDAMUSTINE                                                                               | 24063      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                    | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2981   | Medical Oncology | MO467A         | Chemotherapy | MULTIPLE MYELOMA - CYCLOPHOSPHAMIDE + LENALIDOMIDE + DEXAMETHASONE                                                | 5625       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2982   | Medical Oncology | MO468A         | Chemotherapy | MULTIPLE MYELOMA - DEXAMETHASONE + CYCLOPHOSPHAMIDE + ETOPOSIDE + CISPLATIN (DCEP)                                | 6250       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2983   | Medical Oncology | MO469A         | Chemotherapy | MULTIPLE MYELOMA - DEXAMETHASONE + THALIDOMIDE + CISPLATIN + DOXORUBICIN + CYCLOPHOSPHAMIDE + ETOPOSIDE (DT-PACE) | 8438       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2984   | Medical Oncology | MO470A         | Chemotherapy | MULTIPLE MYELOMA - HIGH-DOSE CYCLOPHOSPHAMIDE                                                                     | 5625       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2985   | Medical Oncology | MO471A         | Chemotherapy | MULTIPLE MYELOMA - VAD / VAMP                                                                                     | 6667       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2986   | Medical Oncology | MO472A         | Chemotherapy | MULTIPLE MYELOMA - MELPHALAN                                                                                      | 4271       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                  | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|-------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2987   | Medical Oncology | MO473A         | Chemotherapy | MULTIPLE MYELOMA - MELPHALAN + PREDNISOLONE     | 1250       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2988   | Medical Oncology | MO474A         | Chemotherapy | MULTIPLE MYELOMA - THALIDOMIDE + DEXAMETHASONE  | 2605       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2989   | Medical Oncology | MO475A         | Chemotherapy | HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY       | 104167     | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2990   | Medical Oncology | MO476A         | Chemotherapy | HYPERTHERMIC INTRAPERITONEAL CATHETER INSERTION | 10417      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

| S. No. | Specialty        | Procedure Code | Package Name | Procedure Name                                                                                                                                                                           | Category C | Implant Criteria (Y/N) | Stratification Criteria (Y/N) | LOS | Procedure Label   | Special Condition – Pop – Up (Y/N) | Special Conditions – Rule (Y/N) | Enhancement applicable (Y/N) |
|--------|------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------|-----|-------------------|------------------------------------|---------------------------------|------------------------------|
| 2991   | Medical Oncology | MO477A         | Chemotherapy | HEMATOLOGICAL AND ONCOLOGICAL EMERGENCIES ( SUPERIOR MEDIASTINAL SYNDROME, SUPERIOR VENA CAVA SYNDROME, HYPER LEUCOCYTOSIS, HYPERVISCOSITY DUE TO DYSPROTEINEMIA, VASO-OCCLUSIVE CRISIS) | 31250      | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |
| 2992   | Medical Oncology | MO478A         | Chemotherapy | INTRATHECAL CHEMOTHERAPY                                                                                                                                                                 | 5209       | N                      | N                             | 0   | Regular Procedure | Y                                  | Y                               | N                            |

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**ANNEXURE - IA : List of Procedures and Treatments under NHIS 2026 and their packages rates**

| S.NO | List of Specified Illness                 | Package cost | Procedure cost | Followup cost                                         | Indication                                                                                            | Remarks                                                                       |
|------|-------------------------------------------|--------------|----------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1    | Heart Transplantation                     | 18,00,000    | 15,00,000      | 20,000 per month for one year (2,40,000 for one year) |                                                                                                       | Multi disciplinary treatment plan should be obtained from team of specialists |
| 2    | Double Lung transplantation               | 24,00,000    | 21,00,000      | 20,000 per month for one year (2,40,000 for one year) |                                                                                                       | Multi disciplinary treatment plan should be obtained from team of specialists |
| 3    | Heart and Lung Transplantation            | 24,00,000    | 21,00,000      | 20,000 per month for one year (2,40,000 for one year) |                                                                                                       | Multi disciplinary treatment plan should be obtained from team of specialists |
| 4    | Liver Transplantation                     | 24,00,000    | 20,00,000      | 6,00,000 for 2 years                                  |                                                                                                       | Multi disciplinary treatment plan should be obtained from team of specialists |
| 5    | Renal transplantation                     | 8,00,000     | 6,50,000       | 20,000 monthly                                        |                                                                                                       | Multi disciplinary treatment plan should be obtained from team of specialists |
| 6    | BMT Autologous                            | 9,00,000     | 7,00,000       | 10,000 per month                                      | Hodgkins lymphoma -Curative, Multiple myeloma,                                                        | Multi disciplinary treatment plan should be obtained from team of specialists |
| 7    | BMT Allogenic                             | 20,00,000    | 17,00,000      | upto 4,00,000 per year subject to drugs used          | Hemoglobinopathies, Metabolic disorders, Leukemias, Immunodeficiency disorders, biochemical disorders | Multi disciplinary treatment plan should be obtained from team of specialists |
| 8    | BMT Haploidentical                        | 25,00,000    | 22,00,000      | upto 4,00,000 per year subject to drugs used          | Hemoglobinopathies, Metabolic disorders, Leukemias, Immunodeficiency disorders, biochemical disorders | Multi disciplinary treatment plan should be obtained from team of specialists |
| 9    | BMT Matched Unrelated Donor Outside India | 35,00,000    |                | upto 4,00,000 per year subject to drugs used          | Hemoglobinopathies, Metabolic disorders, Leukemias, Immunodeficiency disorders, biochemical disorders | Multi disciplinary treatment plan should be obtained from team of specialists |
| 10   | BMT Matched Unrelated Donor Inside India  | 33,00,000    |                | upto 4,00,000 per year subject to drugs used          | Hemoglobinopathies, Metabolic disorders, Leukemias, Immunodeficiency disorders, biochemical disorders | Multi disciplinary treatment plan should be obtained from team of specialists |
| 11   | Cochlear Implantation (Single ear)        | 6,39,000     |                |                                                       | Congenital Profound severe sensorineural hearing loss, Hearing aid trial for 6 months (failed)        | Multi disciplinary treatment plan should be obtained from team of specialists |



| S.NO | List of Specified Illness                                       | Package cost | Procedure cost | Followup cost | Indication                                                                                     | Remarks                                                                                                         |
|------|-----------------------------------------------------------------|--------------|----------------|---------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 12   | Auditory Brain stem implant                                     | 18,24,100    |                |               | Congenital Profound severe sensorineural hearing loss, Hearing aid trial for 6 months (failed) | Multi disciplinary treatment plan should be obtained from team of specialists                                   |
| 13   | Transcatheter Aortic Value Implantation/Replacement (TAVI/TAVR) | 25,00,000    |                |               | Severe symptomatic aortic stenosis                                                             | Multi disciplinary treatment plan should be obtained from team of specialists(High Risk or Inoperable Patients) |
| 14   | Transcatheter Pulmonary Valve Replacement (TPVR)                | 25,00,000    |                |               | RVOT dysfunction / congenital heart disease                                                    | Multi disciplinary treatment plan should be obtained from team of specialists(High Risk or Inoperable Patients) |
| 15   | Endo Vascular therapy for intracranial aneurysms                | 4 - 8 Lakhs  |                |               | Intracranial aneurysm with or without coiling                                                  | Multi disciplinary treatment plan should be obtained from team of specialists(High Risk or Inoperable Patients) |



| S.NO | List of Specified Illness                                | Package cost                                                                                                                    | Procedure cost | Followup cost | Indication                                                                                                                                                                                                                                                                                             | Remarks                                                                                                                   |
|------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 16   | Penile Prosthesis Implantation (Semi-Rigid / Inflatable) | 1.4 - 1.8 Lakhs                                                                                                                 |                |               | Erectile dysfunction refractory to medical therapy                                                                                                                                                                                                                                                     | Multi disciplinary treatment plan should be obtained from team of specialists(High Risk or Inoperable Patients)           |
| 17   | Flow Diverter stent                                      | 1000000 (D + F)                                                                                                                 | 4 Lakhs        |               | Implant cost - 6 Lakhs,Wide Neck Aneurysm                                                                                                                                                                                                                                                              | Multi disciplinary treatment plan should be obtained from team of specialists(High Risk or Inoperable Patients)           |
| 18   | Thoracic Endovascular Aortic Repair                      | 1200000 (D +F)                                                                                                                  | 7 lakhs        |               | Implant cost -5 Lakhs,Thoracic Aortic Aneurysm/ Dissection                                                                                                                                                                                                                                             | Multi disciplinary treatment plan should be obtained from team of specialists(High Risk or Inoperable Patients)           |
| 19   | Nivolumab                                                | 2 lakhs(30,000 (100mg)-4 to 6 cycles)                                                                                           |                |               | immunotherapy-100mg per vial Head and Neck (Neoadjuvant),lung cancer, oesophagus, urothelial cancers                                                                                                                                                                                                   | Tumour Board Approval & Consistent With NCG Guideline along with treatment plan,Molecular Diagnostic testing is mandatory |
| 20   | Pembrolizumab                                            | 7.5 lakhs(1.25 lakh-6 cycles)                                                                                                   |                |               | immunotherapy-100mg/4ml-for Renal cell carcinoma, Triple negative Breast cancers,Non Small Cell Lung cancer (early-stage NSCLC - used in combination with chemotherapy that contains platinum and another chemotherapy medicine before surgery, and then continued alone after surgery to help prevent | Tumour Board Approval & Consistent With NCG Guideline along with treatment plan,Molecular Diagnostic testing is mandatory |
| 21   | Bevacizumab                                              | 1.5 - 2 Lakhs(7.5 mg/kg once in three weeks (Cycle cost - Rs.60,000)/ Cycle.)                                                   |                |               | for Colo rectal Cancers                                                                                                                                                                                                                                                                                | Tumour Board Approval & Consistent With NCG Guideline along with treatment plan,Molecular Diagnostic testing is mandatory |
| 22   | cetuximab                                                | loading dose 450 mg per /m2 Rs.70,000, followed by maintainance Dose 250 mg/m2 everyweek depending upon the weight. (Rs 30 000) |                |               | for Colo rectal Cancers                                                                                                                                                                                                                                                                                | Tumour Board Approval & Consistent With NCG Guideline along with treatment plan,Molecular Diagnostic testing is mandatory |



| S.NO | List of Specified Illness                                                                     | Package cost                                                  | Procedure cost | Followup cost | Indication                                                                                                                                                                     | Remarks                                                                                                                                    |
|------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 23   | Durvalumab                                                                                    | 18 lakhs(1 lakh (500mg)-1500mg every 4 weeks - 6 to 8 cycles) |                |               | immunotherapy-120mg / 500mg vial for intravenous injection-Early stage non resectable Non Small Cell Lung Cancer, urinary bladder, gastric cancer with approval of tumor board | Tumour Board Approval & Consistent With NCG Guideline along with treatment plan,Molecular Diagnostic testing is mandatory                  |
| 24   | Multi-Organ Resection                                                                         | 2.5 lakh                                                      |                |               | Advanced GI / pelvic malignancy requiring removal of multiple organs                                                                                                           | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 25   | Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy                          | 4 Lakh                                                        |                |               | Peritoneal surface malignancies                                                                                                                                                | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 26   | Robotic Nerve-Sparing Radical Prostatectomy                                                   | 3 Lakh                                                        |                |               | Localised / locally advanced prostate cancer                                                                                                                                   | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 27   | Robotic Low / Ultra-Low Rectal Cancer Resection (Total Mesorectal Excision)                   | 3 Lakh                                                        |                |               | Low / ultra-low rectal cancer in male pelvis (narrow & deep)                                                                                                                   | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 28   | Robotic Extralevator Abdominoperineal Excision of Rectum (ELAPE)                              | 3.5 Lakh                                                      |                |               | Very low rectal cancer with sphincter / levator involvement                                                                                                                    | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 29   | Robotic Radical Cystectomy with Intracorporeal Urinary Diversion (Ileal Conduit / Neobladder) | 4 Lakh                                                        |                |               | Muscle-invasive bladder cancer                                                                                                                                                 | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 30   | Robotic Pancreaticoduodenectomy (Whipple)                                                     | 4 Lakh                                                        |                |               | Periampullary / pancreatic head carcinoma                                                                                                                                      | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |



| S.NO | List of Specified Illness                                     | Package cost | Procedure cost | Followup cost | Indication                                                                   | Remarks                                                                                                                                    |
|------|---------------------------------------------------------------|--------------|----------------|---------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 31   | Robotic Anatomical Liver Resection / Segmentectomy            | 3 lakh       |                |               | Hepatocellular carcinoma / colorectal liver metastases                       | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 32   | Robotic Radical Cholecystectomy with Lymphadenectomy          | 3 lakh       |                |               | Early resectable gallbladder carcinoma                                       | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 33   | Robotic Complex Nephron-Sparing Partial Nephrectomy           | 3 lakh       |                |               | Localised renal tumour requiring nephron preservation (esp. solitary kidney) | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 34   | Robotic Anatomical Lung Resection (Lobectomy / Segmentectomy) | 4 Lakh       |                |               | Early-stage non-small cell lung cancer                                       | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 35   | Robotic Thymectomy                                            | 3 Lakh       |                |               | Thymoma / anterior mediastinal tumour                                        | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 36   | Laparoscopic-Assisted Oesophagogastric Resection              | 3 Lakh       |                |               | Oesophageal / OG junction cancers                                            | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 37   | Robotic Laterally Extended Endopelvic Resection               | 3.5 Lakh     |                |               | Locally advanced or recurrent pelvic malignancies                            | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |
| 38   | Robotic Esophagectomy with Three-Field Lymphadenectomy        | 4 Lakh       |                |               | Esophageal cancer with cervical, thoracic & abdominal nodal disease          | Tumour Board Approval & Multi disciplinary treatment plan should be obtained from team of specialists, Review of Post Operative HPE Report |



| S.NO | List of Specified Illness                                                                      | Package cost      | Procedure cost                    | Followup cost | Indication | Remarks                                                                                                                                                                         |
|------|------------------------------------------------------------------------------------------------|-------------------|-----------------------------------|---------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 39   | CRT-P                                                                                          | 3.5 Lakh          |                                   |               |            | Cardiac Resynchronisation Therapy – Pacemaker (CRT-P) for Symptomatic HF (despite OMT) with EF $\leq$ 35% / Wide QRS $\geq$ 130 ms (LBBB $\geq$ 150 ms)                         |
| 40   | AICD                                                                                           | 4 Lakh            |                                   |               |            | Automatic Implantable Cardioverter Defibrillator (AICD / ICD) for Sustained VT / Life-threatening ventricular arrhythmias                                                       |
| 41   | CRT-D                                                                                          | 5 Lakh            |                                   |               |            | Cardiac Resynchronisation Therapy – Defibrillator (CRT-D) for Symptomatic HF (despite OMT) with EF $\leq$ 35% / Wide QRS $\geq$ 130 ms (LBBB $\geq$ 150 ms) and risk of VT / VF |
| 42   | Treatment of Acute Burns                                                                       | As per Annexure I | Eligible for enhanced Sum Insured |               |            |                                                                                                                                                                                 |
| 43   | Cancer Treatment including Surgery, Chemotherapy, Radiotherapy, Immunotherapy & Nucleartherapy | As per Annexure I | Eligible for enhanced Sum Insured |               |            |                                                                                                                                                                                 |
| 44   | Organ Harvesting expenses of Donor for Transplantation                                         | As per Annexure I | Eligible for enhanced Sum Insured |               |            |                                                                                                                                                                                 |
| 45   | Head Injury Medical and Surgical Management                                                    | As per Annexure I | Eligible for enhanced Sum Insured |               |            |                                                                                                                                                                                 |
| 46   | Hemodialysis                                                                                   | As per Annexure I | Eligible for enhanced Sum Insured |               |            |                                                                                                                                                                                 |

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### Implant Master

| S. No | Implant / High End Consumable Code | Specialty | Implant Name                    | Procedure Code       | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|---------------------------------|----------------------|--------------------------------|-------------------|---------|
| 1     | IMP0202                            | CTVS      | Mechanical Valve - Tilting Disc | SV006A,SV031E,SV010A | 2                              | 45500             |         |
| 2     | IMP0203                            | CTVS      | Tissue Valve                    | SV006A,SV031E,SV010A | 2                              | 100000            |         |
| 3     | IMP0204                            | CTVS      | Valve Ring - Mitral             | SV006A,SV031E,SV010A | 2                              | 35000             |         |
| 4     | IMP0205                            | CTVS      | Valve Ring - Tricuspid          | SV006A,SV031E,SV010A | 2                              | 38500             |         |
| 5     | IMP0206                            | CTVS      | Mechanical Valve - Bileaflet    | SV007A,SV031F        | 3                              | 67200             |         |
| 6     | IMP0207                            | CTVS      | Mechanical Valve - Tilting Disc | SV007A,SV031F        | 3                              | 45920             |         |
| 7     | IMP0208                            | CTVS      | Tissue Valve                    | SV007A,SV031F        | 3                              | 100000            |         |
| 8     | IMP0209                            | CTVS      | Valve Ring - Mitral             | SV007A,SV031F        | 3                              | 35000             |         |
| 9     | IMP0210                            | CTVS      | Valve Ring - Tricuspid          | SV007A,SV031F        | 3                              | 38500             |         |
| 10    | IMP0519                            | CTVS      | Mechanical Valve - Bileaflet    | SV010A,SV006A,SV031E | 2                              | 67200             |         |

| S. No | Implant / High End Consumable Code | Specialty               | Implant Name                                                                                      | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 11    | IMP0540                            | Orthopedics, Polytrauma | one 6 hole small DCP with screws                                                                  | SB008A,ST007A  | 1                              | 1000              |         |
| 12    | IMP0071                            | Surgical Oncology       | Chemo Port - Adult                                                                                | SC076A         | 1                              | 18150             |         |
| 13    | IMP0072                            | Surgical Oncology       | Chemo Port - Pediatric                                                                            | SC076A         | 1                              | 19530             |         |
| 14    | IMP0108                            | Orthopedics             | Implant for Osteotomy - Broad DCP with screws                                                     | SB055A         | 1                              | 1500              |         |
| 15    | IMP0110                            | Orthopedics             | Implant & brace for Reconstruction of ACL / PCL (Bio screw / Endobutton / Suture disc + Ethibond) | SB049A, SB049B | 1                              | 12000             |         |
| 16    | IMP0501                            | Orthopedics             | Fibre wire                                                                                        | SB036A         | 1                              | 1000              |         |

| S. No | Implant / High End Consumable Code | Specialty           | Implant Name                                                                                             | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 17    | IMP0534                            | High end procedures | IVUS(Intravascular Ultrasound)- peripheral vessels (Per Patient) (One IVUS fluid is used for 5 Patients) | HD003A         | 1                              | 45500             |         |
| 18    | IMP1030                            | Orthopedics         | Nail for ORIF - Diaphyseal fracture - Long Bone                                                          | SB010A         | 1                              | 2000              |         |
| 19    | IMP0539                            | Orthopedics         | CC Screw                                                                                                 | SB009A         | 1                              | 1000              |         |
| 20    | IMP01027                           | Orthopedics         | Modular - Uncemented                                                                                     | SB031C         | 1                              | 15000             |         |
| 21    | IMP0545                            | Orthopedics         | Implant for Dorsal and lumbar spine fixation (pedicle screws and rods)                                   | SB022B,SN034B  | 1                              | 10000             |         |
| 22    | IMP0557                            | Orthopedics         | Crutch                                                                                                   | SB036A         | 1                              | 1000              |         |
| 23    | IMP0589                            | Orthopedics         | Brace                                                                                                    | SB036A         | 1                              | 500               |         |

| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                                       | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|--------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 24    | IMP0590                            | Orthopedics | Recon plate - per piece                                            | SB056A         | 1                              | 1000              |         |
| 25    | IMP0536                            | Orthopedics | Double rod assembly                                                | SB005A         | 1                              | 7500              |         |
| 26    | IMP0604                            | Orthopedics | ilizarov fixator assembly for tibia                                | SB005A         | 1                              | 10000             |         |
| 27    | IMP0605                            | Orthopedics | ilizarov fixator assembly for femur                                | SB005A         | 1                              | 12500             |         |
| 28    | IMP0800                            | Orthopedics | Tubular external fixator with 6 shanz pins and single rod assembly | SB005A         | 1                              | 5000              |         |
| 29    | IMP0801                            | Orthopedics | Herbert screw                                                      | SB012A         | 1                              | 1000              |         |
| 30    | IMP0725                            | Orthopedics | Implant for Revision Total Hip Replacement                         | SB038E         | 1                              | 45000             |         |
| 31    | IMP0812                            | Orthopedics | Mega Prosthesis                                                    | SB040A,SB041A  | 1                              | 100000            |         |

| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                      | Procedure Code                 | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|---------------------------------------------------|--------------------------------|--------------------------------|-------------------|---------|
| 32    | IMP1005                            | Orthopedics | Implant for Ankle Fracture ORIF-Tension Band Wire | SB020A                         | 1                              | 1000              |         |
| 33    | IMP1006                            | Orthopedics | Screw                                             | SB020A                         | 1                              | 100               |         |
| 34    | IMP1007                            | Orthopedics | Brace and crutches                                | SB049A,SB049B                  | 1                              | 1250              |         |
| 35    | IMP0001                            | Cardiology  | ASD Device                                        | MC007A                         | 1                              | 40600             |         |
| 36    | IMP0002                            | Cardiology  | Cardiac Balloon - Adult                           | MC003A, MC003B, MC004A, MC004B | 1                              | 16800             |         |
| 37    | IMP0003                            | Cardiology  | Cardiac Balloon - Pediatric                       | MC003A, MC003B, MC004A, MC004B | 1                              | 16800             |         |
| 38    | IMP0005                            | Cardiology  | Coronary Stent for PTCA - Drug Eluting            | MC011A                         | 3                              | 30000             |         |
| 39    | IMP0006                            | Cardiology  | Double Chamber Pacemaker - Rate Responsive        | MC016A                         | 1                              | 90000             |         |

| S. No | Implant / High End Consumable Code | Specialty  | Implant Name                               | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|------------|--------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 40    | IMP0009                            | Cardiology | Single Chamber Pacemaker - Rate Responsive | MC015A         | 1                              | 55000             |         |
| 41    | IMP0010                            | Cardiology | VSD Device                                 | MC008A         | 1                              | 40600             |         |
| 42    | IMP0012                            | CTVS       | Arch Graft                                 | SV015A, SV015B | 1                              | 100000            |         |



| S. No | Implant / High End Consumable Code | Specialty | Implant Name                                 | Procedure Code                         | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|----------------------------------------------|----------------------------------------|--------------------------------|-------------------|---------|
| 43    | IMP0013                            | CTVS      | Composite Aortic Valved conduit - Mechanical | SV014A, SV014B, SV014C, SV014D, SV014E | 1                              | 122048.5          |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name               | Procedure Code                                                                                                                                                                                                                                                                                                      | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 44    | IMP0017                            | CTVS      | Mechanical Valve Bileaflet | SV005A,<br>SV005B,<br>SV005C,<br>SV002A,<br>SV002B,<br>SV002C,<br>SV002D,<br>SV002E, SV002F,<br>SV002G,<br>SV002H, SV002I,<br>SV002J, SV002K,<br>SV002L,<br>SV002M,<br>SV002N,<br>SV002O,<br>SV003A,<br>SV003B,<br>SV003C,<br>SV003D,<br>SV003E, SV003F,<br>SV003G,<br>SV003H, SV003I,<br>SV003J, SV003K,<br>SV003L | 1                              | 63420             |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name                  | Procedure Code                                                                                                                                                                                                                                        | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 45    | IMP0018                            | CTVS      | Mechanical Valve Tilting Disc | SV005A, SV005B,SV005C, SV002A, SV002B, SV002C, SV002D, SV002E, SV002F, SV002G, SV002H, SV002I, SV002J, SV002K, SV002L, SV002M, SV002N, SV002O, SV003A, SV003B, SV003C, SV003D, SV003E, SV003F, SV003G, SV003H, SV003I, SV003J, SV003K, SV003L, SV003M | 1                              | 45500             |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name      | Procedure Code                                                                                                                                                                                                                                                                                                      | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 46    | IMP0020                            | CTVS      | Pericardial Patch | SV002A,<br>SV002B,<br>SV002C,<br>SV002D,<br>SV002E, SV002F,<br>SV002G,<br>SV002H, SV002I,<br>SV002J, SV002K,<br>SV002L,<br>SV002M,<br>SV002N,<br>SV002O,<br>SV003A,<br>SV003B,<br>SV003C,<br>SV003D,<br>SV003E, SV003F,<br>SV003G,<br>SV003H, SV003I,<br>SV003J, SV003K,<br>SV003L,<br>SV003M,<br>SV003N,<br>SV003O | 1                              | 17500             |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name        | Procedure Code                                                                                                                                                                                                                                 | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 47    | IMP0024                            | CTVS      | Valve Ring - Mitral | SV002A, SV002B, SV002C, SV002D, SV002E, SV002F, SV002G, SV002H, SV002I, SV002J, SV002K, SV002L, SV002M, SV002N, SV002O, SV003A, SV003B, SV003C, SV003D, SV003E, SV003F, SV003G, SV003H, SV003I, SV003J, SV003K, SV003L, SV003M, SV003N, SV003O | 1                              | 29428.7           |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name           | Procedure Code                                                                                                                                                                                                                 | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 48    | IMP0025                            | CTVS      | Valve Ring - Tricuspid | SV002A, SV002B, SV002C, SV002D, SV002E, SV002F, SV002G, SV002H, SV002I, SV002J, SV002K, SV002L, SV002M, SV002N, SV002O, SV003A, SV003B, SV003C, SV003D, SV003E, SV003F, SV003G, SV003H, SV003I, SV003J, SV003K, SV003L, SV003M | 1                              | 38500             |         |

| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                                                                     | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|--------------------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 49    | IMP0067                            | Orthopedics | Modular Custom Prosthesis for Bone Tumour Excision - malignant including GCT + Joint replacement | SB040A         | 1                              | 15000             |         |
| 50    | IMP0092                            | Orthopedics | Implant for Ankle Fracture ORIF (Tension Band Wire + Plate)                                      | SB020A         | 1                              | 2000              |         |
| 51    | IMP0094                            | Orthopedics | Plate for ORIF - Diaphyseal fracture - Long Bone                                                 | SB010A         | 1                              | 2000              |         |
| 52    | IMP0099                            | Orthopedics | Locking Plate for Metaphyseal fracture - Long Bone (Per plate)                                   | SB009A         | 2                              | 3000              |         |

| S. No | Implant / High End Consumable Code | Specialty              | Implant Name                                                        | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|------------------------|---------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 53    | IMP0100                            | Orthopedics            | Implant for Fracture - Single Bones - Forearm - ORIF Nail- per nail | SB013A,SB014A  | 1                              | 1500              |         |
| 54    | IMP0101                            | Orthopedics            | Plate / Screw                                                       | SB012A         | 1                              | 1500              |         |
| 55    | IMP0102                            | Orthopedics            | Plate for High Tibial Osteotomy                                     | SB057A         | 1                              | 2500              |         |
| 56    | IMP0104                            | Polytrauma Orthopedics | Plates, screws and K wire                                           | ST007A,SB008A  | 1                              | 2500              |         |
| 57    | IMP0109                            | Orthopedics            | Implant for Percutaneous - Fixation of Fracture K - Wire (Per wire) | SB006A         | 1                              | 100               |         |
| 58    | IMP0112                            | Orthopedics            | Implant for Total Hip Replacement - Cemented                        | SB038A         | 1                              | 28000             |         |



| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                   | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 59    | IMP0113                            | Orthopedics | Implant for Total Hip Replacement - Cementless | SB038B         | 1                              | 45000             |         |
| 60    | IMP0114                            | Orthopedics | Implant for Total Hip Replacement - Hybrid     | SB038C         | 1                              | 40000             |         |
| 61    | IMP0115                            | Orthopedics | Implant for Revision Total Hip Replacement     | SB038D         | 1                              | 45000             |         |

| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                                   | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|----------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 62    | IMP0117                            | Orthopedics | Non - Modular - Non - Cemented                                 | SB031B         | 1                              | 20000             |         |
| 63    | IMP0118                            | Orthopedics | Modular - Cemented                                             | SB031C         | 1                              | 20000             |         |
| 64    | IMP0119                            | Orthopedics | Implant for Total Knee Replacement                             | SB039A         | 1                              | 40000             |         |
| 65    | IMP0120                            | Orthopedics | Implant for Revision Total Knee Replacement                    | SB039B         | 1                              | 40000             |         |
| 66    | IMP0121                            | Orthopedics | Implant for Elbow Replacement                                  | SB037A         | 1                              | 80000             |         |
| 67    | IMP0125                            | Orthopedics | Implant for Cervical spine fixation including odontoid (Screw) | SB021A         | 1                              | 2500              |         |

| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                                            | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|-------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 68    | IMP0126                            | Orthopedics | Implant for Cervical spine fixation including odontoid (Odontoid Screw) | SB021A         | 1                              | 2500              |         |
| 69    | IMP0127                            | Orthopedics | Implant for Cervical spine fixation including odontoid (Cage)           | SB021A         | 1                              | 5000              |         |
| 70    | IMP0130                            | Orthopedics | Implant for Dorsal and lumbar spine fixation (Plate including screw)    | SB022A, SB022B | 6                              | 7500              |         |
| 71    | IMP0131                            | Orthopedics | Implant for Dorsal and lumbar spine fixation (Cage)                     | SB022A, SB022B | 1                              | 10000             |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                                   | Procedure Code                                | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|----------------------------------------------------------------|-----------------------------------------------|--------------------------------|-------------------|---------|
| 72    | IMP0132                            | Orthopedics              | Implant for Spine deformity correction (Plate including screw) | SB054A,SB054B                                 | 6                              | 20000             |         |
| 73    | IMP0133                            | Orthopedics              | Implant for Spine deformity correction (Cage)                  | SB054A,SB054B                                 | 1                              | 25000             |         |
| 74    | IMP0143                            | Orthopedics              | Compression Assembly                                           | SB026D                                        | 1                              | 2500              |         |
| 75    | IMP0144                            | Orthopedics              | Non - Modular - Cemented                                       | SB031B                                        | 1                              | 15000             |         |
| 76    | IMP0146                            | Cardiology               | Coronary Stent for PDA stenting - Drug Eluting                 | MC010A                                        | 1                              | 28000             |         |
| 77    | IMP0444                            | Interventional radiology | Metallic stent                                                 | IN006A, IN023C, IN023D,IN026B,I N026C, IN058A | 1                              | 38150             |         |
| 78    | IMP0446                            | Interventional Radiology | Pleurex kit                                                    | IN010A                                        | 1                              | 32681.6           |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                       | Procedure Code       | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|------------------------------------|----------------------|--------------------------------|-------------------|---------|
| 79    | IMP0460                            | Interventional radiology | Vascular Plug                      | IN022A,IN064A,IN065A | 1                              | 42878.5           |         |
| 80    | IMP0474                            | Interventional radiology | Drug Coated balloon/Cutting Ballon | IN028A,IN076A        | 1                              | 41726.3           |         |
| 81    | IMP0477                            | Interventional radiology | IVC filter                         | IN034A,IN034B        | 1                              | 63700             |         |
| 82    | IMP0480                            | Interventional radiology | Snare                              | IN035A               | 1                              | 29750             |         |
| 83    | IMP0481                            | Interventional radiology | Nucleotome set                     | IN042A               | 1                              | 29750             |         |
| 84    | IMP0486                            | Orthopedics              | Long bone (plate /screw)           | SB055A               | 1                              | 5000              |         |
| 85    | IMP0488                            | Interventional Radiology | DEB                                | IN061B               | 1                              | 66600             |         |
| 86    | IMP0489                            | Interventional radiology | RUPS set                           | IN062A               | 1                              | 36753.5           |         |
| 87    | IMP0494                            | Interventional radiology | Kyphoplasty kit for every 3 Levels | IN069A               | 4                              | 75000             |         |
| 88    | IMP0526                            | CTVS                     | Stent                              | SV040A               | 1                              | 47028.8           |         |
| 89    | IMP0527                            | High end procedures      | RF probe for tumor ablation        | HP001A,HP003A        | 1                              | 66500             |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                                       | Procedure Code                                               | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|--------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|-------------------|---------|
| 90    | IMP0528                            | High end procedures      | Microwave Antenna                                                  | HP002A,HP004A                                                | 1                              | 85400             |         |
| 91    | IMP0547                            | Orthopedics              | Implant for Arthrodesis of Knee- Ilizarov                          | SB026D                                                       | 1                              | 12500             |         |
| 92    | IMP0298                            | Interventional radiology | Lipidol                                                            | IN016A,IN018A,I<br>N018B,IN061A,IN<br>063A,IN064A,IN0<br>65A | 1                              | 15610             |         |
| 93    | IMP0556                            | Interventional radiology | Covered stent                                                      | IN023E,IN026E,I<br>N062A                                     | 1                              | 108500            |         |
| 94    | IMP0482                            | Interventional radiology | RF probe                                                           | IN044A                                                       | 1                              | 66500             |         |
| 95    | IMP0579                            | Interventional radiology | Microwave Probe                                                    | IN045A,IN071A                                                | 1                              | 85400             |         |
| 96    | IMP0587                            | Orthopedics              | Plate - per plate                                                  | SB013A                                                       | 1                              | 1500              |         |
| 97    | IMP1004                            | Orthopedics              | Implant for Percutaneous - Fixation of Fracture- Screw (per screw) | SB006A                                                       | 1                              | 500               |         |
| 98    | IMP1008                            | Orthopedics              | LC DCP                                                             | SB055A                                                       | 1                              | 2500              |         |
| 99    | IMP1009                            | Orthopedics              | Fixator                                                            | SB057A                                                       | 1                              | 5000              |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                           | Procedure Code                                                                                       | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 100   | IMP1015                            | Interventional radiology | Thrombectomy Catheter                                  | IN025A                                                                                               | 1                              | 100000            |         |
| 101   | IMP516                             | General medicine         | Leukocyte Removal Filter which filters 1 unit (LRF 1)  | MP041B,MP041C , MP041E, MP041F, MP041G,MP041H , MG0121A, MG0121B, MG0121C, MG0121D, MG0121E, MG0121F |                                | 900               |         |
| 102   | IMP517                             | General medicine         | Leukocyte Removal Filter which filters 2 units (LRF 2) | MP041B,MP041C , MP041E, MP041F, MP041G,MP041H , MG0121A, MG0121B, MG0121C, MG0121D, MG0121E, MG0121F |                                | 1200              |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                        | Procedure Code                 | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|-----------------------------------------------------|--------------------------------|--------------------------------|-------------------|---------|
| 103   | IMP0083                            | Plastic Surgery          | Prosthesis for Ear Pinna Reconstruction-Cartilage   | SP004A                         |                                | 75000             |         |
| 104   | IMP0499                            | Cardiology               | Balloon & Accessories                               | MC006A                         |                                | 55000             |         |
| 105   | IMP0466                            | Interventional Radiology | Multiside hole thrombolysis catheter                | IN024A,IN025A,I N034B          |                                | 11800             |         |
| 106   | IMP0004                            | Cardiology               | Coronary Stent for PTCA - Bare Metal                | MC011A                         |                                | 9842              |         |
| 107   | IMP0014                            | CTVS                     | Coselli Graft                                       | SV015A, SV015B                 |                                | 85000             |         |
| 108   | IMP0015                            | CTVS                     | Dacron Graft - Bifurcated                           | SV017A, SV017B, SV017C, SV017D |                                | 35000             |         |
| 109   | IMP0019                            | CTVS                     | Complex grafts other than Arch Graft & Coseli Graft | SV015A, SV015B                 |                                | 85000             |         |



| S. No | Implant / High End Consumable Code | Specialty | Implant Name    | Procedure Code                                                                                                                                                                                                                                                                        | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 110   | IMP0022                            | CTVS      | RV - PA Conduit | SV009A,<br>SV031A,<br>SV003A,<br>SV003B,<br>SV003C,<br>SV003D,<br>SV003E, SV003F,<br>SV003G,<br>SV003H, SV003I,<br>SV003J, SV003K,<br>SV003L,<br>SV003M,<br>SV003N,<br>SV003O,<br>SV003P,<br>SV003Q,<br>SV003R,<br>SV003S, SV003T,<br>SV003U,<br>SV003V,<br>SV003W,<br>SV003X, SV003Y |                                | 120000            |         |

| S. No | Implant / High End Consumable Code | Specialty       | Implant Name | Procedure Code                                                                                                                                                                                                                                                                                                             | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 111   | IMP0023                            | CTVS            | Tissue Valve | SV005A,<br>SV005B,SV005C,<br>SV002A,<br>SV002B,<br>SV002C,<br>SV002D,<br>SV002E, SV002F,<br>SV002G,<br>SV002H, SV002I,<br>SV002J, SV002K,<br>SV002L,<br>SV002M,<br>SV002N,<br>SV002O,<br>SV003A,<br>SV003B,<br>SV003C,<br>SV003D,<br>SV003E, SV003F,<br>SV003G,<br>SV003H, SV003I,<br>SV003J, SV003K,<br>SV003L,<br>SV003M |                                | 100000            |         |
| 112   | IMP0033                            | General Surgery | Tackers      | SG050E                                                                                                                                                                                                                                                                                                                     |                                | 15000             |         |

| S. No | Implant / High End Consumable Code | Specialty               | Implant Name                                                                                           | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 113   | IMP0035                            | General Surgery         | Mesh - 30 X 30                                                                                         | SG052A         |                                | 10000             |         |
| 114   | IMP0039                            | Obstetrics & Gynecology | Trans Obturator Tape                                                                                   | SO024B         |                                | 35000             |         |
| 115   | IMP0040                            | Obstetrics & Gynecology | Tension free Vaginal Tape                                                                              | SO024A         |                                | 35000             |         |
| 116   | IMP0056                            | Cardiology              | Balloon & Accessories                                                                                  | MC005A         |                                | 55000             |         |
| 117   | IMP0057                            | Cardiology              | Implant for "Electrophysiological Study" includes - Steerable decapolar catheter, Quadripolar Catheter | MC012A         |                                | 46000             |         |

| S. No | Implant / High End Consumable Code | Specialty                    | Implant Name                                                                                                                                                            | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 118   | IMP0058                            | Cardiology                   | Implant for "Electrophysiological Study with Radio Frequency Ablation" includes includes - Steerable decapolar catheter, Quadripolar Catheter, Radio Frequency Catheter | MC012B         |                                | 76000             |         |
| 119   | IMP0093                            | Orthopedics                  | Implant for Bone Tumour Excision + reconstruction (Plate)                                                                                                               | SB041A         |                                | 10000             |         |
| 120   | IMP01001                           | Oral & Maxillofacial Surgery | Re-implantation of Avulsed tooth with wiring (4-6 teeth)                                                                                                                | SM013A         |                                | 12000             |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                             | Procedure Code                  | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|----------------------------------------------------------|---------------------------------|--------------------------------|-------------------|---------|
| 121   | IMP01020                           | Interventional radiology | Cement                                                   | IN069A                          |                                | 18500             |         |
| 122   | IMP01026                           | Orthopedics              | Re-implantation of Avulsed tooth with wiring (7-9 teeth) | SM013A                          |                                | 18000             |         |
| 123   | IMP0145                            | Cardiology               | Coronary Stent for PDA stenting - Bare Metal             | MC010A                          |                                | 9842              |         |
| 124   | IMP0476                            | Interventional radiology | Graft                                                    | IN032A                          |                                | 350000            |         |
| 125   | IMP0525                            | CTVS                     | IABP Catheter                                            | SV032A                          |                                | 50000             |         |
| 126   | IMP0564                            | Interventional radiology | R TPA                                                    | IN024A,IN025A,I<br>N034B,MG086B |                                | 30000             |         |
| 127   | IMP0804                            | Plastic Surgery          | Prosthesis for Ear Pinna Reconstruction-implant          | SP004A                          |                                | 80000             |         |
| 128   | IMP0810                            | Interventional radiology | Uncovred Stent                                           | IN062A                          |                                | 37000             |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name            | Procedure Code                                                                                                                                                                 | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 129   | IMP1002                            | CTVS      | PTFE Graft Large (<8mm) | SV019A,SV019B,SV019C,SV019D,SV019E,SV019F,SV019G,SV019H,SV019I,SV019J,SV019K,SV019L,SV019M,SV019N,SV019O,SV019P,SV019Q,SV019R,SV019S,SV019T,SV019U,SV019V,SV019W,SV019X,SV019Y |                                | 50000             |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name                | Procedure Code                                                                                                                                                                                                                                                       | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 130   | IMP1003                            | CTVS      | PTFE Graft - Small upto 8mm | SV019A,<br>SV019B,<br>SV019C,<br>SV019D,<br>SV019E, SV019F,<br>SV019G,<br>SV019H, SV019I,<br>SV019J, SV019K,<br>SV019L,<br>SV019M,<br>SV019N,<br>SV019O,<br>SV019P,<br>SV019Q,<br>SV019R,<br>SV019S,SV002A,<br>SV019T,SV019U,<br>SV019V,SV019W<br>,SV019X,<br>SV019Y |                                | 30000             |         |

| S. No | Implant / High End Consumable Code | Specialty                        | Implant Name                                                            | Procedure Code                       | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|----------------------------------|-------------------------------------------------------------------------|--------------------------------------|--------------------------------|-------------------|---------|
| 131   | IMP1010                            | CTVS                             | PTFE Graft - Bifurcated                                                 | SV017A, SV017B, SV017C, SV017D       |                                | 50000             |         |
| 132   | IMP1014                            | Interventional Neuroradiology    | 5 coils, guide catheter, micro-catheter, micro-guidewire, general items | IN001A                               |                                | 120000            |         |
| 133   | IMP0515                            | Plastic & Reconstructive Surgery | B. >1digit/limb : cost -90,000/-                                        | SP003B                               |                                | 90000             |         |
| 134   | IMP1031                            | Ophthalmology                    | IOL                                                                     | SE020A,SE020B, SE021A,SE021B, SE021C |                                | 17000             |         |
| 135   | IMP0139                            | Neurosurgery                     | Implant for Spine - Intradural Tumour with fixation                     | SN042B,SN043B                        |                                | 30000             |         |
| 136   | IMP0076                            | Neurosurgery                     | Clip for Aneurysm                                                       | SN023A                               |                                | 15000             |         |



| S. No | Implant / High End Consumable Code | Specialty | Implant Name            | Procedure Code                                                                                                              | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 137   | IMP0031                            | CTVS      | Dacron Graft - Straight | SV001G,<br>SV016A,<br>SV016B,<br>SV016C,<br>SV016D,<br>SV014A,<br>SV014B,<br>SV014C,<br>SV014D,<br>SV014E,SV002A,<br>SV003D |                                | 30000             |         |

| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                                            | Procedure Code                                                                                                 | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 138   | IMP0026                            | ENT         | Fibrin Glue                                                             | SL029A, SL029B, SL029C, SL029D, SL029E, SL030A, SL030B, SL031A, SL031B, SL031C, SL032A, SL032B, SL032C, SL032D |                                | 9000              |         |
| 139   | IMP0062                            | Orthopedics | External Fixator                                                        | SB005B, SB005C, SB005D                                                                                         |                                | 7000              |         |
| 140   | IMP0122                            | Orthopedics | Implant for Elastic Nailing of Femur / Humerus / Forearm (Elastic Nail) | SB007A, SB007B, SB007C                                                                                         |                                | 5000              |         |

| S. No | Implant / High End Consumable Code | Specialty                   | Implant Name                                                                                    | Procedure Code                                                                                                                              | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 141   | IMP0124                            | Orthopedics                 | Plate/ screw /<br>Fibre wire /<br>reconstruction by<br>tendon etc                               | SB032A,<br>SB032B,<br>SB032C,<br>SB032D,<br>SB032E, SB032F                                                                                  |                                | 10000             |         |
| 142   | IMP0142                            | ENT                         | Implant for<br>Excision of<br>tumour of oral<br>cavity / paranasal<br>sinus /<br>laryngopharynx | SL020A, SL020C                                                                                                                              |                                | 20000             |         |
| 143   | IMP0445                            | Interventional<br>Radiology | Balloon                                                                                         | IN026A,IN007A,I<br>N023A,IN023B,IN<br>023C,IN023D,IN0<br>23E,IN024A,IN02<br>6B,IN026C,IN031<br>A,IN058A,IN076A<br>,IN062A,IN063A,<br>IN007A |                                | 9800              |         |
| 144   | IMP0449                            | Interventional<br>radiology | Silicon Stent                                                                                   | IN014A,IN015A                                                                                                                               |                                | 6700              |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                             | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|----------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 145   | IMP0452                            | Interventional Radiology | PVA particle                                             | IN017A,IN017B  |                                | 5500              |         |
| 146   | FRA0015                            | High End Medicine        | Human Albumin 20% - 250-500ml (Price per 100ml infusion) | HM012A         | 5                              | 6000              |         |
| 147   | FRA0016                            | High End Medicine        | Albumin 5% - 250-500ml (Price per 100ml infusion)        | HM013A         | 5                              | 3000              |         |
| 148   | FRA0017                            | High End Medicine        | Imipenem - 3 gm per day dose                             | HM017A         | 10                             | 700               |         |
| 149   | FRA0018                            | High End Medicine        | Meropenem - 3 gm Per day dose                            | HM018A         | 10                             | 700               |         |
| 150   | FRA0020                            | High End Medicine        | Colistin - 1 MU 73.92. Dose 9 MU                         | HM020A         | 10                             | 700               |         |
| 151   | FRA0021                            | High End Medicine        | Vancomycin - 15mg/kgIV BD per day                        | HM021A         | 10                             | 210               |         |

| S. No | Implant / High End Consumable Code | Specialty                    | Implant Name                                                                                                       | Procedure Code                | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|---------|
| 152   | FRA0023                            | High End Medicine            | Rituximab - 500mg /50ml ( Price per 500mg/50ml box) 2 doses initially on Day 0 and Day 15, then every 6 months     | HM011A                        | 2                              | 7500              |         |
| 153   | IMP0032                            | Oral & Maxillofacial Surgery | Implant for Open reduction and internal fixation of maxilla / mandible / zygoma/Orbital fracture (Plates / Screws) | SL034A, SL034B, SL034C,ST002A | 1                              | 4000              |         |
| 154   | IMP0541                            | Orthopedics                  | One small DCP with screw                                                                                           | SB013A,SB014A, SB026B,SB026C  | 1                              | 2500              |         |

| S. No | Implant / High End Consumable Code | Specialty         | Implant Name                                                         | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------------|----------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 155   | IMP0028                            | Ophthalmology     | Implant for "Vitreoretinal Surgery" (IOL & Per flouro carbon liquid) | SE032A         | 1                              | 6000              |         |
| 156   | IMP0049                            | Ophthalmology     | Valved / Non Valved Glaucoma tube - shunt                            | SE027C         | 1                              | 7000              |         |
| 157   | IMP0068                            | Surgical Oncology | Voice prosthesis                                                     | SC040A         | 1                              | 30000             |         |
| 158   | IMP0073                            | Surgical Oncology | Implant for Microvascular reconstruction                             | SC073A         | 1                              | 15000             |         |
| 159   | IMP0074                            | Neurosurgery      | Implant for "CranioPlasty with Exogenous graft"                      | SN002B         | 1                              | 20000             |         |
| 160   | IMP0075                            | Neurosurgery      | Implant for "Duroplasty - Exogenous"                                 | SN007B         | 1                              | 20000             |         |

| S. No | Implant / High End Consumable Code | Specialty       | Implant Name                                                                 | Procedure Code               | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------------|------------------------------------------------------------------------------|------------------------------|--------------------------------|-------------------|---------|
| 161   | IMP0077                            | Neurosurgery    | Implant for "Posterior Cervical Fusion with implant (Lateral mass fixation)" | SN029A                       | 1                              | 30000             |         |
| 162   | IMP0078                            | Neurosurgery    | Implant for "Thoracic Corpectomy with fusion"                                | SN032A                       | 1                              | 30000             |         |
| 163   | IMP0502                            | Orthopedics     | K Wire                                                                       | SB055B,SB056A, SB006A,SB029A | 1                              | 300               |         |
| 164   | IMP0504                            | Orthopedics     | radiofrequency ablation wand                                                 | SB074A                       | 1                              | 18000             |         |
| 165   | IMP0506                            | Orthopedics     | Implant for Fracture - Humerus - ORIF - plate                                | SB015C                       | 1                              | 12000             |         |
| 166   | IMP0509                            | General Surgery | Linear Cutter 3 cartidges                                                    | SG081A                       | 1                              | 15000             |         |
| 167   | IMP0510                            | General Surgery | Linear Cutter 3 cartidges                                                    | SG082A                       | 1                              | 15000             |         |

| <b>S. No</b> | <b>Implant / High End Consumable Code</b> | <b>Specialty</b>     | <b>Implant Name</b>                                   | <b>Procedure Code</b> | <b>Maximum Permissible Multiplier</b> | <b>NHIS Implant Cost</b> | <b>Remarks</b> |
|--------------|-------------------------------------------|----------------------|-------------------------------------------------------|-----------------------|---------------------------------------|--------------------------|----------------|
| 168          | IMP0513                                   | Neurosurgery         | Implant for - Burr hole surgery                       | SN008A                | 1                                     | 20000                    |                |
| 169          | IMP0514                                   | Neurosurgery         | Implant for- Micro discectomy                         | SN036A                | 1                                     | 30000                    |                |
| 170          | IMP0532                                   | High end Diagnostics | Biopsy Gun                                            | HD005A,HD008A         | 1                                     | 3000                     |                |
| 171          | IMP0808                                   | High end procedures  | Lymphangiography                                      | HD001A                | 1                                     | 18000                    |                |
| 172          | IMP1012                                   | Neurosurgery         | Implant for Craniostenosis                            | SN004A                | 1                                     | 25000                    |                |
| 173          | FRA0001                                   | Radiation Oncology   | Additional fraction for 2D External Beam Radiotherapy | MR003D                | 10                                    | 500                      |                |
| 174          | FRA0002                                   | Radiation Oncology   | Additional fraction for 2D External Beam Radiotherapy | MR001D                | 18                                    | 500                      |                |



| S. No | Implant / High End Consumable Code | Specialty          | Implant Name                                                                  | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------|-------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 175   | FRA0003                            | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT | MR005D         | 10                             | 1000              |         |
| 176   | FRA0004                            | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy 3D CRT | MR004D         | 18                             | 1000              |         |
| 177   | FRA0005                            | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT   | MR006D         | 15                             | 2000              |         |

| S. No | Implant / High End Consumable Code | Specialty          | Implant Name                                                                                   | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------|------------------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 178   | FRA0006                            | Radiation Oncology | Additional Fraction for Linear Accelerator, External Beam Radiotherapy IMRT                    | MR007D         | 18                             | 2000              |         |
| 179   | FRA0007                            | Radiation Oncology | Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT | MR008D         | 15                             | 2500              |         |
| 180   | FRA0008                            | Radiation Oncology | Additional Fraction for Linear Accelerator External Beam Radiotherapy IGRT with 3D CRT or IMRT | MR009D         | 18                             | 2500              |         |

| S. No | Implant / High End Consumable Code | Specialty          | Implant Name                                                                      | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------|-----------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 181   | FRA0009                            | Radiation Oncology | Additional Fraction for SRT/ SBRT with IGRT                                       | MR010B         | 4                              | 11000             |         |
| 182   | FRA0010                            | Radiation Oncology | Additional Fraction for Respiratory Gating along with Linear Accelerator planning | MR012B         | 10                             | 3500              |         |
| 183   | FRA0011                            | Radiation Oncology | Additional Fraction for Brachytherapy High Dose Radiation                         | MR014C         | 15                             | 1250              |         |
| 184   | IMP0007                            | Cardiology         | PDA Device                                                                        | MC009A         | 1                              | 30000             |         |
| 185   | IMP0008                            | Cardiology         | Peripheral Stent - Bare Metal                                                     | MC017A         | 1                              | 21000             |         |

| S. No | Implant / High End Consumable Code | Specialty | Implant Name      | Procedure Code                                                                                                                                                                                                                                                                                                      | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 186   | IMP0011                            | CTVS      | PTFE Patch - Thin | SV001E,<br>SV002A,<br>SV002B,<br>SV002C,<br>SV002D,<br>SV002E, SV002F,<br>SV002G,<br>SV002H, SV002I,<br>SV002J, SV002K,<br>SV002L,<br>SV002M,<br>SV002N,<br>SV002O,<br>SV003A,<br>SV003B,<br>SV003C,<br>SV003D,<br>SV003E, SV003F,<br>SV003G,<br>SV003H, SV003I,<br>SV003J, SV003K,<br>SV003L,<br>SV003M,<br>SV003N | 1                              | 30000             |         |

| S. No | Implant / High End Consumable Code | Specialty       | Implant Name                                                              | Procedure Code                                                        | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 187   | IMP0027                            | ENT             | Implant for Open laryngeal framework surgery / Thyroplasty (Keel / Stent) | SL025A                                                                | 1                              | 15000             |         |
| 188   | IMP0034                            | General Surgery | Haemorroid Stapler                                                        | SG032B                                                                | 1                              | 17000             |         |
| 189   | IMP0036                            | General Surgery | Mesh - 6 X 3 - Polypropylene (for laproscopic)                            | SG050B, SG050D, SV029A                                                | 1                              | 1500              |         |
| 190   | IMP0037                            | General Surgery | Mesh - 15 X 15                                                            | SG050C,SG052A, SG051A, SG051B, SG051C, SG051D, SO025A, SO025B, SG050E | 1                              | 2000              |         |
| 191   | IMP0048                            | Ophthalmology   | Silicon Tube / Silicon stent                                              | SE010A, SE010C                                                        | 1                              | 2000              |         |
| 192   | IMP0055                            | Urology         | DJ Stent                                                                  | SU016A, SU033A                                                        | 1                              | 200               |         |

| S. No | Implant / High End Consumable Code | Specialty   | Implant Name                                                              | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------|---------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 193   | IMP0063                            | Orthopedics | Proximal Femoral Nail                                                     | SB019C         | 1                              | 8000              |         |
| 194   | IMP0065                            | Orthopedics | Implant for "Fracture - Acetabulum - Single Approach" - Recon Plate (2)   | SB018A         | 1                              | 10000             |         |
| 195   | IMP0066                            | Orthopedics | Implant for "Fracture - Acetabulum - Combined Approach" - Recon Plate (3) | SB018B         | 1                              | 15000             |         |
| 196   | IMP0095                            | Orthopedics | IM Nail for CR&F - Diaphyseal fracture - Long Bone                        | SB010B         | 1                              | 7000              |         |
| 197   | IMP0096                            | Orthopedics | Plate for Comminuted Fracture - Olecranon of Ulna                         | SB011A         | 1                              | 8000              |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                                                      | Procedure Code        | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------|-----------------------|--------------------------------|-------------------|---------|
| 198   | IMP01016                           | Interventional radiology | High Pressure large Balloon                                                       | IN026C,IN026D,I N026E | 1                              | 18800             |         |
| 199   | IMP0103                            | Orthopedics              | Implant for Fracture Condyle - Humerus - ORIF                                     | SB015A, SB015B        | 1                              | 1500              |         |
| 200   | IMP0105                            | Orthopedics              | Implant for Limb Lengthening / Bone Transport by Ilizarov                         | SB059A                | 1                              | 12000             |         |
| 201   | IMP0106                            | Orthopedics              | Implant for Ilizarov fixation                                                     | SB058A                | 1                              | 12000             |         |
| 202   | IMP0111                            | Orthopedics              | Implant for Fracture intercondylar Humerus + olecranon osteotomy (TBW + 2 Plates) | SB016A                | 1                              | 11000             |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                        | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|-----------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 203   | IMP0123                            | Orthopedics              | Implant for Growth Modulation & Fixation (Plate)    | SB060A         | 6                              | 5000              |         |
| 204   | IMP0128                            | Orthopedics              | JESS Fixator                                        | SB063A, SB005A | 1                              | 7000              |         |
| 205   | IMP0135                            | Neurosurgery             | Implant for Laminectomy with Fusion and fixation    | SN034B         | 1                              | 10000             |         |
| 206   | IMP0137                            | Neurosurgery             | Implant for Spine - Extradural Tumour with fixation | SN041B         | 1                              | 30000             |         |
| 207   | IMP0447                            | Interventional radiology | PICC line                                           | IN011A         | 1                              | 8000              |         |
| 208   | IMP0448                            | Interventional radiology | Chemoport                                           | IN012A         | 1                              | 18000             |         |
| 209   | IMP0473                            | Interventional radiology | below knee Balloon                                  | IN027A         | 1                              | 23600             |         |
| 210   | IMP0479                            | Interventional Radiology | Retrieval kit                                       | IN034C         | 1                              | 30000             |         |



| S. No | Implant / High End Consumable Code | Specialty                    | Implant Name                         | Procedure Code                                                                 | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|------------------------------|--------------------------------------|--------------------------------------------------------------------------------|--------------------------------|-------------------|---------|
| 211   | IMP0485                            | Interventional radiology     | LABS set                             | IN059A                                                                         | 1                              | 30000             |         |
| 212   | IMP0588                            | Interventional radiology     | VABB gun                             | IN070A                                                                         | 1                              | 15000             |         |
| 213   | IMP0511                            | Oral & Maxillofacial Surgery | implant for fracture of jaw-Titanium | SM004B                                                                         | 1                              | 8000              |         |
| 214   | IMP0517                            | Polytrauma                   | Tendon rod                           | ST009A                                                                         | 1                              | 7000              |         |
| 215   | IMP0518                            | CTVS                         | PTFE Graft - Thin                    | SV001A                                                                         | 1                              | 30000             |         |
| 216   | IMP0531                            | High end procedures          | Pig tail drainage Catheter           | HP005A, HP006A                                                                 | 1                              | 1500              |         |
| 217   | IMP0459                            | Interventional radiology     | Microcatheter                        | IN016A, IN017B, IN018B, IN019B, IN020B, IN021A, IN061A, IN061B, IN075A         | 1                              | 19000             |         |
| 218   | IMP0551                            | Interventional radiology     | Coils                                | IN018A, IN016A, IN018B, IN020A, IN020B, IN022A, IN063A, IN064A, IN065A, IN075A | 4                              | 7900              |         |

| S. No | Implant / High End Consumable Code | Specialty                     | Implant Name                                                                | Procedure Code  | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------------------------|-----------------------------------------------------------------------------|-----------------|--------------------------------|-------------------|---------|
| 219   | IMP0568                            | Interventional radiology      | Permcath                                                                    | IN009A          | 1                              | 18000             |         |
| 220   | IMP0814                            | Interventional radiology      | Vertebroplasty kit including cement                                         | IN068A          | 1                              | 22000             |         |
| 221   | IMP1013                            | Interventional Neuroradiology | one balloon, guide catheter, micro-catheter, micro-guidewire, general items | IN001B          | 1                              | 11000             |         |
| 222   | IMP0505                            | Orthopedics                   | Implant Cost                                                                | SB012C          | 1                              | 10000             |         |
| 223   | FRA0019                            | High End Medicine             | Piperacillin-Tazobactem - 4.5gm 66.52. 4.5gm TDS per day dose               | HM019A          | 10                             | 300               |         |
| 224   | IMP518                             | General Medicine              | Blood Transfusion                                                           | MG074A, MG074 B | 4                              | 2300              |         |

| S. No | Implant / High End Consumable Code | Specialty         | Implant Name                                                             | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks                               |
|-------|------------------------------------|-------------------|--------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------------------------------------|
| 225   | FRA0022                            | High End Medicine | IVIg - 2000 per GM @ 2 GM/Per Kg body weight. Almost 20 GM in adult dose | HM007A         | 100                            | 2000              | 2gm /Kg body weight ( price per gram) |
| 226   | FRA0014                            | High End Medicine | Ivlg for ITP - 2gm /Kg body weight ( price per gram)                     | HM010A         | 240                            | 2000              | 2gm/ Kg body weight                   |
| 227   | FRA0012                            | High End Medicine | Ivlg ( for Kawasaki Disease) -2 gm/Kg body wt/day ( price per gram)      | HM008A         | 240                            | 2000              | 2gm/Kg body wt/day ( price per gram)  |
| 228   | FRA0013                            | High End Medicine | Ivlg for GB Syndrome - 2gm /Kg body weight ( price per gram)             | HM009A         | 240                            | 2000              | 2gm /Kg body weight ( price per gram) |

| S. No | Implant / High End Consumable Code | Specialty       | Implant Name                                                                                | Procedure Code         | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-----------------|---------------------------------------------------------------------------------------------|------------------------|--------------------------------|-------------------|---------|
| 229   | IMP0080                            | Neurosurgery    | Implant for "Transoral surgery (Anterior) and CV Junction (Posterior Sterlization)"         | SN019A                 | 1                              | 3000              |         |
| 230   | IMP0081                            | Polytrauma      | Implant for "One fracture of long bone (with implants)"                                     | ST004A                 | 1                              | 5000              |         |
| 231   | IMP0082                            | Plastic Surgery | Tissue Expander / Implant for disfigurement following burns / trauma / congenital deformity | SP006A, SP006B, SP006C | 1                              | 0                 |         |

| S. No | Implant / High End Consumable Code | Specialty               | Implant Name                                                                  | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|-------------------------|-------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 232   | IMP0211                            | Cardiology              | Implant for "Embolization - Arteriovenous Malformation (AVM) in the Limbs"    | MC021A         | 1                              | 0                 |         |
| 233   | IMP0811                            | Orthopedics             | Implant for Tension Band Wiring (Wire)                                        | SB030A         | 1                              | 2000              |         |
| 234   | IMP0038                            | Obstetrics & Gynecology | Sling                                                                         | SO013A         | 1                              | 5000              |         |
| 235   | IMP0041                            | Ophthalmology           | Implant for "Enucleation" (Conformers + Plastic / silicon ball type implant)  | SE035B         | 1                              | 1000              |         |
| 236   | IMP0042                            | Ophthalmology           | Implant for "Evisceration" (Conformers + Plastic / silicon ball type implant) | SE036A         | 1                              | 1000              |         |
| 237   | IMP0044                            | Ophthalmology           | IoL                                                                           | SE024A         | 1                              | 3000              |         |

| S. No | Implant / High End Consumable Code | Specialty     | Implant Name                                                                        | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|---------------|-------------------------------------------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 238   | IMP0045                            | Ophthalmology | Glue for Scleral fixated IOL                                                        | SE023A         | 1                              | 3000              |         |
| 239   | IMP0051                            | Ophthalmology | Tissue graft - Cornea / Sclera                                                      | SE019A         | 1                              | 3000              |         |
| 240   | IMP0052                            | Ophthalmology | Tissue graft-amniotic membrane                                                      | SE009A         | 1                              | 0                 |         |
| 241   | IMP0053                            | Urology       | BIS standard sling for women                                                        | SU062A         | 1                              | 5000              |         |
| 242   | IMP0054                            | Urology       | Penile Prosthesis - Malleable - Indian Implant                                      | SU085A         | 1                              | 0                 |         |
| 243   | IMP0060                            | Orthopedics   | Cannulated Screws for Closed Reduction and Percutaneous Screw Fixation (neck femur) | SB019A         | 1                              | 5000              |         |
| 244   | IMP0061                            | Orthopedics   | Dynamic Hip Screw for Intertrochanteric Fracture                                    | SB019B         | 1                              | 5000              |         |

| S. No | Implant / High End Consumable Code | Specialty                | Implant Name                                    | Procedure Code | Maximum Permissible Multiplier | NHIS Implant Cost | Remarks |
|-------|------------------------------------|--------------------------|-------------------------------------------------|----------------|--------------------------------|-------------------|---------|
| 245   | IMP0116                            | Orthopedics              | Implant for Unipolar Hemiarthroplasty           | SB031A         | 1                              | 3000              |         |
| 246   | IMP0129                            | Orthopedics              | Implant for Displaced Clavicle Fracture (Plate) | SB017A         | 1                              | 3000              |         |
| 247   | IMP0500                            | Orthopedics              | Pin Cost                                        | SB002A         | 1                              | 300               |         |
| 248   | IMP0581                            | Interventional radiology | Gastrostomy set                                 | IN060A         | 1                              | 4000              |         |
| 249   | IMP0807                            | General Medicine         | Peritoneal dialysis - consumables               | MG072B         | 1                              | 1000              |         |
| 250   | IMP1011                            | General Surgery          | Mesh - 6 X 3 - Polypropylene (for Open)         | SG050A         | 1                              | 800               |         |

### Stratification Master

| S. No | Stratification Code | Stratification Options   | Rule | Stratification Code | Procedure | Stratification Details | Stratification Options   | Override Procedure Price |
|-------|---------------------|--------------------------|------|---------------------|-----------|------------------------|--------------------------|--------------------------|
| 1     | STRAT444            | For foreign body removal | a    | STRAT444a           | MG096B    | Procedure category     | For foreign body removal | None                     |
| 2     | STRAT444            | Video Bronchoscopy       | b    | STRAT444b           | MG096B    | Procedure category     | Video Bronchoscopy       | 9300                     |
| 3     | STRAT555            | Whole body               | a    | STRAT555a           | MG098A    | Testing Strategy       | Whole body               | 23600                    |
| 4     | STRAT555            | Brain                    | b    | STRAT555b           | MG098A    | Testing Strategy       | Brain                    | 16900                    |
| 5     | STRAT555            | Gallium 68 Peptide       | c    | STRAT555c           | MG098A    | Testing Strategy       | Gallium 68 Peptide       | 17000                    |
| 6     | STRAT555            | Cardiac                  | d    | STRAT555d           | MG098A    | Testing Strategy       | Cardiac                  | 1700                     |
| 7     | STRAT017            | Routine Ward             | a    | STRAT017a           | MN001A    | Bed Category           | Routine Ward             | 1150                     |
| 8     | STRAT018            | SNCU / NICU              | a    | STRAT018a           | MN002A    | Bed Category           | SNCU / NICU              | 4600                     |
| 9     | STRAT019            | SNCU / NICU              | a    | STRAT019a           | MN003A    | Bed Category           | SNCU / NICU              | 6900                     |
| 10    | STRAT020            | SNCU / NICU              | a    | STRAT020a           | MN004A    | Bed Category           | SNCU / NICU              | 8900                     |
| 11    | STRAT021            | SNCU / NICU              | a    | STRAT021a           | MN005A    | Bed Category           | SNCU / NICU              | 11250                    |
| 12    | STRAT013            | Repair                   | a    | STRAT013a           | SV006A    | Aortic Valve           | Repair                   | None                     |
| 13    | STRAT013            | Replacement              | b    | STRAT013b           | SV006A    | Aortic Valve           | Replacement              | None                     |
| 14    | STRAT014            | Repair                   | a    | STRAT014a           | SV006A    | Mitral Valve           | Repair                   | None                     |
| 15    | STRAT014            | Replacement              | b    | STRAT014b           | SV006A    | Mitral Valve           | Replacement              | None                     |
| 16    | STRAT015            | Repair                   | a    | STRAT015a           | SV006A    | Tricuspid Valve        | Repair                   | None                     |
| 17    | STRAT015            | Replacement              | b    | STRAT015b           | SV006A    | Tricuspid Valve        | Replacement              | None                     |
| 18    | STRAT007            | Non - Infective          | a    | STRAT007a           | SV024A    | Etiology               | Non - Infective          | None                     |
| 19    | STRAT007            | Infective                | b    | STRAT007b           | SV024A    | Etiology               | Infective                | "+" 13000                |
| 20    | STRAT008            | Unilateral               | a    | STRAT008a           | SU001A    | Number                 | Unilateral               | None                     |
| 21    | STRAT008            | Bilateral                | b    | STRAT008b           | SU001A    | Number                 | Bilateral                | "+" 5000                 |



| S. No | Stratification Code | Stratification Options    | Rule | Stratification Code | Procedure | Stratification Details | Stratification Options    | Override Procedure Price |
|-------|---------------------|---------------------------|------|---------------------|-----------|------------------------|---------------------------|--------------------------|
| 22    | STRAT010            | Unilateral                | a    | STRAT010a           | SU030A    | Number                 | Unilateral                | None                     |
| 23    | STRAT010            | Bilateral                 | b    | STRAT010b           | SU030A    | Number                 | Bilateral                 | "+" 13000                |
| 24    | STRAT011            | Unilateral                | a    | STRAT011a           | SU014A    | Number                 | Unilateral                | None                     |
| 25    | STRAT011            | Bilateral                 | b    | STRAT011b           | SU014A    | Number                 | Bilateral                 | "+" 15075                |
| 26    | STRAT001            | Local Anesthesia          | a    | STRAT001a           | SL009A    | Anesthesia             | Local Anesthesia          | None                     |
| 27    | STRAT001            | General Anesthesia        | b    | STRAT001b           | SL009A    | Anesthesia             | General Anesthesia        | "+" 5000                 |
| 28    | STRAT028            | Local Anesthesia          | a    | STRAT028a           | SL026A    | Anesthesia             | Local Anesthesia          | None                     |
| 29    | STRAT028            | General Anesthesia        | b    | STRAT028b           | SL026A    | Anesthesia             | General Anesthesia        | "+" 10000                |
| 30    | STRAT004            | Local Anesthesia          | a    | STRAT004a           | SG033A    | Anesthesia             | Local Anesthesia          | None                     |
| 31    | STRAT004            | General Anesthesia        | b    | STRAT004b           | SG033A    | Anesthesia             | General Anesthesia        | "+" 8500                 |
| 32    | STRAT005            | Local Anesthesia          | a    | STRAT005a           | SG098A    | Anesthesia             | Local Anesthesia          | None                     |
| 33    | STRAT005            | General Anesthesia        | b    | STRAT005b           | SG098A    | Anesthesia             | General Anesthesia        | "+" 3000                 |
| 34    | STRAT777            | No. of screws 8 to 10     | a    | STRAT777a           | SB054A    | Procedure category     | No. of screws 8 to 10     | None                     |
| 35    | STRAT777            | No. of screws morethan 10 | b    | STRAT777b           | SB054A    | Procedure category     | No. of screws morethan 10 | "+" 12500                |
| 36    | STRAT009            | Single                    | a    | STRAT009a           | SL034A    | Number                 | Single                    | None                     |
| 37    | STRAT009            | Multiple                  | b    | STRAT009b           | SL034A    | Number                 | Multiple                  | "+" 7000                 |
| 38    | STRAT012            | Single                    | a    | STRAT012a           | SN011A    | Number                 | Single                    | None                     |
| 39    | STRAT012            | Multiple                  | b    | STRAT012b           | SN011A    | Number                 | Multiple                  | "+" 10000                |
| 40    | STRAT089            | Routine ward              | a    | STRAT089a           | SU073A    | Surgical Category      | Routine ward              | 3200                     |
| 41    | STRAT889            | Routine Ward              | a    | STRAT889a           | SU064A    | Bed Category           | Routine Ward              | 2700                     |
| 42    | STRAT025            | Routine Ward              | a    | STRAT025a           | ST001B    | Bed Category           | Routine Ward              | 6300                     |
| 43    | STRAT026            | Routine Ward              | a    | STRAT026a           | #N/A      | Bed Category           | Routine Ward              | 2300                     |

| S. No | Stratification Code | Stratification Options  | Rule | Stratification Code | Procedure | Stratification Details                                     | Stratification Options   | Override Procedure Price |
|-------|---------------------|-------------------------|------|---------------------|-----------|------------------------------------------------------------|--------------------------|--------------------------|
| 44    | STRAT990            | Surgical Category       | a    | STRAT990a           | OT001C    | Bannff typell, III, Bannff typeAntibody mediated rejection | Surgical Category        | 50000                    |
| 45    | STRAT002            | Local Anesthesia        | a    | STRAT002a           | ST009A    | Anesthesia                                                 | Local Anesthesia         | None                     |
| 46    | STRAT002            | General Anesthesia      | b    | STRAT002b           | ST009A    | Anesthesia                                                 | General Anesthesia       | "+" 6000                 |
| 47    | STRAT003            | Local Anesthesia        | a    | STRAT003a           | SL010A    | Anesthesia                                                 | Local Anesthesia         | None                     |
| 48    | STRAT003            | General Anesthesia      | b    | STRAT003b           | SL010A    | Anesthesia                                                 | General Anesthesia       | "+" 4000                 |
| 49    | STRAT027            | Single                  | a    | STRAT027a           | SN031A    | Number                                                     | Single                   | None                     |
| 50    | STRAT027            | Multiple                | b    | STRAT027b           | SN031A    | Number                                                     | Multiple                 | "+" 5000                 |
| 51    | STRAT006            | Routine Ward            | a    | STRAT006a           | MG001A    | Bed Category                                               | Routine Ward             | 2300                     |
| 52    | STRAT006            | HDU                     | b    | STRAT006b           | MG001A    | Bed Category                                               | HDU                      | 3000                     |
| 53    | STRAT006            | ICU - Without Ventilato | c    | STRAT006c           | MG001A    | Bed Category                                               | ICU - Without Ventilator | 4000                     |
| 54    | STRAT006            | ICU - With Ventilator   | d    | STRAT006cd          | MG001A    | Bed Category                                               | ICU - With Ventilator    | 10350                    |
| 55    | STRAT885            | Routine Ward            | a    | STRAT885a           | MN011A    | Medicine category                                          | Routine Ward             | 900                      |
| 56    | STRAT882            | Nerve Repair            | a    | STRAT882a           | ST009A    | Surgical Category                                          | Nerve Repair             | 7500                     |
| 57    | STRAT883            | Tendon Repair           | a    | STRAT883a           | ST009A    | Surgical category                                          | Tendon Repair            | 4500                     |
| 58    | STRAT888            | Medicine category       | a    | STRAT888a           | HM005A    | Medicine category                                          | 5000 units               | 700                      |
| 59    | STRAT888            | Medicine category       | b    | STRAT888b           | HM005A    | Medicine category                                          | 10000 units              | 1000                     |
| 60    | STRAT016            | Routine Ward            | a    | STRAT016a           | MM001A    | Bed Category                                               | Routine Ward             | 2300                     |
| 61    | STRAT016            | HDU                     | b    | STRAT016b           | MM001A    | Bed Category                                               | HDU                      | 3000                     |
| 62    | STRAT884            | Closed reduction        | a    | STRAT884a           | SL033A    | Surgical category                                          | Closed reduction         | None                     |
| 63    | STRAT884            | Frature                 | b    | STRAT884b           | SL033A    | Surgical category                                          | Frature                  | 15000                    |

| S. No | Stratification Code | Stratification Options | Rule | Stratification Code | Procedure | Stratification Details | Stratification Options | Override Procedure Price |
|-------|---------------------|------------------------|------|---------------------|-----------|------------------------|------------------------|--------------------------|
| 64    | STRAT022            | SNCU / NICU            | a    | STRAT022a           | MN006A    | Bed Category           | SNCU / NICU            | 5000                     |
| 65    | STRAT024            | Routine Ward           | a    | STRAT024a           | ST001A    | Bed Category           | Routine Ward           | 1300                     |
| 66    | STRAT991            | Diagnostic             | a    | STRAT991a           | MG075A    | CT-Plain               | CT-Plain               | 2000                     |
| 67    | STRAT991            | Diagnostic             | a    | STRAT991b           | MG075A    | CT-Contrast            | CT-Contrast            | 3000                     |
| 68    | STRAT991            | Diagnostic             | a    | STRAT991c           | MG075A    | MRI-Plain              | MRI-Plain              | 4000                     |
| 69    | STRAT991            | Diagnostic             | a    | STRAT991d           | MG075A    | MRI-Contrast           | MRI-Contrast           | 8000                     |
| 70    | STRAT991            | Diagnostic             | a    | STRAT991e           | MG075A    | Nuclear Imaging        | Nuclear Imaging        | 10000                    |

| Stratification Vs Procedure |                |                     |
|-----------------------------|----------------|---------------------|
| S.No                        | Procedure Code | Stratification Code |
| 1                           | ST009A         | STRAT002            |
| 2                           | ST009B         | STRAT002            |
| 3                           | ST010A         | STRAT002            |
| 4                           | SV006A         | STRAT013            |
| 5                           | SV006A         | STRAT014            |
| 6                           | SV006A         | STRAT015            |
| 7                           | SV007A         | STRAT013            |
| 8                           | SV007A         | STRAT014            |
| 9                           | SV007A         | STRAT015            |
| 10                          | SV031E         | STRAT013            |
| 11                          | SV031E         | STRAT014            |
| 12                          | SV031E         | STRAT015            |
| 13                          | SV031F         | STRAT013            |
| 14                          | SV031F         | STRAT014            |
| 15                          | SV031F         | STRAT015            |
| 16                          | ST009A         | STRAT882            |
| 17                          | ST009A         | STRAT883            |
| 18                          | ST009B         | STRAT882            |
| 19                          | ST009B         | STRAT883            |
| 20                          | ST010A         | STRAT882            |
| 21                          | ST010A         | STRAT883            |
| 22                          | SL009A         | STRAT001            |
| 23                          | SL010A         | STRAT003            |
| 24                          | SM009A         | STRAT001            |
| 25                          | SM010A         | STRAT003            |
| 26                          | SM012B         | STRAT003            |
| 27                          | SL026A         | STRAT028            |
| 28                          | SL026B         | STRAT028            |
| 29                          | SN011A         | STRAT012            |
| 30                          | SU073A         | STRAT089            |
| 31                          | ST001A         | STRAT024            |
| 32                          | ST001B         | STRAT025            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 33   | SU064A         | STRAT889            |
| 34   | SG098A         | STRAT005            |
| 35   | MC020B         | STRAT005            |
| 36   | MG001A         | STRAT006            |
| 37   | MG002A         | STRAT006            |
| 38   | MG002B         | STRAT006            |
| 39   | MG003A         | STRAT006            |
| 40   | MG003B         | STRAT006            |
| 41   | MG004A         | STRAT006            |
| 42   | MG004B         | STRAT006            |
| 43   | MG004C         | STRAT006            |
| 44   | MG005A         | STRAT006            |
| 45   | MG006A         | STRAT006            |
| 46   | MG007A         | STRAT006            |
| 47   | MG008A         | STRAT006            |
| 48   | MG009A         | STRAT006            |
| 49   | MG009B         | STRAT006            |
| 50   | MG0101A        | STRAT006            |
| 51   | MG0102A        | STRAT006            |
| 52   | MG0103A        | STRAT006            |
| 53   | MG0104A        | STRAT006            |
| 54   | MG0109A        | STRAT006            |
| 55   | MG010A         | STRAT006            |
| 56   | MG010B         | STRAT006            |
| 57   | MG0110A        | STRAT006            |
| 58   | MG0111A        | STRAT006            |
| 59   | MG0112A        | STRAT006            |
| 60   | MG0113A        | STRAT006            |
| 61   | MG0113B        | STRAT006            |
| 62   | MG0113C        | STRAT006            |
| 63   | MG0113D        | STRAT006            |
| 64   | MG0113E        | STRAT006            |
| 65   | MG0113F        | STRAT006            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 66   | MG0114A        | STRAT006            |
| 67   | MG0115A        | STRAT006            |
| 68   | MG0116A        | STRAT006            |
| 69   | MG0116B        | STRAT006            |
| 70   | MG0117A        | STRAT006            |
| 71   | MG0118A        | STRAT006            |
| 72   | MG011A         | STRAT006            |
| 73   | MG012A         | STRAT006            |
| 74   | MG013A         | STRAT006            |
| 75   | MG014A         | STRAT006            |
| 76   | MG015A         | STRAT006            |
| 77   | MG016A         | STRAT006            |
| 78   | MG017A         | STRAT006            |
| 79   | MG018A         | STRAT006            |
| 80   | MG019A         | STRAT006            |
| 81   | MG020A         | STRAT006            |
| 82   | MG020B         | STRAT006            |
| 83   | MG021A         | STRAT006            |
| 84   | MG022A         | STRAT006            |
| 85   | MG023A         | STRAT006            |
| 86   | MG024A         | STRAT006            |
| 87   | MG025A         | STRAT006            |
| 88   | MG026A         | STRAT006            |
| 89   | MG027A         | STRAT006            |
| 90   | MG028A         | STRAT006            |
| 91   | MG029A         | STRAT006            |
| 92   | MG030A         | STRAT006            |
| 93   | MG031A         | STRAT006            |
| 94   | MG031B         | STRAT006            |
| 95   | MG032A         | STRAT006            |
| 96   | MG033A         | STRAT006            |
| 97   | MG033B         | STRAT006            |
| 98   | MG034A         | STRAT006            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 99   | MG035A         | STRAT006            |
| 100  | MG036A         | STRAT006            |
| 101  | MG037A         | STRAT006            |
| 102  | MG038A         | STRAT006            |
| 103  | MG039A         | STRAT006            |
| 104  | MG039B         | STRAT006            |
| 105  | MG040A         | STRAT006            |
| 106  | MG040B         | STRAT006            |
| 107  | MG040C         | STRAT006            |
| 108  | MG041A         | STRAT006            |
| 109  | MG041B         | STRAT006            |
| 110  | MG042A         | STRAT006            |
| 111  | MG043A         | STRAT006            |
| 112  | MG044A         | STRAT006            |
| 113  | MG045A         | STRAT006            |
| 114  | MG047A         | STRAT006            |
| 115  | MG049C         | STRAT006            |
| 116  | MG049D         | STRAT006            |
| 117  | MG050A         | STRAT006            |
| 118  | MG051A         | STRAT006            |
| 119  | MG052A         | STRAT006            |
| 120  | MG053A         | STRAT006            |
| 121  | MG054A         | STRAT006            |
| 122  | MG055A         | STRAT006            |
| 123  | MG056A         | STRAT006            |
| 124  | MG057A         | STRAT006            |
| 125  | MG058A         | STRAT006            |
| 126  | MG059A         | STRAT006            |
| 127  | MG060A         | STRAT006            |
| 128  | MG060B         | STRAT006            |
| 129  | MG060C         | STRAT006            |
| 130  | MG060D         | STRAT006            |
| 131  | MG060E         | STRAT006            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 132  | MG060F         | STRAT006            |
| 133  | MG061A         | STRAT006            |
| 134  | MG062A         | STRAT006            |
| 135  | MG063A         | STRAT006            |
| 136  | MG064A         | STRAT006            |
| 137  | MG065A         | STRAT006            |
| 138  | MG066A         | STRAT006            |
| 139  | MG067A         | STRAT006            |
| 140  | MG068A         | STRAT006            |
| 141  | MG070A         | STRAT006            |
| 142  | MG071A         | STRAT006            |
| 143  | MG071B         | STRAT006            |
| 144  | MG078A         | STRAT006            |
| 145  | MG079A         | STRAT006            |
| 146  | MG081A         | STRAT006            |
| 147  | MG081B         | STRAT006            |
| 148  | MG086A         | STRAT006            |
| 149  | MG086B         | STRAT006            |
| 150  | MG086C         | STRAT006            |
| 151  | MG087A         | STRAT006            |
| 152  | MG088A         | STRAT006            |
| 153  | MG089A         | STRAT006            |
| 154  | MG090A         | STRAT006            |
| 155  | MG090B         | STRAT006            |
| 156  | MG090C         | STRAT006            |
| 157  | MG091A         | STRAT006            |
| 158  | MG091B         | STRAT006            |
| 159  | MG092B         | STRAT006            |
| 160  | MG093A         | STRAT006            |
| 161  | MG094A         | STRAT006            |
| 162  | MG095A         | STRAT006            |
| 163  | MG096A         | STRAT006            |
| 164  | MP001A         | STRAT006            |



| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 165  | MP001D         | STRAT006            |
| 166  | MP002A         | STRAT006            |
| 167  | MP003A         | STRAT006            |
| 168  | MP003B         | STRAT006            |
| 169  | MP004A         | STRAT006            |
| 170  | MP005A         | STRAT006            |
| 171  | MP005B         | STRAT006            |
| 172  | MP005C         | STRAT006            |
| 173  | MP005D         | STRAT006            |
| 174  | MP005E         | STRAT006            |
| 175  | MP005G         | STRAT006            |
| 176  | MP006A         | STRAT006            |
| 177  | MP006B         | STRAT006            |
| 178  | MP006C         | STRAT006            |
| 179  | MP006D         | STRAT006            |
| 180  | MP006E         | STRAT006            |
| 181  | MP008A         | STRAT006            |
| 182  | MP009A         | STRAT006            |
| 183  | MP010A         | STRAT006            |
| 184  | MP011A         | STRAT006            |
| 185  | MP015A         | STRAT006            |
| 186  | MP016A         | STRAT006            |
| 187  | MP018A         | STRAT006            |
| 188  | MP020A         | STRAT006            |
| 189  | MP020B         | STRAT006            |
| 190  | MP021A         | STRAT006            |
| 191  | MP022A         | STRAT006            |
| 192  | MP023A         | STRAT006            |
| 193  | MP024A         | STRAT006            |
| 194  | MP025A         | STRAT006            |
| 195  | MP026A         | STRAT006            |
| 196  | MP027A         | STRAT006            |
| 197  | MP029A         | STRAT006            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 198  | MP030A         | STRAT006            |
| 199  | MP031A         | STRAT006            |
| 200  | MP032A         | STRAT006            |
| 201  | MP033A         | STRAT006            |
| 202  | MP034A         | STRAT006            |
| 203  | MP035A         | STRAT006            |
| 204  | MP036A         | STRAT006            |
| 205  | MP037A         | STRAT006            |
| 206  | MP038A         | STRAT006            |
| 207  | MP039A         | STRAT006            |
| 208  | MP040A         | STRAT006            |
| 209  | MP040B         | STRAT006            |
| 210  | MP041A         | STRAT006            |
| 211  | MP042A         | STRAT006            |
| 212  | MP043A         | STRAT006            |
| 213  | MP044A         | STRAT006            |
| 214  | MP046A         | STRAT006            |
| 215  | MP047A         | STRAT006            |
| 216  | MP048A         | STRAT006            |
| 217  | MP048B         | STRAT006            |
| 218  | MP026B         | STRAT006            |
| 219  | MP039B         | STRAT006            |
| 220  | MP041D         | STRAT006            |
| 221  | MP050A         | STRAT006            |
| 222  | MP051A         | STRAT006            |
| 223  | MM001A         | STRAT016            |
| 224  | MM002A         | STRAT016            |
| 225  | MM003A         | STRAT016            |
| 226  | MM004A         | STRAT016            |
| 227  | MM005A         | STRAT016            |
| 228  | MM006A         | STRAT016            |
| 229  | MM007A         | STRAT016            |
| 230  | MM010A         | STRAT016            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 231  | MM010B         | STRAT016            |
| 232  | MM010C         | STRAT016            |
| 233  | MM010D         | STRAT016            |
| 234  | MM010E         | STRAT016            |
| 235  | MM011A         | STRAT016            |
| 236  | MM011B         | STRAT016            |
| 237  | MM011C         | STRAT016            |
| 238  | MM011D         | STRAT016            |
| 239  | MM011E         | STRAT016            |
| 240  | MN001A         | STRAT017            |
| 241  | MN002A         | STRAT018            |
| 242  | MN003A         | STRAT019            |
| 243  | MN004A         | STRAT020            |
| 244  | MN005A         | STRAT021            |
| 245  | MN006A         | STRAT022            |
| 246  | PM009A         | STRAT006            |
| 247  | PM010A         | STRAT006            |
| 248  | PM011A         | STRAT006            |
| 249  | PM012A         | STRAT006            |
| 250  | PM013A         | STRAT006            |
| 251  | PM014A         | STRAT006            |
| 252  | PM015A         | STRAT006            |
| 253  | PM017A         | STRAT006            |
| 254  | PM019A         | STRAT006            |
| 255  | PM020A         | STRAT006            |
| 256  | PM021A         | STRAT006            |
| 257  | PM022A         | STRAT016            |
| 258  | PM024A         | STRAT006            |
| 259  | PM027A         | STRAT006            |
| 260  | PM028A         | STRAT016            |
| 261  | PM031A         | STRAT016            |
| 262  | PM034A         | STRAT006            |
| 263  | PM035A         | STRAT006            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 264  | PM037A         | STRAT006            |
| 265  | PM038A         | STRAT006            |
| 266  | PM039A         | STRAT006            |
| 267  | MG0119A        | STRAT030            |
| 268  | MG069A         | STRAT889            |
| 269  | PM036B         | STRAT006            |
| 270  | MN011A         | STRAT885            |
| 271  | MG096B         | STRAT444            |
| 272  | MG098A         | STRAT555            |
| 273  | SV024A         | STRAT007            |
| 274  | SU001A         | STRAT008            |
| 275  | SU001B         | STRAT008            |
| 276  | SU007A         | STRAT008            |
| 277  | SU088A         | STRAT008            |
| 278  | SU089A         | STRAT008            |
| 279  | SU089B         | STRAT008            |
| 280  | SU091A         | STRAT008            |
| 281  | SU030A         | STRAT010            |
| 282  | SU030B         | STRAT010            |
| 283  | SU014A         | STRAT011            |
| 284  | SU014B         | STRAT011            |
| 285  | SB006A         | STRAT001            |
| 286  | SG085A         | STRAT001            |
| 287  | SG085B         | STRAT001            |
| 288  | SG085C         | STRAT001            |
| 289  | SG086A         | STRAT001            |
| 290  | SL005A         | STRAT001            |
| 291  | SL005B         | STRAT001            |
| 292  | SL023B         | STRAT001            |
| 293  | SL023C         | STRAT001            |
| 294  | SL022B         | STRAT001            |
| 295  | SG033A         | STRAT004            |
| 296  | SB054A         | STRAT777            |

| S.No | Procedure Code | Stratification Code |
|------|----------------|---------------------|
| 297  | SB054B         | STRAT777            |
| 298  | SL034A         | STRAT009            |
| 299  | SL034B         | STRAT009            |
| 300  | SL034C         | STRAT009            |
| 301  | SG074A         | STRAT001            |
| 302  | SG084A         | STRAT001            |
| 303  | SL022A         | STRAT001            |
| 304  | SL023A         | STRAT001            |
| 305  | SN031A         | STRAT027            |
| 306  | OT001C         | STRAT990            |
| 307  | SN063A         | STRAT006            |
| 308  | SN063C         | STRAT006            |
| 309  | SN063B         | STRAT006            |
| 310  | SN063D         | STRAT006            |
| 311  | HM005A         | STRAT888            |
| 312  | ID003A         | STRAT006            |
| 313  | ID005A         | STRAT006            |
| 314  | SO052A         | STRAT889            |
| 315  | SO046A         | STRAT889            |
| 316  | SL033A         | STRAT884            |
| 317  | SL033B         | STRAT884            |
| 318  | SL033C         | STRAT884            |
| 319  | SL033D         | STRAT884            |

| Diagnostic Procedures |                                                                            |       |                                                                                                      |
|-----------------------|----------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------|
| S.No                  | PROCEDURE_DESCRIPTION                                                      | Rate  | Ordering Doctor                                                                                      |
| 1                     | DPU1039 : ANGIOGRAM -CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS       | 7500  |                                                                                                      |
| 2                     | DPU1040 : MRI ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS- | 7000  |                                                                                                      |
| 3                     | DPU1041 : CT ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS   | 6000  |                                                                                                      |
| 4                     | DPU1053 : CARDIAC THALLIUM SCAN                                            | 8000  |                                                                                                      |
| 5                     | DPU1054 : ALPHA FETO PROTEIN & BETA HCG ( EACH) /ESTRIOL/PAPP A            | 5000  |                                                                                                      |
| 6                     | DPU1057 : DIAGNOSTIC LAPROSCOPY                                            | 5000  |                                                                                                      |
| 7                     | DPU1058 : DIAGNOSTIC THORACOSCOPY                                          | 8000  |                                                                                                      |
| 8                     | DPU1059 : DIAGNOSTIC BRONCHOSCOPY                                          | 5000  |                                                                                                      |
| 9                     | DPU1066 : AORTOGRAM                                                        | 6500  |                                                                                                      |
| 10                    | DPU1071 : PET                                                              | 14000 | Oncologist/Super Specialist for All Malignancies and Non Malignant conditions with due justification |
| 11                    | DPU1071A : WHOLE BODY PET-CT - TO BE REFERRED BY CONCERNED SPECIALIST      | 14000 | Oncologist/Super Specialist for All Malignancies and Non Malignant conditions with due justification |
| 12                    | DPU1071B : BRAIN PET- CT - TO BE REFERRED BY CONCERNED SPECIALIST          | 10300 | Oncologist/Super Specialist for All Malignancies and Non Malignant conditions with due justification |
| 13                    | DPU1071C : CARDIAC PET- CT - TO BE REFERRED BY CONCERNED SPECIALIST        | 11450 | Oncologist/Super Specialist for All Malignancies and Non Malignant conditions with due justification |
| 14                    | DPU1071D : REGIONAL PARTS PET- CT - TO BE REFERRED BY CONCERNED SPECIALIST | 10300 | Oncologist/Super Specialist for All Malignancies and Non Malignant conditions with due justification |
| 15                    | DPU1071E : 18-F BONE PET - CT - TO BE REFERRED BY CONCERNED SPECIALIST     | 8000  | Oncologist/Super Specialist for All Malignancies and Non Malignant conditions with due justification |
| 16                    | DPU1075 : DONOR TISSUE MATCHING FOR TRANSPLANTS                            | 9000  |                                                                                                      |

| S.No | PROCEDURE_DESCRIPTION                                                                                                   | Rate  | Ordering Doctor           |
|------|-------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| 17   | DPU1075 B : DONOR TISSUE MATCHING FOR TRANSPLANTS - HHLA                                                                | 9000  |                           |
| 18   | DPU1076 : CAPSULE ENDOSCOPY                                                                                             | 25000 |                           |
| 19   | DPU1080 : BRAIN SPECT (GHA) GLUCOHEPTONATE UPTAKE STUDY                                                                 | 20000 |                           |
| 20   | DPU1081 : BRAIN SPECT (ECD)                                                                                             | 20000 |                           |
| 21   | DPU1082 : BRAIN SPECT (HMPAO) (HEXAMETHYLPROPYLENEAMINE OXIME)                                                          | 22500 |                           |
| 22   | DPU1090 : FLOW CYTOMETRY FOR HEMATOLOGICAL MALIGNACIES                                                                  | 18000 |                           |
| 23   | DPU1091 : Lymphangiography                                                                                              | 14920 |                           |
| 24   | DPU1092 : IVUS(Intravascular Ultrasound)- peripheral vessels                                                            | 36560 |                           |
| 25   | DPU1083 : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS                                                              | 16000 | Pathologist/ Pediatrician |
| 26   | DPU1083A : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - Single Gene                                               | 11000 | Pathologist/ Pediatrician |
| 27   | DPU1083C : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - Additional Family Member-Sanger Validation for 2 Variants | 7000  | Pathologist/ Pediatrician |
| 28   | DPU1083F : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - Microarray Rapidsure, Constitutional                      | 9000  | Pathologist/ Pediatrician |
| 29   | DPU1083G : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - Microarray Rapidsure, Deepdive (750k)                     | 12000 | Pathologist/ Pediatrician |
| 30   | DPU1083H : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - Congenital Adrenal Hyperplasia (Seq+MLPA)                 | 10000 | Pathologist/ Pediatrician |
| 31   | DPU1083I : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - MLPA Others                                               | 8000  | Pathologist/ Pediatrician |
| 32   | DPU1083J : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - Duchenne Muscular Dystrophy (dmd) By MLPA                 | 5000  | Pathologist/ Pediatrician |

| S.No | PROCEDURE_DESCRIPTION                                                                                      | Rate  | Ordering Doctor           |
|------|------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| 33   | DPU1083M : TARGETED SEQUENCING TEST - FOR GENETIC DISORDERS - Fragile X Syndrome                           | 5000  | Pathologist/ Pediatrician |
| 34   | DPU1084 : WHOLE EXOME SEQUENCING TEST - FOR GENETIC DISORDERS                                              | 20000 | Pathologist/ Pediatrician |
| 35   | DPU1084A : WHOLE EXOME SEQUENCING TEST - FOR GENETIC DISORDERS                                             | 13000 | Pathologist/ Pediatrician |
| 36   | DPU1084B : WHOLE EXOME SEQUENCING + Mitochondrial DNA SEQUENCING - FOR GENETIC DISORDERS                   | 15000 | Pathologist/ Pediatrician |
| 37   | DPU1085 : WHOLE GENOME SEQUENCING TEST - FOR GENETIC DISORDERS                                             | 80000 | Pathologist/ Pediatrician |
| 38   | DPU1085A : Whole genome sequencing- ~90 to 96 GB per samples including analysis                            | 80000 | Pathologist/ Pediatrician |
| 39   | DPU1085B : Whole genome sequencing- ~300 to 320 GB per samples including analysis                          | 80000 | Pathologist/ Pediatrician |
| 40   | DPU1086 : WHOLE MITOCHONDRIAL SEQUENCING TEST - FOR GENETIC DISORDERS                                      | 11000 | Pathologist/ Pediatrician |
| 41   | DPU1086A : Mitochondrial DNA Sequencing - For Genetic Disorders                                            | 6000  | Pathologist/ Pediatrician |
| 42   | DPU1087 : Carrier Analysis - For Genetic Disorders                                                         | 20000 | Pathologist/ Pediatrician |
| 43   | DPU1088 : PRENATAL GENETIC ANALYSIS - FOR GENETIC DISORDERS                                                | 20000 | Pathologist/ Pediatrician |
| 44   | DPU1088A : Prenatal Genetic Analysis - For Genetic Disorders - Comprehensive Non Invasive Prenatal Testing | 6000  | Pathologist/ Pediatrician |
| 45   | DPU1088E : Prenatal Genetic Analysis - For Genetic Disorders - Microarray (315K)                           | 9000  | Pathologist/ Pediatrician |
| 46   | DPU1088F : Prenatal Genetic Analysis - For Genetic Disorders - Chromosome 13, 18, 21, X & Y by FISH        | 5500  | Pathologist/ Pediatrician |
| 47   | DPU1088H : Prenatal Genetic Analysis - For Genetic Disorders - Sanger Sequencing for 2 variants            | 7000  | Pathologist/ Pediatrician |



| S.No | PROCEDURE_DESCRIPTION                                                                                                                                 | Rate  | Ordering Doctor                       |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------|
| 48   | DPU1088I : Prenatal Genetic Analysis - For Genetic Disorders - Microarray (315K) + Aneuploidy detection by QF-PCR + Maternal Cell Contamination (MCC) | 9000  | Pathologist/ Pediatrician             |
| 49   | DPU1089 : GENE PANEL FOR VARIOUS AILMENTS - FOR GENETIC DISORDERS                                                                                     | 11000 |                                       |
| 50   | DPU1089B : Gene Panel For Various Ailments - For Genetic Disorder - Clinical exome - 26MB(80-100x)                                                    | 11000 | Pathologist/ Pediatrician             |
| 51   | DPU1089C : Gene Panel For Various Ailments - For Genetic Disorder - Nephrotic syndrome gene panel                                                     | 11000 | Pathologist/ Pediatrician             |
| 52   | DPU1089D : Gene Panel For Various Ailments - For Genetic Disorder - Congenital hypothyroidism Panel                                                   | 11000 | Pathologist/ Pediatrician             |
| 53   | DPU1089E : Gene Panel For Various Ailments - For Genetic Disorder - Cancer gene panel - comprehensive                                                 | 13000 | Pathologist/ Pediatrician/ Oncologist |
| 54   | DPU1089F : Gene Panel For Various Ailments - For Genetic Disorder - Myopathies panel                                                                  | 13000 | Pathologist/ Pediatrician             |
| 55   | DPU1089H : Gene Panel For Various Ailments - For Genetic Disorder - Retinitis Pigmentosa gene panel                                                   | 11000 | Pathologist/ Pediatrician/ Oncologist |
| 56   | DPU1089I : Gene Panel For Various Ailments - For Genetic Disorder - Epilepsy/seizure gene panel                                                       | 11000 | Pathologist/ Pediatrician             |
| 57   | DPU1089J : Gene Panel For Various Ailments - For Genetic Disorder - Intellectual disability                                                           | 13000 | Pathologist/ Pediatrician             |
| 58   | DPU1089L : Gene Panel For Various Ailments - For Genetic Disorder - Skeletal dysplasia gene panel                                                     | 11000 | Pathologist/ Pediatrician             |
| 59   | DPU1089M : Gene Panel For Various Ailments - For Genetic Disorder - Combined immunodeficiency gene panel                                              | 13000 | Pathologist/ Pediatrician             |
| 60   | DPU1089N : Gene Panel For Various Ailments - For Genetic Disorder - Fatty acid oxidation disorders gene panel                                         | 11000 | Pathologist/ Pediatrician             |
| 61   | DPU1089O : Gene Panel For Various Ailments - For Genetic Disorder - Glycogen storage disorder gene panel                                              | 11000 | Pathologist/ Pediatrician             |
| 62   | DPU1091 : Lymphangiography                                                                                                                            | 25000 |                                       |

| S.No | PROCEDURE_DESCRIPTION                                                                 | Rate            | Ordering Doctor                                      |
|------|---------------------------------------------------------------------------------------|-----------------|------------------------------------------------------|
| 63   | DPU1092 : IVUS(Intravascular Ultrasound)- peripheral vessels                          | 36560           |                                                      |
| 64   | Immuno- histo chemistry (IHC)- Her2 expression in Breast cancer                       | 1000 Per Marker | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 65   | Immuno- histo chemistry (IHC)- N-myc for nueroblastoma                                | 1000 Per Marker | Pathologist/ Pediatrician/ Oncologist                |
| 66   | Immuno- histo chemistry (IHC)- Ewings sarcoma                                         | 1000 Per Marker | Pathologist/ Pediatrician/ Oncologist                |
| 67   | Immuno- histo chemistry (IHC)- Lymphoma Markers                                       | 1000 Per Marker | Pathologist/ Pediatrician/ Oncologist                |
| 68   | Immuno- histo chemistry (IHC)- Sarcoma gene expression                                | 1000 Per Marker | Pathologist/ Pediatrician/ Oncologist                |
| 69   | Immuno- histo chemistry (IHC)- Kidney cancer gene expression panel                    | 1000 Per Marker | Pathologist/ Pediatrician/ Oncologist                |
| 70   | Immuno- histo chemistry (IHC)- Hepatocellular Carcinoma gene expression               | 1000 Per Marker | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 71   | Flow cytometry analysis for Leukemia diagnosis                                        | 18000           | Pathologist/ Hematologist/ Medical Oncologist        |
| 72   | Flow cytometry for lymphocyte subset analysis                                         | 18000           | Pathologist/ Hematologist/ Medical Oncologist        |
| 73   | Qualitative and Quantitative analysis of BCR-ABL1 Fusion gene panel by QPCR           | 5000            | Pathologist/ Hematologist/ Medical Oncologist        |
| 74   | HPV Genotyping for Cervical Cancer (16 & 18)                                          | 5000            | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 75   | EGFR Mutation detection by Sanger Sequencing                                          | 10000           | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 76   | RAS mutation detection by Sanger Sequencing                                           | 5000            | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 77   | JAK2 mutation detection by Sanger Sequencing                                          | 7000            | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 78   | FLT3- ITD analysis                                                                    | 10000           | Pathologist/ Hematologist/ Medical Oncologist        |
| 79   | Acute leukemia gene translocation panel by QPCR                                       | 7000            | Pathologist/ Hematologist/ Medical Oncologist        |
| 80   | POLE mutation analysis by Sanger Sequencing                                           | 10000           | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 81   | ESR1 mutation analysis by Sanger Sequencing                                           | 10000           | Pathologist/ Medical Oncologist/ Surgical Oncologist |
| 82   | Beta thalassemia mutation analysis by Sanger Sequencing                               | 12000           | Pathologist/ Pediatrician/ Hematologist              |
| 83   | Alpha thalassemia mutation analysis by Sanger Sequencing                              | 12000           | Pathologist/ Pediatrician/ Hematologist              |
| 84   | Prenatal Genetic Analysis - For Genetic Disorders - Maternal Cell Contamination (MCC) | 5000            | Pathologist/ Pediatrician/ Hematologist              |
| 85   | NGS Acute leukemia gene panel analysis                                                | 15000           | Pathologist/ Medical Oncologist/ Surgical Oncologist |

| Implant Vs Procedure |              |                |
|----------------------|--------------|----------------|
| S.No                 | Implant Code | Procedure Code |
| 1                    | FRA0015      | HM012A         |
| 2                    | FRA0016      | HM013A         |
| 3                    | FRA0017      | HM017A         |
| 4                    | FRA0018      | HM018A         |
| 5                    | FRA0020      | HM020A         |
| 6                    | FRA0021      | HM021A         |
| 7                    | FRA0023      | HM011A         |
| 8                    | IMP0032      | SL034A         |
| 9                    | IMP0032      | SL034B         |
| 10                   | IMP0032      | SL034C         |
| 11                   | IMP0032      | ST002A         |
| 12                   | IMP0139      | SN042B         |
| 13                   | IMP0139      | SN043B         |
| 14                   | IMP0202      | SV006A         |
| 15                   | IMP0202      | SV031E         |
| 16                   | IMP0202      | SV010A         |
| 17                   | IMP0203      | SV006A         |
| 18                   | IMP0203      | SV031E         |
| 19                   | IMP0203      | SV010A         |
| 20                   | IMP0204      | SV006A         |
| 21                   | IMP0204      | SV031E         |
| 22                   | IMP0204      | SV010A         |
| 23                   | IMP0205      | SV006A         |
| 24                   | IMP0205      | SV031E         |
| 25                   | IMP0205      | SV010A         |
| 26                   | IMP0206      | SV007A         |
| 27                   | IMP0206      | SV031F         |
| 28                   | IMP0207      | SV007A         |
| 29                   | IMP0207      | SV031F         |
| 30                   | IMP0208      | SV007A         |
| 31                   | IMP0208      | SV031F         |
| 32                   | IMP0209      | SV007A         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 33   | IMP0209      | SV031F         |
| 34   | IMP0210      | SV007A         |
| 35   | IMP0210      | SV031F         |
| 36   | IMP0519      | SV010A         |
| 37   | IMP0519      | SV006A         |
| 38   | IMP0519      | SV031E         |
| 39   | IMP0541      | SB013A         |
| 40   | IMP0541      | SB014A         |
| 41   | IMP0541      | SB026B         |
| 42   | IMP0541      | SB026C         |
| 43   | IMP0540      | SB008A         |
| 44   | IMP0540      | ST007A         |
| 45   | IMP516       | MP041B         |
| 46   | IMP516       | MP041C         |
| 47   | IMP516       | MP041E         |
| 48   | IMP516       | MP041F         |
| 49   | IMP516       | MP041G         |
| 50   | IMP516       | MP041H         |
| 51   | IMP516       | MG0121A        |
| 52   | IMP516       | MG0121B        |
| 53   | IMP516       | MG0121C        |
| 54   | IMP516       | MG0121D        |
| 55   | IMP516       | MG0121E        |
| 56   | IMP516       | MG0121F        |
| 57   | IMP517       | MP041B         |
| 58   | IMP517       | MP041C         |
| 59   | IMP517       | MP041E         |
| 60   | IMP517       | MP041F         |
| 61   | IMP517       | MP041G         |
| 62   | IMP517       | MP041H         |
| 63   | IMP517       | MG0121A        |
| 64   | IMP517       | MG0121B        |
| 65   | IMP517       | MG0121C        |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 66   | IMP517       | MG0121D        |
| 67   | IMP517       | MG0121E        |
| 68   | IMP517       | MG0121F        |
| 69   | IMP0028      | SE032A         |
| 70   | IMP0049      | SE027C         |
| 71   | IMP0068      | SC040A         |
| 72   | IMP0071      | SC076A         |
| 73   | IMP0072      | SC076A         |
| 74   | IMP0073      | SC073A         |
| 75   | IMP0074      | SN002B         |
| 76   | IMP0075      | SN007B         |
| 77   | IMP0076      | SN023A         |
| 78   | IMP0077      | SN029A         |
| 79   | IMP0078      | SN032A         |
| 80   | IMP0080      | SN019A         |
| 81   | IMP0081      | ST004A         |
| 82   | IMP0082      | SP006A         |
| 83   | IMP0082      | SP006B         |
| 84   | IMP0082      | SP006C         |
| 85   | IMP0083      | SP004A         |
| 86   | IMP0108      | SB055A         |
| 87   | IMP0110      | SB049A         |
| 88   | IMP0110      | SB049B         |
| 89   | IMP0211      | MC021A         |
| 90   | IMP0499      | MC006A         |
| 91   | IMP0501      | SB036A         |
| 92   | IMP0502      | SB055B         |
| 93   | IMP0502      | SB056A         |
| 94   | IMP0502      | SB006A         |
| 95   | IMP0502      | SB029A         |
| 96   | IMP0504      | SB074A         |
| 97   | IMP0506      | SB015C         |
| 98   | IMP0509      | SG081A         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 99   | IMP0510      | SG082A         |
| 100  | IMP0513      | SN008A         |
| 101  | IMP0514      | SN036A         |
| 102  | IMP0532      | HD005A         |
| 103  | IMP0532      | HD008A         |
| 104  | IMP0534      | HD003A         |
| 105  | IMP1030      | SB010A         |
| 106  | IMP0539      | SB009A         |
| 107  | IMP01027     | SB031C         |
| 108  | IMP0545      | SB022B         |
| 109  | IMP0557      | SB036A         |
| 110  | IMP0589      | SB036A         |
| 111  | IMP0590      | SB056A         |
| 112  | IMP0536      | SB005A         |
| 113  | IMP0604      | SB005A         |
| 114  | IMP0605      | SB005A         |
| 115  | IMP0800      | SB005A         |
| 116  | IMP0801      | SB012A         |
| 117  | IMP0725      | SB038E         |
| 118  | IMP0808      | HD001A         |
| 119  | IMP0811      | SB030A         |
| 120  | IMP0812      | SB040A         |
| 121  | IMP0812      | SB041A         |
| 122  | IMP1005      | SB020A         |
| 123  | IMP1006      | SB020A         |
| 124  | IMP1007      | SB049A         |
| 125  | IMP1007      | SB049B         |
| 126  | IMP1012      | SN004A         |
| 127  | IMP0466      | IN024A         |
| 128  | IMP0466      | IN025A         |
| 129  | IMP0466      | IN034B         |
| 130  | FRA0001      | MR003D         |
| 131  | FRA0002      | MR001D         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 132  | FRA0003      | MR005D         |
| 133  | FRA0004      | MR004D         |
| 134  | FRA0005      | MR006D         |
| 135  | FRA0006      | MR007D         |
| 136  | FRA0007      | MR008D         |
| 137  | FRA0008      | MR009D         |
| 138  | FRA0009      | MR010B         |
| 139  | FRA0010      | MR012B         |
| 140  | FRA0011      | MR014C         |
| 141  | IMP0001      | MC007A         |
| 142  | IMP0002      | MC003A         |
| 143  | IMP0002      | MC003B         |
| 144  | IMP0002      | MC004A         |
| 145  | IMP0002      | MC004B         |
| 146  | IMP0003      | MC003A         |
| 147  | IMP0003      | MC003B         |
| 148  | IMP0003      | MC004A         |
| 149  | IMP0003      | MC004B         |
| 150  | IMP0004      | MC011A         |
| 151  | IMP0005      | MC011A         |
| 152  | IMP0006      | MC016A         |
| 153  | IMP0007      | MC009A         |
| 154  | IMP0008      | MC017A         |
| 155  | IMP0009      | MC015A         |
| 156  | IMP0010      | MC008A         |
| 157  | IMP0011      | SV001E         |
| 158  | IMP0011      | SV002A         |
| 159  | IMP0011      | SV002B         |
| 160  | IMP0011      | SV002C         |
| 161  | IMP0011      | SV002D         |
| 162  | IMP0011      | SV002E         |
| 163  | IMP0011      | SV002F         |
| 164  | IMP0011      | SV002G         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 165  | IMP0011      | SV002H         |
| 166  | IMP0011      | SV002I         |
| 167  | IMP0011      | SV002J         |
| 168  | IMP0011      | SV002K         |
| 169  | IMP0011      | SV002L         |
| 170  | IMP0011      | SV002M         |
| 171  | IMP0011      | SV002N         |
| 172  | IMP0011      | SV002O         |
| 173  | IMP0011      | SV003A         |
| 174  | IMP0011      | SV003B         |
| 175  | IMP0011      | SV003C         |
| 176  | IMP0011      | SV003D         |
| 177  | IMP0011      | SV003E         |
| 178  | IMP0011      | SV003F         |
| 179  | IMP0011      | SV003G         |
| 180  | IMP0011      | SV003H         |
| 181  | IMP0011      | SV003I         |
| 182  | IMP0011      | SV003J         |
| 183  | IMP0011      | SV003K         |
| 184  | IMP0011      | SV003L         |
| 185  | IMP0011      | SV003M         |
| 186  | IMP0011      | SV003N         |
| 187  | IMP0011      | SV003O         |
| 188  | IMP0011      | SV003P         |
| 189  | IMP0011      | SV003Q         |
| 190  | IMP0011      | SV003R         |
| 191  | IMP0011      | SV003S         |
| 192  | IMP0011      | SV003T         |
| 193  | IMP0011      | SV003U         |
| 194  | IMP0011      | SV003V         |
| 195  | IMP0011      | SV003W         |
| 196  | IMP0011      | SV003X         |
| 197  | IMP0011      | SV003Y         |



| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 198  | IMP0011      | SV031A         |
| 199  | IMP0011      | SV014E         |
| 200  | IMP0012      | SV015A         |
| 201  | IMP0012      | SV015B         |
| 202  | IMP0013      | SV014A         |
| 203  | IMP0013      | SV014B         |
| 204  | IMP0013      | SV014C         |
| 205  | IMP0013      | SV014D         |
| 206  | IMP0013      | SV014E         |
| 207  | IMP0014      | SV015A         |
| 208  | IMP0014      | SV015B         |
| 209  | IMP0015      | SV017A         |
| 210  | IMP0015      | SV017B         |
| 211  | IMP0015      | SV017C         |
| 212  | IMP0015      | SV017D         |
| 213  | IMP0031      | SV001G         |
| 214  | IMP0031      | SV016A         |
| 215  | IMP0031      | SV016B         |
| 216  | IMP0031      | SV016C         |
| 217  | IMP0031      | SV016D         |
| 218  | IMP0031      | SV014A         |
| 219  | IMP0031      | SV014B         |
| 220  | IMP0031      | SV014C         |
| 221  | IMP0031      | SV014D         |
| 222  | IMP0031      | SV014E         |
| 223  | IMP0031      | SV002A         |
| 224  | IMP0031      | SV003D         |
| 225  | IMP0017      | SV005A         |
| 226  | IMP0017      | SV005B         |
| 227  | IMP0017      | SV005C         |
| 228  | IMP0017      | SV002A         |
| 229  | IMP0017      | SV002B         |
| 230  | IMP0017      | SV002C         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 231  | IMP0017      | SV002D         |
| 232  | IMP0017      | SV002E         |
| 233  | IMP0017      | SV002F         |
| 234  | IMP0017      | SV002G         |
| 235  | IMP0017      | SV002H         |
| 236  | IMP0017      | SV002I         |
| 237  | IMP0017      | SV002J         |
| 238  | IMP0017      | SV002K         |
| 239  | IMP0017      | SV002L         |
| 240  | IMP0017      | SV002M         |
| 241  | IMP0017      | SV002N         |
| 242  | IMP0017      | SV002O         |
| 243  | IMP0017      | SV003A         |
| 244  | IMP0017      | SV003B         |
| 245  | IMP0017      | SV003C         |
| 246  | IMP0017      | SV003D         |
| 247  | IMP0017      | SV003E         |
| 248  | IMP0017      | SV003F         |
| 249  | IMP0017      | SV003G         |
| 250  | IMP0017      | SV003H         |
| 251  | IMP0017      | SV003I         |
| 252  | IMP0017      | SV003J         |
| 253  | IMP0017      | SV003K         |
| 254  | IMP0017      | SV003L         |
| 255  | IMP0017      | SV003M         |
| 256  | IMP0017      | SV003N         |
| 257  | IMP0017      | SV003O         |
| 258  | IMP0017      | SV003P         |
| 259  | IMP0017      | SV003Q         |
| 260  | IMP0017      | SV003R         |
| 261  | IMP0017      | SV003S         |
| 262  | IMP0017      | SV003T         |
| 263  | IMP0017      | SV003U         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 264  | IMP0017      | SV003V         |
| 265  | IMP0017      | SV003W         |
| 266  | IMP0017      | SV003X         |
| 267  | IMP0017      | SV003Y         |
| 268  | IMP0017      | SV031A         |
| 269  | IMP0017      | SV031B         |
| 270  | IMP0017      | SV031C         |
| 271  | IMP0017      | SV031D         |
| 272  | IMP0017      | SV014A         |
| 273  | IMP0017      | SV014B         |
| 274  | IMP0017      | SV014C         |
| 275  | IMP0017      | SV014D         |
| 276  | IMP0017      | SV014E         |
| 277  | IMP0017      | SV031E         |
| 278  | IMP0017      | SV031F         |
| 279  | IMP0018      | SV005A         |
| 280  | IMP0018      | SV005B         |
| 281  | IMP0018      | SV005C         |
| 282  | IMP0018      | SV002A         |
| 283  | IMP0018      | SV002B         |
| 284  | IMP0018      | SV002C         |
| 285  | IMP0018      | SV002D         |
| 286  | IMP0018      | SV002E         |
| 287  | IMP0018      | SV002F         |
| 288  | IMP0018      | SV002G         |
| 289  | IMP0018      | SV002H         |
| 290  | IMP0018      | SV002I         |
| 291  | IMP0018      | SV002J         |
| 292  | IMP0018      | SV002K         |
| 293  | IMP0018      | SV002L         |
| 294  | IMP0018      | SV002M         |
| 295  | IMP0018      | SV002N         |
| 296  | IMP0018      | SV002O         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 297  | IMP0018      | SV003A         |
| 298  | IMP0018      | SV003B         |
| 299  | IMP0018      | SV003C         |
| 300  | IMP0018      | SV003D         |
| 301  | IMP0018      | SV003E         |
| 302  | IMP0018      | SV003F         |
| 303  | IMP0018      | SV003G         |
| 304  | IMP0018      | SV003H         |
| 305  | IMP0018      | SV003I         |
| 306  | IMP0018      | SV003J         |
| 307  | IMP0018      | SV003K         |
| 308  | IMP0018      | SV003L         |
| 309  | IMP0018      | SV003M         |
| 310  | IMP0018      | SV003N         |
| 311  | IMP0018      | SV003O         |
| 312  | IMP0018      | SV003P         |
| 313  | IMP0018      | SV003Q         |
| 314  | IMP0018      | SV003R         |
| 315  | IMP0018      | SV003S         |
| 316  | IMP0018      | SV003T         |
| 317  | IMP0018      | SV003U         |
| 318  | IMP0018      | SV003V         |
| 319  | IMP0018      | SV003W         |
| 320  | IMP0018      | SV003X         |
| 321  | IMP0018      | SV003Y         |
| 322  | IMP0018      | SV031A         |
| 323  | IMP0018      | SV031B         |
| 324  | IMP0018      | SV031C         |
| 325  | IMP0018      | SV031D         |
| 326  | IMP0018      | SV014A         |
| 327  | IMP0018      | SV014B         |
| 328  | IMP0018      | SV014C         |
| 329  | IMP0018      | SV014D         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 330  | IMP0018      | SV014E         |
| 331  | IMP0019      | SV015A         |
| 332  | IMP0019      | SV015B         |
| 333  | IMP0020      | SV002A         |
| 334  | IMP0020      | SV002B         |
| 335  | IMP0020      | SV002C         |
| 336  | IMP0020      | SV002D         |
| 337  | IMP0020      | SV002E         |
| 338  | IMP0020      | SV002F         |
| 339  | IMP0020      | SV002G         |
| 340  | IMP0020      | SV002H         |
| 341  | IMP0020      | SV002I         |
| 342  | IMP0020      | SV002J         |
| 343  | IMP0020      | SV002K         |
| 344  | IMP0020      | SV002L         |
| 345  | IMP0020      | SV002M         |
| 346  | IMP0020      | SV002N         |
| 347  | IMP0020      | SV002O         |
| 348  | IMP0020      | SV003A         |
| 349  | IMP0020      | SV003B         |
| 350  | IMP0020      | SV003C         |
| 351  | IMP0020      | SV003D         |
| 352  | IMP0020      | SV003E         |
| 353  | IMP0020      | SV003F         |
| 354  | IMP0020      | SV003G         |
| 355  | IMP0020      | SV003H         |
| 356  | IMP0020      | SV003I         |
| 357  | IMP0020      | SV003J         |
| 358  | IMP0020      | SV003K         |
| 359  | IMP0020      | SV003L         |
| 360  | IMP0020      | SV003M         |
| 361  | IMP0020      | SV003N         |
| 362  | IMP0020      | SV003O         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 363  | IMP0020      | SV003P         |
| 364  | IMP0020      | SV003Q         |
| 365  | IMP0020      | SV003R         |
| 366  | IMP0020      | SV003S         |
| 367  | IMP0020      | SV003T         |
| 368  | IMP0020      | SV003U         |
| 369  | IMP0020      | SV003V         |
| 370  | IMP0020      | SV003W         |
| 371  | IMP0020      | SV003X         |
| 372  | IMP0020      | SV003Y         |
| 373  | IMP0020      | SV031A         |
| 374  | IMP0020      | SV014E         |
| 375  | IMP0022      | SV009A         |
| 376  | IMP0022      | SV031A         |
| 377  | IMP0022      | SV003A         |
| 378  | IMP0022      | SV003B         |
| 379  | IMP0022      | SV003C         |
| 380  | IMP0022      | SV003D         |
| 381  | IMP0022      | SV003E         |
| 382  | IMP0022      | SV003F         |
| 383  | IMP0022      | SV003G         |
| 384  | IMP0022      | SV003H         |
| 385  | IMP0022      | SV003I         |
| 386  | IMP0022      | SV003J         |
| 387  | IMP0022      | SV003K         |
| 388  | IMP0022      | SV003L         |
| 389  | IMP0022      | SV003M         |
| 390  | IMP0022      | SV003N         |
| 391  | IMP0022      | SV003O         |
| 392  | IMP0022      | SV003P         |
| 393  | IMP0022      | SV003Q         |
| 394  | IMP0022      | SV003R         |
| 395  | IMP0022      | SV003S         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 396  | IMP0022      | SV003T         |
| 397  | IMP0022      | SV003U         |
| 398  | IMP0022      | SV003V         |
| 399  | IMP0022      | SV003W         |
| 400  | IMP0022      | SV003X         |
| 401  | IMP0022      | SV003Y         |
| 402  | IMP0023      | SV005A         |
| 403  | IMP0023      | SV005B         |
| 404  | IMP0023      | SV005C         |
| 405  | IMP0023      | SV002A         |
| 406  | IMP0023      | SV002B         |
| 407  | IMP0023      | SV002C         |
| 408  | IMP0023      | SV002D         |
| 409  | IMP0023      | SV002E         |
| 410  | IMP0023      | SV002F         |
| 411  | IMP0023      | SV002G         |
| 412  | IMP0023      | SV002H         |
| 413  | IMP0023      | SV002I         |
| 414  | IMP0023      | SV002J         |
| 415  | IMP0023      | SV002K         |
| 416  | IMP0023      | SV002L         |
| 417  | IMP0023      | SV002M         |
| 418  | IMP0023      | SV002N         |
| 419  | IMP0023      | SV002O         |
| 420  | IMP0023      | SV003A         |
| 421  | IMP0023      | SV003B         |
| 422  | IMP0023      | SV003C         |
| 423  | IMP0023      | SV003D         |
| 424  | IMP0023      | SV003E         |
| 425  | IMP0023      | SV003F         |
| 426  | IMP0023      | SV003G         |
| 427  | IMP0023      | SV003H         |
| 428  | IMP0023      | SV003I         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 429  | IMP0023      | SV003J         |
| 430  | IMP0023      | SV003K         |
| 431  | IMP0023      | SV003L         |
| 432  | IMP0023      | SV003M         |
| 433  | IMP0023      | SV003N         |
| 434  | IMP0023      | SV003O         |
| 435  | IMP0023      | SV003P         |
| 436  | IMP0023      | SV003Q         |
| 437  | IMP0023      | SV003R         |
| 438  | IMP0023      | SV003S         |
| 439  | IMP0023      | SV003T         |
| 440  | IMP0023      | SV003U         |
| 441  | IMP0023      | SV003V         |
| 442  | IMP0023      | SV003W         |
| 443  | IMP0023      | SV003X         |
| 444  | IMP0023      | SV003Y         |
| 445  | IMP0023      | SV031A         |
| 446  | IMP0023      | SV031B         |
| 447  | IMP0023      | SV031C         |
| 448  | IMP0023      | SV031D         |
| 449  | IMP0023      | SV014A         |
| 450  | IMP0023      | SV014B         |
| 451  | IMP0023      | SV014C         |
| 452  | IMP0023      | SV014D         |
| 453  | IMP0023      | SV014E         |
| 454  | IMP0024      | SV005B         |
| 455  | IMP0024      | SV002A         |
| 456  | IMP0024      | SV002B         |
| 457  | IMP0024      | SV002C         |
| 458  | IMP0024      | SV002D         |
| 459  | IMP0024      | SV002E         |
| 460  | IMP0024      | SV002F         |
| 461  | IMP0024      | SV002G         |



| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 462  | IMP0024      | SV002H         |
| 463  | IMP0024      | SV002I         |
| 464  | IMP0024      | SV002J         |
| 465  | IMP0024      | SV002K         |
| 466  | IMP0024      | SV002L         |
| 467  | IMP0024      | SV002M         |
| 468  | IMP0024      | SV002N         |
| 469  | IMP0024      | SV002O         |
| 470  | IMP0024      | SV003A         |
| 471  | IMP0024      | SV003B         |
| 472  | IMP0024      | SV003C         |
| 473  | IMP0024      | SV003D         |
| 474  | IMP0024      | SV003E         |
| 475  | IMP0024      | SV003F         |
| 476  | IMP0024      | SV003G         |
| 477  | IMP0024      | SV003H         |
| 478  | IMP0024      | SV003I         |
| 479  | IMP0024      | SV003J         |
| 480  | IMP0024      | SV003K         |
| 481  | IMP0024      | SV003L         |
| 482  | IMP0024      | SV003M         |
| 483  | IMP0024      | SV003N         |
| 484  | IMP0024      | SV003O         |
| 485  | IMP0024      | SV003P         |
| 486  | IMP0024      | SV003Q         |
| 487  | IMP0024      | SV003R         |
| 488  | IMP0024      | SV003S         |
| 489  | IMP0024      | SV003T         |
| 490  | IMP0024      | SV003U         |
| 491  | IMP0024      | SV003V         |
| 492  | IMP0024      | SV003W         |
| 493  | IMP0024      | SV003X         |
| 494  | IMP0024      | SV003Y         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 495  | IMP0024      | SV031A         |
| 496  | IMP0024      | SV031C         |
| 497  | IMP0024      | SV031E         |
| 498  | IMP0024      | SV031F         |
| 499  | IMP0024      | SV014E         |
| 500  | IMP0025      | SV005C         |
| 501  | IMP0025      | SV002A         |
| 502  | IMP0025      | SV002B         |
| 503  | IMP0025      | SV002C         |
| 504  | IMP0025      | SV002D         |
| 505  | IMP0025      | SV002E         |
| 506  | IMP0025      | SV002F         |
| 507  | IMP0025      | SV002G         |
| 508  | IMP0025      | SV002H         |
| 509  | IMP0025      | SV002I         |
| 510  | IMP0025      | SV002J         |
| 511  | IMP0025      | SV002K         |
| 512  | IMP0025      | SV002L         |
| 513  | IMP0025      | SV002M         |
| 514  | IMP0025      | SV002N         |
| 515  | IMP0025      | SV002O         |
| 516  | IMP0025      | SV003A         |
| 517  | IMP0025      | SV003B         |
| 518  | IMP0025      | SV003C         |
| 519  | IMP0025      | SV003D         |
| 520  | IMP0025      | SV003E         |
| 521  | IMP0025      | SV003F         |
| 522  | IMP0025      | SV003G         |
| 523  | IMP0025      | SV003H         |
| 524  | IMP0025      | SV003I         |
| 525  | IMP0025      | SV003J         |
| 526  | IMP0025      | SV003K         |
| 527  | IMP0025      | SV003L         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 528  | IMP0025      | SV003M         |
| 529  | IMP0025      | SV003N         |
| 530  | IMP0025      | SV003O         |
| 531  | IMP0025      | SV003P         |
| 532  | IMP0025      | SV003Q         |
| 533  | IMP0025      | SV003R         |
| 534  | IMP0025      | SV003S         |
| 535  | IMP0025      | SV003T         |
| 536  | IMP0025      | SV003U         |
| 537  | IMP0025      | SV003V         |
| 538  | IMP0025      | SV003W         |
| 539  | IMP0025      | SV003X         |
| 540  | IMP0025      | SV003Y         |
| 541  | IMP0025      | SV031A         |
| 542  | IMP0025      | SV031D         |
| 543  | IMP0025      | SV014E         |
| 544  | IMP0026      | SL029A         |
| 545  | IMP0026      | SL029B         |
| 546  | IMP0026      | SL029C         |
| 547  | IMP0026      | SL029D         |
| 548  | IMP0026      | SL029E         |
| 549  | IMP0026      | SL030A         |
| 550  | IMP0026      | SL030B         |
| 551  | IMP0026      | SL031A         |
| 552  | IMP0026      | SL031B         |
| 553  | IMP0026      | SL031C         |
| 554  | IMP0026      | SL032A         |
| 555  | IMP0026      | SL032B         |
| 556  | IMP0026      | SL032C         |
| 557  | IMP0026      | SL032D         |
| 558  | IMP0027      | SL025A         |
| 559  | IMP0033      | SG050E         |
| 560  | IMP0034      | SG032B         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 561  | IMP0035      | SG052A         |
| 562  | IMP0036      | SG050B         |
| 563  | IMP0036      | SG050D         |
| 564  | IMP0036      | SV029A         |
| 565  | IMP0037      | SG050C         |
| 566  | IMP0037      | SG052A         |
| 567  | IMP0037      | SG051A         |
| 568  | IMP0037      | SG051B         |
| 569  | IMP0037      | SG051C         |
| 570  | IMP0037      | SG051D         |
| 571  | IMP0037      | SO025A         |
| 572  | IMP0037      | SO025B         |
| 573  | IMP0037      | SG050E         |
| 574  | IMP0038      | SO013A         |
| 575  | IMP0039      | SO024B         |
| 576  | IMP0040      | SO024A         |
| 577  | IMP0041      | SE035B         |
| 578  | IMP0042      | SE036A         |
| 579  | IMP0043      | SE020A         |
| 580  | IMP0043      | SE021A         |
| 581  | IMP0043      | SE021B         |
| 582  | IMP0043      | SE021C         |
| 583  | IMP0044      | SE024A         |
| 584  | IMP0045      | SE023A         |
| 585  | IMP0046      | SE020B         |
| 586  | IMP0048      | SE010A         |
| 587  | IMP0048      | SE010C         |
| 588  | IMP0051      | SE019A         |
| 589  | IMP0052      | SE009A         |
| 590  | IMP0053      | SU062A         |
| 591  | IMP0054      | SU085A         |
| 592  | IMP0055      | SU016A         |
| 593  | IMP0055      | SU033A         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 594  | IMP0056      | MC005A         |
| 595  | IMP0057      | MC012A         |
| 596  | IMP0058      | MC012B         |
| 597  | IMP0060      | SB019A         |
| 598  | IMP0061      | SB019B         |
| 599  | IMP0062      | SB005B         |
| 600  | IMP0062      | SB005C         |
| 601  | IMP0062      | SB005D         |
| 602  | IMP0063      | SB019C         |
| 603  | IMP0065      | SB018A         |
| 604  | IMP0066      | SB018B         |
| 605  | IMP0067      | SB040A         |
| 606  | IMP0092      | SB020A         |
| 607  | IMP0093      | SB041A         |
| 608  | IMP0094      | SB010A         |
| 609  | IMP0095      | SB010B         |
| 610  | IMP0096      | SB011A         |
| 611  | IMP0099      | SB009A         |
| 612  | IMP0100      | SB013A         |
| 613  | IMP0100      | SB014A         |
| 614  | IMP01001     | SM013A         |
| 615  | IMP0101      | SB012A         |
| 616  | IMP01016     | IN026C         |
| 617  | IMP01016     | IN026D         |
| 618  | IMP01016     | IN026E         |
| 619  | IMP0102      | SB057A         |
| 620  | IMP01020     | IN069A         |
| 621  | IMP01026     | SM013A         |
| 622  | IMP0103      | SB015A         |
| 623  | IMP0103      | SB015B         |
| 624  | IMP0104      | ST007A         |
| 625  | IMP0104      | SB008A         |
| 626  | IMP0105      | SB059A         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 627  | IMP0106      | SB058A         |
| 628  | IMP0109      | SB006A         |
| 629  | IMP0111      | SB016A         |
| 630  | IMP0112      | SB038A         |
| 631  | IMP0113      | SB038B         |
| 632  | IMP0114      | SB038C         |
| 633  | IMP0115      | SB038D         |
| 634  | IMP0116      | SB031A         |
| 635  | IMP0117      | SB031B         |
| 636  | IMP0118      | SB031C         |
| 637  | IMP0119      | SB039A         |
| 638  | IMP0120      | SB039B         |
| 639  | IMP0121      | SB037A         |
| 640  | IMP0122      | SB007A         |
| 641  | IMP0122      | SB007B         |
| 642  | IMP0122      | SB007C         |
| 643  | IMP0123      | SB060A         |
| 644  | IMP0124      | SB032A         |
| 645  | IMP0124      | SB032B         |
| 646  | IMP0124      | SB032C         |
| 647  | IMP0124      | SB032D         |
| 648  | IMP0124      | SB032E         |
| 649  | IMP0124      | SB032F         |
| 650  | IMP0125      | SB021A         |
| 651  | IMP0126      | SB021A         |
| 652  | IMP0127      | SB021A         |
| 653  | IMP0128      | SB063A         |
| 654  | IMP0128      | SB005A         |
| 655  | IMP0129      | SB017A         |
| 656  | IMP0130      | SB022A         |
| 657  | IMP0130      | SB022B         |
| 658  | IMP0131      | SB022A         |
| 659  | IMP0131      | SB022B         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 660  | IMP0132      | SB054A         |
| 661  | IMP0132      | SB054B         |
| 662  | IMP0133      | SB054A         |
| 663  | IMP0133      | SB054B         |
| 664  | IMP0135      | SN034B         |
| 665  | IMP0137      | SN041B         |
| 666  | IMP0142      | SL020A         |
| 667  | IMP0142      | SL020C         |
| 668  | IMP0143      | SB026D         |
| 669  | IMP0144      | SB031B         |
| 670  | IMP0145      | MC010A         |
| 671  | IMP0146      | MC010A         |
| 672  | IMP0076      | IN006A         |
| 673  | IMP0076      | IN023C         |
| 674  | IMP0076      | IN023D         |
| 675  | IMP0076      | IN026B         |
| 676  | IMP0076      | IN026C         |
| 677  | IMP0076      | IN058A         |
| 678  | IMP0445      | IN026A         |
| 679  | IMP0445      | IN007A         |
| 680  | IMP0445      | IN023A         |
| 681  | IMP0445      | IN023B         |
| 682  | IMP0445      | IN023C         |
| 683  | IMP0445      | IN023D         |
| 684  | IMP0445      | IN023E         |
| 685  | IMP0445      | IN024A         |
| 686  | IMP0445      | IN026B         |
| 687  | IMP0445      | IN026C         |
| 688  | IMP0445      | IN031A         |
| 689  | IMP0445      | IN058A         |
| 690  | IMP0445      | IN076A         |
| 691  | IMP0445      | IN062A         |
| 692  | IMP0445      | IN063A         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 693  | IMP0446      | IN010A         |
| 694  | IMP0447      | IN011A         |
| 695  | IMP0448      | IN012A         |
| 696  | IMP0449      | IN014A         |
| 697  | IMP0449      | IN015A         |
| 698  | IMP0452      | IN017A         |
| 699  | IMP0452      | IN017B         |
| 700  | IMP0460      | IN022A         |
| 701  | IMP0460      | IN064A         |
| 702  | IMP0460      | IN065A         |
| 703  | IMP0473      | IN027A         |
| 704  | IMP0474      | IN028A         |
| 705  | IMP0474      | IN076A         |
| 706  | IMP0476      | IN032A         |
| 707  | IMP0477      | IN034A         |
| 708  | IMP0477      | IN034B         |
| 709  | IMP0479      | IN034C         |
| 710  | IMP0480      | IN035A         |
| 711  | IMP0481      | IN042A         |
| 712  | IMP0485      | IN059A         |
| 713  | IMP0486      | SB055A         |
| 714  | IMP0488      | IN061B         |
| 715  | IMP0489      | IN062A         |
| 716  | IMP0494      | IN069A         |
| 717  | IMP0588      | IN070A         |
| 718  | IMP0500      | SB002A         |
| 719  | IMP0511      | SM004B         |
| 720  | IMP0517      | ST009A         |
| 721  | IMP0518      | SV001A         |
| 722  | IMP0525      | SV032A         |
| 723  | IMP0526      | SV040A         |
| 724  | IMP0527      | HP001A         |
| 725  | IMP0527      | HP003A         |



| S.No | Implant Code | Procedure Code |
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| 726  | IMP0528      | HP002A         |
| 727  | IMP0528      | HP004A         |
| 728  | IMP0531      | HP005A         |
| 729  | IMP0531      | HP006A         |
| 730  | IMP0547      | SB026D         |
| 731  | IMP0459      | IN016A         |
| 732  | IMP0459      | IN017B         |
| 733  | IMP0459      | IN018B         |
| 734  | IMP0459      | IN019B         |
| 735  | IMP0459      | IN020B         |
| 736  | IMP0459      | IN021A         |
| 737  | IMP0459      | IN061A         |
| 738  | IMP0459      | IN061B         |
| 739  | IMP0459      | IN075A         |
| 740  | IMP0298      | IN016A         |
| 741  | IMP0298      | IN018A         |
| 742  | IMP0298      | IN018B         |
| 743  | IMP0298      | IN061A         |
| 744  | IMP0298      | IN063A         |
| 745  | IMP0298      | IN064A         |
| 746  | IMP0298      | IN065A         |
| 747  | IMP0551      | IN018A         |
| 748  | IMP0551      | IN016A         |
| 749  | IMP0551      | IN018B         |
| 750  | IMP0551      | IN020A         |
| 751  | IMP0551      | IN020B         |
| 752  | IMP0551      | IN022A         |
| 753  | IMP0551      | IN063A         |
| 754  | IMP0551      | IN064A         |
| 755  | IMP0551      | IN065A         |
| 756  | IMP0551      | IN075A         |
| 757  | IMP0556      | IN023E         |
| 758  | IMP0556      | IN026E         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 759  | IMP0556      | IN062A         |
| 760  | IMP0564      | IN024A         |
| 761  | IMP0564      | IN025A         |
| 762  | IMP0564      | IN034B         |
| 763  | IMP0568      | IN009A         |
| 764  | IMP0482      | IN044A         |
| 765  | IMP0579      | IN045A         |
| 766  | IMP0579      | IN071A         |
| 767  | IMP0581      | IN060A         |
| 768  | IMP0587      | SB013A         |
| 769  | IMP0804      | SP004A         |
| 770  | IMP0807      | MG072B         |
| 771  | IMP0810      | IN062A         |
| 772  | IMP0814      | IN068A         |
| 773  | IMP1002      | SV019A         |
| 774  | IMP1002      | SV019B         |
| 775  | IMP1002      | SV019C         |
| 776  | IMP1002      | SV019D         |
| 777  | IMP1002      | SV019E         |
| 778  | IMP1002      | SV019F         |
| 779  | IMP1002      | SV019G         |
| 780  | IMP1002      | SV019H         |
| 781  | IMP1002      | SV019I         |
| 782  | IMP1002      | SV019J         |
| 783  | IMP1002      | SV019K         |
| 784  | IMP1002      | SV019L         |
| 785  | IMP1002      | SV019M         |
| 786  | IMP1002      | SV019N         |
| 787  | IMP1002      | SV019O         |
| 788  | IMP1002      | SV019P         |
| 789  | IMP1002      | SV019Q         |
| 790  | IMP1002      | SV019R         |
| 791  | IMP1002      | SV019S         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 792  | IMP1002      | SV019T         |
| 793  | IMP1002      | SV019U         |
| 794  | IMP1002      | SV019V         |
| 795  | IMP1002      | SV019W         |
| 796  | IMP1002      | SV019X         |
| 797  | IMP1002      | SV019Y         |
| 798  | IMP1003      | SV019A         |
| 799  | IMP1003      | SV019B         |
| 800  | IMP1003      | SV019C         |
| 801  | IMP1003      | SV019D         |
| 802  | IMP1003      | SV019E         |
| 803  | IMP1003      | SV019F         |
| 804  | IMP1003      | SV019G         |
| 805  | IMP1003      | SV019H         |
| 806  | IMP1003      | SV019I         |
| 807  | IMP1003      | SV019J         |
| 808  | IMP1003      | SV019K         |
| 809  | IMP1003      | SV019L         |
| 810  | IMP1003      | SV019M         |
| 811  | IMP1003      | SV019N         |
| 812  | IMP1003      | SV019O         |
| 813  | IMP1003      | SV019P         |
| 814  | IMP1003      | SV019Q         |
| 815  | IMP1003      | SV019R         |
| 816  | IMP1003      | SV019S         |
| 817  | IMP1003      | SV002A         |
| 818  | IMP1003      | SV019T         |
| 819  | IMP1003      | SV019U         |
| 820  | IMP1003      | SV019V         |
| 821  | IMP1003      | SV019W         |
| 822  | IMP1003      | SV019X         |
| 823  | IMP1003      | SV019Y         |
| 824  | IMP1004      | SB006A         |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 825  | IMP1008      | SB055A         |
| 826  | IMP1009      | SB057A         |
| 827  | IMP1010      | SV017A         |
| 828  | IMP1010      | SV017B         |
| 829  | IMP1010      | SV017C         |
| 830  | IMP1010      | SV017D         |
| 831  | IMP1011      | SG050A         |
| 832  | IMP1013      | IN001B         |
| 833  | IMP1014      | IN001A         |
| 834  | IMP1015      | IN025A         |
| 835  | IMP0505      | SB012C         |
| 836  | IMP518       | MG074A         |
| 837  | IMP518       | MG074B         |
| 838  | FRA0022      | HM007A         |
| 839  | FRA0019      | HM019A         |
| 840  | FRA0022      | HM007A         |
| 841  | FRA0014      | HM010A         |
| 842  | FRA0035      | HM001A         |
| 843  | FRA0012      | HM008A         |
| 844  | FRA0013      | HM009A         |
| 845  | IMP0515      | SP003B         |
| 846  | IMP1031      | SE020A         |
| 847  | IMP1031      | SE021A         |
| 848  | IMP1031      | SE021B         |
| 849  | IMP1031      | SE021C         |
| 850  | IMP0444      | IN023C         |
| 851  | IMP0444      | IN023D         |
| 852  | IMP0444      | IN026B         |
| 853  | IMP0444      | IN026C         |
| 854  | IMP0444      | IN058A         |
| 855  | IMP0010      | MC008B         |
| 856  | IMP0017      | SV005A1        |
| 857  | IMP0017      | SV005B1        |

| S.No | Implant Code | Procedure Code |
|------|--------------|----------------|
| 858  | IMP0017      | SV005C1        |
| 859  | IMP0202      | SV006A1        |
| 860  | IMP0206      | SV007A1        |

| Add on Speciality |                |           |
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| S.No              | Procedure Code | Specialty |
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| 2                 | MG072C         | MC        |
| 3                 | MG072C         | SV        |
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| 5                 | MG072C         | MG        |
| 6                 | MG072C         | SG        |
| 7                 | MG072C         | IN        |
| 8                 | MG072C         | MO        |
| 9                 | MG072C         | MM        |
| 10                | MG072C         | MN        |
| 11                | MG072C         | SN        |
| 12                | MG072C         | SO        |
| 13                | MG072C         | SE        |
| 14                | MG072C         | SM        |
| 15                | MG072C         | SB        |
| 16                | MG072C         | SL        |
| 17                | MG072C         | MP        |
| 18                | MG072C         | SS        |
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| 22                | MG072C         | SC        |
| 23                | MG072C         | SU        |
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| 25                | MG072B         | MC        |
| 26                | MG072B         | SV        |
| 27                | MG072B         | ER        |
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| 29                | MG072B         | SG        |
| 30                | MG072B         | IN        |
| 31                | MG072B         | MO        |
| 32                | MG072B         | MM        |

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| 34 | MG072B | SN |
| 35 | MG072B | SO |
| 36 | MG072B | SE |
| 37 | MG072B | SM |
| 38 | MG072B | SB |
| 39 | MG072B | SL |
| 40 | MG072B | MP |
| 41 | MG072B | SS |
| 42 | MG072B | SP |
| 43 | MG072B | ST |
| 44 | MG072B | MR |
| 45 | MG072B | SC |
| 46 | MG072B | SU |
| 47 | MG073A | MG |
| 48 | MG073A | MP |
| 49 | MG073A | ER |
| 50 | MG075A | MG |
| 51 | MG075A | MP |
| 52 | MG075A | MM |
| 53 | MG076A | MG |
| 54 | MG076A | MP |
| 55 | MG076A | MM |
| 56 | MM008A | MM |
| 57 | MP008A | MP |
| 58 | MP028A | MP |
| 59 | MR001D | MR |
| 60 | MR003D | MR |
| 61 | MR004D | MR |
| 62 | MR005D | MR |
| 63 | MR006D | MR |
| 64 | MR007D | MR |
| 65 | MR008D | MR |
| 66 | MR009D | MR |

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| 67  | MR010B | MR |
| 68  | MR012B | MR |
| 69  | MR014C | MR |
| 70  | SE033A | SE |
| 71  | SE040A | SE |
| 72  | SL026A | BM |
| 73  | SL026A | MC |
| 74  | SL026A | SV |
| 75  | SL026A | ER |
| 76  | SL026A | MG |
| 77  | SL026A | SG |
| 78  | SL026A | IN |
| 79  | SL026A | MO |
| 80  | SL026A | MM |
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| 88  | SL026A | MP |
| 89  | SL026A | SS |
| 90  | SL026A | SP |
| 91  | SL026A | ST |
| 92  | SL026A | MR |
| 93  | SL026A | SC |
| 94  | SL026A | SU |
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| 96  | SL026B | MC |
| 97  | SL026B | SV |
| 98  | SL026B | ER |
| 99  | SL026B | MG |
| 100 | SL026B | SG |



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| 108 | SL026B | SM |
| 109 | SL026B | SB |
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| 112 | SL026B | SS |
| 113 | SL026B | SP |
| 114 | SL026B | ST |
| 115 | SL026B | MR |
| 116 | SL026B | SC |
| 117 | SL026B | SU |
| 118 | SP008A | SP |
| 119 | SU092A | SU |
| 120 | SU092A | SO |
| 121 | SV031A | SV |
| 122 | SV031B | SV |
| 123 | SV031C | SV |
| 124 | SV031D | SV |
| 125 | SV031E | SV |
| 126 | SV031F | SV |
| 127 | SV032A | SV |
| 128 | SV033A | SV |
| 129 | SV034A | SV |
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| 132 | MG072D | SV |
| 133 | MG072D | ER |
| 134 | MG072D | MG |

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| 136 | MG072D | IN |
| 137 | MG072D | MO |
| 138 | MG072D | MM |
| 139 | MG072D | MN |
| 140 | MG072D | SN |
| 141 | MG072D | SO |
| 142 | MG072D | SE |
| 143 | MG072D | SM |
| 144 | MG072D | SB |
| 145 | MG072D | SL |
| 146 | MG072D | MP |
| 147 | MG072D | SS |
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| 151 | MG072D | SC |
| 152 | MG072D | SU |
| 153 | MG072C | BM |
| 154 | MG072D | BM |
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| 157 | ID001A | SV |
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| 162 | ID001A | MO |
| 163 | ID001A | MM |
| 164 | ID001A | MN |
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| 166 | ID001A | SO |
| 167 | ID001A | SE |
| 168 | ID001A | SM |

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| 170 | ID001A | SL |
| 171 | ID001A | MP |
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| 176 | ID001A | SC |
| 177 | ID001A | SU |
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| 179 | ID001B | MC |
| 180 | ID001B | SV |
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| 187 | ID001B | MN |
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| 192 | ID001B | SB |
| 193 | ID001B | SL |
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| 200 | ID001B | SU |
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| 202 | MG074A | MC |

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| 235 | MG074B | SO |
| 236 | MG074B | SE |

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| 239 | MG074B | SL |
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| 303 | MG084A | SN |
| 304 | MG084A | SO |

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| 401 | HP003A | IN |
| 402 | HP004A | IN |
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| 405 | HP007A | IN |
| 406 | HP008A | IN |

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| 412 | HD001A | SC |
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| 415 | HD001A | SU |
| 416 | HD001A | SU |
| 417 | HD001A | SU |
| 418 | HD002A | IN |
| 419 | HD003A | IN |
| 420 | HD004A | SN |
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| 422 | HD004A | SN |
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| 1140 | HD005A | SG |
| 1141 | HD005A | SG |
| 1142 | HD005A | SG |
| 1143 | HD005A | SG |
| 1144 | HD005A | SG |
| 1145 | HD005A | SG |
| 1146 | HD005A | SG |
| 1147 | HD005A | SG |
| 1148 | HD005A | SG |
| 1149 | HD005A | SG |
| 1150 | HD005A | SG |
| 1151 | HD005A | SG |
| 1152 | HD005A | SG |
| 1153 | HD005A | SG |
| 1154 | HD005A | SG |

|      |        |    |
|------|--------|----|
| 1155 | HD005A | SG |
| 1156 | HD005A | SG |
| 1157 | HD005A | SG |
| 1158 | HD005A | SG |
| 1159 | HD005A | SG |
| 1160 | HD005A | SG |
| 1161 | HD005A | SG |
| 1162 | HD005A | SG |
| 1163 | HD005A | SG |
| 1164 | HD005A | SB |
| 1165 | HD005A | SE |
| 1166 | HD005A | SL |
| 1167 | HD005A | SL |
| 1168 | HD005A | SL |
| 1169 | HD005A | SL |
| 1170 | HD005A | SL |
| 1171 | HD005A | SL |
| 1172 | HD005A | SL |
| 1173 | HD005A | SL |
| 1174 | HD005A | SL |
| 1175 | HD005A | SL |
| 1176 | HD005A | ST |
| 1177 | HD005A | ST |
| 1178 | HD005A | ST |
| 1179 | HD005A | ST |
| 1180 | HD005A | ST |
| 1181 | HD005A | ST |
| 1182 | HD005A | ST |
| 1183 | HD005A | ST |
| 1184 | HD005A | ST |
| 1185 | HD005A | ST |
| 1186 | HD005A | ST |
| 1187 | HD005A | ST |
| 1188 | HD005A | ST |



|      |        |    |
|------|--------|----|
| 1189 | HD005A | ST |
| 1190 | HD005A | ST |
| 1191 | HD005A | ST |
| 1192 | HD005A | ST |
| 1193 | HD005A | ST |
| 1194 | HD005A | ST |
| 1195 | HD005A | ST |
| 1196 | HD005A | ST |
| 1197 | HD005A | SG |
| 1198 | HD005A | SG |
| 1199 | HD005A | SG |
| 1200 | HD005A | SG |
| 1201 | HD005A | SG |
| 1202 | HD005A | SO |
| 1203 | HD005A | SO |
| 1204 | HD005A | SO |
| 1205 | HD005A | SO |
| 1206 | HD005A | SO |
| 1207 | HD005A | SO |
| 1208 | HD005A | SO |
| 1209 | HD005A | SO |
| 1210 | HD005A | SO |
| 1211 | HD005A | SO |
| 1212 | HD005A | SO |
| 1213 | HD005A | SO |
| 1214 | HD005A | SO |
| 1215 | HD005A | SO |
| 1216 | HD005A | SO |
| 1217 | HD005A | SO |
| 1218 | HD005A | SO |
| 1219 | HD005A | SO |
| 1220 | HD005A | SO |
| 1221 | HD005A | SO |
| 1222 | HD005A | SO |

|      |        |    |
|------|--------|----|
| 1223 | HD005A | SO |
| 1224 | HD005A | SO |
| 1225 | HD005A | SO |
| 1226 | HD005A | SO |
| 1227 | HD005A | SO |
| 1228 | HD005A | SO |
| 1229 | HD005A | SO |
| 1230 | HD005A | SO |
| 1231 | HD005A | SO |
| 1232 | HD005A | SO |
| 1233 | HD005A | SO |
| 1234 | HD005A | SO |
| 1235 | HD005A | SO |
| 1236 | HD005A | SO |
| 1237 | HD005A | SO |
| 1238 | HD005A | SO |
| 1239 | HD005A | SO |
| 1240 | HD005A | SO |
| 1241 | HD005A | SO |
| 1242 | HD005A | SO |
| 1243 | HD005A | SO |
| 1244 | HD005A | SO |
| 1245 | HD005A | SO |
| 1246 | HD005A | SO |
| 1247 | HD005A | SO |
| 1248 | HD005A | SO |
| 1249 | HD005A | SO |
| 1250 | HD005A | SO |
| 1251 | HD005A | SO |
| 1252 | HD005A | SO |
| 1253 | HD005A | SO |
| 1254 | HD005A | SO |
| 1255 | HD005A | SO |
| 1256 | HD005A | SO |

|      |        |    |
|------|--------|----|
| 1257 | HD005A | SO |
| 1258 | HD005A | SO |
| 1259 | HD005A | SO |
| 1260 | HD005A | SO |
| 1261 | HD005A | SO |
| 1262 | HD005A | SO |
| 1263 | HD005A | SO |
| 1264 | HD005A | SO |
| 1265 | HD005A | SO |
| 1266 | HD005A | SO |
| 1267 | HD005A | SO |
| 1268 | HD005A | SO |
| 1269 | HD005A | SO |
| 1270 | HD005A | SO |
| 1271 | HD005A | SO |
| 1272 | HD005A | SO |
| 1273 | HD005A | SO |
| 1274 | HD005A | SO |
| 1275 | HD005A | SO |
| 1276 | HD005A | SO |
| 1277 | HD005A | SO |
| 1278 | HD005A | SO |
| 1279 | HD005A | SO |
| 1280 | HD005A | SO |
| 1281 | HD005A | SO |
| 1282 | HD005A | SO |
| 1283 | HD005A | SO |
| 1284 | HD005A | SO |
| 1285 | HD005A | SO |
| 1286 | HD005A | SO |
| 1287 | HD005A | SO |
| 1288 | HD005A | SO |
| 1289 | HD005A | SO |
| 1290 | HD005A | SO |

|      |        |    |
|------|--------|----|
| 1291 | HD005A | SC |
| 1292 | HD005A | SC |
| 1293 | HD005A | SC |
| 1294 | HD005A | SC |
| 1295 | HD005A | SC |
| 1296 | HD005A | SC |
| 1297 | HD005A | SC |
| 1298 | HD005A | SC |
| 1299 | HD005A | SC |
| 1300 | HD005A | SC |
| 1301 | HD005A | SG |
| 1302 | HD005A | SG |
| 1303 | HD005A | SG |
| 1304 | HD005A | SG |
| 1305 | HD005A | SG |
| 1306 | HD005A | SS |
| 1307 | HD005A | SS |
| 1308 | HD005A | SS |
| 1309 | HD005A | SS |
| 1310 | HD005A | SS |
| 1311 | HD005A | SS |
| 1312 | HD005A | SS |
| 1313 | HD005A | SS |
| 1314 | HD005A | SS |
| 1315 | HD005A | SS |
| 1316 | HD005A | SS |
| 1317 | HD005A | SS |
| 1318 | HD005A | SS |
| 1319 | HD005A | SS |
| 1320 | HD005A | SS |
| 1321 | HD005A | SS |
| 1322 | HD005A | SS |
| 1323 | HD005A | SS |
| 1324 | HD005A | SS |

|      |        |    |
|------|--------|----|
| 1325 | HD005A | SS |
| 1326 | HD005A | SS |
| 1327 | HD005A | SS |
| 1328 | HD005A | SS |
| 1329 | HD005A | SS |
| 1330 | HD005A | SS |
| 1331 | HD005A | SS |
| 1332 | HD005A | SS |
| 1333 | HD005A | SS |
| 1334 | HD005A | SS |
| 1335 | HD005A | SS |
| 1336 | HD005A | SS |
| 1337 | HD005A | SS |
| 1338 | HD005A | SS |
| 1339 | HD005A | SS |
| 1340 | HD005A | SS |
| 1341 | HD005A | SS |
| 1342 | HD005A | SS |
| 1343 | HD005A | SS |
| 1344 | HD005A | SS |
| 1345 | HD005A | SS |
| 1346 | HD005A | SS |
| 1347 | HD005A | SS |
| 1348 | HD005A | SS |
| 1349 | HD005A | SS |
| 1350 | HD005A | SS |
| 1351 | HD005A | SS |
| 1352 | HD005A | SS |
| 1353 | HD005A | SS |
| 1354 | HD005A | SS |
| 1355 | HD005A | SS |
| 1356 | HD005A | SS |
| 1357 | HD005A | SS |
| 1358 | HD005A | SS |

|      |        |    |
|------|--------|----|
| 1359 | HD005A | SS |
| 1360 | HD005A | SS |
| 1361 | HD005A | SS |
| 1362 | HD005A | SS |
| 1363 | HD005A | SS |
| 1364 | HD005A | SC |
| 1365 | HD005A | SC |
| 1366 | HD005A | SG |
| 1367 | HD005A | SG |
| 1368 | HD005A | SG |
| 1369 | HD005A | SG |
| 1370 | HD005A | SG |
| 1371 | HD005A | SG |
| 1372 | HD005A | SG |
| 1373 | HD005A | SG |
| 1374 | HD005A | SG |
| 1375 | HD005A | SG |
| 1376 | HD005A | SG |
| 1377 | HD005A | SG |
| 1378 | HD005A | SG |
| 1379 | HD005A | SG |
| 1380 | HD005A | SG |
| 1381 | HD005A | SG |
| 1382 | HD005A | SG |
| 1383 | HD005A | SG |
| 1384 | HD005A | SG |
| 1385 | HD005A | SG |
| 1386 | HD005A | SG |
| 1387 | HD005A | SG |
| 1388 | HD005A | SG |
| 1389 | HD005A | SG |
| 1390 | HD005A | SG |
| 1391 | HD005A | SG |
| 1392 | HD005A | SG |

|      |        |    |
|------|--------|----|
| 1393 | HD005A | SG |
| 1394 | HD005A | SG |
| 1395 | HD005A | SG |
| 1396 | HD005A | SG |
| 1397 | HD005A | SG |
| 1398 | HD005A | SG |
| 1399 | HD005A | SG |
| 1400 | HD005A | SG |
| 1401 | HD005A | SG |
| 1402 | HD005A | SG |
| 1403 | HD005A | SG |
| 1404 | HD005A | SG |
| 1405 | HD005A | SG |
| 1406 | HD005A | SG |
| 1407 | HD005A | SG |
| 1408 | HD005A | SG |
| 1409 | HD005A | SG |
| 1410 | HD005A | SG |
| 1411 | HD005A | SG |
| 1412 | HD005A | SG |
| 1413 | HD005A | SG |
| 1414 | HD005A | SG |
| 1415 | HD005A | SG |
| 1416 | HD005A | SG |
| 1417 | HD005A | SG |
| 1418 | HD005A | SG |
| 1419 | HD005A | SG |
| 1420 | HD005A | SG |
| 1421 | HD005A | SG |
| 1422 | HD005A | SG |
| 1423 | HD005A | SG |
| 1424 | HD005A | SG |
| 1425 | HD005A | SG |
| 1426 | HD005A | SG |

|      |        |    |
|------|--------|----|
| 1427 | HD005A | SG |
| 1428 | HD005A | SG |
| 1429 | HD005A | SG |
| 1430 | HD005A | SG |
| 1431 | HD005A | SG |
| 1432 | HD005A | SL |
| 1433 | HD005A | SL |
| 1434 | HD005A | SL |
| 1435 | HD005A | SL |
| 1436 | HD005A | SL |
| 1437 | HD005A | SL |
| 1438 | HD005A | SL |
| 1439 | HD005A | SL |
| 1440 | HD005A | SL |
| 1441 | HD005A | SO |
| 1442 | HD006A | MO |
| 1443 | HD006A | MR |
| 1444 | HD006A | SE |
| 1445 | HD006A | OT |
| 1446 | HD006A | SC |
| 1447 | HD006A | SE |
| 1448 | HD006A | SG |
| 1449 | HD006A | SL |
| 1450 | HD006A | SO |
| 1451 | HD006A | SC |
| 1452 | HD006A | SB |
| 1453 | HD006A | SE |
| 1454 | HD006A | SL |
| 1455 | HD006A | ST |
| 1456 | HD006A | SS |
| 1457 | HD007A | MO |
| 1458 | HD007A | MR |
| 1459 | HD007A | SE |
| 1460 | HD007A | OT |



|      |        |    |
|------|--------|----|
| 1461 | HD007A | SC |
| 1462 | HD007A | SG |
| 1463 | HD007A | SB |
| 1464 | HD007A | SL |
| 1465 | HD007A | SO |
| 1466 | HD007A | ST |
| 1467 | HD007A | SS |
| 1468 | HD008A | MO |
| 1469 | HD008A | MR |
| 1470 | HD008A | SE |
| 1471 | HD008A | OT |
| 1472 | HD008A | SC |
| 1473 | HD008A | SG |
| 1474 | HD008A | SB |
| 1475 | HD008A | SL |
| 1476 | HD008A | SO |
| 1477 | HD008A | ST |
| 1478 | HD008A | SS |
| 1479 | HD009A | MO |
| 1480 | HD009A | MR |
| 1481 | HD009A | SE |
| 1482 | HD009A | OT |
| 1483 | HD009A | SC |
| 1484 | HD009A | SG |
| 1485 | HD009A | SB |
| 1486 | HD009A | SL |
| 1487 | HD009A | SO |
| 1488 | HD009A | ST |
| 1489 | HD009A | SS |
| 1490 | HD010A | MO |
| 1491 | HD010A | MR |
| 1492 | HD010A | SE |
| 1493 | HD010A | OT |
| 1494 | HD010A | SC |

|      |        |    |
|------|--------|----|
| 1495 | HD010A | SG |
| 1496 | HD010A | SB |
| 1497 | HD010A | SL |
| 1498 | HD010A | SO |
| 1499 | HD010A | ST |
| 1500 | HD010A | SS |
| 1501 | HD011A | MP |
| 1502 | HD012A | MP |
| 1503 | HD013A | MG |
| 1504 | HD013A | MP |
| 1505 | HD013A | SN |
| 1506 | HM017A | MG |
| 1507 | HM018A | MG |
| 1508 | HM019A | MG |

**Follow up to Procedure**

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 1    | SG097A                        | SG013A                                |
| 2    | SG097B                        | SG023A                                |
| 3    | MC022A                        | MC002A                                |
| 4    | MC022A                        | MC002B                                |
| 5    | MC022A                        | MC002C                                |
| 6    | MC022A                        | MC004A                                |
| 7    | MC022A                        | MC004B                                |
| 8    | MC022A                        | MC005A                                |
| 9    | MC022A                        | MC006A                                |
| 10   | MC022A                        | MC007A                                |
| 11   | MC022A                        | MC008A                                |
| 12   | MC022A                        | MC009A                                |
| 13   | MC022A                        | MC010A                                |
| 14   | MC022A                        | MC011A                                |
| 15   | MC022A                        | MC014A                                |
| 16   | MC022A                        | MC015A                                |
| 17   | MC022A                        | MC016A                                |
| 18   | MC022A                        | MC017A                                |
| 19   | MC022A                        | MC020A                                |
| 20   | MC022B                        | MC002A                                |
| 21   | MC022B                        | MC002B                                |
| 22   | MC022B                        | MC002C                                |
| 23   | MC022B                        | MC004A                                |
| 24   | MC022B                        | MC004B                                |
| 25   | MC022B                        | MC005A                                |
| 26   | MC022B                        | MC006A                                |
| 27   | MC022B                        | MC007A                                |
| 28   | MC022B                        | MC008A                                |
| 29   | MC022B                        | MC009A                                |
| 30   | MC022B                        | MC010A                                |
| 31   | MC022B                        | MC011A                                |
| 32   | MC022B                        | MC014A                                |
| 33   | MC022B                        | MC015A                                |
| 34   | MC022B                        | MC016A                                |
| 35   | MC022B                        | MC017A                                |
| 36   | MC022B                        | MC020A                                |
| 37   | MC022C                        | MC002A                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 38   | MC022C                        | MC002B                                |
| 39   | MC022C                        | MC002C                                |
| 40   | MC022C                        | MC004A                                |
| 41   | MC022C                        | MC004B                                |
| 42   | MC022C                        | MC005A                                |
| 43   | MC022C                        | MC006A                                |
| 44   | MC022C                        | MC007A                                |
| 45   | MC022C                        | MC008A                                |
| 46   | MC022C                        | MC009A                                |
| 47   | MC022C                        | MC010A                                |
| 48   | MC022C                        | MC011A                                |
| 49   | MC022C                        | MC014A                                |
| 50   | MC022C                        | MC015A                                |
| 51   | MC022C                        | MC016A                                |
| 52   | MC022C                        | MC017A                                |
| 53   | MC022C                        | MC020A                                |
| 54   | MC022D                        | MC002A                                |
| 55   | MC022D                        | MC002B                                |
| 56   | MC022D                        | MC002C                                |
| 57   | MC022D                        | MC004A                                |
| 58   | MC022D                        | MC004B                                |
| 59   | MC022D                        | MC005A                                |
| 60   | MC022D                        | MC006A                                |
| 61   | MC022D                        | MC007A                                |
| 62   | MC022D                        | MC008A                                |
| 63   | MC022D                        | MC009A                                |
| 64   | MC022D                        | MC010A                                |
| 65   | MC022D                        | MC011A                                |
| 66   | MC022D                        | MC014A                                |
| 67   | MC022D                        | MC015A                                |
| 68   | MC022D                        | MC016A                                |
| 69   | MC022D                        | MC017A                                |
| 70   | MC022D                        | MC020A                                |
| 71   | MC022E                        | MC002A                                |
| 72   | MC022E                        | MC002B                                |
| 73   | MC022E                        | MC002C                                |
| 74   | MC022E                        | MC004A                                |
| 75   | MC022E                        | MC004B                                |
| 76   | MC022E                        | MC005A                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 77   | MC022E                        | MC006A                                |
| 78   | MC022E                        | MC007A                                |
| 79   | MC022E                        | MC008A                                |
| 80   | MC022E                        | MC009A                                |
| 81   | MC022E                        | MC010A                                |
| 82   | MC022E                        | MC011A                                |
| 83   | MC022E                        | MC014A                                |
| 84   | MC022E                        | MC015A                                |
| 85   | MC022E                        | MC016A                                |
| 86   | MC022E                        | MC017A                                |
| 87   | MC022E                        | MC020A                                |
| 88   | OT001D                        | OT001A                                |
| 89   | OT001D                        | OT001C                                |
| 90   | OT001D                        | OT001D                                |
| 91   | OT001D                        | OT001E                                |
| 92   | OT001D                        | OT001F                                |
| 93   | OT001D                        | OT002A                                |
| 94   | OT001D                        | OT002B                                |
| 95   | OT001D                        | OT002C                                |
| 96   | OT001E                        | OT001A                                |
| 97   | OT001E                        | OT001C                                |
| 98   | OT001E                        | OT001D                                |
| 99   | OT001E                        | OT001E                                |
| 100  | OT001E                        | OT001F                                |
| 101  | OT001E                        | OT002A                                |
| 102  | OT001E                        | OT002B                                |
| 103  | OT001E                        | OT002C                                |
| 104  | OT001F                        | OT001A                                |
| 105  | OT001F                        | OT001C                                |
| 106  | OT001F                        | OT001D                                |
| 107  | OT001F                        | OT001E                                |
| 108  | OT001F                        | OT001F                                |
| 109  | OT001F                        | OT002A                                |
| 110  | OT001F                        | OT002B                                |
| 111  | OT001F                        | OT002C                                |
| 112  | SB070A                        | SB029A                                |
| 113  | SB070A                        | SB006A                                |
| 114  | SB070B                        | SL034A                                |
| 115  | SB070B                        | SB019A                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 116  | SB070B                        | SB019B                                |
| 117  | SB070B                        | SB026B                                |
| 118  | SB070B                        | SB012A                                |
| 119  | SB070B                        | SB055A                                |
| 120  | SB070B                        | SB006A                                |
| 121  | SB070B                        | SB049A                                |
| 122  | SB070B                        | SB032A                                |
| 123  | SB070B                        | SB021A                                |
| 124  | SB070B                        | SB021A                                |
| 125  | SB070B                        | SB022A                                |
| 126  | SB070B                        | SB054A                                |
| 127  | SB070B                        | SB026A                                |
| 128  | SB070B                        | SL034B                                |
| 129  | SB070B                        | SL034C                                |
| 130  | SB070B                        | ST002A                                |
| 131  | SB070B                        | SB049B                                |
| 132  | SB070B                        | SB032B                                |
| 133  | SB070B                        | SB032C                                |
| 134  | SB070B                        | SB032D                                |
| 135  | SB070B                        | SB032E                                |
| 136  | SB070B                        | SB032F                                |
| 137  | SB070B                        | SB022B                                |
| 138  | SB070A                        | SB029A                                |
| 139  | SB071A                        | SB019C                                |
| 140  | SB071A                        | SB010B                                |
| 141  | SB071A                        | SB014A                                |
| 142  | SB071A                        | SB013A                                |
| 143  | SB071A                        | SB007A                                |
| 144  | SB071A                        | SB007B                                |
| 145  | SB071A                        | SB007C                                |
| 146  | SB071B                        | SL034A                                |
| 147  | SB071B                        | SB018A                                |
| 148  | SB071B                        | SB018B                                |
| 149  | SB071B                        | SB026B                                |
| 150  | SB071B                        | SB026C                                |
| 151  | SB071B                        | SB020A                                |
| 152  | SB071B                        | SB041A                                |
| 153  | SB071B                        | SB010A                                |
| 154  | SB071B                        | SB011A                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 155  | SB071B                        | SB014A                                |
| 156  | SB071B                        | SB009A                                |
| 157  | SB071B                        | SB013A                                |
| 158  | SB071B                        | SB012A                                |
| 159  | SB071B                        | SB057A                                |
| 160  | SB071B                        | SB016A                                |
| 161  | SB071B                        | SB060A                                |
| 162  | SB071B                        | SB032A                                |
| 163  | SB071B                        | SB017A                                |
| 164  | SB071B                        | SB022A                                |
| 165  | SB071B                        | SB054A                                |
| 166  | SB071B                        | SB026A                                |
| 167  | SB071B                        | SL034B                                |
| 168  | SB071B                        | SL034C                                |
| 169  | SB071B                        | ST002A                                |
| 170  | SB071B                        | SB032B                                |
| 171  | SB071B                        | SB032C                                |
| 172  | SB071B                        | SB032D                                |
| 173  | SB071B                        | SB032E                                |
| 174  | SB071B                        | SB032F                                |
| 175  | SB071B                        | SB022B                                |
| 176  | SE012B                        | SE012A                                |
| 177  | SG097A                        | SG013A                                |
| 178  | SG097B                        | SG023A                                |
| 179  | SO069A                        |                                       |
| 180  | SU0101A                       | SU001A                                |
| 181  | SU0101A                       | SU001B                                |
| 182  | SU0101A                       | SU003A                                |
| 183  | SU0101A                       | SU003B                                |
| 184  | SU0101A                       | SU003C                                |
| 185  | SU0101A                       | SU003D                                |
| 186  | SU0101A                       | SU004A                                |
| 187  | SU0101A                       | SU004B                                |
| 188  | SU0101A                       | SU005A                                |
| 189  | SU0101A                       | SU005B                                |
| 190  | SU0101A                       | SU007A                                |
| 191  | SU0101A                       | SU008A                                |
| 192  | SU0101A                       | SU0100A                               |
| 193  | SU0101A                       | SU010B                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 194  | SU0101A                       | SU011B                                |
| 195  | SU0101A                       | SU023B                                |
| 196  | SU0101A                       | SU032A                                |
| 197  | SU0101A                       | SU045B                                |
| 198  | SU0101A                       | SU051A                                |
| 199  | SU0101A                       | SU066C                                |
| 200  | SU0101A                       | SU071A                                |
| 201  | SU0101A                       | SU075A                                |
| 202  | SU0101A                       | SU076A                                |
| 203  | SU0101A                       | SU078A                                |
| 204  | SU0101A                       | SU078B                                |
| 205  | SU0101A                       | SU090A                                |
| 206  | SU0101A                       | SU090B                                |
| 207  | SU0101A                       | SU096B                                |
| 208  | SV041A                        | SV001A                                |
| 209  | SV041A                        | SV001B                                |
| 210  | SV041A                        | SV001C                                |
| 211  | SV041A                        | SV001D                                |
| 212  | SV041A                        | SV001E                                |
| 213  | SV041A                        | SV001F                                |
| 214  | SV041A                        | SV001G                                |
| 215  | SV041A                        | SV002A                                |
| 216  | SV041A                        | SV002B                                |
| 217  | SV041A                        | SV002C                                |
| 218  | SV041A                        | SV002E                                |
| 219  | SV041A                        | SV002F                                |
| 220  | SV041A                        | SV002G                                |
| 221  | SV041A                        | SV002H                                |
| 222  | SV041A                        | SV002I                                |
| 223  | SV041A                        | SV002J                                |
| 224  | SV041A                        | SV002K                                |
| 225  | SV041A                        | SV002L                                |
| 226  | SV041A                        | SV002M                                |
| 227  | SV041A                        | SV002N                                |
| 228  | SV041A                        | SV002O                                |
| 229  | SV041A                        | SV003A                                |
| 230  | SV041A                        | SV003B                                |
| 231  | SV041A                        | SV003C                                |
| 232  | SV041A                        | SV003D                                |



| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 233  | SV041A                        | SV003E                                |
| 234  | SV041A                        | SV003F                                |
| 235  | SV041A                        | SV003G                                |
| 236  | SV041A                        | SV003H                                |
| 237  | SV041A                        | SV003I                                |
| 238  | SV041A                        | SV003J                                |
| 239  | SV041A                        | SV003K                                |
| 240  | SV041A                        | SV003L                                |
| 241  | SV041A                        | SV003M                                |
| 242  | SV041A                        | SV003N                                |
| 243  | SV041A                        | SV003O                                |
| 244  | SV041A                        | SV003P                                |
| 245  | SV041A                        | SV003Q                                |
| 246  | SV041A                        | SV003R                                |
| 247  | SV041A                        | SV003S                                |
| 248  | SV041A                        | SV003T                                |
| 249  | SV041A                        | SV003U                                |
| 250  | SV041A                        | SV003X                                |
| 251  | SV041A                        | SV003Y                                |
| 252  | SV041A                        | SV003Z                                |
| 253  | SV041A                        | SV004A                                |
| 254  | SV041A                        | SV005A                                |
| 255  | SV041A                        | SV005B                                |
| 256  | SV041A                        | SV005C                                |
| 257  | SV041A                        | SV006A                                |
| 258  | SV041A                        | SV007A                                |
| 259  | SV041A                        | SV008A                                |
| 260  | SV041A                        | SV009A                                |
| 261  | SV041A                        | SV010A                                |
| 262  | SV041A                        | SV012A                                |
| 263  | SV041A                        | SV013A                                |
| 264  | SV041A                        | SV014A                                |
| 265  | SV041A                        | SV014B                                |
| 266  | SV041A                        | SV014C                                |
| 267  | SV041A                        | SV014D                                |
| 268  | SV041A                        | SV014E                                |
| 269  | SV041A                        | SV015A                                |
| 270  | SV041A                        | SV018A                                |
| 271  | SV041A                        | SV018B                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 272  | SV041A                        | SV019B                                |
| 273  | SV041A                        | SV019C                                |
| 274  | SV041A                        | SV019T                                |
| 275  | SV041A                        | SV020A                                |
| 276  | SV041A                        | SV023A                                |
| 277  | SV041A                        | SV023D                                |
| 278  | SV041A                        | SV024A                                |
| 279  | SV041A                        | SV026A                                |
| 280  | SV041A                        | SV027A                                |
| 281  | SV041A                        | SV030A                                |
| 282  | SV041A                        | SV035A                                |
| 283  | SV041A                        | SV036A                                |
| 284  | SV041A                        | SV037A                                |
| 285  | SV041A                        | SV038A                                |
| 286  | SV041A                        | SV040A                                |
| 287  | SV041A                        | SV015B                                |
| 288  | SV041A                        | SV016A                                |
| 289  | SV041A                        | SV016B                                |
| 290  | SV041A                        | SV016C                                |
| 291  | SV041A                        | SV016D                                |
| 292  | SV041A                        | SV017A                                |
| 293  | SV041A                        | SV017B                                |
| 294  | SV041A                        | SV017C                                |
| 295  | SV041A                        | SV017D                                |
| 296  | SV041A                        | SV019A                                |
| 297  | SV041A                        | SV019D                                |
| 298  | SV041A                        | SV019E                                |
| 299  | SV041A                        | SV019F                                |
| 300  | SV041A                        | SV019G                                |
| 301  | SV041A                        | SV019H                                |
| 302  | SV041A                        | SV019I                                |
| 303  | SV041A                        | SV019J                                |
| 304  | SV041A                        | SV019K                                |
| 305  | SV041A                        | SV019L                                |
| 306  | SV041A                        | SV019M                                |
| 307  | SV041A                        | SV019N                                |
| 308  | SV041A                        | SV019O                                |
| 309  | SV041A                        | SV019P                                |
| 310  | SV041A                        | SV019Q                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 311  | SV041A                        | SV019R                                |
| 312  | SV041A                        | SV019S                                |
| 313  | SV041A                        | SV019U                                |
| 314  | SV041A                        | SV019V                                |
| 315  | SV041A                        | SV019W                                |
| 316  | SV041A                        | SV019X                                |
| 317  | SV041A                        | SV019Y                                |
| 318  | SV041A                        | SV019Z                                |
| 319  | SV041A                        | SV021A                                |
| 320  | SV041A                        | SV022A                                |
| 321  | SV041A                        | SV023B                                |
| 322  | SV041A                        | SV023C                                |
| 323  | SV041A                        | SV023E                                |
| 324  | SV041A                        | SV025A                                |
| 325  | SV041A                        | SV028A                                |
| 326  | SV041A                        | SV029A                                |
| 327  | SV041A                        | SV032A                                |
| 328  | SV041A                        | SV033A                                |
| 329  | SV041A                        | SV034A                                |
| 330  | SV041A                        | SV039A                                |
| 331  | SV041B                        | SV001A                                |
| 332  | SV041B                        | SV001B                                |
| 333  | SV041B                        | SV001C                                |
| 334  | SV041B                        | SV001D                                |
| 335  | SV041B                        | SV001E                                |
| 336  | SV041B                        | SV001F                                |
| 337  | SV041B                        | SV001G                                |
| 338  | SV041B                        | SV002A                                |
| 339  | SV041B                        | SV002B                                |
| 340  | SV041B                        | SV002C                                |
| 341  | SV041B                        | SV002E                                |
| 342  | SV041B                        | SV002F                                |
| 343  | SV041B                        | SV002G                                |
| 344  | SV041B                        | SV002H                                |
| 345  | SV041B                        | SV002I                                |
| 346  | SV041B                        | SV002J                                |
| 347  | SV041B                        | SV002K                                |
| 348  | SV041B                        | SV002L                                |
| 349  | SV041B                        | SV002M                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 350  | SV041B                        | SV002N                                |
| 351  | SV041B                        | SV002O                                |
| 352  | SV041B                        | SV003A                                |
| 353  | SV041B                        | SV003B                                |
| 354  | SV041B                        | SV003C                                |
| 355  | SV041B                        | SV003D                                |
| 356  | SV041B                        | SV003E                                |
| 357  | SV041B                        | SV003F                                |
| 358  | SV041B                        | SV003G                                |
| 359  | SV041B                        | SV003H                                |
| 360  | SV041B                        | SV003I                                |
| 361  | SV041B                        | SV003J                                |
| 362  | SV041B                        | SV003K                                |
| 363  | SV041B                        | SV003L                                |
| 364  | SV041B                        | SV003M                                |
| 365  | SV041B                        | SV003N                                |
| 366  | SV041B                        | SV003O                                |
| 367  | SV041B                        | SV003P                                |
| 368  | SV041B                        | SV003Q                                |
| 369  | SV041B                        | SV003R                                |
| 370  | SV041B                        | SV003S                                |
| 371  | SV041B                        | SV003T                                |
| 372  | SV041B                        | SV003U                                |
| 373  | SV041B                        | SV003X                                |
| 374  | SV041B                        | SV003Y                                |
| 375  | SV041B                        | SV003Z                                |
| 376  | SV041B                        | SV004A                                |
| 377  | SV041B                        | SV005A                                |
| 378  | SV041B                        | SV005B                                |
| 379  | SV041B                        | SV005C                                |
| 380  | SV041B                        | SV006A                                |
| 381  | SV041B                        | SV007A                                |
| 382  | SV041B                        | SV008A                                |
| 383  | SV041B                        | SV009A                                |
| 384  | SV041B                        | SV010A                                |
| 385  | SV041B                        | SV012A                                |
| 386  | SV041B                        | SV013A                                |
| 387  | SV041B                        | SV014A                                |
| 388  | SV041B                        | SV014B                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 389  | SV041B                        | SV014C                                |
| 390  | SV041B                        | SV014D                                |
| 391  | SV041B                        | SV014E                                |
| 392  | SV041B                        | SV015A                                |
| 393  | SV041B                        | SV018A                                |
| 394  | SV041B                        | SV018B                                |
| 395  | SV041B                        | SV019B                                |
| 396  | SV041B                        | SV019C                                |
| 397  | SV041B                        | SV019T                                |
| 398  | SV041B                        | SV020A                                |
| 399  | SV041B                        | SV023A                                |
| 400  | SV041B                        | SV023D                                |
| 401  | SV041B                        | SV024A                                |
| 402  | SV041B                        | SV026A                                |
| 403  | SV041B                        | SV027A                                |
| 404  | SV041B                        | SV030A                                |
| 405  | SV041B                        | SV035A                                |
| 406  | SV041B                        | SV036A                                |
| 407  | SV041B                        | SV037A                                |
| 408  | SV041B                        | SV038A                                |
| 409  | SV041B                        | SV040A                                |
| 410  | SV041C                        | SV001B                                |
| 411  | SV041C                        | SV001C                                |
| 412  | SV041C                        | SV001D                                |
| 413  | SV041C                        | SV001E                                |
| 414  | SV041C                        | SV001F                                |
| 415  | SV041C                        | SV001G                                |
| 416  | SV041C                        | SV002A                                |
| 417  | SV041C                        | SV002B                                |
| 418  | SV041C                        | SV002C                                |
| 419  | SV041C                        | SV002E                                |
| 420  | SV041C                        | SV002F                                |
| 421  | SV041C                        | SV002G                                |
| 422  | SV041C                        | SV002H                                |
| 423  | SV041C                        | SV002I                                |
| 424  | SV041C                        | SV002J                                |
| 425  | SV041C                        | SV002K                                |
| 426  | SV041C                        | SV002L                                |
| 427  | SV041C                        | SV002M                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 428  | SV041C                        | SV002N                                |
| 429  | SV041C                        | SV002O                                |
| 430  | SV041C                        | SV003A                                |
| 431  | SV041C                        | SV003B                                |
| 432  | SV041C                        | SV003C                                |
| 433  | SV041C                        | SV003D                                |
| 434  | SV041C                        | SV003E                                |
| 435  | SV041C                        | SV003F                                |
| 436  | SV041C                        | SV003G                                |
| 437  | SV041C                        | SV003H                                |
| 438  | SV041C                        | SV003I                                |
| 439  | SV041C                        | SV003J                                |
| 440  | SV041C                        | SV003K                                |
| 441  | SV041C                        | SV003L                                |
| 442  | SV041C                        | SV003M                                |
| 443  | SV041C                        | SV003N                                |
| 444  | SV041C                        | SV003O                                |
| 445  | SV041C                        | SV003P                                |
| 446  | SV041C                        | SV003Q                                |
| 447  | SV041C                        | SV003R                                |
| 448  | SV041C                        | SV003S                                |
| 449  | SV041C                        | SV003T                                |
| 450  | SV041C                        | SV003U                                |
| 451  | SV041C                        | SV003X                                |
| 452  | SV041C                        | SV003Y                                |
| 453  | SV041C                        | SV003Z                                |
| 454  | SV041C                        | SV004A                                |
| 455  | SV041C                        | SV005A                                |
| 456  | SV041C                        | SV005B                                |
| 457  | SV041C                        | SV005C                                |
| 458  | SV041C                        | SV006A                                |
| 459  | SV041C                        | SV007A                                |
| 460  | SV041C                        | SV008A                                |
| 461  | SV041C                        | SV009A                                |
| 462  | SV041C                        | SV010A                                |
| 463  | SV041C                        | SV012A                                |
| 464  | SV041C                        | SV013A                                |
| 465  | SV041C                        | SV014A                                |
| 466  | SV041C                        | SV014B                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 467  | SV041C                        | SV014C                                |
| 468  | SV041C                        | SV014D                                |
| 469  | SV041C                        | SV014E                                |
| 470  | SV041C                        | SV015A                                |
| 471  | SV041C                        | SV018A                                |
| 472  | SV041C                        | SV018B                                |
| 473  | SV041C                        | SV019B                                |
| 474  | SV041C                        | SV019C                                |
| 475  | SV041C                        | SV019T                                |
| 476  | SV041C                        | SV020A                                |
| 477  | SV041C                        | SV023A                                |
| 478  | SV041C                        | SV023D                                |
| 479  | SV041C                        | SV024A                                |
| 480  | SV041C                        | SV026A                                |
| 481  | SV041C                        | SV027A                                |
| 482  | SV041C                        | SV030A                                |
| 483  | SV041C                        | SV035A                                |
| 484  | SV041C                        | SV036A                                |
| 485  | SV041C                        | SV037A                                |
| 486  | SV041C                        | SV038A                                |
| 487  | SV041C                        | SV040A                                |
| 488  | SV041D                        | SV001B                                |
| 489  | SV041D                        | SV001C                                |
| 490  | SV041D                        | SV001D                                |
| 491  | SV041D                        | SV001E                                |
| 492  | SV041D                        | SV001F                                |
| 493  | SV041D                        | SV001G                                |
| 494  | SV041D                        | SV002A                                |
| 495  | SV041D                        | SV002B                                |
| 496  | SV041D                        | SV002C                                |
| 497  | SV041D                        | SV002E                                |
| 498  | SV041D                        | SV002F                                |
| 499  | SV041D                        | SV002G                                |
| 500  | SV041D                        | SV002H                                |
| 501  | SV041D                        | SV002I                                |
| 502  | SV041D                        | SV002J                                |
| 503  | SV041D                        | SV002K                                |
| 504  | SV041D                        | SV002L                                |
| 505  | SV041D                        | SV002M                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 506  | SV041D                        | SV002N                                |
| 507  | SV041D                        | SV002O                                |
| 508  | SV041D                        | SV003A                                |
| 509  | SV041D                        | SV003B                                |
| 510  | SV041D                        | SV003C                                |
| 511  | SV041D                        | SV003D                                |
| 512  | SV041D                        | SV003E                                |
| 513  | SV041D                        | SV003F                                |
| 514  | SV041D                        | SV003G                                |
| 515  | SV041D                        | SV003H                                |
| 516  | SV041D                        | SV003I                                |
| 517  | SV041D                        | SV003J                                |
| 518  | SV041D                        | SV003K                                |
| 519  | SV041D                        | SV003L                                |
| 520  | SV041D                        | SV003M                                |
| 521  | SV041D                        | SV003N                                |
| 522  | SV041D                        | SV003O                                |
| 523  | SV041D                        | SV003P                                |
| 524  | SV041D                        | SV003Q                                |
| 525  | SV041D                        | SV003R                                |
| 526  | SV041D                        | SV003S                                |
| 527  | SV041D                        | SV003T                                |
| 528  | SV041D                        | SV003U                                |
| 529  | SV041D                        | SV003X                                |
| 530  | SV041D                        | SV003Y                                |
| 531  | SV041D                        | SV003Z                                |
| 532  | SV041D                        | SV004A                                |
| 533  | SV041D                        | SV005A                                |
| 534  | SV041D                        | SV005B                                |
| 535  | SV041D                        | SV005C                                |
| 536  | SV041D                        | SV006A                                |
| 537  | SV041D                        | SV007A                                |
| 538  | SV041D                        | SV008A                                |
| 539  | SV041D                        | SV009A                                |
| 540  | SV041D                        | SV010A                                |
| 541  | SV041D                        | SV012A                                |
| 542  | SV041D                        | SV013A                                |
| 543  | SV041D                        | SV014A                                |
| 544  | SV041D                        | SV014B                                |



| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 545  | SV041D                        | SV014C                                |
| 546  | SV041D                        | SV014D                                |
| 547  | SV041D                        | SV014E                                |
| 548  | SV041D                        | SV015A                                |
| 549  | SV041D                        | SV018A                                |
| 550  | SV041D                        | SV018B                                |
| 551  | SV041D                        | SV019B                                |
| 552  | SV041D                        | SV019C                                |
| 553  | SV041D                        | SV019T                                |
| 554  | SV041D                        | SV020A                                |
| 555  | SV041D                        | SV023A                                |
| 556  | SV041D                        | SV023D                                |
| 557  | SV041D                        | SV024A                                |
| 558  | SV041D                        | SV026A                                |
| 559  | SV041D                        | SV027A                                |
| 560  | SV041D                        | SV030A                                |
| 561  | SV041D                        | SV035A                                |
| 562  | SV041D                        | SV036A                                |
| 563  | SV041D                        | SV037A                                |
| 564  | SV041D                        | SV038A                                |
| 565  | SV041D                        | SV040A                                |
| 566  | SV041E                        | SV001B                                |
| 567  | SV041E                        | SV001C                                |
| 568  | SV041E                        | SV001D                                |
| 569  | SV041E                        | SV001E                                |
| 570  | SV041E                        | SV001F                                |
| 571  | SV041E                        | SV001G                                |
| 572  | SV041E                        | SV002A                                |
| 573  | SV041E                        | SV002B                                |
| 574  | SV041E                        | SV002C                                |
| 575  | SV041E                        | SV002E                                |
| 576  | SV041E                        | SV002F                                |
| 577  | SV041E                        | SV002G                                |
| 578  | SV041E                        | SV002H                                |
| 579  | SV041E                        | SV002I                                |
| 580  | SV041E                        | SV002J                                |
| 581  | SV041E                        | SV002K                                |
| 582  | SV041E                        | SV002L                                |
| 583  | SV041E                        | SV002M                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 584  | SV041E                        | SV002N                                |
| 585  | SV041E                        | SV002O                                |
| 586  | SV041E                        | SV003A                                |
| 587  | SV041E                        | SV003B                                |
| 588  | SV041E                        | SV003C                                |
| 589  | SV041E                        | SV003D                                |
| 590  | SV041E                        | SV003E                                |
| 591  | SV041E                        | SV003F                                |
| 592  | SV041E                        | SV003G                                |
| 593  | SV041E                        | SV003H                                |
| 594  | SV041E                        | SV003I                                |
| 595  | SV041E                        | SV003J                                |
| 596  | SV041E                        | SV003K                                |
| 597  | SV041E                        | SV003L                                |
| 598  | SV041E                        | SV003M                                |
| 599  | SV041E                        | SV003N                                |
| 600  | SV041E                        | SV003O                                |
| 601  | SV041E                        | SV003P                                |
| 602  | SV041E                        | SV003Q                                |
| 603  | SV041E                        | SV003R                                |
| 604  | SV041E                        | SV003S                                |
| 605  | SV041E                        | SV003T                                |
| 606  | SV041E                        | SV003U                                |
| 607  | SV041E                        | SV003X                                |
| 608  | SV041E                        | SV003Y                                |
| 609  | SV041E                        | SV003Z                                |
| 610  | SV041E                        | SV004A                                |
| 611  | SV041E                        | SV005A                                |
| 612  | SV041E                        | SV005B                                |
| 613  | SV041E                        | SV005C                                |
| 614  | SV041E                        | SV006A                                |
| 615  | SV041E                        | SV007A                                |
| 616  | SV041E                        | SV008A                                |
| 617  | SV041E                        | SV009A                                |
| 618  | SV041E                        | SV010A                                |
| 619  | SV041E                        | SV012A                                |
| 620  | SV041E                        | SV013A                                |
| 621  | SV041E                        | SV014A                                |
| 622  | SV041E                        | SV014B                                |

| S.No | Procedure Code -<br>Follow Up | Procedure Code -<br>Regular Procedure |
|------|-------------------------------|---------------------------------------|
| 623  | SV041E                        | SV014C                                |
| 624  | SV041E                        | SV014D                                |
| 625  | SV041E                        | SV014E                                |
| 626  | SV041E                        | SV015A                                |
| 627  | SV041E                        | SV018A                                |
| 628  | SV041E                        | SV018B                                |
| 629  | SV041E                        | SV019B                                |
| 630  | SV041E                        | SV019C                                |
| 631  | SV041E                        | SV019T                                |
| 632  | SV041E                        | SV020A                                |
| 633  | SV041E                        | SV023A                                |
| 634  | SV041E                        | SV023D                                |
| 635  | SV041E                        | SV024A                                |
| 636  | SV041E                        | SV026A                                |
| 637  | SV041E                        | SV027A                                |
| 638  | SV041E                        | SV030A                                |
| 639  | SV041E                        | SV035A                                |
| 640  | SV041E                        | SV036A                                |
| 641  | SV041E                        | SV037A                                |
| 642  | SV041E                        | SV038A                                |
| 643  | SV041E                        | SV040A                                |

| Add on non related |                        |                |                                                    |
|--------------------|------------------------|----------------|----------------------------------------------------|
| S.No               | Primary Procedure code | Procedure code | Remarks                                            |
| 1                  | MG072C                 | MG072B         | Add - On Procedures that cannot be booked together |
| 2                  | MR001D                 | MR003D         | Add - On Procedures that cannot be booked together |
| 3                  | MR001D                 | MR004D         | Add - On Procedures that cannot be booked together |
| 4                  | MR001D                 | MR005D         | Add - On Procedures that cannot be booked together |
| 5                  | MR001D                 | MR006D         | Add - On Procedures that cannot be booked together |
| 6                  | MR001D                 | MR007D         | Add - On Procedures that cannot be booked together |
| 7                  | MR001D                 | MR008D         | Add - On Procedures that cannot be booked together |
| 8                  | MR001D                 | MR009D         | Add - On Procedures that cannot be booked together |
| 9                  | MR001D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 10                 | MR001D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 11                 | MR001D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 12                 | MR003D                 | MR004D         | Add - On Procedures that cannot be booked together |
| 13                 | MR003D                 | MR005D         | Add - On Procedures that cannot be booked together |
| 14                 | MR003D                 | MR006D         | Add - On Procedures that cannot be booked together |
| 15                 | MR003D                 | MR007D         | Add - On Procedures that cannot be booked together |
| 16                 | MR003D                 | MR008D         | Add - On Procedures that cannot be booked together |
| 17                 | MR003D                 | MR009D         | Add - On Procedures that cannot be booked together |
| 18                 | MR003D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 19                 | MR003D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 20                 | MR003D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 21                 | MR004D                 | MR005D         | Add - On Procedures that cannot be booked together |
| 22                 | MR004D                 | MR006D         | Add - On Procedures that cannot be booked together |
| 23                 | MR004D                 | MR007D         | Add - On Procedures that cannot be booked together |
| 24                 | MR004D                 | MR008D         | Add - On Procedures that cannot be booked together |
| 25                 | MR004D                 | MR009D         | Add - On Procedures that cannot be booked together |
| 26                 | MR004D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 27                 | MR004D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 28                 | MR004D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 29                 | MR005D                 | MR006D         | Add - On Procedures that cannot be booked together |
| 30                 | MR005D                 | MR007D         | Add - On Procedures that cannot be booked together |
| 31                 | MR005D                 | MR008D         | Add - On Procedures that cannot be booked together |

| S.No | Primary Procedure code | Procedure code | Remarks                                            |
|------|------------------------|----------------|----------------------------------------------------|
| 32   | MR005D                 | MR009D         | Add - On Procedures that cannot be booked together |
| 33   | MR005D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 34   | MR005D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 35   | MR005D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 36   | MR006D                 | MR007D         | Add - On Procedures that cannot be booked together |
| 37   | MR006D                 | MR008D         | Add - On Procedures that cannot be booked together |
| 38   | MR006D                 | MR009D         | Add - On Procedures that cannot be booked together |
| 39   | MR006D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 40   | MR006D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 41   | MR006D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 42   | MR007D                 | MR008D         | Add - On Procedures that cannot be booked together |
| 43   | MR007D                 | MR009D         | Add - On Procedures that cannot be booked together |
| 44   | MR007D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 45   | MR007D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 46   | MR007D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 47   | MR008D                 | MR009D         | Add - On Procedures that cannot be booked together |
| 48   | MR008D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 49   | MR008D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 50   | MR008D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 51   | MR009D                 | MR010B         | Add - On Procedures that cannot be booked together |
| 52   | MR009D                 | MR012B         | Add - On Procedures that cannot be booked together |
| 53   | MR009D                 | MR014C         | Add - On Procedures that cannot be booked together |
| 54   | MR010B                 | MR012B         | Add - On Procedures that cannot be booked together |
| 55   | MR010B                 | MR014C         | Add - On Procedures that cannot be booked together |
| 56   | MR012B                 | MR014C         | Add - On Procedures that cannot be booked together |
| 57   | SV031B                 | SV031C         | Add - On Procedures that cannot be booked together |
| 58   | SV031B                 | SV031D         | Add - On Procedures that cannot be booked together |
| 59   | SV031B                 | SV031E         | Add - On Procedures that cannot be booked together |
| 60   | SV031B                 | SV031F         | Add - On Procedures that cannot be booked together |
| 61   | SV031C                 | SV031D         | Add - On Procedures that cannot be booked together |
| 62   | SV031C                 | SV031E         | Add - On Procedures that cannot be booked together |
| 63   | SV031C                 | SV031F         | Add - On Procedures that cannot be booked together |

| S.No | Primary<br>Procedure code | Procedure code | Remarks                                            |
|------|---------------------------|----------------|----------------------------------------------------|
| 64   | SV031D                    | SV031E         | Add - On Procedures that cannot be booked together |
| 65   | SV031D                    | SV031F         | Add - On Procedures that cannot be booked together |
| 66   | SV031E                    | SV031F         | Add - On Procedures that cannot be booked together |
| 67   | MG072C                    | MG072D         | Add - On Procedures that cannot be booked together |
| 68   | MG072D                    | MG072B         | Add - On Procedures that cannot be booked together |

| Procedure vs. SP POP up mapping |                |                                                                                                                                                                                                                                                                    |                  |
|---------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| S.No                            | Procedure Code | POP UP Description                                                                                                                                                                                                                                                 | Stage of PoP Up  |
| 1                               | MG045A         | Dialysis payable separately as an add on package                                                                                                                                                                                                                   | PPD / CPD        |
| 2                               | MG072C         | Package cost of one session                                                                                                                                                                                                                                        | PPD / CPD        |
| 3                               | MG072B         | Package cost of one session                                                                                                                                                                                                                                        | PPD / CPD        |
| 4                               | MG075A         | Rs. 5000 is the upper limit.<br>Can be booked at a lower rate also.<br>In fact the SHA should examine this package and confirm wheter the package has been booked at the usual market rate.<br>Can be booked for a pt. already admitted under any medical package. | PPD / CPD        |
| 5                               | MG076A         | Rs. 5000 is the upper limit.<br>Can be booked at a lower rate also.<br>In fact the SHA should examine this package and confirm wheter the package has been booked at the usual market rate.<br>Can be booked for a pt. already admitted under any medical package. | PPD / CPD        |
| 6                               | MO001A         | Adjuvant therapy in breast cancer<br>Metastatic breast cancer<br>(should not have received the same regimen or AC earlier)                                                                                                                                         | PMAM / PPD / CPD |
| 7                               | MO001B         | Adjuvant therapy after 4 cycles of AC or EC                                                                                                                                                                                                                        | PMAM / PPD / CPD |
| 8                               | MO001C         | Metstatic breast cancer                                                                                                                                                                                                                                            | PMAM / PPD / CPD |
| 9                               | MO001D         | Adjuvant therapy in breast cancer with cardiac dysfunction or not suitable for anthracycline based therapy<br>Metstatic breast cancer<br>(should not have received the same regimen earlier)                                                                       | PMAM / PPD / CPD |
| 10                              | MO001E         | Adjuvant therapy in breast cancer with cardiac dysfunction or not suitable for anthracycline based therapy and high nodal burden<br>Metastatic breast cancer<br>(should not have received the same regimen earlier)                                                | PMAM / PPD / CPD |
| 11                              | MO001F         | Adjuvant therapy in breast cancer with Her-2 neu positive patients                                                                                                                                                                                                 | PMAM / PPD / CPD |
| 12                              | MO001G         | Adjuvant or neoadjuvant therapy in ER / PR psotive breast cancer<br>ER / PR positive metastatic breast cancer<br>(if not receive earlier)                                                                                                                          | PMAM / PPD / CPD |
| 13                              | MO001H         | Adjuvant or neoadjuvant therapy in ER / PR psotive breast cancer<br>ER / PR positive metastatic breast cancer                                                                                                                                                      | PMAM / PPD / CPD |
| 14                              | MO001I         | Adjuvant or neoadjuvant therapy breast cancer<br>metastatic breast cancer<br>(if not received earlier)                                                                                                                                                             | PMAM / PPD / CPD |
| 15                              | MO001J         | Adjuvant or neoadjuvant therapy breast cancer<br>metastatic breast cancer                                                                                                                                                                                          | PMAM / PPD / CPD |

| S.No | Procedure Code | POP UP Description                                                                                                        | Stage of PoP Up  |
|------|----------------|---------------------------------------------------------------------------------------------------------------------------|------------------|
| 16   | MO001K         | Adjuvant or neoadjuvant therapy breast cancer<br>metastatic breast cancer                                                 | PMAM / PPD / CPD |
| 17   | MO001L         | Adjuvant therapy in breast cancer<br>Metstatic breast cancer<br>(should not have received the same regimen or EC earlier) | PMAM / PPD / CPD |
| 18   | MO001M         | Metastatic breast cancer ER / PR positive                                                                                 | PMAM / PPD / CPD |
| 19   | MO001N         | Adjuvant or neoadjuvant therapy breast cancer<br>metastatic breast cancer                                                 | PMAM / PPD / CPD |
| 20   | MO001O         | Metastatic breast cancer ER / PR positive                                                                                 | PMAM / PPD / CPD |
| 21   | MO002A         | Metastatic bone malignancy and multiple myeloma                                                                           | PMAM / PPD / CPD |
| 22   | MO003A         | Metastatic ovarian adenocarcinoma second line                                                                             | PMAM / PPD / CPD |
| 23   | MO003B         | Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma                                                               | PMAM / PPD / CPD |
| 24   | MO003C         | Metastatic ovarian adenocarcinoma second line                                                                             | PMAM / PPD / CPD |
| 25   | MO003D         | Metastatic ovarian adenocarcinoma second line                                                                             | PMAM / PPD / CPD |
| 26   | MO003E         | Metastatic ovarian adenocarcinoma second line                                                                             | PMAM / PPD / CPD |
| 27   | MO003F         | Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma                                                               | PMAM / PPD / CPD |
| 28   | MO003G         | Neoadjuvant, adjuvant and metastatic ovarian adenocarcinoma                                                               | PMAM / PPD / CPD |
| 29   | MO004A         | Testicular Seminoma, Adjuvant                                                                                             | PMAM / PPD / CPD |
| 30   | MO004B         | Germ cell tumour of any site for Neoadjuvant, adjuvant or metastatic first line                                           | PMAM / PPD / CPD |
| 31   | MO004C         | Germ cell tumour of any site for Neoadjuvant, adjuvant or metastatic first line                                           | PMAM / PPD / CPD |
| 32   | MO004D         | Germ cell tumour second line therapy                                                                                      | PMAM / PPD / CPD |
| 33   | MO004E         | Germ cell tumour second line therapy                                                                                      | PMAM / PPD / CPD |
| 34   | MO004F         | Germ cell tumour second line therapy                                                                                      | PMAM / PPD / CPD |
| 35   | MO004G         | Germ cell tumour second line therapy                                                                                      | PMAM / PPD / CPD |
| 36   | MO005A         | First line therapy for high - risk Gestational Trophoblastic Neoplasia<br>Second line                                     | PMAM / PPD / CPD |
| 37   | MO005B         | First line therapy for high - risk Gestational Trophoblastic Neoplasia<br>Second line                                     | PMAM / PPD / CPD |
| 38   | MO005C         | First line therapy for low risk Gestational Trophoblastic Neoplasia                                                       | PMAM / PPD / CPD |
| 39   | MO006A         | Neoadjuvant and metastatic Cervical Cancer                                                                                | PMAM / PPD / CPD |
| 40   | MO006B         | Stage II and Stage III cervical cancer definitive therapy along with Radiation therapy                                    | PMAM / PPD / CPD |
| 41   | MO007A         | Neoadjuvant, Adjuvant and Metastatic Endometrial Cancer                                                                   | PMAM / PPD / CPD |
| 42   | MO007B         | Metastatic Endometrial Cancer                                                                                             | PMAM / PPD / CPD |
| 43   | MO008A         | NACT, mets                                                                                                                | PMAM / PPD / CPD |
| 44   | MO008B         | Stage II and Stage III cervical cancer definitive therapy                                                                 | PMAM / PPD / CPD |



| S.No | Procedure Code | POP UP Description                                                               | Stage of PoP Up  |
|------|----------------|----------------------------------------------------------------------------------|------------------|
| 45   | MO009A         | Ewing Sarcoma second line chemotherapy                                           | PMAM / PPD / CPD |
| 46   | MO010A         | Osteogenic carcinoma Neoadjuvant and adjuvant therapy                            | PMAM / PPD / CPD |
| 47   | MO010B         | Relapsed Osteogenic Sarcoma                                                      | PMAM / PPD / CPD |
| 48   | MO010C         | Osteogenic carcinoma Neoadjuvant therapy                                         | PMAM / PPD / CPD |
| 49   | MO010D         | Osteogenic carcinoma adjuvant therapy                                            | PMAM / PPD / CPD |
| 50   | MO011A         | NACT, Adjuvant, mets (if cardiac dysfunction)                                    | PMAM / PPD / CPD |
| 51   | MO011B         | Soft tissue sarcoma neoadjuvant, adjuvant and metastatic                         | PMAM / PPD / CPD |
| 52   | MO012A         | Metastatic Melanoma                                                              | PMAM / PPD / CPD |
| 53   | MO012B         | Metastatic Melanoma                                                              | PMAM / PPD / CPD |
| 54   | MO013A         | Stage II and III anal Cancer                                                     | PMAM / PPD / CPD |
| 55   | MO013B         | Stage II and III anal Cancer                                                     | PMAM / PPD / CPD |
| 56   | MO013C         | Metastatic Anal Cancer                                                           | PMAM / PPD / CPD |
| 57   | MO013D         | Metastatic Anal Cancer                                                           | PMAM / PPD / CPD |
| 58   | MO013E         | Metastatic Anal Cancer                                                           | PMAM / PPD / CPD |
| 59   | MO014A         | Adjuvant and Metastatic Colorectal Cancer                                        | PMAM / PPD / CPD |
| 60   | MO014B         | Metastatic Colorectal Cancer                                                     | PMAM / PPD / CPD |
| 61   | MO014C         | Adjuvant and Metastatic Colorectal Cancer                                        | PMAM / PPD / CPD |
| 62   | MO014D         | Metastatic Colorectal Cancer                                                     | PMAM / PPD / CPD |
| 63   | MO014E         | Adjuvant and Metastatic Colorectal Cancer                                        | PMAM / PPD / CPD |
| 64   | MO014F         | Till completion of RT<br>Neoadjuvant and adjuvant rectal cancer                  | PMAM / PPD / CPD |
| 65   | MO014G         | Adjuvant and Metastatic Colorectal Cancer                                        | PMAM / PPD / CPD |
| 66   | MO014H         | Neoadjuvant and adjuvant Colorectal Cancer                                       | PMAM / PPD / CPD |
| 67   | MO015A         | Neoadjuvant and adjuvant esophageal cancer                                       | PMAM / PPD / CPD |
| 68   | MO015B         | Upper esophageal neoadjuvant and with RT as adjuvant                             | PMAM / PPD / CPD |
| 69   | MO015C         | Upper esophageal neoadjuvant and with RT as adjuvant                             | PMAM / PPD / CPD |
| 70   | MO015D         | With RT in definitive non-metastatic                                             | PMAM / PPD / CPD |
| 71   | MO015E         | Metastatic without RT                                                            | PMAM / PPD / CPD |
| 72   | MO016A         | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer         | PMAM / PPD / CPD |
| 73   | MO016B         | Metastatic second line esophageal and stomach cancer                             | PMAM / PPD / CPD |
| 74   | MO016C         | Till RT ends<br>Lower esophageal and stomach Cancer with RT as adjuvant          | PMAM / PPD / CPD |
| 75   | MO016D         | Till completion of RT<br>Lower esophageal and stomach Cancer with RT as adjuvant | PMAM / PPD / CPD |

| S.No | Procedure Code | POP UP Description                                                                                                      | Stage of PoP Up  |
|------|----------------|-------------------------------------------------------------------------------------------------------------------------|------------------|
| 76   | MO016E         | Adjuvant and Metastatic Stomach, Lower esophageal (adenocarcinoma) cancer                                               | PMAM / PPD / CPD |
| 77   | MO016F         | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal (adenocarcinoma) cancer                               | PMAM / PPD / CPD |
| 78   | MO016G         | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal (adenocarcinoma) cancer                               | PMAM / PPD / CPD |
| 79   | MO016H         | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer                                                | PMAM / PPD / CPD |
| 80   | MO016I         | Neoadjuvant, adjuvant and metastatic stomach and lower esophageal cancer                                                | PMAM / PPD / CPD |
| 81   | MO016J         | Metastatic lower esophageal and stomach Cancer                                                                          | PMAM / PPD / CPD |
| 82   | MO016K         | Adjuvant for stomach and lower esophageal (adenocarcinoma) cancer                                                       | PMAM / PPD / CPD |
| 83   | MO016L         | Neoadjuvant, adjuvant, along with Radiation (concurrent), metastatic esophageal cancer                                  | PMAM / PPD / CPD |
| 84   | MO017A         | Liver confined hepatocellular carcinoma                                                                                 | PMAM / PPD / CPD |
| 85   | MO017B         | Metastatic hepatocellular carcinoma (except child Pugh c)<br>Liver confined but not suitable for liver directed therapy | PMAM / PPD / CPD |
| 86   | MO018A         | Neoadjuvant, adjuvant and metastatic pancreatic cancer                                                                  | PMAM / PPD / CPD |
| 87   | MO018B         | Metastatic pancreatic cancer - first line                                                                               | PMAM / PPD / CPD |
| 88   | MO018C         | Neoadjuvant and adjuvant locally advanced pancreatic cancer                                                             | PMAM / PPD / CPD |
| 89   | MO018D         | Neoadjuvant, adjuvant and metastatic pancreatic cancer                                                                  | PMAM / PPD / CPD |
| 90   | MO018E         | Till RT ends<br>Neoadjuvant and adjuvant locally advanced pancreatic cancer                                             | PMAM / PPD / CPD |
| 91   | MO018F         | Pancreatic cancer - adjuvant                                                                                            | PMAM / PPD / CPD |
| 92   | MO019A         | Adjuvant and metastatic gall bladder and cholangiocarcinoma                                                             | PMAM / PPD / CPD |
| 93   | MO019B         | Neoadjuvant, adjuvant and metastatic pancreatic cancer                                                                  | PMAM / PPD / CPD |
| 94   | MO019C         | Metastatic gall bladder and cholangiocarcinoma                                                                          | PMAM / PPD / CPD |
| 95   | MO019D         | Till RT ends<br>Definitive and Adjuvant therapy in gall bladder cancer                                                  | PMAM / PPD / CPD |
| 96   | MO019E         | Metastatic Gall Bladder Cancer                                                                                          | PMAM / PPD / CPD |
| 97   | MO019F         | Neoadjuvant, adjuvant and metastatic pancreatic cancer                                                                  | PMAM / PPD / CPD |
| 98   | MO019G         | Metastatic gall bladder and cholangiocarcinoma                                                                          | PMAM / PPD / CPD |
| 99   | MO019H         | Metastatic gall bladder and cholangiocarcinoma                                                                          | PMAM / PPD / CPD |
| 100  | MO020A         | Neoadjuvant, adjuvant and metastatic GIST                                                                               | PMAM / PPD / CPD |
| 101  | MO020B         | Metastatic GIST                                                                                                         | PMAM / PPD / CPD |
| 102  | MO021A         | Adjuvant therapy                                                                                                        | PMAM / PPD / CPD |
| 103  | MO021B         | Till RT ends<br>Definitive therapy                                                                                      | PMAM / PPD / CPD |
| 104  | MO022A         | Metastatic mesothelioma                                                                                                 | PMAM / PPD / CPD |

| S.No | Procedure Code | POP UP Description                                                                                       | Stage of PoP Up  |
|------|----------------|----------------------------------------------------------------------------------------------------------|------------------|
| 105  | MO022B         | Neoadjuvant,adjuvant and metastatic mesothelioma                                                         | PMAM / PPD / CPD |
| 106  | MO022C         | Neoadjuvant,adjuvant and metastatic mesothelioma                                                         | PMAM / PPD / CPD |
| 107  | MO023A         | Neoadjuvant Chemotherapy and metastatic thymic carcinoma                                                 | PMAM / PPD / CPD |
| 108  | MO023B         | Neoadjuvant Chemotherapy and metastatic thymic carcinoma                                                 | PMAM / PPD / CPD |
| 109  | MO024A         | Neoadjuvant and metastatic head and neck squamou cell cancer                                             | PMAM / PPD / CPD |
| 110  | MO024B         | Definitive therapy                                                                                       | PMAM / PPD / CPD |
| 111  | MO024C         | Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers             | PMAM / PPD / CPD |
| 112  | MO024D         | Neoadjuvant, Metastatic squamou cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers | PMAM / PPD / CPD |
| 113  | MO024E         | Metastatic squamou cell head and neck cancer, salivary gland cancers                                     | PMAM / PPD / CPD |
| 114  | MO024F         | Metastatic Head and neck squamous cell carcinoma                                                         | PMAM / PPD / CPD |
| 115  | MO024G         | Neoadjuvant, adjuvant and metastatic esthesioneuroblastoma and Neuroendocrine carcinoma                  | PMAM / PPD / CPD |
| 116  | MO024H         | Neoadjuvant, adjuvant and metastatic esthesioneuroblastoma and Neuroendocrine carcinoma                  | PMAM / PPD / CPD |
| 117  | MO024I         | Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers             | PMAM / PPD / CPD |
| 118  | MO024J         | Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers             | PMAM / PPD / CPD |
| 119  | MO024K         | Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers             | PMAM / PPD / CPD |
| 120  | MO024L         | Metastatic squamous cell head and neck cancer, salivary gland cancers, nasopharyngeal carcinoma          | PMAM / PPD / CPD |
| 121  | MO024M         | Metastatic squamous cell head and neck cancer, salivary gland cancers                                    | PMAM / PPD / CPD |
| 122  | MO024N         | Metastatic squamous cell head and neck cancer, nasopharyngeal cancer, salivary gland cancers             | PMAM / PPD / CPD |
| 123  | MO024O         | Definitive therapy                                                                                       | PMAM / PPD / CPD |
| 124  | MO024P         | Definitive therapy                                                                                       | PMAM / PPD / CPD |
| 125  | MO025A         | Metastatic renal cell carcinoma                                                                          | PMAM / PPD / CPD |
| 126  | MO026A         | Neoadjuvant, Metastatic urothelial cancer                                                                | PMAM / PPD / CPD |
| 127  | MO026B         | Neoadjuvant, Adjuvant, Metastatic urothelial cancer                                                      | PMAM / PPD / CPD |
| 128  | MO026C         | Neoadjuvant, Adjuvant, Metastatic urothelial cancer                                                      | PMAM / PPD / CPD |
| 129  | MO026D         | Neoadjuvant, Adjuvant, Metastatic urothelial cancer                                                      | PMAM / PPD / CPD |
| 130  | MO026E         | Neoadjuvant, Adjuvant, Metastatic urothelial cancer                                                      | PMAM / PPD / CPD |
| 131  | MO026F         | Metastatic urothelial cancer                                                                             | PMAM / PPD / CPD |

| S.No | Procedure Code | POP UP Description                                                | Stage of PoP Up  |
|------|----------------|-------------------------------------------------------------------|------------------|
| 132  | MO026G         | Neoadjuvant, Metastatic urothelial cancer                         | PMAM / PPD / CPD |
| 133  | MO026H         | Metastatic urothelial cancer                                      | PMAM / PPD / CPD |
| 134  | MO026I         | Neoadjuvant, Adjuvant, Metastatic urothelial cancer               | PMAM / PPD / CPD |
| 135  | MO026J         | Neoadjuvant, Adjuvant, Metastatic urothelial cancer               | PMAM / PPD / CPD |
| 136  | MO026K         | Metastatic urothelial cancer                                      | PMAM / PPD / CPD |
| 137  | MO027A         | Neoadjuvant, Adjuvant, Metastatic penile cancer                   | PMAM / PPD / CPD |
| 138  | MO027B         | Neoadjuvant, Adjuvant, Metastatic penile cancer                   | PMAM / PPD / CPD |
| 139  | MO027C         | Metastatic Penile Cancer                                          | PMAM / PPD / CPD |
| 140  | MO027D         | Neoadjuvant, Adjuvant, Metastatic penile cancer                   | PMAM / PPD / CPD |
| 141  | MO027E         | Metastatic Penile Cancer                                          | PMAM / PPD / CPD |
| 142  | MO027F         | Metastatic Penile Cancer                                          | PMAM / PPD / CPD |
| 143  | MO027G         | Metastatic Penile Cancer                                          | PMAM / PPD / CPD |
| 144  | MO028A         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 145  | MO028B         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 146  | MO028C         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 147  | MO028D         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 148  | MO028E         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 149  | MO028F         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 150  | MO028G         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 151  | MO028H         | Metastatic prostate cancer                                        | PMAM / PPD / CPD |
| 152  | MO033A         | Multiagent chemotherapy variable in each protocol                 | PMAM / PPD / CPD |
| 153  | MO047C         | Optional Vincristine and Prednsiolone<br>Intrathecal Methotrexate | PMAM / PPD / CPD |
| 154  | MO048C         | Optional Vincristine and Prednsiolone, intrathecal Methotrexate   | PMAM / PPD / CPD |
| 155  | MO054A         | Histiocytosis Protocol - Induction                                | PMAM / PPD / CPD |
| 156  | MO054B         | Histiocytosis Protocol - Maintenance                              | PMAM / PPD / CPD |
| 157  | MO055A         | Low Grade Glioma                                                  | PMAM / PPD / CPD |
| 158  | MO055B         | Low Grade Glioma                                                  | PMAM / PPD / CPD |
| 159  | MO056A         | Medulloblastoma                                                   | PMAM / PPD / CPD |
| 160  | MO056B         | Medulloblastoma                                                   | PMAM / PPD / CPD |
| 161  | MO057A         | Neuroblastoma                                                     | PMAM / PPD / CPD |
| 162  | MO057B         | Neuroblastoma                                                     | PMAM / PPD / CPD |
| 163  | MO057C         | Neuroblastoma                                                     | PMAM / PPD / CPD |

| S.No | Procedure Code | POP UP Description                                                                | Stage of PoP Up  |
|------|----------------|-----------------------------------------------------------------------------------|------------------|
| 164  | MO058A         | Retinoblastoma                                                                    | PMAM / PPD / CPD |
| 165  | MO059A         | Rhabdomyosarcoma                                                                  | PMAM / PPD / CPD |
| 166  | MO059B         | Rhabdomyosarcoma                                                                  | PMAM / PPD / CPD |
| 167  | MO060A         | Relapsed Rhabdomyosarcoma                                                         | PMAM / PPD / CPD |
| 168  | MO062A         | ACUTE LYMPHOBLASTIC LEUKEMIA<br>Phase II, CNS Therapy Reinduction                 | PMAM / PPD / CPD |
| 169  | MO062B         | ACUTE LYMPHOBLASTIC LEUKEMIA                                                      | PMAM / PPD / CPD |
| 170  | MO062C         | ACUTE LYMPHOBLASTIC LEUKEMIA                                                      | PMAM / PPD / CPD |
| 171  | MO063A         | Phase II, CNS Therapy Reinduction                                                 | PMAM / PPD / CPD |
| 172  | MO066A         | Relapsed Hodgkins Lymphoma                                                        | PMAM / PPD / CPD |
| 173  | MO066B         | Hodgkins Lymphoma                                                                 | PMAM / PPD / CPD |
| 174  | MO067A         | Relapsed Hodgkins Lymphoma                                                        | PMAM / PPD / CPD |
| 175  | MO067B         | Relapsed Hodgkins Lymphoma                                                        | PMAM / PPD / CPD |
| 176  | MO067C         | Relapsed Hodgkins Lymphoma                                                        | PMAM / PPD / CPD |
| 177  | MO068A         | Non - Hodgkins Lymphoma                                                           | PMAM / PPD / CPD |
| 178  | MO068B         | Non - Hodgkins Lymphoma                                                           | PMAM / PPD / CPD |
| 179  | MO068C         | Non - Hodgkins Lymphoma                                                           | PMAM / PPD / CPD |
| 180  | MO068D         | Non - Hodgkins Lymphoma                                                           | PMAM / PPD / CPD |
| 181  | MO071A         | Metstatic non small cell lung cancer - second line                                | PMAM / PPD / CPD |
| 182  | MO071B         | Metastatic non small cell lung cancer                                             | PMAM / PPD / CPD |
| 183  | MO071C         | Metastatic non small cell lung cancer                                             | PMAM / PPD / CPD |
| 184  | MO071D         | Metastatic Non Small cell lung cancer - first line                                | PMAM / PPD / CPD |
| 185  | MO071E         | Metastatic non small cell lung (adenocarcinoma) cancer                            | PMAM / PPD / CPD |
| 186  | MO071F         | Metastatic small cell lung cancer - second line                                   | PMAM / PPD / CPD |
| 187  | MO071G         | Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy | PMAM / PPD / CPD |
| 188  | MO071H         | Neoadjuvant, concurrent with radiation and metastaic small cell lung cancer       | PMAM / PPD / CPD |
| 189  | MO071I         | Neoadjuvant, concurrent with radiation and metastaic small cell lung cancer       | PMAM / PPD / CPD |
| 190  | MO071J         | Metastatic non small cell lung cancer                                             | PMAM / PPD / CPD |
| 191  | MO071K         | Neoadjuvant and Metastatic Non Small Cell Lung cancer                             | PMAM / PPD / CPD |
| 192  | MO071L         | Neoadjuvant and Metastatic Non Small Cell Lung cancer                             | PMAM / PPD / CPD |
| 193  | MO071M         | Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy | PMAM / PPD / CPD |
| 194  | MO071N         | Metastatic Non Small Cell Lung Cancer - in patients unfit for combination therapy | PMAM / PPD / CPD |
| 195  | MO071O         | Concurrent chemoradiation in Non Small Cell lung cancer                           | PMAM / PPD / CPD |

| S.No | Procedure Code | POP UP Description                                                                                                                          | Stage of PoP Up  |
|------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 196  | MO071P         | Neoadjuvant, Adjuvant and Metastatic Non Small Cell Lung Cancer                                                                             | PMAM / PPD / CPD |
| 197  | MO071Q         | Neoadjuvant, Adjuvant and Metastatic Non Small Cell Lung cancer (adnocarcinoma and adenosquamous carcinoma)                                 | PMAM / PPD / CPD |
| 198  | MO071R         | Metastatic non small cell lung cancer (adenocarcinoma) as maintenance after Carboplatin + Pemetrexed and Cisplatin + Pemetrexed 4 -6 cycles | PMAM / PPD / CPD |
| 199  | MO071S         | Neoadjuvant and Metastatic Non Small Cell Lung cancer                                                                                       | PMAM / PPD / CPD |
| 200  | MO071T         | Neoadjuvant and Metastatic Non Small Cell Lung cancer                                                                                       | PMAM / PPD / CPD |
| 201  | MR001A         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 202  | MR001B         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 203  | MR001C         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 204  | MR001D         | Can be booked only after MR001A / MR001B / MR001C                                                                                           | PMAM / PPD / CPD |
| 205  | MR003D         | Can be booked only after MR003A / MR003B / MR003C                                                                                           | PMAM / PPD / CPD |
| 206  | MR004A         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 207  | MR004B         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 208  | MR004C         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 209  | MR004D         | Can be booked only after MR004A / MR004B / MR004C                                                                                           | PMAM / PPD / CPD |
| 210  | MR005D         | Can be booked only after MR005A / MR005B / MR005C                                                                                           | PMAM / PPD / CPD |
| 211  | MR006A         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 212  | MR006B         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 213  | MR006C         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 214  | MR006D         | Can be booked only after MR006A / MR006B / MR006C                                                                                           | PMAM / PPD / CPD |
| 215  | MR007D         | Can be booked only after MR007A / MR007B / MR007C                                                                                           | PMAM / PPD / CPD |
| 216  | MR008D         | Can be booked only after MR008A / MR008B / MR008C                                                                                           | PMAM / PPD / CPD |
| 217  | MR009A         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |
| 218  | MR009B         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                | PMAM / PPD / CPD |

| S.No | Procedure Code | POP UP Description                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Stage of PoP Up  |
|------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 219  | MR009C         | The Procedure will cover ALL, Hodgkin's Lymphoma, Wilm's Tumour, NHL, Retinoblastoma & certain Bone Tumours`                                                                                                                                                                                                                                                                                                                                                                 | PMAM / PPD / CPD |
| 220  | MR009D         | Can be booked only after MR009A / MR009B / MR009C                                                                                                                                                                                                                                                                                                                                                                                                                            | PMAM / PPD / CPD |
| 221  | MR010B         | Can be booked only after MR010A                                                                                                                                                                                                                                                                                                                                                                                                                                              | PMAM / PPD / CPD |
| 222  | MR012B         | Can be booked only after MR012A                                                                                                                                                                                                                                                                                                                                                                                                                                              | PMAM / PPD / CPD |
| 223  | MR014C         | Can be booked only after MR014A / MR014B                                                                                                                                                                                                                                                                                                                                                                                                                                     | PMAM / PPD / CPD |
| 224  | SB030A         | Can be used for ORIF, wherever indicated.<br>Can not be used as an Add - on package                                                                                                                                                                                                                                                                                                                                                                                          | PMAM / PPD / CPD |
| 225  | SB032A         | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis<br>Type V & VI to be taken up for Surgery straight away<br>In case Type I or II is booked a Pop Up to be shown "For Rockwood Type I & II - AC Joint injury, experts recommend Medical Management, are you sure you want to do Surgical Correction in this case ?"<br>For Hospitals booking Surgical Correction in Type I & Type II cases, Medical Audit will be conducted. | PPD / CPD        |
| 226  | SB032B         | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis<br>Type V & VI to be taken up for Surgery straight away<br>In case Type I or II is booked a Pop Up to be shown "For Rockwood Type I & II - AC Joint injury, experts recommend Medical Management, are you sure you want to do Surgical Correction in this case ?"<br>For Hospitals booking Surgical Correction in Type I & Type II cases, Medical Audit will be conducted. | PPD / CPD        |
| 227  | SB032C         | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis<br>Type V & VI to be taken up for Surgery straight away                                                                                                                                                                                                                                                                                                                    | PPD / CPD        |
| 228  | SB032D         | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis<br>Type V & VI to be taken up for Surgery straight away                                                                                                                                                                                                                                                                                                                    | PPD / CPD        |
| 229  | SB032E         | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis<br>Type V & VI to be taken up for Surgery straight away                                                                                                                                                                                                                                                                                                                    | PPD / CPD        |
| 230  | SB032F         | Surgical Management for Type III & IV Rockwood to be decided by the surgeon on case to case basis<br>Type V & VI to be taken up for Surgery straight away                                                                                                                                                                                                                                                                                                                    | PPD / CPD        |
| 231  | SB070A         | LA for - K Wire & Screw<br>GA for - Nail & Plate                                                                                                                                                                                                                                                                                                                                                                                                                             | PPD / CPD        |

| S.No | Procedure Code | POP UP Description                                                                                                                                                                                                                                               | Stage of PoP Up  |
|------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 232  | SC076A         | If the Hospital choses Pediatric Port in a pt. aged more than 14 years. Then it should be audited                                                                                                                                                                | PPD / CPD        |
| 233  | SE012A         | The package is inclusive of Eye Bank processing fee                                                                                                                                                                                                              | PMAM / PPD / CPD |
| 234  | SE018A         | To be done only after a prior scleral buckling surgery history                                                                                                                                                                                                   | PMAM / PPD / CPD |
| 235  | SE022A         | Can be booked only after 1 year of cataract surgery                                                                                                                                                                                                              | PMAM / PPD / CPD |
| 236  | SE025A         | Can be booked as a complication of cataract surgery atleast 15 days after discharge                                                                                                                                                                              | PMAM / PPD / CPD |
| 237  | SE029A         | The procedure is done only once per eye and not repeated                                                                                                                                                                                                         | PMAM / PPD / CPD |
| 238  | SE029B         | 1. Claim to be raised after all 3 sittings have been done per eye.<br>2. The interval between subsequent sittings is atleast 1 week.                                                                                                                             | PMAM / PPD / CPD |
| 239  | SE033A         | Pre-auth to be raised only in cases which have a prior history of Vitreoretinal surgery done atleast 3 months ago                                                                                                                                                | PMAM / PPD / CPD |
| 240  | SG097A         | Can be booked only after 15 days of Ileostomy and then every 2 months thereafter till the closure of stoma.<br>The Hospital has to upload a signed statement from pt. that s/he has received the cosnumables: Ileostomy - bags, adhesive, clips etc for 2 months | PMAM / PPD / CPD |
| 241  | SG097B         | Can be booked only after 15 days of Colostomy and then every 2 months thereafter till the closure of stoma.<br>The Hospital has to upload a signed statement from pt. that s/he has received the cosnumables: colostomy - bags, adhesive, clips etc for 2 months | PMAM / PPD / CPD |
| 242  | SU052A         | Payment to be made after completion of one month.                                                                                                                                                                                                                | PPD / CPD        |
| 243  | SU060A         | Claim to be raised after 6th Cycle                                                                                                                                                                                                                               | PMAM / PPD / CPD |
| 244  | SU071D         | The package can be booked only if the first stage and / or intermediate stage package has been booked prior to this                                                                                                                                              | PMAM / PPD / CPD |
| 245  | SV032A         | Associated with CABG<br>Need to submit Barcode/ ID number of IABP. Intra-operative use of IABP as a part of operative strategy, not included<br>Incidence - 5% to 7%<br>Scrutiny of Hospitals where incidence is more than twice of prescribed limit             | PPD / CPD        |
| 246  | MG072D         | Package cost of one session                                                                                                                                                                                                                                      | PPD / CPD        |
| 247  | MO072A         | Definitive therapy                                                                                                                                                                                                                                               | PMAM / PPD / CPD |
| 248  | SE012C         | The package is inclusive of Eye Bank processing fee                                                                                                                                                                                                              | PMAM / PPD / CPD |
| 249  | HM001A         | Allowed only for : Acute ischemic stroke, strokes, acute thromboembolism,pulmonary embolism, myocardial infarction with ST-segment elevation (STEMI),deep venous thrombosis (DVT) Acute Myocardial Infarction, Central Venous Catheter Occlusion,                | PMAM / PPD / CPD |
| 250  | HM002A         | Allowed only for : Acute ischemic stroke , Acute Myocardial Infarction,                                                                                                                                                                                          | PMAM / PPD / CPD |



| S.No | Procedure Code | POP UP Description                                                                                                                                                                                                                                                                                                                                                                                    | Stage of PoP Up  |
|------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 251  | HM003A         | Allowed only for : Treatment of venous thromboembolism and pulmonary embolism, Atrial fibrillation with embolization, disseminated intravascular coagulation, peripheral arterial embolism, DVT, AML,                                                                                                                                                                                                 | PMAM / PPD / CPD |
| 252  | HM004A         | Allowed only for : Skin disease, Stevens Johnson syndrome , Bronchial asthma , Ulcerative colitis , Cerebral oedema , T.B. meningitis , Arthritis , autoimmune hemolytic anemia, congenital (erythroid) aplastic anemia, and immune thrombocytopenia, sclerosis , gout , SLE, spinal cord injury , distress respiratory syndrome, chronic obstructive pulmonary disease , metastatic prostate cancer. | PMAM / PPD / CPD |
| 253  | HM005A         | Allowed only for : CKD , Chronic Kidney Disease-Associated Anemia ,                                                                                                                                                                                                                                                                                                                                   | PMAM / PPD / CPD |
| 254  | HM006A         | Allowed only for : Systemic Fungal Infections , Visceral Leishmaniasis                                                                                                                                                                                                                                                                                                                                | PMAM / PPD / CPD |
| 255  | HM007A         | Allowed only for : GB Syndrome                                                                                                                                                                                                                                                                                                                                                                        | PMAM / PPD / CPD |
| 256  | HM008A         | Allowed only for : Kawasaki Disease                                                                                                                                                                                                                                                                                                                                                                   | PMAM / PPD / CPD |
| 257  | HM009A         | Allowed only for : GB Syndrome                                                                                                                                                                                                                                                                                                                                                                        | PMAM / PPD / CPD |
| 258  | HM010A         | Allowed only for : ITP                                                                                                                                                                                                                                                                                                                                                                                | PMAM / PPD / CPD |
| 259  | HM011A         | Allowed only for : Non Hodgkin lymphoma ,Rhematoid arthritis , chronic lymphocytic leukemia,                                                                                                                                                                                                                                                                                                          | PMAM / PPD / CPD |
| 260  | HM012A         | Allowed only for : short term fluid replacement after trauma, burns/injuries                                                                                                                                                                                                                                                                                                                          | PMAM / PPD / CPD |
| 261  | HM013A         | Allowed only for : Low blood albumin conditions ,nephrotic syndrome                                                                                                                                                                                                                                                                                                                                   | PMAM / PPD / CPD |
| 262  | HM017A         | Allowed only for : Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis                                                                                                                                       | PMAM / PPD / CPD |
| 263  | HM018A         | Allowed only for : Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis                                                                                                                                       | PMAM / PPD / CPD |
| 264  | HM019A         | Allowed only for : Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis                                                                                                                                       | PMAM / PPD / CPD |
| 265  | HM020A         | Allowed only for : Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis                                                                                                                                       | PMAM / PPD / CPD |
| 266  | HM021A         | Allowed only for : Clostridium difficile -diarrhea<br>Over use of antibiotic conditions,respiratory tract (eg. pneumonia), urinary tract, skin and soft tissues, bones and joints, heart, blood and others.                                                                                                                                                                                           | PMAM / PPD / CPD |
| 267  | HM022A         | Allowed only for : Severe fungal infections                                                                                                                                                                                                                                                                                                                                                           | PMAM / PPD / CPD |

| Procedure vs. SP rule mapping |                |                                                                                                                                                                                                                                                                                                     |
|-------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S.No                          | Procedure Code | Rule Description                                                                                                                                                                                                                                                                                    |
| 1                             | ER003A         | Payment after completion of 5th dose of ARV<br>1 Pre - Auth for all 5 doses                                                                                                                                                                                                                         |
| 2                             | MC001A         | Can not book MC011A after this package                                                                                                                                                                                                                                                              |
| 3                             | MC001B         | Can not book MC011A after this package                                                                                                                                                                                                                                                              |
| 4                             | MC011A         | Can not be booked if MC001A has been previously booked                                                                                                                                                                                                                                              |
| 5                             | MC011A         | Can not be booked if MC001B has been previously booked                                                                                                                                                                                                                                              |
| 6                             | MN003A         | The LOS Indicated should hold true for majority of cases, however in case the clinical condition of patient warrants, then enhancement can be given on request of hospital after examination of the enhancement request by a medical expert (preferably Neonatologist or Pediatrician) at SHA / ISA |
| 7                             | MN004A         | The LOS Indicated should hold true for majority of cases, however in case the clinical condition of patient warrants, then enhancement can be given on request of hospital after examination of the enhancement request by a medical expert (preferably Neonatologist or Pediatrician) at SHA / ISA |
| 8                             | MN005A         | The LOS Indicated should hold true for majority of cases, however in case the clinical condition of patient warrants, then enhancement can be given on request of hospital after examination of the enhancement request by a medical expert (preferably Neonatologist or Pediatrician) at SHA / ISA |
| 9                             | MN006A         | This package can be booked only after "MN004" or "MN005".<br>This package will be booked in case the length of stay goes beyond the package rules for these two packages                                                                                                                            |
| 10                            | MO001A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                                                                                                             |
| 11                            | MO001B         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12                                                                                                                                                                                                                             |
| 12                            | MO001C         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24                                                                                                                                                                                                                             |
| 13                            | MO001D         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6                                                                                                                                                                                                                             |
| 14                            | MO001E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                                                                                                             |
| 15                            | MO001F         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8                                                                                                                                                                                                                             |
| 16                            | MO001G         | Minimum duration between 2 cycles 89 days<br>Maximum number of cycles 20                                                                                                                                                                                                                            |

| S.No | Procedure Code | Rule Description                                                         |
|------|----------------|--------------------------------------------------------------------------|
| 17   | MO001H         | Minimum duration between 2 cycles 89 days<br>Maximum number of cycles 20 |
| 18   | MO001I         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 19   | MO001J         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 20   | MO001K         | Maximum number of cycles - 6                                             |
| 21   | MO001L         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 22   | MO001M         | Minimum duration between 2 cycles 14 days                                |
| 23   | MO001N         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 24   | MO001O         | Minimum duration between 2 cycles 89 days                                |
| 25   | MO002A         | Minimum duration between 2 cycles 29 days<br>Maximum number of cycles 24 |
| 26   | MO003A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 27   | MO003B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 28   | MO003C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4  |
| 29   | MO003D         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 30   | MO003E         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 31   | MO003F         | Maximum number of cycles - 6                                             |
| 32   | MO003G         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 33   | MO004A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 2  |
| 34   | MO004B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4  |
| 35   | MO004C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 36   | MO004D         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 37   | MO004E         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 4  |

| S.No | Procedure Code | Rule Description                                                                                                                                                                                                                                           |
|------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 38   | MO004F         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4                                                                                                                                                                                    |
| 39   | MO004G         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4                                                                                                                                                                                    |
| 40   | MO005A         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 8                                                                                                                                                                                    |
| 41   | MO005B         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 8                                                                                                                                                                                    |
| 42   | MO005C         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12                                                                                                                                                                                   |
| 43   | MO006A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                                                                    |
| 44   | MO006B         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 6                                                                                                                                                                                     |
| 45   | MO007A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                                                                    |
| 46   | MO007B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                                                                    |
| 47   | MO008A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6                                                                                                                                                                                    |
| 48   | MO008B         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 6                                                                                                                                                                                     |
| 49   | MO009A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 12                                                                                                                                                                                   |
| 50   | MO009B         | VIE<br>Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4<br><br>VAC<br>Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6<br><br>VCD<br>Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4 |

| S.No | Procedure Code | Rule Description                                                                                                                                                    |
|------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 51   | MO009C         | VAC<br>Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6<br><br>IE<br>Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6 |
| 52   | MO010A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                             |
| 53   | MO010B         | Minimum duration between 2 cycles 35 days<br>Maximum number of cycles 6                                                                                             |
| 54   | MO010C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4                                                                                             |
| 55   | MO010D         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4                                                                                             |
| 56   | MO011A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                             |
| 57   | MO011B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                             |
| 58   | MO012A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                             |
| 59   | MO012B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 8                                                                                             |
| 60   | MO013C         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6                                                                                             |
| 61   | MO013D         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                             |
| 62   | MO013E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                             |
| 63   | MO014A         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12                                                                                            |
| 64   | MO014B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8                                                                                             |
| 65   | MO014C         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12                                                                                            |
| 66   | MO014D         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12                                                                                            |
| 67   | MO014E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8                                                                                             |

| S.No | Procedure Code | Rule Description                                                         |
|------|----------------|--------------------------------------------------------------------------|
| 68   | MO014G         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 69   | MO014H         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12 |
| 70   | MO015A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 71   | MO015B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 72   | MO015C         | Minimum duration between 2 cycles 35 days                                |
| 73   | MO015D         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12  |
| 74   | MO015E         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12  |
| 75   | MO016A         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 8  |
| 76   | MO016B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 77   | MO016C         | Minimum duration between 2 cycles 6 days                                 |
| 78   | MO016E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 79   | MO016F         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 8  |
| 80   | MO016G         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 8  |
| 81   | MO016H         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 8  |
| 82   | MO016I         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 8  |
| 83   | MO016J         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12 |
| 84   | MO016K         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12 |
| 85   | MO016L         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12  |
| 86   | MO017A         | Maximum number of cycles - 1                                             |
| 87   | MO017B         | Minimum duration between 2 cycles 29 days<br>Maximum number of cycles 12 |
| 88   | MO018A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 8  |

| S.No | Procedure Code | Rule Description                                                         |
|------|----------------|--------------------------------------------------------------------------|
| 89   | MO018B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 90   | MO018C         | Minimum duration between 2 cycles 6 days                                 |
| 91   | MO018D         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12 |
| 92   | MO018E         | Maximum number of cycles - 12                                            |
| 93   | MO018F         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 94   | MO019A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 95   | MO019B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 96   | MO019C         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6  |
| 97   | MO019D         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 6   |
| 98   | MO019E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 12 |
| 99   | MO019F         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6  |
| 100  | MO019G         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 101  | MO019H         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6  |
| 102  | MO020A         | Minimum duration between 2 cycles 89 days                                |
| 103  | MO020B         | Minimum duration between 2 cycles 29 days                                |
| 104  | MO021A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 105  | MO022A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 106  | MO022B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 107  | MO022C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 108  | MO023A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 109  | MO023B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |

| S.No | Procedure Code | Rule Description                                                        |
|------|----------------|-------------------------------------------------------------------------|
| 110  | MO024A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 111  | MO024B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 3 |
| 112  | MO024C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 113  | MO024D         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 114  | MO024E         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12 |
| 115  | MO024F         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 116  | MO024G         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 117  | MO024H         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 118  | MO024I         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 119  | MO024J         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 120  | MO024K         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24 |
| 121  | MO024L         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 122  | MO024M         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24 |
| 123  | MO024N         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 124  | MO024O         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 6  |
| 125  | MO024P         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 6  |
| 126  | MO025A         | Minimum duration between 2 cycles 13 days                               |
| 127  | MO026A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 128  | MO026B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 129  | MO026C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |



| S.No | Procedure Code | Rule Description                                                         |
|------|----------------|--------------------------------------------------------------------------|
| 130  | MO026D         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 131  | MO026E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 132  | MO026F         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 133  | MO026G         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6  |
| 134  | MO026H         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 135  | MO026I         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6  |
| 136  | MO026J         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 137  | MO026K         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24  |
| 138  | MO027A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 139  | MO027B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 140  | MO027C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 141  | MO027D         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 142  | MO027E         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24  |
| 143  | MO027F         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 144  | MO027G         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24  |
| 145  | MO028A         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 12 |
| 146  | MO028B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 147  | MO028C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 148  | MO028D         | Minimum duration between 2 cycles 89 days<br>Maximum number of cycles 8  |

| S.No | Procedure Code | Rule Description                                                         |
|------|----------------|--------------------------------------------------------------------------|
| 149  | MO028E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 12 |
| 150  | MO028F         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24  |
| 151  | MO028G         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 152  | MO028H         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 24  |
| 153  | MO029A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 154  | MO029B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 155  | MO030A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 156  | MO031A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 157  | MO031B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 158  | MO032A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 159  | MO033A         | Maximum number of cycles - 8                                             |
| 160  | MO034A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 161  | MO034B         | Maximum number of cycles - 8                                             |
| 162  | MO035A         | Maximum number of cycles - 6                                             |
| 163  | MO035B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 164  | MO036A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 165  | MO036B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 166  | MO036C         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 167  | MO036D         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 13 |
| 168  | MO037A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 169  | MO037B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |

| S.No | Procedure Code | Rule Description                                                         |
|------|----------------|--------------------------------------------------------------------------|
| 170  | MO037C         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 171  | MO038A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 172  | MO038B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8  |
| 173  | MO039A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 8  |
| 174  | MO039B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 175  | MO039C         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 176  | MO040A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 177  | MO040B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 178  | MO040C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 179  | MO041A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 180  | MO042A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 181  | MO042B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 182  | MO043A         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 183  | MO043B         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 184  | MO043C         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 185  | MO043D         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 186  | MO043E         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 187  | MO043F         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |
| 188  | MO043G         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 12 |

| S.No | Procedure Code | Rule Description                                                         |
|------|----------------|--------------------------------------------------------------------------|
| 189  | MO045A         | Minimum duration between 2 cycles 89 days<br>Maximum number of cycles 12 |
| 190  | MO046A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 3  |
| 191  | MO046B         | Minimum duration between 2 cycles 29 days<br>Maximum number of cycles 2  |
| 192  | MO047C         | Minimum duration between 2 cycles 29 days<br>Maximum number of cycles 24 |
| 193  | MO048C         | Minimum duration between 2 cycles 29 days<br>Maximum number of cycles 24 |
| 194  | MO049A         | Maximum number of cycles - 3                                             |
| 195  | MO049C         | Minimum duration between 2 cycles 89 days<br>Maximum number of cycles 6  |
| 196  | MO050A         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 13 |
| 197  | MO055A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 16 |
| 198  | MO055B         | Minimum duration between 2 cycles 29 days<br>Maximum number of cycles 12 |
| 199  | MO056A         | Maximum number of cycles - 8                                             |
| 200  | MO056B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6  |
| 201  | MO057A         | Maximum number of cycles - 8                                             |
| 202  | MO057B         | Maximum number of cycles - 8                                             |
| 203  | MO057C         | Minimum duration between 2 cycles 27 days<br>Maximum number of cycles 6  |
| 204  | MO058A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 12 |
| 205  | MO059A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 12 |
| 206  | MO059B         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 12 |
| 207  | MO060A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 12 |
| 208  | MO064A         | Maximum number of cycles - 3                                             |
| 209  | MO066A         | Maximum number of cycles - 6                                             |
| 210  | MO066B         | Maximum number of cycles - 4                                             |
| 211  | MO067A         | Maximum number of cycles - 6                                             |
| 212  | MO067B         | Maximum number of cycles - 6                                             |

| S.No | Procedure Code | Rule Description                                                        |
|------|----------------|-------------------------------------------------------------------------|
| 213  | MO067C         | Maximum number of cycles - 4                                            |
| 214  | MO068A         | Maximum number of cycles - 2                                            |
| 215  | MO068B         | Maximum number of cycles - 2                                            |
| 216  | MO068D         | Maximum number of cycles - 8                                            |
| 217  | MO069A         | Maximum number of cycles - 6                                            |
| 218  | MO070A         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 6 |
| 219  | MO070B         | Maximum number of cycles - 6                                            |
| 220  | MO071A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4 |
| 221  | MO071B         | Minimum duration between 2 cycles 29 days                               |
| 222  | MO071C         | Minimum duration between 2 cycles 29 days                               |
| 223  | MO071D         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 224  | MO071E         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 225  | MO071F         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 226  | MO071G         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12 |
| 227  | MO071H         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 228  | MO071I         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 229  | MO071J         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 8 |
| 230  | MO071K         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 231  | MO071L         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 232  | MO071M         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12 |
| 233  | MO071N         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |
| 234  | MO071O         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 12 |
| 235  | MO071P         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6 |

| S.No | Procedure Code | Rule Description                                                                                                                                                                                       |
|------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 236  | MO071Q         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                |
| 237  | MO071R         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 16. In case of advanced stage with non progressive/regressive disease cycles may be extended with treating doctors certification |
| 238  | MO071S         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4                                                                                                                                |
| 239  | MO071T         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4                                                                                                                                |
| 240  | MR001D         | Can be booked only after MR001A / MR001B / MR001C                                                                                                                                                      |
| 241  | MR002A         | Minimum duration between 2 cycles 180 days                                                                                                                                                             |
| 242  | MR003D         | Can be booked only after MR003A / MR003B / MR003C                                                                                                                                                      |
| 243  | MR004D         | Can be booked only after MR004A / MR004B / MR004C                                                                                                                                                      |
| 244  | MR005D         | Can be booked only after MR005A / MR005B / MR005C                                                                                                                                                      |
| 245  | MR006D         | Can be booked only after MR006A / MR006B / MR006C                                                                                                                                                      |
| 246  | MR007D         | Can be booked only after MR007A / MR007B / MR007C                                                                                                                                                      |
| 247  | MR008D         | Can be booked only after MR008A / MR008B / MR008C                                                                                                                                                      |
| 248  | MR009D         | Can be booked only after MR009A / MR009B / MR009C                                                                                                                                                      |
| 249  | MR010B         | Can be booked only after MR010A                                                                                                                                                                        |
| 250  | MR012B         | Can be booked only after MR012A                                                                                                                                                                        |
| 251  | MR013A         | Maximum number of cycles - 4                                                                                                                                                                           |
| 252  | MR013B         | Maximum number of cycles - 4                                                                                                                                                                           |
| 253  | MR013C         | Maximum number of cycles - 4                                                                                                                                                                           |
| 254  | MR013D         | Maximum number of cycles - 4                                                                                                                                                                           |
| 255  | MR013E         | Maximum number of cycles - 4                                                                                                                                                                           |
| 256  | MR014C         | Can be booked only after MR014A / MR014B                                                                                                                                                               |
| 257  | SB030A         | Can not be used as an Add - on package                                                                                                                                                                 |
| 258  | SB044A         | Rs. 10,000 to be paid after 1st Stage<br>Rs. 13,200 to be paid after 2nd Stage Operation                                                                                                               |
| 259  | SB044B         | Rs. 10,000 to be paid after 1st Stage<br>Rs. 13,200 to be paid after 2nd Stage Operation                                                                                                               |
| 260  | SB044C         | Rs. 10,000 to be paid after 1st Stage<br>Rs. 13,200 to be paid after 2nd Stage Operation                                                                                                               |
| 261  | SB044D         | Rs. 10,000 to be paid after 1st Stage<br>Rs. 13,200 to be paid after 2nd Stage Operation                                                                                                               |
| 262  | SB044E         | Rs. 10,000 to be paid after 1st Stage<br>Rs. 13,200 to be paid after 2nd Stage Operation                                                                                                               |
| 263  | SB044F         | Rs. 10,000 to be paid after 1st Stage<br>Rs. 13,200 to be paid after 2nd Stage Operation                                                                                                               |

| S.No | Procedure Code | Rule Description                                                                                                                                                                                                                                                 |
|------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 264  | SB044G         | Rs. 10,000 to be paid after 1st Stage<br>Rs. 13,200 to be paid after 2nd Stage Operation                                                                                                                                                                         |
| 265  | SB052A         | Payment will be made at the completion of treatment                                                                                                                                                                                                              |
| 266  | SB052B         | Payment will be made at the completion of treatment                                                                                                                                                                                                              |
| 267  | SE018A         | To be done only after a prior scleral buckling surgery history                                                                                                                                                                                                   |
| 268  | SE022A         | Can be booked only after 1 year of cataract surgery                                                                                                                                                                                                              |
| 269  | SE025A         | Can be booked as a complication of cataract surgery atleast 15 days after discharge                                                                                                                                                                              |
| 270  | SE029A         | The procedure is done only once per eye and not repeated                                                                                                                                                                                                         |
| 271  | SE033A         | Pre-auth to be raised only in cases which have a prior history of Vitreoretinal surgery done atleast 3 months ago                                                                                                                                                |
| 272  | SG035A         | In case this procedure is booked at the time of Pre - Authroizarion, the Hospital can submit a claim for some other procedure giving the diagnosis e.g. Appendicular Perforation                                                                                 |
| 273  | SG097A         | Can be booked only after 15 days of Ileostomy and then every 2 months thereafter till the closure of stoma.<br>The Hospital has to upload a signed statement from pt. that s/he has received the cosnumables: Ileostomy - bags, adhesive, clips etc for 2 months |
| 274  | SG097B         | Can be booked only after 15 days of Colostomy and then every 2 months thereafter till the closure of stoma.<br>The Hospital has to upload a signed statement from pt. that s/he has received the cosnumables: colostomy - bags, adhesive, clips etc for 2 months |
| 275  | SO055A         | Date & time of delivery to be captured when this package is booked                                                                                                                                                                                               |
| 276  | SP004A         | If requiring multiple stages, each stage will cost Rs. 30,000 provided the operating surgeon demonstrates the photographic results of previous stages.                                                                                                           |
| 277  | SS019E         | Discharge slip for the Hospitalization episode of first surgery is mandatory                                                                                                                                                                                     |
| 278  | SU034A         | Can be booked only if there is a history of a procedure involving DJ stent insertion                                                                                                                                                                             |
| 279  | SU052A         | Payment to be made after completion of one month.                                                                                                                                                                                                                |
| 280  | SU060A         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 6                                                                                                                                                                                           |
| 281  | SU060A         | Minimum duration between 2 cycles 6 days<br>Maximum number of cycles 6                                                                                                                                                                                           |
| 282  | SU071D         | The package can be booked only if the first stage and / or intermediate stage package has been booked prior to this                                                                                                                                              |

| S.No | Procedure Code | Rule Description                                                                                                                                                      |
|------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 283  | SV031A         | It can only be booked within 5 days of TOF Repair                                                                                                                     |
| 284  | SV031B         | It can only be booked within 5 days of Aortic Valve                                                                                                                   |
| 285  | SV031C         | It can only be booked within 5 days of Mitral Valve                                                                                                                   |
| 286  | SV031D         | It can only be booked within 5 days of Tricuspid Valve                                                                                                                |
| 287  | SV031E         | It can only be booked within 5 days of Double Valve Procedure                                                                                                         |
| 288  | SV031F         | It can only be booked within 5 days of Triple valve procedure                                                                                                         |
| 289  | US001A         | Upto 1 lakh                                                                                                                                                           |
| 290  | US001B         | 1lakh to 5 lakh                                                                                                                                                       |
| 291  | MO072A         | Minimum duration between 2 cycles 7 days<br>Maximum number of cycles - 7                                                                                              |
| 292  | SN063A         | Maximum capping of 30000                                                                                                                                              |
| 293  | SN063B         | Maximum capping of 30000                                                                                                                                              |
| 294  | SN063C         | Maximum capping of 30000                                                                                                                                              |
| 295  | SN063B         | For Non cervical injury review by SHA after one week                                                                                                                  |
| 296  | SN063C         | For Non cervical injury review by SHA after one week                                                                                                                  |
| 297  | SN063D         | Maximum capping of 30000                                                                                                                                              |
| 298  | SN063D         | For Non cervical injury review by SHA after one week                                                                                                                  |
| 299  | MO001P         | Minimum duration between 2 cycles 27 days<br>Till disease progression/toxicity (to be renewed every 12 months)                                                        |
| 300  | MO003H         | Minimum duration between 2 cycles 27days<br>This is indicated for recurrent ovarian cancer and should be continued until disease progression or unacceptable toxicity |
| 301  | MO003I         | Minimum duration between 2 cycles 89 days<br>3 months cost<br>Till disease progression/toxicity (to be renewed every 12 months)                                       |
| 302  | MO003J         | Minimum duration between 2 cycles 89 days<br>Till disease progression/toxicity (to be renewed every 12 months)                                                        |
| 303  | MO003K         | Duration between 2 cycle is 20 days<br>Max number of cycle 8                                                                                                          |
| 304  | MO003L         | Duration between 2 cycle is 6 days<br>Max number of cycle 6                                                                                                           |
| 305  | MO005D         | Minimum duration between 2 cycles 13 days<br>Maximum number of cycles 10                                                                                              |
| 306  | MO007C         | Duration between 2 cycle is 27 days<br>Max number of cycle is 6                                                                                                       |
| 307  | MO007D         | Duration between 2 cycle is 20 days<br>Max number of cycle is 6                                                                                                       |
| 308  | MO007E         | Minimum duration between 2 cycles 89 days<br>Till disease progression/toxicity (to be renewed every 12 months)                                                        |



| S.No | Procedure Code | Rule Description                                                                                                                                                                                                      |
|------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 309  | MO008C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                               |
| 310  | MO011C         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 6                                                                                                                                               |
| 311  | MO012C         | This is indicated for metastatic melanoma and should be continued until disease progression or unacceptable toxicity. Can be renewed every 1 months.                                                                  |
| 312  | MO017C         | This is indicated for metastatic hepatocellular carcinoma and should be continued until disease progression or unacceptable toxicity. Can be renewed every 1 months.                                                  |
| 313  | MO025B         | Minimum duration between 2 cycles 27 days<br>This treatment is to be continued until disease progression or unacceptable toxicity.                                                                                    |
| 314  | MO028I         | Minimum duration between 2 cycles 27 days<br>Till disease progression/toxicity (to be renewed every 12 months)                                                                                                        |
| 315  | MO044B         | Minimum duration between 2 cycles 89 days<br>This is indicated for CML and should be continued until disease progression or unacceptable toxicity. Can be renewed every 3 months                                      |
| 316  | MO062D         | Minimum duration between 2 cycles 27 days<br>Till disease progression/toxicity (to be renewed every 12 months)                                                                                                        |
| 317  | MO062E         | Minimum duration between 2 cycles 27 days<br>Till disease progression/toxicity (to be renewed every 12 months)                                                                                                        |
| 318  | MO073A         | Total duration is 21 weeks including RT. Requires approximately 7 episodes of inpatient admission for high-dose MTX and cytarabine. The indicated cost is for total 21 weeks of treatment, including supportive care. |
| 319  | MO074A         | Minimum duration between 2 cycles 20 days<br>Maximum number of cycles 4                                                                                                                                               |
| 320  | MO075A         | For up to total 6 doses of denosumab. Price is per dose cost.                                                                                                                                                         |
| 321  | MO076A         | This is for metastatic NET and the cycles are given until disease progression or unacceptable toxicity.                                                                                                               |
| 322  | MO076B         | Total up to 6 cycles.                                                                                                                                                                                                 |
| 323  | MO016D         | Upto 42 days, Indicated cost is for the entire treatment.                                                                                                                                                             |
| 324  | MO021B         | maximum number of cycle 1 upto 42 days                                                                                                                                                                                |
| 325  | MO044A         | Cost is for 3 months. Can be renewed every 3 months.                                                                                                                                                                  |
| 326  | MO054B         | Minimum duration between 2 cycle 89 days<br>Maximum number of cycle 6                                                                                                                                                 |

| S.No | Procedure Code | Rule Description                                                                                                                                                                                                                                                                                                                                                                   |
|------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 327  | MO061A         | Maximum number of cycle as per suggested procedure defination<br>cost is for per cycle                                                                                                                                                                                                                                                                                             |
| 328  | MO061B         | Maximum number of cycle as per suggested procedure defination<br>cost is for per cycle                                                                                                                                                                                                                                                                                             |
| 329  | MO061C         | Maximum number of cycle as per suggested procedure defination<br>cost is for per cycle                                                                                                                                                                                                                                                                                             |
| 330  | MO062A         | Consolidation phase. The cost is for total duration of 5 months                                                                                                                                                                                                                                                                                                                    |
| 331  | MO062C         | Cost is for per month                                                                                                                                                                                                                                                                                                                                                              |
| 332  | MO063C         | Minimum duration between 2 cycle 89 days<br>Maximum number of cycle 6                                                                                                                                                                                                                                                                                                              |
| 333  | MO065A         | Maximum numner of cycle 3.<br>Cost given is for per cycle                                                                                                                                                                                                                                                                                                                          |
| 334  | MO065C         | Minimum duration between 2 cycles 89 days<br>Maximum number of cycles 6<br>The cost per cycle is Rs 5000                                                                                                                                                                                                                                                                           |
| 335  | MO068C         | Minimum duration between cycle 20 days<br>Maximum number of cycle 5<br>Cost given of per cycle                                                                                                                                                                                                                                                                                     |
| 336  | HM001A         | Acute ischemic stroke, strokes, acute thromboembolism,pulmonary embolism, myocardial infarction with ST-segment elevation (STEMI),deep venous thrombosis (DVT) Acute Myocardial Infarction, Central Venous Catheter Occlusion,                                                                                                                                                     |
| 337  | HM002A         | Acute ischemic stroke , Acute Myocardial Infarction,                                                                                                                                                                                                                                                                                                                               |
| 338  | HM003A         | Treatment of venous thromboembolism and pulmonary embolism, Atrial fibrillation with embolization, disseminated intravascular coagulation, peripheral arterial embolism, DVT, AMI,                                                                                                                                                                                                 |
| 339  | HM004A         | Skin disease, Stevens Johnson syndrome , Bronchial asthma , Ulcerative colitis , Cerebral oedema , T.B. meningitis , Arthritis , autoimmune hemolytic anemia, congenital (erythroid) aplastic anemia, and immune thrombocytopenia, sclerosis , gout , SLE, spinal cord injury , distress respiratory syndrome, chronic obstructive pulmonary disease , metastatic prostate cancer. |
| 340  | HM005A         | CKD , Chronic Kidney Disease-Associated Anemia ,                                                                                                                                                                                                                                                                                                                                   |
| 341  | HM006A         | Systemic Fungal Infections , Visceral Leishmaniasis                                                                                                                                                                                                                                                                                                                                |
| 342  | HM007A         | GB Syndrome                                                                                                                                                                                                                                                                                                                                                                        |

| S.No | Procedure Code | Rule Description                                                                                                                                                                                                                             |
|------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 343  | HM008A         | Kawasaki Disease                                                                                                                                                                                                                             |
| 344  | HM009A         | GB Syndrome                                                                                                                                                                                                                                  |
| 345  | HM010A         | ITP                                                                                                                                                                                                                                          |
| 346  | HM011A         | Non Hodgkin lymphoma ,Rhematoid arthritis , chronic lymphocytic leukemia,                                                                                                                                                                    |
| 347  | HM012A         | short term fluid replacement after trauma, burns/injuries                                                                                                                                                                                    |
| 348  | HM013A         | Low blood albumin conditions ,nephrotic syndrome                                                                                                                                                                                             |
| 349  | HM017A         | Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis |
| 350  | HM018A         | Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis |
| 351  | HM019A         | Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis |
| 352  | HM020A         | Based on culture senistivity report and severity of the disease conditions<br>Rational use of antibiotics severe bacterial infection,infection of skin and soft tissues,UTI,Blood infection,severe pnemonia ,meningitis , Acute pancreatitis |
| 353  | HM021A         | Clostridium difficile -diarrhea<br>Over use of antibiotic conditions,respiratory tract (eg. pneumonia), urinary tract, skin and soft tissues, bones and joints, heart, blood and others.                                                     |
| 354  | HM022A         | Severe fungal infections                                                                                                                                                                                                                     |
| 355  | MP041B         | Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked.                                                                                                                   |
| 356  | MG0121A        | Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked.                                                                                                                   |
| 357  | MP041C         | Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days                                                                                            |
| 358  | MG0121B        | Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days.                                                                                           |
| 359  | MP041E         | After using this package it can not be booked again in next 30 days.                                                                                                                                                                         |

| S.No | Procedure Code | Rule Description                                                                                                                                   |
|------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 360  | MG0121C        | After using this package it can not be booked again in the next 30 days.                                                                           |
| 361  | MP041F         | Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked.                         |
| 362  | MG0121D        | Only booked at the time of 1st admission and then after completion of 3 months, in between this package can not be booked.                         |
| 363  | MP041G         | Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days  |
| 364  | MG0121E        | Can only be booked after 15 days of use on any other package for thalassemia. After using this package it can not be booked again in next 30 days. |
| 365  | MP041H         | After using this package it can not be booked again in next 30 days.                                                                               |
| 366  | MG0121F        | After using this package it can not be booked again in next 30 days.                                                                               |

| Investigation Master |                    |                                                                   |                    |
|----------------------|--------------------|-------------------------------------------------------------------|--------------------|
| S.No                 | Investigation Code | Investigation Name                                                | Investigation Code |
| 1                    | MAND0001           | Post Treatment clinical photograph                                | MAND0001           |
| 2                    | MAND0002           | lab tests / other diagnostic procedures                           | MAND0002           |
| 3                    | MAND0003           | Clinical notes                                                    | MAND0003           |
| 4                    | MAND0004           | lab tests                                                         | MAND0004           |
| 5                    | MAND0005           | X-rays / other diagnostic procedures                              | MAND0005           |
| 6                    | MAND0006           | Detailed discharge summary                                        | MAND0006           |
| 7                    | MAND0007           | Detailed Procedure / Operative Notes if surgery done              | MAND0007           |
| 8                    | MAND0008           | Detailed Procedure / Operative Notes                              | MAND0008           |
| 9                    | MAND0009           | Clinical notes / discharge summary with planned line of treatment | MAND0009           |
| 10                   | MAND0010           | post clinical photograph                                          | MAND0010           |
| 11                   | MAND0011           | Beneficiary signature / thumb impression                          | MAND0011           |
| 12                   | MAND0012           | invoice / bar code sticker of the vaccine                         | MAND0012           |
| 13                   | MAND0013           | Clinical Notes with complete treatment details given              | MAND0013           |
| 14                   | MAND0014           | Radiographic stills photograph/CT/MRI/Angio                       | MAND0014           |
| 15                   | MAND0015           | Invoice / bar code of glue used                                   | MAND0015           |
| 16                   | MAND0016           | Invoice / bar code of histoacryl used                             | MAND0016           |
| 17                   | MAND0017           | Post procedure x-ray showing coils                                | MAND0017           |
| 18                   | MAND0018           | Invoice / bar code of used coil / balloon / stent                 | MAND0018           |
| 19                   | MAND0019           | Invoice / bar code of used coil / catheter and other accessories  | MAND0019           |
| 20                   | MAND0020           | Post procedure x-ray showing balloon                              | MAND0020           |
| 21                   | MAND0021           | Intra procedure clinical photograph                               | MAND0021           |
| 22                   | MAND0022           | Invoices / bar code of embolic agent used                         | MAND0022           |
| 23                   | MAND0023           | Invoices / bar code of balloon and stent used                     | MAND0023           |
| 24                   | MAND0024           | Invoices / bar code of thrombolytic agent used                    | MAND0024           |
| 25                   | MAND0025           | Intra procedure still photograph showing coil                     | MAND0025           |
| 26                   | MAND0026           | Detailed Procedure / Operative Notes with procedure deployed      | MAND0026           |
| 27                   | MAND0027           | invoice / bar code of coil used                                   | MAND0027           |
| 28                   | MAND0028           | Invoices of cement used                                           | MAND0028           |
| 29                   | MAND0029           | Discharge summary                                                 | MAND0029           |
| 30                   | MAND0030           | Procedure / Operative Notes                                       | MAND0030           |
| 31                   | MAND0031           | Invoices of catheter and other accessories used                   | MAND0031           |
| 32                   | MAND0032           | Post procedure Colour Doppler of affected limb/part               | MAND0032           |

| S.No | Investigation Code | Investigation Name                                             | Investigation Code |
|------|--------------------|----------------------------------------------------------------|--------------------|
| 33   | MAND0033           | invoice of catheter used                                       | MAND0033           |
| 34   | MAND0034           | invoice of the thrombolytic drug (tPA) used                    | MAND0034           |
| 35   | MAND0035           | Procedure / Operative Notes with images                        | MAND0035           |
| 36   | MAND0036           | Post Procedure images / Angiogram                              | MAND0036           |
| 37   | MAND0037           | barcode of balloon used                                        | MAND0037           |
| 38   | MAND0038           | Procedure / Operative notes with still images                  | MAND0038           |
| 39   | MAND0039           | Post procedure stills of Echo with report                      | MAND0039           |
| 40   | MAND0040           | Invoice of blade / balloon used                                | MAND0040           |
| 41   | MAND0041           | Invoice of blade                                               | MAND0041           |
| 42   | MAND0042           | barcode of the stent used                                      | MAND0042           |
| 43   | MAND0043           | Angiogram report showing stent & post Stent flow               | MAND0043           |
| 44   | MAND0044           | barcode of the stents used                                     | MAND0044           |
| 45   | MAND0045           | EP study report                                                | MAND0045           |
| 46   | MAND0046           | Angiogram report with stills showing stent & post Stent flow   | MAND0046           |
| 47   | MAND0047           | barcode / Invoice of the stent used                            | MAND0047           |
| 48   | MAND0048           | X Ray showing the pacemaker in situ                            | MAND0048           |
| 49   | MAND0049           | Invoice / barcode of pacemaker                                 | MAND0049           |
| 50   | MAND0050           | Invoice / Barcode of designated pacemaker                      | MAND0050           |
| 51   | MAND0051           | Post op. Angiogram report/ stills showing stent                | MAND0051           |
| 52   | MAND0052           | Invoice / barcode of stent used                                | MAND0052           |
| 53   | MAND0053           | Check Angiography of same bronchial artery after the procedure | MAND0053           |
| 54   | MAND0054           | Hb                                                             | MAND0054           |
| 55   | MAND0055           | Serum Creatinine                                               | MAND0055           |
| 56   | MAND0056           | post procedure ECHO report                                     | MAND0056           |
| 57   | MAND0057           | Analysis of fluid removed                                      | MAND0057           |
| 58   | MAND0058           | ECHO                                                           | MAND0058           |
| 59   | MAND0059           | ECG                                                            | MAND0059           |
| 60   | MAND0060           | Lab Investigation (TROP - T report)                            | MAND0060           |
| 61   | MAND0061           | invoice / barcode of thrombolytic agent used                   | MAND0061           |
| 62   | MAND0062           | Detailed ICPs                                                  | MAND0062           |
| 63   | MAND0063           | Treatment details                                              | MAND0063           |
| 64   | MAND0064           | All investigations reports                                     | MAND0064           |
| 65   | MAND0065           | any other investigations done                                  | MAND0065           |

| S.No | Investigation Code | Investigation Name                                                                   | Investigation Code |
|------|--------------------|--------------------------------------------------------------------------------------|--------------------|
| 66   | MAND0066           | Post Treatment X-ray chest                                                           | MAND0066           |
| 67   | MAND0067           | CBC                                                                                  | MAND0067           |
| 68   | MAND0068           | Post treatment X-ray / Radiological evidence                                         | MAND0068           |
| 69   | MAND0069           | All investigations reports including CBC                                             | MAND0069           |
| 70   | MAND0070           | Blood culture reports                                                                | MAND0070           |
| 71   | MAND0071           | Post treatment ECHO                                                                  | MAND0071           |
| 72   | MAND0072           | Post treatment Sr Amylase                                                            | MAND0072           |
| 73   | MAND0073           | Lipase                                                                               | MAND0073           |
| 74   | MAND0074           | LFT                                                                                  | MAND0074           |
| 75   | MAND0075           | USG- abdomen                                                                         | MAND0075           |
| 76   | MAND0076           | Ascitic Fluid Analysis                                                               | MAND0076           |
| 77   | MAND0077           | Culture Report                                                                       | MAND0077           |
| 78   | MAND0078           | Post treatment ECG                                                                   | MAND0078           |
| 79   | MAND0079           | Post treatment 2D ECHO                                                               | MAND0079           |
| 80   | MAND0080           | Fluid Aspirated report                                                               | MAND0080           |
| 81   | MAND0081           | Procedure notes                                                                      | MAND0081           |
| 82   | MAND0082           | Post treatment cortisol levels                                                       | MAND0082           |
| 83   | MAND0083           | Post treatment Thyroid Profile                                                       | MAND0083           |
| 84   | MAND0084           | Radionuclide Iodine uptake study                                                     | MAND0084           |
| 85   | MAND0085           | Post treatment Blood sugar levels                                                    | MAND0085           |
| 86   | MAND0086           | Hba1C                                                                                | MAND0086           |
| 87   | MAND0087           | Photograph of the affected foot                                                      | MAND0087           |
| 88   | MAND0088           | Post treatment Serum Calcium                                                         | MAND0088           |
| 89   | MAND0089           | Report of test blocked.                                                              | MAND0089           |
| 90   | MAND0090           | Post treatment Complete hemogram                                                     | MAND0090           |
| 91   | MAND0091           | Detailed treatment notes                                                             | MAND0091           |
| 92   | MAND0092           | all investigations                                                                   | MAND0092           |
| 93   | MAND0093           | Procedure / Operative Notes (if applicable)                                          | MAND0093           |
| 94   | MAND0094           | Detailed ICP with daily notes, vitals, drugs given                                   | MAND0094           |
| 95   | MAND0095           | investigation reports                                                                | MAND0095           |
| 96   | MAND0096           | Card with pre and post admission general conditions and vital parameters             | MAND0096           |
| 97   | MAND0097           | Details of procedures/operations required for any congenital heart conditions if any | MAND0097           |

| S.No | Investigation Code | Investigation Name                                                                        | Investigation Code |
|------|--------------------|-------------------------------------------------------------------------------------------|--------------------|
| 98   | MAND0098           | Details of Laser therapy done.                                                            | MAND0098           |
| 99   | MAND0099           | BAR CODE OF THE DRUGS                                                                     | MAND0099           |
| 100  | MAND0100           | REPORTS OF THE TESTS (PATHOLOGY, RADIOLOGY, MICROBIOLOGY, HEMATOLOGY, BIOCHEMISTRY, ETC.) | MAND0100           |
| 101  | MAND0101           | DISCHARGE SUMMARY OF INPATIENT DEPARTMENT / DISCHARGE SUMMARY OF DAY CARE DEPARTMENT      | MAND0101           |
| 102  | MAND0102           | CHARTS OF CHEMOTHERAPY REGIMEN                                                            | MAND0102           |
| 103  | MAND0103           | TRANFUSION SLIPS                                                                          | MAND0103           |
| 104  | MAND0104           | All investigations reports.                                                               | MAND0104           |
| 105  | MAND0105           | Detailed ICPs (daily Treatment details)                                                   | MAND0105           |
| 106  | MAND0106           | Post treatment CBC                                                                        | MAND0106           |
| 107  | MAND0107           | Radiological investigations                                                               | MAND0107           |
| 108  | MAND0108           | Detailed Discahrge Summary (with RT treatment and doses given)                            | MAND0108           |
| 109  | MAND0109           | Procedure / Operation notes                                                               | MAND0109           |
| 110  | MAND0110           | Post procedure X-ray films with reports                                                   | MAND0110           |
| 111  | MAND0111           | Post Procedure clinical photgraph with pins                                               | MAND0111           |
| 112  | MAND0112           | Post Procedure clinical photgraph                                                         | MAND0112           |
| 113  | MAND0113           | Post Procedure clinical photgraph with POP Cast                                           | MAND0113           |
| 114  | MAND0114           | Post Procedure clinical photgraph with POP Spika                                          | MAND0114           |
| 115  | MAND0115           | Post Procedure clinical photgraph with POP Jacket                                         | MAND0115           |
| 116  | MAND0116           | Invoice and barcode of implant                                                            | MAND0116           |
| 117  | MAND0117           | Stickers of implants used                                                                 | MAND0117           |
| 118  | MAND0118           | Post procedure X-rayshowing implant                                                       | MAND0118           |
| 119  | MAND0119           | Post Procedure clinical photograph                                                        | MAND0119           |
| 120  | MAND0120           | Post procedure X-ray film showing implant                                                 | MAND0120           |
| 121  | MAND0121           | Post procedure X-ray film with reports                                                    | MAND0121           |
| 122  | MAND0122           | Post Procedure clinical photograph donor and recipient sites                              | MAND0122           |
| 123  | MAND0123           | Post op clinical photograph                                                               | MAND0123           |
| 124  | MAND0124           | Post procedure X-ray showing implants                                                     | MAND0124           |
| 125  | MAND0125           | Post-op X-ray of operated limb                                                            | MAND0125           |
| 126  | MAND0126           | Post-op X-ray                                                                             | MAND0126           |
| 127  | MAND0127           | Intra operative still image                                                               | MAND0127           |
| 128  | MAND0128           | Post op X-ray showing the implant                                                         | MAND0128           |
| 129  | MAND0129           | invoice / bar code of implant.                                                            | MAND0129           |



| S.No | Investigation Code | Investigation Name                                                            | Investigation Code |
|------|--------------------|-------------------------------------------------------------------------------|--------------------|
| 130  | MAND0130           | Post Procedure X-ray showing implant                                          | MAND0130           |
| 131  | MAND0131           | Invoice / Bar code of implant & cement used                                   | MAND0131           |
| 132  | MAND0132           | Bar code of implant used                                                      | MAND0132           |
| 133  | MAND0133           | invoice / bar code of implant                                                 | MAND0133           |
| 134  | MAND0134           | Post procedure X Ray                                                          | MAND0134           |
| 135  | MAND0135           | Post Procedure X - Ray showing implant                                        | MAND0135           |
| 136  | MAND0136           | Histopathology of excised tissue                                              | MAND0136           |
| 137  | MAND0137           | Post Procedure clinical photograph of both donor and recipient sites          | MAND0137           |
| 138  | MAND0138           | Histopathology of curreted tissue                                             | MAND0138           |
| 139  | MAND0139           | Post Procedure clinical photograph of donor and receipent sites               | MAND0139           |
| 140  | MAND0140           | detailed Procedure / Operative Notes including agent used for lysis of tendon | MAND0140           |
| 141  | MAND0141           | Post proedure X-ray showing implant                                           | MAND0141           |
| 142  | MAND0142           | detailed Procedure / Operative Notes.                                         | MAND0142           |
| 143  | MAND0143           | Evidence of 5 sessions dressing                                               | MAND0143           |
| 144  | MAND0144           | Evidence of 2 sessions dressing                                               | MAND0144           |
| 145  | MAND0145           | Post procedure X Ray showing the implant                                      | MAND0145           |
| 146  | MAND0146           | Invoice and barcode of implant used                                           | MAND0146           |
| 147  | MAND0147           | Intra procedure still pictures                                                | MAND0147           |
| 148  | MAND0148           | Post Procedure clinical photograph with cast                                  | MAND0148           |
| 149  | MAND0149           | Histopath of removed tissue                                                   | MAND0149           |
| 150  | MAND0150           | Intra Procedure still images                                                  | MAND0150           |
| 151  | MAND0151           | Post Procedure Photographs of surgical site                                   | MAND0151           |
| 152  | MAND0152           | HPE report                                                                    | MAND0152           |
| 153  | MAND0153           | Clinical photograph showing scar                                              | MAND0153           |
| 154  | MAND0154           | HPE                                                                           | MAND0154           |
| 155  | MAND0155           | Barcode of Stent                                                              | MAND0155           |
| 156  | MAND0156           | Clinical Photograph showing scar                                              | MAND0156           |
| 157  | MAND0157           | Post procedure Clinical photograph showing scar                               | MAND0157           |
| 158  | MAND0158           | Invoice of Chemo port used                                                    | MAND0158           |
| 159  | MAND0159           | Still image of the the procedure with pt. ID and date                         | MAND0159           |
| 160  | MAND0160           | detailed operative notes                                                      | MAND0160           |
| 161  | MAND0161           | operative notes                                                               | MAND0161           |

| S.No | Investigation Code | Investigation Name                                                                                                    | Investigation Code |
|------|--------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|
| 162  | MAND0162           | Discharge notes                                                                                                       | MAND0162           |
| 163  | MAND0163           | microbiology report                                                                                                   | MAND0163           |
| 164  | MAND0164           | Still image of the patient undergoing the procedure with date stamp                                                   | MAND0164           |
| 165  | MAND0165           | HP report                                                                                                             | MAND0165           |
| 166  | MAND0166           | pathology report                                                                                                      | MAND0166           |
| 167  | MAND0167           | Invoice of implants                                                                                                   | MAND0167           |
| 168  | MAND0168           | barcode of Intraocular Lens used                                                                                      | MAND0168           |
| 169  | MAND0169           | Barcode of IOL used                                                                                                   | MAND0169           |
| 170  | MAND0170           | detailed operative notes with visual outcomes                                                                         | MAND0170           |
| 171  | MAND0171           | Barcode of SFIOL                                                                                                      | MAND0171           |
| 172  | MAND0172           | Barcode of IOL                                                                                                        | MAND0172           |
| 173  | MAND0173           | Detailed discharge summary with IOP,Fundus,Corneal diameter                                                           | MAND0173           |
| 174  | MAND0174           | IOL sticker                                                                                                           | MAND0174           |
| 175  | MAND0175           | Sticker of IOL                                                                                                        | MAND0175           |
| 176  | MAND0176           | histopathology                                                                                                        | MAND0176           |
| 177  | MAND0177           | Invoice of implant                                                                                                    | MAND0177           |
| 178  | MAND0178           | Confirmation/declaration that specimen sent for lab investigationmicrobio/path and report will be submitted           | MAND0178           |
| 179  | MAND0179           | Histopathological exam report                                                                                         | MAND0179           |
| 180  | MAND0180           | confirmation/ declaration that the specimen has been sent for histopathology and report will be sent for filing later | MAND0180           |
| 181  | MAND0181           | Still image of the procedure with pt. ID and date                                                                     | MAND0181           |
| 182  | MAND0182           | HP Report of actual surgery                                                                                           | MAND0182           |
| 183  | MAND0183           | Lab (Histopath) report                                                                                                | MAND0183           |
| 184  | MAND0184           | Clinical Notes for the associated surgery / disease along with Pre OP , Operative and Anesthesia, Post OP notes       | MAND0184           |
| 185  | MAND0185           | Histopath                                                                                                             | MAND0185           |
| 186  | MAND0186           | Picture of removed esopahgus (Intra procedure clinical photograph)                                                    | MAND0186           |
| 187  | MAND0187           | Scar photo                                                                                                            | MAND0187           |
| 188  | MAND0188           | Intra Operative Photograph                                                                                            | MAND0188           |
| 189  | MAND0189           | Histopathology report                                                                                                 | MAND0189           |
| 190  | MAND0190           | Endoscopic intra operative Photograph                                                                                 | MAND0190           |
| 191  | MAND0191           | Endoscopic still Photograph                                                                                           | MAND0191           |
| 192  | MAND0192           | USG                                                                                                                   | MAND0192           |

| S.No | Investigation Code | Investigation Name                                                        | Investigation Code |
|------|--------------------|---------------------------------------------------------------------------|--------------------|
| 193  | MAND0193           | Intra operative clinical photograph                                       | MAND0193           |
| 194  | MAND0194           | Intra procedure clinical photograph of removed appendix                   | MAND0194           |
| 195  | MAND0195           | X Ray Abdomen                                                             | MAND0195           |
| 196  | MAND0196           | detailed surgery notes                                                    | MAND0196           |
| 197  | MAND0197           | +/- Histopath of surreted material                                        | MAND0197           |
| 198  | MAND0198           | Invoice of Mesh used                                                      | MAND0198           |
| 199  | MAND0199           | Post procedure Nasal Endoscopy                                            | MAND0199           |
| 200  | MAND0200           | post procedure clinical photograph OR Intra procedure clinical photograph | MAND0200           |
| 201  | MAND0201           | Intra procedure clinical photograph OR Post procedure clinical photograph | MAND0201           |
| 202  | MAND0202           | Histopath report                                                          | MAND0202           |
| 203  | MAND0203           | Analysis report of drained fluid                                          | MAND0203           |
| 204  | MAND0204           | Pus C/S                                                                   | MAND0204           |
| 205  | MAND0205           | C/S report of Wound or Pus                                                | MAND0205           |
| 206  | MAND0206           | detailed discharge summary.                                               | MAND0206           |
| 207  | MAND0207           | Pic of specimen,                                                          | MAND0207           |
| 208  | MAND0208           | Pic of specimen                                                           | MAND0208           |
| 209  | MAND0209           | Invoice / Receipt of drugs and consumables                                | MAND0209           |
| 210  | MAND0210           | Post procedure clinical photograph of affected part                       | MAND0210           |
| 211  | MAND0211           | Detailed discharge summary Invoice of graft used                          | MAND0211           |
| 212  | MAND0212           | Intra procedure microscope clinical photograph                            | MAND0212           |
| 213  | MAND0213           | Photograph of patient while undergoing the procedure                      | MAND0213           |
| 214  | MAND0214           | Endoscopic still images                                                   | MAND0214           |
| 215  | MAND0215           | Clinical photograph,                                                      | MAND0215           |
| 216  | MAND0216           | Post procedure X-ray, ,                                                   | MAND0216           |
| 217  | MAND0217           | Intraoperative Stills                                                     | MAND0217           |
| 218  | MAND0218           | Detailed discharge summary Detailed Procedure / Operative Notes           | MAND0218           |
| 219  | MAND0219           | Post procedure Imaging                                                    | MAND0219           |
| 220  | MAND0220           | Stills of procedure being done                                            | MAND0220           |
| 221  | MAND0221           | Intraoperative photograph,                                                | MAND0221           |
| 222  | MAND0222           | X-ray of clips used,                                                      | MAND0222           |
| 223  | MAND0223           | post procedure clinical photograph of affected part.                      | MAND0223           |
| 224  | MAND0224           | Detailed Procedure / Operative Notes and discharge summary.               | MAND0224           |
| 225  | MAND0225           | C/S of pus                                                                | MAND0225           |

| S.No | Investigation Code | Investigation Name                                                              | Investigation Code |
|------|--------------------|---------------------------------------------------------------------------------|--------------------|
| 226  | MAND0226           | Post Procedure Photograph of affected part                                      | MAND0226           |
| 227  | MAND0227           | Histopathology report,                                                          | MAND0227           |
| 228  | MAND0228           | Histopathology report in case of tumours                                        | MAND0228           |
| 229  | MAND0229           | post procedure clinical photograph of affected part,                            | MAND0229           |
| 230  | MAND0230           | detailed Procedure / Operative Notes;                                           | MAND0230           |
| 231  | MAND0231           | Post procedure X-ray                                                            | MAND0231           |
| 232  | MAND0232           | extracted tooth                                                                 | MAND0232           |
| 233  | MAND0233           | Detailed Procedure / Operative Notes,                                           | MAND0233           |
| 234  | MAND0234           | Post procedure clinical photograph with mouth open                              | MAND0234           |
| 235  | MAND0235           | X Ray                                                                           | MAND0235           |
| 236  | MAND0236           | Post procedure X ray mandible showing wires used                                | MAND0236           |
| 237  | MAND0237           | Detailed Procedure / Operative Notes detailing grafting                         | MAND0237           |
| 238  | MAND0238           | CT                                                                              | MAND0238           |
| 239  | MAND0239           | CT / X - Ray                                                                    | MAND0239           |
| 240  | MAND0240           | CT/ MRI                                                                         | MAND0240           |
| 241  | MAND0241           | X-ray                                                                           | MAND0241           |
| 242  | MAND0242           | Analysis/ C/S of pus/ fluid removed                                             | MAND0242           |
| 243  | MAND0243           | CT showing clips                                                                | MAND0243           |
| 244  | MAND0244           | invoice of all the clip(s) used                                                 | MAND0244           |
| 245  | MAND0245           | Clinical photgraph with traction applied                                        | MAND0245           |
| 246  | MAND0246           | Detailed Procedure / Operative Notes detailing weights applied                  | MAND0246           |
| 247  | MAND0247           | Post op MRI                                                                     | MAND0247           |
| 248  | MAND0248           | Intra procedure still photograph Post procedure Clinical photgraph showing scar | MAND0248           |
| 249  | MAND0249           | Post op X-ray with film showing fusion                                          | MAND0249           |
| 250  | MAND0250           | Biopsy & HPE report                                                             | MAND0250           |
| 251  | MAND0251           | Post procedure Imaging with film (X-ray/ CT)                                    | MAND0251           |
| 252  | MAND0252           | Intra procedure clinical CD/ series of still photographs                        | MAND0252           |
| 253  | MAND0253           | invoice of RF probe                                                             | MAND0253           |
| 254  | MAND0254           | MRI Report                                                                      | MAND0254           |
| 255  | MAND0255           | Post procedure Imaging with film (CT)                                           | MAND0255           |
| 256  | MAND0256           | HPE Report of Nerve Biopsy                                                      | MAND0256           |
| 257  | MAND0257           | Detailed Proedure notes                                                         | MAND0257           |

| S.No | Investigation Code | Investigation Name                                                                     | Investigation Code |
|------|--------------------|----------------------------------------------------------------------------------------|--------------------|
| 258  | MAND0258           | treating doctor's consultation paper showing planning for RT treatment and the RT char | MAND0258           |
| 259  | MAND0259           | HPE Pic of specimen                                                                    | MAND0259           |
| 260  | MAND0260           | Intraop stills with date & patient ID,                                                 | MAND0260           |
| 261  | MAND0261           | per op pic of specimen removed                                                         | MAND0261           |
| 262  | MAND0262           | HPE if ectopic pregnancy or salpingectomy for any other indication                     | MAND0262           |
| 263  | MAND0263           | Pic of specimen removed- Gross and Histopathology                                      | MAND0263           |
| 264  | MAND0264           | Intraop stills with date & patient ID                                                  | MAND0264           |
| 265  | MAND0265           | Intraop. Stills/Pic of specimen                                                        | MAND0265           |
| 266  | MAND0266           | Detailed Procedure / Operative Notes together with indication of surgery               | MAND0266           |
| 267  | MAND0267           | Intraop. stills with date & patient ID                                                 | MAND0267           |
| 268  | MAND0268           | pic of gross specimen removed                                                          | MAND0268           |
| 269  | MAND0269           | Progress notes                                                                         | MAND0269           |
| 270  | MAND0270           | Detailed Discharge Summary with Procedure / Operative Notes                            | MAND0270           |
| 271  | MAND0271           | Histopath of uterus removed                                                            | MAND0271           |
| 272  | MAND0272           | status of the child at the time of delivery and at the time of discharge               | MAND0272           |
| 273  | MAND0273           | Intraop. Stills                                                                        | MAND0273           |
| 274  | MAND0274           | Barcode of sling used                                                                  | MAND0274           |
| 275  | MAND0275           | HPE of specimen                                                                        | MAND0275           |
| 276  | MAND0276           | Histopathology of curetted material                                                    | MAND0276           |
| 277  | MAND0277           | Histopathology of evacuated material                                                   | MAND0277           |
| 278  | MAND0278           | Barcode of TVT/TOT tape used                                                           | MAND0278           |
| 279  | MAND0279           | Barcode of mesh used                                                                   | MAND0279           |
| 280  | MAND0280           | Intra procedure clinical photograph/ stills                                            | MAND0280           |
| 281  | MAND0281           | Post procedure clinical photograph;                                                    | MAND0281           |
| 282  | MAND0282           | Intra procedure clinical photograph, ,                                                 | MAND0282           |
| 283  | MAND0283           | Clinical photograph of donor and recipient sites,                                      | MAND0283           |
| 284  | MAND0284           | Intra operative clinical photograph Invoice of Prosthesis/ Implant used.               | MAND0284           |
| 285  | MAND0285           | Intra procedure clinical photograph and, ,                                             | MAND0285           |
| 286  | MAND0286           | Invoice of expander/Implant used                                                       | MAND0286           |
| 287  | MAND0287           | Invoice of sclerosing agent used                                                       | MAND0287           |
| 288  | MAND0288           | Post procedure clinical photograph with tube and pump;                                 | MAND0288           |
| 289  | MAND0289           | detailed discharge summary,                                                            | MAND0289           |

| S.No | Investigation Code | Investigation Name                                                                   | Investigation Code |
|------|--------------------|--------------------------------------------------------------------------------------|--------------------|
| 290  | MAND0290           | Post procedure clinical photograph of the operated region                            | MAND0290           |
| 291  | MAND0291           | Detailed discharge summary , Post procedure X Ray Abdomen.                           | MAND0291           |
| 292  | MAND0292           | Post procedure X Ray Abdomen                                                         | MAND0292           |
| 293  | MAND0293           | Post procedure X Ray Abdomen.                                                        | MAND0293           |
| 294  | MAND0294           | HPR                                                                                  | MAND0294           |
| 295  | MAND0295           | Foetal Cardiogram                                                                    | MAND0295           |
| 296  | MAND0296           | Xray Chest AP/Lat stills                                                             | MAND0296           |
| 297  | MAND0297           | Post procedure clinical photograph showing scar                                      | MAND0297           |
| 298  | MAND0298           | Post procedure X-ray stills                                                          | MAND0298           |
| 299  | MAND0299           | Post- op Clinical Photograph                                                         | MAND0299           |
| 300  | MAND0300           | Detailed operatives notes                                                            | MAND0300           |
| 301  | MAND0301           | X-rays                                                                               | MAND0301           |
| 302  | MAND0302           | Intra- op Clinical Photograph                                                        | MAND0302           |
| 303  | MAND0303           | X-rays showing visceral injury repair and implant for fixation                       | MAND0303           |
| 304  | MAND0304           | detailed discharge summary, Detailed                                                 | MAND0304           |
| 305  | MAND0305           | operatives notes                                                                     | MAND0305           |
| 306  | MAND0306           | Post- op Clinical Photograph showing implant for fixation                            | MAND0306           |
| 307  | MAND0307           | Post- op Clinical Photograph showing implant for fixation and flap cover             | MAND0307           |
| 308  | MAND0308           | Intra- op Clinical Photograph showing tendon/ nerve injury repair and reconstruction | MAND0308           |
| 309  | MAND0309           | Intra operative still photograph                                                     | MAND0309           |
| 310  | MAND0310           | Histopathology, Detailed discharge summary detailed Procedure / Operative Notes      | MAND0310           |
| 311  | MAND0311           | Intra procedure still photograph                                                     | MAND0311           |
| 312  | MAND0312           | Intra operative photograph/ Post procedure X-ray                                     | MAND0312           |
| 313  | MAND0313           | Post procedure Imaging (X Ray/USG)                                                   | MAND0313           |
| 314  | MAND0314           | USG / Urine Routine                                                                  | MAND0314           |
| 315  | MAND0315           | Drugs                                                                                | MAND0315           |
| 316  | MAND0316           | Post procedure Imaging (X Ray/USG),                                                  | MAND0316           |
| 317  | MAND0317           | USG / X-RAY KUB                                                                      | MAND0317           |
| 318  | MAND0318           | USG / UFM / Urine Routine                                                            | MAND0318           |
| 319  | MAND0319           | Endoscopic Intra procedure still photograph                                          | MAND0319           |
| 320  | MAND0320           | Post Procedure Clinical Photograph stoma                                             | MAND0320           |
| 321  | MAND0321           | Post Procedure x-ray showing stent                                                   | MAND0321           |

| S.No | Investigation Code | Investigation Name                                                                                                                | Investigation Code |
|------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 322  | MAND0322           | detailed Procedure / Operative Notes detailed discharge summary.                                                                  | MAND0322           |
| 323  | MAND0323           | Evidence of cystoscopy                                                                                                            | MAND0323           |
| 324  | MAND0324           | ureteric catheterization                                                                                                          | MAND0324           |
| 325  | MAND0325           | retrograde pyelogram                                                                                                              | MAND0325           |
| 326  | MAND0326           | Reports of all investigations done and consultation paper of treating doctor mentioning the final diagnosis and line of treatment | MAND0326           |
| 327  | MAND0327           | Detailed discharge summary;                                                                                                       | MAND0327           |
| 328  | MAND0328           | If bugbee electrode is billed, insist on invoice/ barcode.                                                                        | MAND0328           |
| 329  | MAND0329           | USG / Urine Routine, Drugs                                                                                                        | MAND0329           |
| 330  | MAND0330           | Intraoperative still images                                                                                                       | MAND0330           |
| 331  | MAND0331           | IVU                                                                                                                               | MAND0331           |
| 332  | MAND0332           | Post procedue pic of Colostomy                                                                                                    | MAND0332           |
| 333  | MAND0333           | Evidence of all investigations done                                                                                               | MAND0333           |
| 334  | MAND0334           | RGU/ MCU done with patient name & date                                                                                            | MAND0334           |
| 335  | MAND0335           | Endoscopic picture                                                                                                                | MAND0335           |
| 336  | MAND0336           | Intra procedure still photograph Histopathology                                                                                   | MAND0336           |
| 337  | MAND0337           | Detailed discharge summary, Detailed Procedure / Operative Notes, original bills of medicines administered                        | MAND0337           |
| 338  | MAND0338           | original bills of medicines administered                                                                                          | MAND0338           |
| 339  | MAND0339           | Clinical notes with planned line of treatment                                                                                     | MAND0339           |
| 340  | MAND0340           | Evidence of simple catheterization                                                                                                | MAND0340           |
| 341  | MAND0341           | details of how much urine drained.                                                                                                | MAND0341           |
| 342  | MAND0342           | summary, detailed Procedure / Operative Notes                                                                                     | MAND0342           |
| 343  | MAND0343           | Post procedure Imaging (USG)                                                                                                      | MAND0343           |
| 344  | MAND0344           | UFM                                                                                                                               | MAND0344           |
| 345  | MAND0345           | Urine Routine                                                                                                                     | MAND0345           |
| 346  | MAND0346           | Evidence of investigations done treatment given                                                                                   | MAND0346           |
| 347  | MAND0347           | Histopathology of prostate                                                                                                        | MAND0347           |
| 348  | MAND0348           | detailed Procedure / Operative Notes with details of nodes removed.                                                               | MAND0348           |
| 349  | MAND0349           | Histopathology showing reporting of minimum 12 core samples of prostate                                                           | MAND0349           |
| 350  | MAND0350           | detailed Procedure / Operative Notes detailing urethrostomy                                                                       | MAND0350           |
| 351  | MAND0351           | Detailed reports of all investigations done                                                                                       | MAND0351           |
| 352  | MAND0352           | consultation paper of treating doctor                                                                                             | MAND0352           |
| 353  | MAND0353           | culture & ABS report                                                                                                              | MAND0353           |

| S.No | Investigation Code | Investigation Name                                                          | Investigation Code |
|------|--------------------|-----------------------------------------------------------------------------|--------------------|
| 354  | MAND0354           | Evidence of 3 weeks medicines                                               | MAND0354           |
| 355  | MAND0355           | barcode of Implant, if used.                                                | MAND0355           |
| 356  | MAND0356           | Post op ECHO                                                                | MAND0356           |
| 357  | MAND0357           | Detailed procedure notes                                                    | MAND0357           |
| 358  | MAND0358           | barcode of valves/rings used                                                | MAND0358           |
| 359  | MAND0359           | Barcode of RV-PA conduit                                                    | MAND0359           |
| 360  | MAND0360           | Detailed Operation notes                                                    | MAND0360           |
| 361  | MAND0361           | Detailed procedure notes, detailed discharge summary.                       | MAND0361           |
| 362  | MAND0362           | barcode of synthetic graft                                                  | MAND0362           |
| 363  | MAND0363           | barcode of graft used                                                       | MAND0363           |
| 364  | MAND0364           | HPE of resected tissue                                                      | MAND0364           |
| 365  | MAND0365           | Photograph of Removed Foreign body                                          | MAND0365           |
| 366  | MAND0366           | HPE report of tumor                                                         | MAND0366           |
| 367  | MAND0367           | barcode of Implant, if used                                                 | MAND0367           |
| 368  | MAND0368           | Procedure / Operative Notes, Detailed Discharge Summary                     | MAND0368           |
| 369  | MAND0369           | MLC copy with number                                                        | MAND0369           |
| 370  | MAND0370           | Extent of burns visible on photograph (with rule of 9 chart)                | MAND0370           |
| 371  | MAND0371           | Extent of upto 40% burns visible on photograph (with rule of 9 chart)       | MAND0371           |
| 372  | MAND0372           | Extent of upto 40% - 60% burns visible on photograph (with rule of 9 chart) | MAND0372           |
| 373  | MAND0373           | Extent > 60% burns visible on photograph (with rule of 9 chart)             | MAND0373           |
| 374  | MAND0374           | % burns visible on photograph (with rule of 9 chart)                        | MAND0374           |
| 375  | MAND0375           | Clinical history detailing the burns - etiology                             | MAND0375           |
| 376  | MAND0376           | resultant contractures left                                                 | MAND0376           |
| 377  | MAND0377           | detailed Functional disability with treatment plan                          | MAND0377           |
| 378  | MAND0378           | Pre-op clinical photograph                                                  | MAND0378           |
| 379  | MAND0379           | Pre-clinical photograph                                                     | MAND0379           |
| 380  | MAND0380           | Classification of bites with pre-clinical photograph                        | MAND0380           |
| 381  | MAND0381           | CT/MRI/ DSA confirming the diagnosis                                        | MAND0381           |
| 382  | MAND0382           | CT Angio/MRA/ DSA confirming the diagnosis                                  | MAND0382           |
| 383  | MAND0383           | CT/MRI confirming the diagnosis and need of procedure                       | MAND0383           |
| 384  | MAND0384           | MLC/ FIR if traumatic                                                       | MAND0384           |
| 385  | MAND0385           | doppler establishing presence of DVT                                        | MAND0385           |
| 386  | MAND0386           | doppler establishing presence of mesentric thrombosis                       | MAND0386           |



| S.No | Investigation Code | Investigation Name                                                                           | Investigation Code |
|------|--------------------|----------------------------------------------------------------------------------------------|--------------------|
| 387  | MAND0387           | doppler establishing presence of peripheral vessel thrombosis                                | MAND0387           |
| 388  | MAND0388           | ECHO report & stills                                                                         | MAND0388           |
| 389  | MAND0389           | CT angiogram report & stills                                                                 | MAND0389           |
| 390  | MAND0390           | ECHO report with stills.                                                                     | MAND0390           |
| 391  | MAND0391           | ECHO / doppler stills                                                                        | MAND0391           |
| 392  | MAND0392           | reports showing the transposition of the great arteries (TGA) & need of septostomy           | MAND0392           |
| 393  | MAND0393           | ECHO report showing ASD                                                                      | MAND0393           |
| 394  | MAND0394           | ECHO report showing VSD                                                                      | MAND0394           |
| 395  | MAND0395           | ECHO report showing PDA                                                                      | MAND0395           |
| 396  | MAND0396           | ECHO report / Angio showing PDA                                                              | MAND0396           |
| 397  | MAND0397           | CAG stills showing blocks & Reports                                                          | MAND0397           |
| 398  | MAND0398           | Serum Elctrolytes                                                                            | MAND0398           |
| 399  | MAND0399           | CAG stills showing blaocks justifying the procedure                                          | MAND0399           |
| 400  | MAND0400           | Report by cardiologist necessitating procedure                                               | MAND0400           |
| 401  | MAND0401           | Angiogram if done                                                                            | MAND0401           |
| 402  | MAND0402           | Doppler                                                                                      | MAND0402           |
| 403  | MAND0403           | Angio stills / Reports showing blocks                                                        | MAND0403           |
| 404  | MAND0404           | Chest X-Ray / HRCT chest with CT Pulmonary Angiogram & other investigations                  | MAND0404           |
| 405  | MAND0405           | ECHO report justifying need of procedure                                                     | MAND0405           |
| 406  | MAND0406           | Serial ECGs showing MI                                                                       | MAND0406           |
| 407  | MAND0407           | Cardiac markers - CPK-MB, TROP I or TROP T                                                   | MAND0407           |
| 408  | MAND0408           | Clinical notes detailing history and Admission notes showing vitals and examination findings | MAND0408           |
| 409  | MAND0409           | any investigations done                                                                      | MAND0409           |
| 410  | MAND0410           | stool examintaion                                                                            | MAND0410           |
| 411  | MAND0411           | USG - Whole Abdomen                                                                          | MAND0411           |
| 412  | MAND0412           | X ray chest                                                                                  | MAND0412           |
| 413  | MAND0413           | X-ray chest                                                                                  | MAND0413           |
| 414  | MAND0414           | investigations done                                                                          | MAND0414           |
| 415  | MAND0415           | X-ray of the affected joint                                                                  | MAND0415           |
| 416  | MAND0416           | X ray-Chest                                                                                  | MAND0416           |
| 417  | MAND0417           | Sr Amylase                                                                                   | MAND0417           |

| S.No | Investigation Code | Investigation Name                                                                                                               | Investigation Code |
|------|--------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 418  | MAND0418           | Clinial notes                                                                                                                    | MAND0418           |
| 419  | MAND0419           | Sr Electrolytes                                                                                                                  | MAND0419           |
| 420  | MAND0420           | Clinical notes                                                                                                                   | MAND0420           |
| 421  | MAND0421           | 2D ECHO                                                                                                                          | MAND0421           |
| 422  | MAND0422           | Copy of MLC / FIR (if required)                                                                                                  | MAND0422           |
| 423  | MAND0423           | Sr. Cortisol levels                                                                                                              | MAND0423           |
| 424  | MAND0424           | Throid profile                                                                                                                   | MAND0424           |
| 425  | MAND0425           | USG- Thyroid Gland                                                                                                               | MAND0425           |
| 426  | MAND0426           | Sr.Uric acid                                                                                                                     | MAND0426           |
| 427  | MAND0427           | Blood sugar level                                                                                                                | MAND0427           |
| 428  | MAND0428           | Serum Calcium                                                                                                                    | MAND0428           |
| 429  | MAND0429           | Clinical notes and Admission notes detailed the need for High end histopathology (Biopsies) and advanced serology investigations | MAND0429           |
| 430  | MAND0430           | Clinical notes detailing history and Admission notes showing vitals and neurological examination findings                        | MAND0430           |
| 431  | MAND0431           | Copy of MLC / FIR                                                                                                                | MAND0431           |
| 432  | MAND0432           | Complete Hemogram                                                                                                                | MAND0432           |
| 433  | MAND0433           | Blood Group                                                                                                                      | MAND0433           |
| 434  | MAND0434           | Planned line of treatment                                                                                                        | MAND0434           |
| 435  | MAND0435           | Detailed history with chronicity, need for hospitalization                                                                       | MAND0435           |
| 436  | MAND0436           | Detailed clinical notes (incl trigger for hospitalization and examianation findings)                                             | MAND0436           |
| 437  | MAND0437           | supporting investigations                                                                                                        | MAND0437           |
| 438  | MAND0438           | Clinical notes with planned line of treatment (incl birth & past history)                                                        | MAND0438           |
| 439  | MAND0439           | Investigation Reports supporting diagnosis                                                                                       | MAND0439           |
| 440  | MAND0440           | Claim number of having utilized Package no MN004A or MN005A                                                                      | MAND0440           |
| 441  | MAND0441           | Notes mentioning need for stay beyond prescribed upper limit                                                                     | MAND0441           |
| 442  | MAND0442           | Need of planned care                                                                                                             | MAND0442           |
| 443  | MAND0443           | details of planned post discharge care                                                                                           | MAND0443           |
| 444  | MAND0444           | Clinical notes and need for procedure                                                                                            | MAND0444           |
| 445  | MAND0445           | Fundoscope reports / stills showing extent of ROP                                                                                | MAND0445           |
| 446  | MAND0446           | Clinical history                                                                                                                 | MAND0446           |
| 447  | MAND0447           | RFT                                                                                                                              | MAND0447           |

| S.No | Investigation Code | Investigation Name                                                                                                                               | Investigation Code |
|------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 448  | MAND0448           | Biopsy report or surgical pathology report of Modified radical mastectomy or breast conservation surgery                                         | MAND0448           |
| 449  | MAND0449           | USG abdomen and pelvis                                                                                                                           | MAND0449           |
| 450  | MAND0450           | CXR PA view or CECT chest+abdomen and pelvis in case of metastatic disease                                                                       | MAND0450           |
| 451  | MAND0451           | Her-2 neu IHC - 3+ or Her 2-neu positive FISH                                                                                                    | MAND0451           |
| 452  | MAND0452           | 2D-ECHO                                                                                                                                          | MAND0452           |
| 453  | MAND0453           | ER or PR positive                                                                                                                                | MAND0453           |
| 454  | MAND0454           | mammography                                                                                                                                      | MAND0454           |
| 455  | MAND0455           | CXR PA view or CECT chest abdomen and pelvis                                                                                                     | MAND0455           |
| 456  | MAND0456           | Skeletal survey/bone scan/PET-CT showing bone metastasis histopathology showing myeloma, lung cancer,Breast cancer, renal cancer or other cancer | MAND0456           |
| 457  | MAND0457           | RBS                                                                                                                                              | MAND0457           |
| 458  | MAND0458           | CA-125                                                                                                                                           | MAND0458           |
| 459  | MAND0459           | CECT Thorax, abdomen and Pelvis                                                                                                                  | MAND0459           |
| 460  | MAND0460           | HPE or cytology suggestive of ovarian adenocarcinoma                                                                                             | MAND0460           |
| 461  | MAND0461           | Beta- HCG                                                                                                                                        | MAND0461           |
| 462  | MAND0462           | AFP                                                                                                                                              | MAND0462           |
| 463  | MAND0463           | LDH                                                                                                                                              | MAND0463           |
| 464  | MAND0464           | Histopathology -testicular seminoma                                                                                                              | MAND0464           |
| 465  | MAND0465           | PFT DLCo                                                                                                                                         | MAND0465           |
| 466  | MAND0466           | Histopathology -Ovarian, testicular, mediastinal                                                                                                 | MAND0466           |
| 467  | MAND0467           | MRI pelvis                                                                                                                                       | MAND0467           |
| 468  | MAND0468           | Biochemistry                                                                                                                                     | MAND0468           |
| 469  | MAND0469           | PET CT or CT CHEST/BONE SCAN                                                                                                                     | MAND0469           |
| 470  | MAND0470           | Bone marrow studies                                                                                                                              | MAND0470           |
| 471  | MAND0471           | Biopsy                                                                                                                                           | MAND0471           |
| 472  | MAND0472           | DTPA GFR                                                                                                                                         | MAND0472           |
| 473  | MAND0473           | NCCT chest                                                                                                                                       | MAND0473           |
| 474  | MAND0474           | MRI of the involved site                                                                                                                         | MAND0474           |
| 475  | MAND0475           | Pure tone audiometry                                                                                                                             | MAND0475           |
| 476  | MAND0476           | CT CHEST                                                                                                                                         | MAND0476           |
| 477  | MAND0477           | BONE SCAN                                                                                                                                        | MAND0477           |

| S.No | Investigation Code | Investigation Name                                                         | Investigation Code |
|------|--------------------|----------------------------------------------------------------------------|--------------------|
| 478  | MAND0478           | AUDIOMETRY                                                                 | MAND0478           |
| 479  | MAND0479           | GFR                                                                        | MAND0479           |
| 480  | MAND0480           | Pure tone                                                                  | MAND0480           |
| 481  | MAND0481           | MRI of the involved part                                                   | MAND0481           |
| 482  | MAND0482           | CECT Thorax, abdomen                                                       | MAND0482           |
| 483  | MAND0483           | CEA                                                                        | MAND0483           |
| 484  | MAND0484           | CECT Thorax, abdomen, Pelvis                                               | MAND0484           |
| 485  | MAND0485           | Colonoscopy                                                                | MAND0485           |
| 486  | MAND0486           | UGI endoscopy                                                              | MAND0486           |
| 487  | MAND0487           | Triphasic CECT Thorax, abdomen, Pelvis                                     | MAND0487           |
| 488  | MAND0488           | MRI                                                                        | MAND0488           |
| 489  | MAND0489           | Lipid Profile                                                              | MAND0489           |
| 490  | MAND0490           | Urine R/M                                                                  | MAND0490           |
| 491  | MAND0491           | Histopathology/FNAC                                                        | MAND0491           |
| 492  | MAND0492           | CA19.9                                                                     | MAND0492           |
| 493  | MAND0493           | Ckit-mutation (not mandatory)                                              | MAND0493           |
| 494  | MAND0494           | MRI brain                                                                  | MAND0494           |
| 495  | MAND0495           | CECT/MRI Face and neck                                                     | MAND0495           |
| 496  | MAND0496           | histopathology -squamous carcinoma, Nasopharyngeal carcinoma               | MAND0496           |
| 497  | MAND0497           | histopathology-squamous carcinoma,nasopharyngeal carcinoma, salivary gland | MAND0497           |
| 498  | MAND0498           | histopathology -squamous carcinoma                                         | MAND0498           |
| 499  | MAND0499           | histopathology -esthesioneuroblastoma, Neuroendocrine                      | MAND0499           |
| 500  | MAND0500           | histopathology-squamous carcinoma, salivary gland                          | MAND0500           |
| 501  | MAND0501           | 2 D ECHO                                                                   | MAND0501           |
| 502  | MAND0502           | TFT                                                                        | MAND0502           |
| 503  | MAND0503           | 24 hour urine protein                                                      | MAND0503           |
| 504  | MAND0504           | PSA                                                                        | MAND0504           |
| 505  | MAND0505           | CECTThorax, abdomen and Pelvis                                             | MAND0505           |
| 506  | MAND0506           | PET CT or CECT Chest abdomen and pelvis                                    | MAND0506           |
| 507  | MAND0507           | Biopsy or fluid flow/PB cytometry                                          | MAND0507           |
| 508  | MAND0508           | Biopsy or fluid flow cytometry                                             | MAND0508           |
| 509  | MAND0509           | CECT Chest abdomen and pelvis                                              | MAND0509           |

| S.No | Investigation Code | Investigation Name                                  | Investigation Code |
|------|--------------------|-----------------------------------------------------|--------------------|
| 510  | MAND0510           | Chest X ray                                         | MAND0510           |
| 511  | MAND0511           | USG abdomen/pelvis or CECT Chest abdomen and pelvis | MAND0511           |
| 512  | MAND0512           | PET CECT or CECT chest abdomen and pelvis           | MAND0512           |
| 513  | MAND0513           | node Biopsy                                         | MAND0513           |
| 514  | MAND0514           | Serum protein electrophoresis                       | MAND0514           |
| 515  | MAND0515           | Immunofixation                                      | MAND0515           |
| 516  | MAND0516           | Serum free light chain assay                        | MAND0516           |
| 517  | MAND0517           | Skeletal survey                                     | MAND0517           |
| 518  | MAND0518           | Urine BJP                                           | MAND0518           |
| 519  | MAND0519           | MDC                                                 | MAND0519           |
| 520  | MAND0520           | BONE MARROW                                         | MAND0520           |
| 521  | MAND0521           | CYTOGENETICS                                        | MAND0521           |
| 522  | MAND0522           | RQ PCR BCR ABL                                      | MAND0522           |
| 523  | MAND0523           | Bone marrow aspiration                              | MAND0523           |
| 524  | MAND0524           | flow cytometry or Peripheral blood flow cytometry   | MAND0524           |
| 525  | MAND0525           | HIV                                                 | MAND0525           |
| 526  | MAND0526           | HBSAG                                               | MAND0526           |
| 527  | MAND0527           | HCV                                                 | MAND0527           |
| 528  | MAND0528           | BONE MARROW or Peripheral blood FLOW CYTOMETRY      | MAND0528           |
| 529  | MAND0529           | PET-CT or CECT chest abdomen and Pelvis(if LBL)     | MAND0529           |
| 530  | MAND0530           | CSF CYTOMORPHOLOGY                                  | MAND0530           |
| 531  | MAND0531           | FLOW CYTOMETRY                                      | MAND0531           |
| 532  | MAND0532           | BONEMARROW                                          | MAND0532           |
| 533  | MAND0533           | RQPCR                                               | MAND0533           |
| 534  | MAND0534           | PML                                                 | MAND0534           |
| 535  | MAND0535           | RARA                                                | MAND0535           |
| 536  | MAND0536           | PT                                                  | MAND0536           |
| 537  | MAND0537           | APTT                                                | MAND0537           |
| 538  | MAND0538           | FIBRINOGEN                                          | MAND0538           |
| 539  | MAND0539           | RQ PCR                                              | MAND0539           |
| 540  | MAND0540           | PML RARA                                            | MAND0540           |
| 541  | MAND0541           | Serum Electrolytes                                  | MAND0541           |
| 542  | MAND0542           | Blood Phosphate levels                              | MAND0542           |

| S.No | Investigation Code | Investigation Name                                                                           | Investigation Code |
|------|--------------------|----------------------------------------------------------------------------------------------|--------------------|
| 543  | MAND0543           | Uric Acid                                                                                    | MAND0543           |
| 544  | MAND0544           | BUN                                                                                          | MAND0544           |
| 545  | MAND0545           | SKELETAL SURVEY OR PET CECT                                                                  | MAND0545           |
| 546  | MAND0546           | MRI (BRAIN AND SPINE)                                                                        | MAND0546           |
| 547  | MAND0547           | CSF CYTOLOGY                                                                                 | MAND0547           |
| 548  | MAND0548           | CECT/MRI                                                                                     | MAND0548           |
| 549  | MAND0549           | MIBG OR BONE OR PET CT SCAN                                                                  | MAND0549           |
| 550  | MAND0550           | FISH                                                                                         | MAND0550           |
| 551  | MAND0551           | MRI/CT (BRAIN AND ORBITS)                                                                    | MAND0551           |
| 552  | MAND0552           | ULTRASONOGRAPHY                                                                              | MAND0552           |
| 553  | MAND0553           | CSF STUDIES                                                                                  | MAND0553           |
| 554  | MAND0554           | MRI OR CECT                                                                                  | MAND0554           |
| 555  | MAND0555           | BONE SCAN OR PET CT                                                                          | MAND0555           |
| 556  | MAND0556           | CT CHEST ABDOMEN                                                                             | MAND0556           |
| 557  | MAND0557           | NGS                                                                                          | MAND0557           |
| 558  | MAND0558           | BONE MARROW FLOW CYTOMETRY                                                                   | MAND0558           |
| 559  | MAND0559           | TUMOR MARKERS                                                                                | MAND0559           |
| 560  | MAND0560           | CECT CHEST AND ABDOMEN                                                                       | MAND0560           |
| 561  | MAND0561           | S. AFP                                                                                       | MAND0561           |
| 562  | MAND0562           | EGFR mutation positive                                                                       | MAND0562           |
| 563  | MAND0563           | histopathology (non small cell carcinoma)                                                    | MAND0563           |
| 564  | MAND0564           | histopathology (non small cell - adenocarcinoma or adenosquamous carcinoma)                  | MAND0564           |
| 565  | MAND0565           | histopathology - Small Cell Lung Carcinoma                                                   | MAND0565           |
| 566  | MAND0566           | histopathology- Non Small cell Lung cancer                                                   | MAND0566           |
| 567  | MAND0567           | histopathology - adenocarcinoma and adenosquamous carcinoma                                  | MAND0567           |
| 568  | MAND0568           | Clinical notes detailing history                                                             | MAND0568           |
| 569  | MAND0569           | planned line management                                                                      | MAND0569           |
| 570  | MAND0570           | Planned line of management                                                                   | MAND0570           |
| 571  | MAND0571           | Investigation Reports supporting diagnosis (including ABG)                                   | MAND0571           |
| 572  | MAND0572           | Investigation Reports supporting diagnosis (including ECHO, ABG)                             | MAND0572           |
| 573  | MAND0573           | Investigation Reports supporting diagnosis (including CBC, ABG, Radiological investigations) | MAND0573           |
| 574  | MAND0574           | Any investigations done; planned line of management                                          | MAND0574           |

| S.No | Investigation Code | Investigation Name                                                                                                                                                                               | Investigation Code |
|------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 575  | MAND0575           | Clinical notes detailing history / examination findings describing trauma                                                                                                                        | MAND0575           |
| 576  | MAND0576           | MLC/ FIR                                                                                                                                                                                         | MAND0576           |
| 577  | MAND0577           | Clinical notes with planned line of treatment (documents confirming the Procedure indicated and details of RT treatment plan)                                                                    | MAND0577           |
| 578  | MAND0578           | Biopsy/ HPE report of malignancy                                                                                                                                                                 | MAND0578           |
| 579  | MAND0579           | justification of SRS                                                                                                                                                                             | MAND0579           |
| 580  | MAND0580           | Clinical notes and Documentary evidence confirming the need of Respiratory-gated radiotherapy (tumours that move with respiration during radiotherapy (lung, breast and upper abdominal tumpurs) | MAND0580           |
| 581  | MAND0581           | X-ray films with reports                                                                                                                                                                         | MAND0581           |
| 582  | MAND0582           | clinical photograph of affected part                                                                                                                                                             | MAND0582           |
| 583  | MAND0583           | X-ray confirming the diagnosis                                                                                                                                                                   | MAND0583           |
| 584  | MAND0584           | X-ray films                                                                                                                                                                                      | MAND0584           |
| 585  | MAND0585           | X-ray of ankle joint                                                                                                                                                                             | MAND0585           |
| 586  | MAND0586           | Clinical notes detailing earlier surgery that resulted in non-union                                                                                                                              | MAND0586           |
| 587  | MAND0587           | X-ray of affected joint                                                                                                                                                                          | MAND0587           |
| 588  | MAND0588           | clinical photograph                                                                                                                                                                              | MAND0588           |
| 589  | MAND0589           | Clinical notes detailing indication                                                                                                                                                              | MAND0589           |
| 590  | MAND0590           | X-ray of ankle and foot                                                                                                                                                                          | MAND0590           |
| 591  | MAND0591           | Clinical notes justifying surgery                                                                                                                                                                | MAND0591           |
| 592  | MAND0592           | X Ray of affected limb                                                                                                                                                                           | MAND0592           |
| 593  | MAND0593           | clinical photograph of affected part showing the gangrene/ injury/ severe anatomical deformity                                                                                                   | MAND0593           |
| 594  | MAND0594           | X-ray/ CT justifying the surgery                                                                                                                                                                 | MAND0594           |
| 595  | MAND0595           | Clinical notes detailing Rockwood type of fracture and justification of surgery done                                                                                                             | MAND0595           |
| 596  | MAND0596           | X-ray/ MRI                                                                                                                                                                                       | MAND0596           |
| 597  | MAND0597           | X-ray of both hips                                                                                                                                                                               | MAND0597           |
| 598  | MAND0598           | X-ray of the patella justifying the procedure                                                                                                                                                    | MAND0598           |
| 599  | MAND0599           | MRI justifying procedure                                                                                                                                                                         | MAND0599           |
| 600  | MAND0600           | Clinical notes justifying the surgery                                                                                                                                                            | MAND0600           |
| 601  | MAND0601           | X-ray/ CT                                                                                                                                                                                        | MAND0601           |
| 602  | MAND0602           | Clinical notes justifying need of this surgery                                                                                                                                                   | MAND0602           |
| 603  | MAND0603           | X-ray/ MRI of affected part                                                                                                                                                                      | MAND0603           |

| S.No | Investigation Code | Investigation Name                                                                         | Investigation Code |
|------|--------------------|--------------------------------------------------------------------------------------------|--------------------|
| 604  | MAND0604           | clinical notes justifying the indication                                                   | MAND0604           |
| 605  | MAND0605           | Clinical notes detailing justification of surgery                                          | MAND0605           |
| 606  | MAND0606           | MRI scan of affected knee                                                                  | MAND0606           |
| 607  | MAND0607           | Clinical documents justifying surgery                                                      | MAND0607           |
| 608  | MAND0608           | Clinical notes confirming the diagnosis                                                    | MAND0608           |
| 609  | MAND0609           | Clinical notes +/- X-ray confirming the diagnosis                                          | MAND0609           |
| 610  | MAND0610           | Clinical notes justifying the procedure                                                    | MAND0610           |
| 611  | MAND0611           | X-ray of the affected bone                                                                 | MAND0611           |
| 612  | MAND0612           | X-ray of the patella                                                                       | MAND0612           |
| 613  | MAND0613           | Clinical and radiological investigations confirming the indication                         | MAND0613           |
| 614  | MAND0614           | Clinical and radiological investigations confirming the diagnosis                          | MAND0614           |
| 615  | MAND0615           | clinical photograph of affected part showing short limb as compared to other limb          | MAND0615           |
| 616  | MAND0616           | Clinical notes and X-ray confirming the diagnosis                                          | MAND0616           |
| 617  | MAND0617           | X-ray / MRI scan of affected part                                                          | MAND0617           |
| 618  | MAND0618           | Clinical notes detailing findings confirming the diagnosis                                 | MAND0618           |
| 619  | MAND0619           | MRI / EMG/ NCV                                                                             | MAND0619           |
| 620  | MAND0620           | Clinical +/- and radiological investigations confirming the need of surgery +/- NCV report | MAND0620           |
| 621  | MAND0621           | FNAC/ BIOPSY                                                                               | MAND0621           |
| 622  | MAND0622           | CECT                                                                                       | MAND0622           |
| 623  | MAND0623           | clinical photograph +/- CT/ MRI                                                            | MAND0623           |
| 624  | MAND0624           | CT reports                                                                                 | MAND0624           |
| 625  | MAND0625           | OGD Scopy                                                                                  | MAND0625           |
| 626  | MAND0626           | CT abdomen reports                                                                         | MAND0626           |
| 627  | MAND0627           | CECT/ MRI                                                                                  | MAND0627           |
| 628  | MAND0628           | CECT/MRI reports                                                                           | MAND0628           |
| 629  | MAND0629           | IHC report                                                                                 | MAND0629           |
| 630  | MAND0630           | Biopsy/HPE                                                                                 | MAND0630           |
| 631  | MAND0631           | CT abdomen                                                                                 | MAND0631           |
| 632  | MAND0632           | CT KUB                                                                                     | MAND0632           |
| 633  | MAND0633           | USG- prostate                                                                              | MAND0633           |
| 634  | MAND0634           | Beta HCG                                                                                   | MAND0634           |
| 635  | MAND0635           | CT / MRI                                                                                   | MAND0635           |



| S.No | Investigation Code | Investigation Name                                                                                                                                                                             | Investigation Code |
|------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 636  | MAND0636           | CECT film and report                                                                                                                                                                           | MAND0636           |
| 637  | MAND0637           | CECT/ Biopsy confirming diagnosis                                                                                                                                                              | MAND0637           |
| 638  | MAND0638           | Cinical notes                                                                                                                                                                                  | MAND0638           |
| 639  | MAND0639           | radiological evidence for indication                                                                                                                                                           | MAND0639           |
| 640  | MAND0640           | CT Thorax                                                                                                                                                                                      | MAND0640           |
| 641  | MAND0641           | FNAC                                                                                                                                                                                           | MAND0641           |
| 642  | MAND0642           | CECT/ Chest X-ray                                                                                                                                                                              | MAND0642           |
| 643  | MAND0643           | USG/ CT neck                                                                                                                                                                                   | MAND0643           |
| 644  | MAND0644           | Biopsy/FNAC                                                                                                                                                                                    | MAND0644           |
| 645  | MAND0645           | Biopsy of primary with details of earlier surgery done and establishing need of microvascular reconstruction                                                                                   | MAND0645           |
| 646  | MAND0646           | Clinical Photograph of affected eye (Photographic record of the patient should be maintained for comparison. Photographs should have be taken in primary position as well as in lateral gazes) | MAND0646           |
| 647  | MAND0647           | FIR/MLC in case of accident                                                                                                                                                                    | MAND0647           |
| 648  | MAND0648           | Patient details                                                                                                                                                                                | MAND0648           |
| 649  | MAND0649           | doctors notes                                                                                                                                                                                  | MAND0649           |
| 650  | MAND0650           | photo                                                                                                                                                                                          | MAND0650           |
| 651  | MAND0651           | Clinical Photograph of affected part, stated plan for lab investigation of host tissue (HP/ Microbiology/other)                                                                                | MAND0651           |
| 652  | MAND0652           | Clinical notes detailing which muscles affected                                                                                                                                                | MAND0652           |
| 653  | MAND0653           | indication justifying the need for GA (if required)                                                                                                                                            | MAND0653           |
| 654  | MAND0654           | Dye disappearance test                                                                                                                                                                         | MAND0654           |
| 655  | MAND0655           | Tear meniscus height measurement, Probing and irrigation                                                                                                                                       | MAND0655           |
| 656  | MAND0656           | Clinical notes and establishing lacrimal cancer                                                                                                                                                | MAND0656           |
| 657  | MAND0657           | clinical presentation photo                                                                                                                                                                    | MAND0657           |
| 658  | MAND0658           | Clinical notes detailing Indication for corneal grafting                                                                                                                                       | MAND0658           |
| 659  | MAND0659           | supporting investigation                                                                                                                                                                       | MAND0659           |
| 660  | MAND0660           | details of donor cornea                                                                                                                                                                        | MAND0660           |
| 661  | MAND0661           | stated plan for lab investigation of host tissue (HPE/ Microbiology/other)                                                                                                                     | MAND0661           |
| 662  | MAND0662           | PENTACAM PROGRESSION MAPS 3 to 6 months apart                                                                                                                                                  | MAND0662           |
| 663  | MAND0663           | Retinoscopy                                                                                                                                                                                    | MAND0663           |
| 664  | MAND0664           | keratometry                                                                                                                                                                                    | MAND0664           |
| 665  | MAND0665           | FIR/MLC (since injury)                                                                                                                                                                         | MAND0665           |

| S.No | Investigation Code | Investigation Name                                                                                                                                                       | Investigation Code |
|------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 666  | MAND0666           | USG B scan                                                                                                                                                               | MAND0666           |
| 667  | MAND0667           | preoperative clinical photo                                                                                                                                              | MAND0667           |
| 668  | MAND0668           | Clinical notes with Indication for removal                                                                                                                               | MAND0668           |
| 669  | MAND0669           | stated plan for lab investigation of host tissue (Microbiology)                                                                                                          | MAND0669           |
| 670  | MAND0670           | Clinical notes and Indication for Limbal Dermoid Removal like increase in dermoid size/ increasing astigmatism/visual deterioration/central opacification of the cornea) | MAND0670           |
| 671  | MAND0671           | Clinical notes detailing visual impairment (Best corrected visual acuity- BCVA) of cataract and Ocular Biometry (A scan and ketometry)                                   | MAND0671           |
| 672  | MAND0672           | Clinical photo of affected part                                                                                                                                          | MAND0672           |
| 673  | MAND0673           | Clinical notes detailing Indication for Lensectomy                                                                                                                       | MAND0673           |
| 674  | MAND0674           | Clinical notes detailing Indication for Pediatric Lens Aspiration                                                                                                        | MAND0674           |
| 675  | MAND0675           | Clinical notes detailing Indication for Membranectomy                                                                                                                    | MAND0675           |
| 676  | MAND0676           | Clinical notes detailing when was cataract surgery was done and notes mentioning indication for this procedure with vision and fundus                                    | MAND0676           |
| 677  | MAND0677           | Clinical photo of patient before procedure                                                                                                                               | MAND0677           |
| 678  | MAND0678           | Pre operative Clinical Photograph of affected part                                                                                                                       | MAND0678           |
| 679  | MAND0679           | Clinical notes, pre operative documentation of indication for intervention                                                                                               | MAND0679           |
| 680  | MAND0680           | Clinical notes showing Indication for Iridectomy(Laser), Tonometry, Gonioscopy                                                                                           | MAND0680           |
| 681  | MAND0681           | clinical photo                                                                                                                                                           | MAND0681           |
| 682  | MAND0682           | Clinical notes establishing long standing history of Glaucoma with recent documentation of vision                                                                        | MAND0682           |
| 683  | MAND0683           | reports of field of vision                                                                                                                                               | MAND0683           |
| 684  | MAND0684           | Clinical notes and documentary evidence supporting chronicity                                                                                                            | MAND0684           |
| 685  | MAND0685           | IOP measurement                                                                                                                                                          | MAND0685           |
| 686  | MAND0686           | Clinical notes and documentary evidence supporting chronicity/ Failed Trabeculectomy                                                                                     | MAND0686           |
| 687  | MAND0687           | Clinical notes and documentary evidence of paediatric glaucoma with confirmation of diagnosis under GA/Examination under anaesthesia (EUA)                               | MAND0687           |
| 688  | MAND0688           | Clinical notes and/or documentary evidence                                                                                                                               | MAND0688           |
| 689  | MAND0689           | clinical notes and or supportive documents                                                                                                                               | MAND0689           |
| 690  | MAND0690           | Clinical notes with Indication for procedure                                                                                                                             | MAND0690           |
| 691  | MAND0691           | Clinical notes and or Clinical documents                                                                                                                                 | MAND0691           |
| 692  | MAND0692           | B Scan                                                                                                                                                                   | MAND0692           |

| S.No | Investigation Code | Investigation Name                                                                     | Investigation Code |
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| 693  | MAND0693           | Clinical notes establishing Indication and justifying enucleation                      | MAND0693           |
| 694  | MAND0694           | Recommendation/opinion of 2 ophthalmologists for the procedure                         | MAND0694           |
| 695  | MAND0695           | supporting investigation report                                                        | MAND0695           |
| 696  | MAND0696           | stated plan for lab investigation of host tissue (HP/ Microbiology/other)              | MAND0696           |
| 697  | MAND0697           | supporting investigation, (Biopsy / CT / MRI establishing indication for Exenteration) | MAND0697           |
| 698  | MAND0698           | Clinical notes and showing Indication for socket reconstruction                        | MAND0698           |
| 699  | MAND0699           | CT Scan                                                                                | MAND0699           |
| 700  | MAND0700           | Clinical Notes justifying the need for GA in the associated surgery                    | MAND0700           |
| 701  | MAND0701           | USG/CT/MRI/ Biopsy report                                                              | MAND0701           |
| 702  | MAND0702           | CT/MRI/ UGIE                                                                           | MAND0702           |
| 703  | MAND0703           | Biospy                                                                                 | MAND0703           |
| 704  | MAND0704           | UGI Endoscopy confirming the diagnosis                                                 | MAND0704           |
| 705  | MAND0705           | Endoscopy/ CT Scan                                                                     | MAND0705           |
| 706  | MAND0706           | Endoscopy report +/- Video /Biopsy/ CT Scan                                            | MAND0706           |
| 707  | MAND0707           | Endoscopy report                                                                       | MAND0707           |
| 708  | MAND0708           | X Ray Erect/USG/ CT Abdomen                                                            | MAND0708           |
| 709  | MAND0709           | FIR/MLC in case of traumatic aetiology                                                 | MAND0709           |
| 710  | MAND0710           | Endoscopy report OR Biopsy OR CT Scan                                                  | MAND0710           |
| 711  | MAND0711           | USG / CT                                                                               | MAND0711           |
| 712  | MAND0712           | Endoscopy / Biopsy/ CT Scan                                                            | MAND0712           |
| 713  | MAND0713           | CT/MRI Abd                                                                             | MAND0713           |
| 714  | MAND0714           | USG Abd/ CT/MRI /Endoscopic Ultrasound                                                 | MAND0714           |
| 715  | MAND0715           | CT Scan/Endoscopy/Double balloon enteroscopy                                           | MAND0715           |
| 716  | MAND0716           | USG/CT/MRI                                                                             | MAND0716           |
| 717  | MAND0717           | X Ray Abdomen Erect/USG                                                                | MAND0717           |
| 718  | MAND0718           | CT Scan/ Colonoscopy                                                                   | MAND0718           |
| 719  | MAND0719           | X Ray Abdomen / CT Contrast                                                            | MAND0719           |
| 720  | MAND0720           | CT/ MRI/ Colonoscopy                                                                   | MAND0720           |
| 721  | MAND0721           | Barium X-rays / CT scan/ sigmoidoscopy                                                 | MAND0721           |
| 722  | MAND0722           | Clinical notes +/- Colonoscopy / CT                                                    | MAND0722           |
| 723  | MAND0723           | Colonoscopy +/- Biopsy                                                                 | MAND0723           |
| 724  | MAND0724           | X Ray Abdomen Erect/USG / CT                                                           | MAND0724           |

| S.No | Investigation Code | Investigation Name                      | Investigation Code |
|------|--------------------|-----------------------------------------|--------------------|
| 725  | MAND0725           | Proctoscopic findings                   | MAND0725           |
| 726  | MAND0726           | X Ray/USG/CT Scan Abdomen               | MAND0726           |
| 727  | MAND0727           | X Ray/USG/ CT Abdomen                   | MAND0727           |
| 728  | MAND0728           | USG/CT/MRI / Biopsy                     | MAND0728           |
| 729  | MAND0729           | USG/CT Scan                             | MAND0729           |
| 730  | MAND0730           | USG/CT Abdomen                          | MAND0730           |
| 731  | MAND0731           | Lab investigations                      | MAND0731           |
| 732  | MAND0732           | biopsy, ERCP, MRCP                      | MAND0732           |
| 733  | MAND0733           | CT/ USG, ERCP                           | MAND0733           |
| 734  | MAND0734           | USG-doppler /CT/MRI                     | MAND0734           |
| 735  | MAND0735           | USG/CT/MRI/ Endoscopy report            | MAND0735           |
| 736  | MAND0736           | X Ray/USG/CT Abdomen                    | MAND0736           |
| 737  | MAND0737           | X-ray/ USG                              | MAND0737           |
| 738  | MAND0738           | UGI Endoscopy                           | MAND0738           |
| 739  | MAND0739           | Detailed Clinical notes                 | MAND0739           |
| 740  | MAND0740           | Clinical notes +/- USG report           | MAND0740           |
| 741  | MAND0741           | Clinical notes / Scrotal USG            | MAND0741           |
| 742  | MAND0742           | USG report                              | MAND0742           |
| 743  | MAND0743           | USG of scrotum                          | MAND0743           |
| 744  | MAND0744           | tumour markers                          | MAND0744           |
| 745  | MAND0745           | justification of orchidectomy           | MAND0745           |
| 746  | MAND0746           | USG/ Biopsy report                      | MAND0746           |
| 747  | MAND0747           | supporting investigation reports        | MAND0747           |
| 748  | MAND0748           | Biopsy report                           | MAND0748           |
| 749  | MAND0749           | USG/CT/MRI report                       | MAND0749           |
| 750  | MAND0750           | Nasal Endoscopy                         | MAND0750           |
| 751  | MAND0751           | USG/CT Scan +/- Biopsy/FNAC             | MAND0751           |
| 752  | MAND0752           | CT Scan/MRI Neck                        | MAND0752           |
| 753  | MAND0753           | USG or CT Scan                          | MAND0753           |
| 754  | MAND0754           | USG Neck/ Colour doppler                | MAND0754           |
| 755  | MAND0755           | Thyroid Function Test                   | MAND0755           |
| 756  | MAND0756           | FNAC/USG                                | MAND0756           |
| 757  | MAND0757           | FNAC/ Biopsy/ Thyroid Function Test/USG | MAND0757           |

| S.No | Investigation Code | Investigation Name                                                                                       | Investigation Code |
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| 758  | MAND0758           | USG/CT Scan/Nuclear Imaging                                                                              | MAND0758           |
| 759  | MAND0759           | CT/MRI                                                                                                   | MAND0759           |
| 760  | MAND0760           | Single-fiber electromyography                                                                            | MAND0760           |
| 761  | MAND0761           | EMG                                                                                                      | MAND0761           |
| 762  | MAND0762           | Nerve conduction study                                                                                   | MAND0762           |
| 763  | MAND0763           | Sono mammogram OR Mamography +/- FNAC report                                                             | MAND0763           |
| 764  | MAND0764           | sonomammogram report                                                                                     | MAND0764           |
| 765  | MAND0765           | Chest X-Ray PA                                                                                           | MAND0765           |
| 766  | MAND0766           | Biopsy +/- Cytology                                                                                      | MAND0766           |
| 767  | MAND0767           | CT Thorax +/- Biopsy report                                                                              | MAND0767           |
| 768  | MAND0768           | CT/MRI Chest                                                                                             | MAND0768           |
| 769  | MAND0769           | Diagnosis of Leprosy                                                                                     | MAND0769           |
| 770  | MAND0770           | Clinical notes detailing time of Burn                                                                    | MAND0770           |
| 771  | MAND0771           | medical records of previous surgeries                                                                    | MAND0771           |
| 772  | MAND0772           | Evidence of confirmed diagnosis of Leprosy                                                               | MAND0772           |
| 773  | MAND0773           | Clinical notes and detailing history                                                                     | MAND0773           |
| 774  | MAND0774           | Clinical notes detailing need for AV shunt                                                               | MAND0774           |
| 775  | MAND0775           | Creatinine/ RFT                                                                                          | MAND0775           |
| 776  | MAND0776           | Duplex ultrasonography/ Colour Doppler                                                                   | MAND0776           |
| 777  | MAND0777           | Clinical Photograph of Enlarged lymph nodes +/- FNAC report                                              | MAND0777           |
| 778  | MAND0778           | Clinical notes with supporting investigations                                                            | MAND0778           |
| 779  | MAND0779           | Earlier discharge summary                                                                                | MAND0779           |
| 780  | MAND0780           | Still Photograph of the imaging                                                                          | MAND0780           |
| 781  | MAND0781           | History                                                                                                  | MAND0781           |
| 782  | MAND0782           | History,                                                                                                 | MAND0782           |
| 783  | MAND0783           | Clinical notes and Audiogram/ Tympanometry (or impedance audiometry) as justification of surgery         | MAND0783           |
| 784  | MAND0784           | Clinical notes and audiometry confirming conductive deafness                                             | MAND0784           |
| 785  | MAND0785           | Clinical notes confirming the indication for the procedure with imaging (X-ray/ CT) Evidence, Audiometry | MAND0785           |
| 786  | MAND0786           | Clinical notes confirming the indication for the procedure with imaging (X-ray/ CT) Evidence             | MAND0786           |
| 787  | MAND0787           | Clinical notes and Audiogram justifying surgery                                                          | MAND0787           |
| 788  | MAND0788           | Clinical notes and endoscopy findings                                                                    | MAND0788           |

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| 789  | MAND0789           | Clinical notes Indication for this surgery with supporting medical records, , ,                                   | MAND0789           |
| 790  | MAND0790           | MLC/FIR for traumatic injuries and circumstances of the incident which led to disfigurement                       | MAND0790           |
| 791  | MAND0791           | Clinical picture                                                                                                  | MAND0791           |
| 792  | MAND0792           | Indication for this surgery with supporting medical records                                                       | MAND0792           |
| 793  | MAND0793           | MLC/FIR for traumatic injuries                                                                                    | MAND0793           |
| 794  | MAND0794           | Endoscopic picture/ Clinical picture                                                                              | MAND0794           |
| 795  | MAND0795           | circumstances of the incident which led to fracture                                                               | MAND0795           |
| 796  | MAND0796           | X Ray/CT                                                                                                          | MAND0796           |
| 797  | MAND0797           | EXAMINATION FINDINGS                                                                                              | MAND0797           |
| 798  | MAND0798           | nasoendoscopy findings                                                                                            | MAND0798           |
| 799  | MAND0799           | Clinical notes detailing chronicity of sinusitis                                                                  | MAND0799           |
| 800  | MAND0800           | pre-procedure photograph                                                                                          | MAND0800           |
| 801  | MAND0801           | indications for surgery with supporting CT                                                                        | MAND0801           |
| 802  | MAND0802           | CT confirming the diagnosis                                                                                       | MAND0802           |
| 803  | MAND0803           | Indications of this surgery with clinical evidence (CT)                                                           | MAND0803           |
| 804  | MAND0804           | Clinical notes with supporting investigation reports,X Ray Adenoids, Clinical Photograph                          | MAND0804           |
| 805  | MAND0805           | Indication for surgery from treating doctor with supporting case history, ,                                       | MAND0805           |
| 806  | MAND0806           | physical examination findings,                                                                                    | MAND0806           |
| 807  | MAND0807           | Doctor's notes with presenting complaints                                                                         | MAND0807           |
| 808  | MAND0808           | duration and physicial examination findings of oral cavity and tonsils                                            | MAND0808           |
| 809  | MAND0809           | clinical photograph if possible                                                                                   | MAND0809           |
| 810  | MAND0810           | Doctor's notes with presenting complaints, duration and physicial examination findings of oral cavity and tonsils | MAND0810           |
| 811  | MAND0811           | pre-operative clincial photograph                                                                                 | MAND0811           |
| 812  | MAND0812           | Polysomnography (Sleep Study)                                                                                     | MAND0812           |
| 813  | MAND0813           | Clinical notes with planned line of treatment,                                                                    | MAND0813           |
| 814  | MAND0814           | Clinical notes to establigh indication                                                                            | MAND0814           |
| 815  | MAND0815           | Biopsy if tumour                                                                                                  | MAND0815           |
| 816  | MAND0816           | circumstances of the incident which led to rupture of salivary duct                                               | MAND0816           |
| 817  | MAND0817           | Indication for surgery with supporting investigation reports                                                      | MAND0817           |
| 818  | MAND0818           | laryngoscopy findings                                                                                             | MAND0818           |

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| 819  | MAND0819           | Laryngeal electromyography                                                              | MAND0819           |
| 820  | MAND0820           | Clinical notes to establish indication and justification of surgery                     | MAND0820           |
| 821  | MAND0821           | Evidence through CT/ MRI/ Biopsy                                                        | MAND0821           |
| 822  | MAND0822           | Clinical notes with planned line of treatment justifying indication                     | MAND0822           |
| 823  | MAND0823           | Indication for surgery with supporting investigation reports (X-ray/ CT/MRI)            | MAND0823           |
| 824  | MAND0824           | FNAC / Biospy in case of tumours                                                        | MAND0824           |
| 825  | MAND0825           | clinical photograph/ investigation supporting diagnosis,                                | MAND0825           |
| 826  | MAND0826           | Clinical notes with planned line of treatment detailing aetiology                       | MAND0826           |
| 827  | MAND0827           | CT to confirm need of surgery                                                           | MAND0827           |
| 828  | MAND0828           | Coronal CT/MRI establishing diagnosis and establishing need of surgery                  | MAND0828           |
| 829  | MAND0829           | Coronal CT/MRI establishing diagnosis and justify the surgery.                          | MAND0829           |
| 830  | MAND0830           | CT/MRI/ biopsy to establish the indication and justify the surgery.                     | MAND0830           |
| 831  | MAND0831           | Audiogram report justfying surgery                                                      | MAND0831           |
| 832  | MAND0832           | CT- TEMPORAL BONE of affected side /X-RAY BOTH MASTOIDS                                 | MAND0832           |
| 833  | MAND0833           | MLC/FIR for traumatic injuries and circumstances of the incident which led to fracture, | MAND0833           |
| 834  | MAND0834           | Clinical notes with planned line of treatment and EXAMINATION FINDINGS                  | MAND0834           |
| 835  | MAND0835           | Dental X-ray / OPG (Orthopantomogram) showing impacted tooth Clinical Photograph        | MAND0835           |
| 836  | MAND0836           | OPG showing necrosed tissue                                                             | MAND0836           |
| 837  | MAND0837           | X-Ray of affected area                                                                  | MAND0837           |
| 838  | MAND0838           | Circumstances that led to fracture                                                      | MAND0838           |
| 839  | MAND0839           | X Ray Mandible                                                                          | MAND0839           |
| 840  | MAND0840           | OPG/ CT Scan confirming the diagnosis                                                   | MAND0840           |
| 841  | MAND0841           | Biopsy/FNAC if tumour                                                                   | MAND0841           |
| 842  | MAND0842           | Clinical notes and                                                                      | MAND0842           |
| 843  | MAND0843           | Oral Biopsy confirming the diagnosis                                                    | MAND0843           |
| 844  | MAND0844           | EEG                                                                                     | MAND0844           |
| 845  | MAND0845           | Neurologist report                                                                      | MAND0845           |
| 846  | MAND0846           | Clinical notes / MRI                                                                    | MAND0846           |
| 847  | MAND0847           | MRI Spine                                                                               | MAND0847           |
| 848  | MAND0848           | CT-angio/MRA/DSA                                                                        | MAND0848           |
| 849  | MAND0849           | MRA/ DSA report                                                                         | MAND0849           |
| 850  | MAND0850           | X-Ray chest/CT/MRI                                                                      | MAND0850           |

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|------|--------------------|-----------------------------------------------------------------------------------------------------------|--------------------|
| 851  | MAND0851           | MRI supporting surgery                                                                                    | MAND0851           |
| 852  | MAND0852           | Clinical notes establishing diagnosis of Trigeminal neuralgia                                             | MAND0852           |
| 853  | MAND0853           | MRI / CT                                                                                                  | MAND0853           |
| 854  | MAND0854           | NCV                                                                                                       | MAND0854           |
| 855  | MAND0855           | Nerve Conduction Velocity (NCV)                                                                           | MAND0855           |
| 856  | MAND0856           | Electromyography (EMG) reports                                                                            | MAND0856           |
| 857  | MAND0857           | Reports of previous investigations                                                                        | MAND0857           |
| 858  | MAND0858           | Treatment taken ruling out Hensen's                                                                       | MAND0858           |
| 859  | MAND0859           | CT/ MRI report                                                                                            | MAND0859           |
| 860  | MAND0860           | Clinical notes establishing indication                                                                    | MAND0860           |
| 861  | MAND0861           | USG Abdomen Pelvis/ CT/ MRI abdomen Pelvis                                                                | MAND0861           |
| 862  | MAND0862           | USG Abdomen + Pelvis/ CT abdomen+ Pelvis establishing indication                                          | MAND0862           |
| 863  | MAND0863           | Clinical notes establishing indication for the procedure                                                  | MAND0863           |
| 864  | MAND0864           | USG uterus & adnexa                                                                                       | MAND0864           |
| 865  | MAND0865           | Indication of the procedure preferably with record of previous sterilization/ reason for non-availability | MAND0865           |
| 866  | MAND0866           | Clinical notes with physical examination findings supported by evidence of hematoma (USG)                 | MAND0866           |
| 867  | MAND0867           | USG Abdomen Pelvis/ MRI abdomen                                                                           | MAND0867           |
| 868  | MAND0868           | Pap smear                                                                                                 | MAND0868           |
| 869  | MAND0869           | physical examination findings with indications for the procedure                                          | MAND0869           |
| 870  | MAND0870           | USG pelvis / MRI Pelvis                                                                                   | MAND0870           |
| 871  | MAND0871           | Clinical notes with planned line of treatment (including System Examination)                              | MAND0871           |
| 872  | MAND0872           | Relavant Investigations (USG Abdomen + Pelvis/ CT abdomen+ Pelvis),                                       | MAND0872           |
| 873  | MAND0873           | Admission Notes comprising of history and examination with indications for the procedure                  | MAND0873           |
| 874  | MAND0874           | Relavant Investigations (establishing diagnosis)                                                          | MAND0874           |
| 875  | MAND0875           | USG showing polyp                                                                                         | MAND0875           |
| 876  | MAND0876           | Clinical notes with planned line of treatment (including Systemic Examination)                            | MAND0876           |
| 877  | MAND0877           | Relavant Investigations (USG Abdomen + Pelvis/ CT abdomen+ Pelvis) confirming the indication              | MAND0877           |



| S.No | Investigation Code | Investigation Name                                                                                                                                                                                                                                                                                                  | Investigation Code |
|------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 878  | MAND0878           | Clinical notes with planned line of treatment (clearly indicating medical management tried and failed or not indicated. If failed documents proving duration of treatment and failure. The medical management should have been tried for atleast 4-6 months covering 1 course of hormone cycle)                     | MAND0878           |
| 879  | MAND0879           | USG Abdomen + Pelvis                                                                                                                                                                                                                                                                                                | MAND0879           |
| 880  | MAND0880           | EB/EAC                                                                                                                                                                                                                                                                                                              | MAND0880           |
| 881  | MAND0881           | USG Abdomen + Pelvis/ CT abdomen+ Pelvis confirming the indication                                                                                                                                                                                                                                                  | MAND0881           |
| 882  | MAND0882           | Admission Notes comprising of history and examination (clearly indicating medical management tried and failed or not indicated with reason. If failed documents proving duration of treatment and failure. The medical management should have been tried for atleast 4-6 months covering 1 course of hormone cycle) | MAND0882           |
| 883  | MAND0883           | detailed Ante natal care records/ reasons for non-availability of ANC records                                                                                                                                                                                                                                       | MAND0883           |
| 884  | MAND0884           | Photographic documentation of degree/severity of prolapse with patient's consent                                                                                                                                                                                                                                    | MAND0884           |
| 885  | MAND0885           | Pap smear.                                                                                                                                                                                                                                                                                                          | MAND0885           |
| 886  | MAND0886           | USG - Obstetric confirming the above package                                                                                                                                                                                                                                                                        | MAND0886           |
| 887  | MAND0887           | Documents establishing medicolegal compliance if needed                                                                                                                                                                                                                                                             | MAND0887           |
| 888  | MAND0888           | Admission Notes comprising of history and examination                                                                                                                                                                                                                                                               | MAND0888           |
| 889  | MAND0889           | Clinical notes with details of IUCD insertion (reason for non availability of details)                                                                                                                                                                                                                              | MAND0889           |
| 890  | MAND0890           | indication for removing IUCD                                                                                                                                                                                                                                                                                        | MAND0890           |
| 891  | MAND0891           | USG showing misplaced IUD                                                                                                                                                                                                                                                                                           | MAND0891           |
| 892  | MAND0892           | Clinical notes with details of IUCD insertion (reason for non availability of details), indication for removing IUCD, USG showing misplaced IUD                                                                                                                                                                     | MAND0892           |
| 893  | MAND0893           | Relavant Investigations (establishing diagnosis)/ (USG Abdomen + Pelvis)                                                                                                                                                                                                                                            | MAND0893           |
| 894  | MAND0894           | USG Abdomen Pelvis / CT/MRI Abdomen Pelvis                                                                                                                                                                                                                                                                          | MAND0894           |
| 895  | MAND0895           | USG Abdomen/ Pelvis (CT abdomen- Optional)                                                                                                                                                                                                                                                                          | MAND0895           |
| 896  | MAND0896           | Photographic documentation with patient's consent.                                                                                                                                                                                                                                                                  | MAND0896           |
| 897  | MAND0897           | Evidence of cervical pre-cancer (PAP smear) Colposcopy/Cervical Biopsy                                                                                                                                                                                                                                              | MAND0897           |
| 898  | MAND0898           | Relavant Investigations (establishing diagnosis),                                                                                                                                                                                                                                                                   | MAND0898           |
| 899  | MAND0899           | Admission Notes comprising of history and examination with indications for the procedure and need of procedure                                                                                                                                                                                                      | MAND0899           |
| 900  | MAND0900           | Admission Notes comprising of history and examination with indications for the procedure and/ or clinical pic if feasible                                                                                                                                                                                           | MAND0900           |

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|------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 901  | MAND0901           | Cystoscopy/ Cystourethroscopy/ Voiding Cystourethrogram                                                                                   | MAND0901           |
| 902  | MAND0902           | Admission Notes comprising of history and examination with indications for the procedure/ Clinical pic if patient permits                 | MAND0902           |
| 903  | MAND0903           | Relavant Investigations (establishing diagnosis) with Evidence (biopsy)                                                                   | MAND0903           |
| 904  | MAND0904           | vulval biopsy                                                                                                                             | MAND0904           |
| 905  | MAND0905           | CT/MRI for staging                                                                                                                        | MAND0905           |
| 906  | MAND0906           | USG/ CT/ MRI                                                                                                                              | MAND0906           |
| 907  | MAND0907           | USG Abdomen & Pelvis                                                                                                                      | MAND0907           |
| 908  | MAND0908           | Clinical notes establishing ruptured ectopic with Evidence                                                                                | MAND0908           |
| 909  | MAND0909           | USG Abdomen Pelvis/ CT abdomen.                                                                                                           | MAND0909           |
| 910  | MAND0910           | Admission Notes comprising of history and examination with findings establishing Cystocoele . Clinical pic if feasible                    | MAND0910           |
| 911  | MAND0911           | Relavant Investigations (establishing diagnosis) and/or Urodynamic studies                                                                | MAND0911           |
| 912  | MAND0912           | Relavant Investigations (establishing diagnosis) and/or pap smear                                                                         | MAND0912           |
| 913  | MAND0913           | Admission Notes comprising of history and examination with indications for the procedure and parental consent (incase of minor girls)     | MAND0913           |
| 914  | MAND0914           | Clinical notes detailing events that led to pressure sores                                                                                | MAND0914           |
| 915  | MAND0915           | Clinical notes with planned line of treatment detailing diabetic foot extent of damage;                                                   | MAND0915           |
| 916  | MAND0916           | Clinical notes and Clinical photograph                                                                                                    | MAND0916           |
| 917  | MAND0917           | If traumatic then MLC/FIR report                                                                                                          | MAND0917           |
| 918  | MAND0918           | Clinical notes and .                                                                                                                      | MAND0918           |
| 919  | MAND0919           | Clinical photograph in case of injury                                                                                                     | MAND0919           |
| 920  | MAND0920           | Documents supporting if indication is non-traumatic                                                                                       | MAND0920           |
| 921  | MAND0921           | Clinical notes detailing how avulsion occurred                                                                                            | MAND0921           |
| 922  | MAND0922           | MLC copy with number since traumatic                                                                                                      | MAND0922           |
| 923  | MAND0923           | Detailed Clinical notes of original clinical event having led to disfigurement or confirming details / invetsigations of congenital event | MAND0923           |
| 924  | MAND0924           | Clinical notes detailing events that led to chronic/ non healing wounds;                                                                  | MAND0924           |
| 925  | MAND0925           | pre-op photograph                                                                                                                         | MAND0925           |
| 926  | MAND0926           | UGI Endoscopy report                                                                                                                      | MAND0926           |
| 927  | MAND0927           | USG/CT Abd                                                                                                                                | MAND0927           |
| 928  | MAND0928           | Endoscopy                                                                                                                                 | MAND0928           |
| 929  | MAND0929           | X Ray/ CT Scan Abdomen/ UGI contrast study                                                                                                | MAND0929           |
| 930  | MAND0930           | +/- Endoscopic USG                                                                                                                        | MAND0930           |

| S.No | Investigation Code | Investigation Name                                                                         | Investigation Code |
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| 931  | MAND0931           | X-ray Abdomen/USG Abdomen                                                                  | MAND0931           |
| 932  | MAND0932           | USG/ Dye test                                                                              | MAND0932           |
| 933  | MAND0933           | sigmoidoscopy confirming polyp                                                             | MAND0933           |
| 934  | MAND0934           | Distal Cologram/ CT                                                                        | MAND0934           |
| 935  | MAND0935           | USG Abdomen                                                                                | MAND0935           |
| 936  | MAND0936           | Xray Lumbosacral spine (inverted position)                                                 | MAND0936           |
| 937  | MAND0937           | USG / CT abdomen                                                                           | MAND0937           |
| 938  | MAND0938           | pelvis delineating fistula tract.                                                          | MAND0938           |
| 939  | MAND0939           | USG/ CT / biopsy                                                                           | MAND0939           |
| 940  | MAND0940           | Chest X-ray AP/Lat                                                                         | MAND0940           |
| 941  | MAND0941           | USG/MRI Abd                                                                                | MAND0941           |
| 942  | MAND0942           | CT/MRI confirming the diagnosis,                                                           | MAND0942           |
| 943  | MAND0943           | X Ray/CT Scan                                                                              | MAND0943           |
| 944  | MAND0944           | Clinical notes with planned line of treatment including planned line of treatment          | MAND0944           |
| 945  | MAND0945           | MLC/ FIR with X-ray/ CT                                                                    | MAND0945           |
| 946  | MAND0946           | Clinical notes detailing the injury and need of surgery                                    | MAND0946           |
| 947  | MAND0947           | MLC/ FIR with X-ray/ CT/ MRI                                                               | MAND0947           |
| 948  | MAND0948           | MLC/ FIR with X-ray/ CT;                                                                   | MAND0948           |
| 949  | MAND0949           | PRE OP CLINICAL PICTURE<br>+/- X-RAY/CT                                                    | MAND0949           |
| 950  | MAND0950           | Clinical notes with planned line of treatment detailing the injury and need of surgery     | MAND0950           |
| 951  | MAND0951           | MLC/ FIR with X-ray/ CT/ MRI (of both chest & affected long bone)                          | MAND0951           |
| 952  | MAND0952           | MLC/ FIR +/- Nerve conduction velocity (NCV) + /- MRI + /- MRA + /- EMG (Electromyography) | MAND0952           |
| 953  | MAND0953           | Clinical notes confirming diagnosis                                                        | MAND0953           |
| 954  | MAND0954           | CT/MRI +/- FNAC/Biopsy                                                                     | MAND0954           |
| 955  | MAND0955           | Sr. Cortisol                                                                               | MAND0955           |
| 956  | MAND0956           | Sr. electrolytes                                                                           | MAND0956           |
| 957  | MAND0957           | 24 hr urinary catacholamine level / sr. or urinary metanephrine normetanephrine            | MAND0957           |
| 958  | MAND0958           | MIBG Scan/ DOTONOC scan                                                                    | MAND0958           |
| 959  | MAND0959           | IBG Scan/ DOTONOC scan                                                                     | MAND0959           |
| 960  | MAND0960           | Clinical notes confirming the renal cyst and justification of the surgery                  | MAND0960           |

| S.No | Investigation Code | Investigation Name                                                                  | Investigation Code |
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| 961  | MAND0961           | CT/MRI +/- FNAC/Biopsy,                                                             | MAND0961           |
| 962  | MAND0962           | IVP / NCCT+ CT-IVP                                                                  | MAND0962           |
| 963  | MAND0963           | Clinical notes confirming the need for surgery                                      | MAND0963           |
| 964  | MAND0964           | CT/ CT-IVP/MRI/MRI Urogram                                                          | MAND0964           |
| 965  | MAND0965           | USG/CT                                                                              | MAND0965           |
| 966  | MAND0966           | IVP/CT/ CT-IVP ,+/-DTPA renal scan                                                  | MAND0966           |
| 967  | MAND0967           | Investigation reports confirming urethral stricture (RGU+/- MCU)                    | MAND0967           |
| 968  | MAND0968           | CT-IVP/ MRI                                                                         | MAND0968           |
| 969  | MAND0969           | CT-IVP/ MRI Urogram                                                                 | MAND0969           |
| 970  | MAND0970           | IVP/ CT-IVP                                                                         | MAND0970           |
| 971  | MAND0971           | cystoscopy                                                                          | MAND0971           |
| 972  | MAND0972           | vaginoscopy Scopy                                                                   | MAND0972           |
| 973  | MAND0973           | CT-IVP/MRI Urogram                                                                  | MAND0973           |
| 974  | MAND0974           | MCU                                                                                 | MAND0974           |
| 975  | MAND0975           | MCU c                                                                               | MAND0975           |
| 976  | MAND0976           | IVP/CT-IVP+/-MCU                                                                    | MAND0976           |
| 977  | MAND0977           | CT-IVP/ IVP                                                                         | MAND0977           |
| 978  | MAND0978           | Discharge Summary of DJ Stenting                                                    | MAND0978           |
| 979  | MAND0979           | IVP/CT-IVP                                                                          | MAND0979           |
| 980  | MAND0980           | Xray/USG/CT Scan                                                                    | MAND0980           |
| 981  | MAND0981           | X ray KUB/USG/IVP/NCCT                                                              | MAND0981           |
| 982  | MAND0982           | Xray/USG/CT Scan/MRI                                                                | MAND0982           |
| 983  | MAND0983           | IVP/CT IVP/MRI +Cystogram+/- Cystoscopy                                             | MAND0983           |
| 984  | MAND0984           | USG/CT/MRI+/-Cystoscopy                                                             | MAND0984           |
| 985  | MAND0985           | USG/CT/MRI+/- cystogram                                                             | MAND0985           |
| 986  | MAND0986           | MLC/ FIR if traumatic.                                                              | MAND0986           |
| 987  | MAND0987           | Clinical notes detailing the case history with previous work up / initial diagnosis | MAND0987           |
| 988  | MAND0988           | urethro Cystoscopy +USG                                                             | MAND0988           |
| 989  | MAND0989           | USG-KUB/PVR                                                                         | MAND0989           |
| 990  | MAND0990           | Uroflometry                                                                         | MAND0990           |
| 991  | MAND0991           | USG/CT/ MRI                                                                         | MAND0991           |
| 992  | MAND0992           | Histopathology/ biopsy                                                              | MAND0992           |

| S.No | Investigation Code | Investigation Name                                                                                                    | Investigation Code |
|------|--------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|
| 993  | MAND0993           | Clinical notes and Histopathology/ biopsy confirming the diagnosis of bladder cancer                                  | MAND0993           |
| 994  | MAND0994           | Cystoscopy/ USG/ Uro Dynamic study                                                                                    | MAND0994           |
| 995  | MAND0995           | Clinical notes detailing chronicity                                                                                   | MAND0995           |
| 996  | MAND0996           | USG proving retention of urine                                                                                        | MAND0996           |
| 997  | MAND0997           | confirmed diagnosis of meatal stenosis                                                                                | MAND0997           |
| 998  | MAND0998           | ACU (Anterograde urethrography)/micturating cysto-urethrogram (MCU)                                                   | MAND0998           |
| 999  | MAND0999           | Retrograde urethrography justifying the surgery.                                                                      | MAND0999           |
| 1000 | MAND1000           | Retrograde urethrography justifying the surgery                                                                       | MAND1000           |
| 1001 | MAND1001           | Clinical notes and ACU (Anterograde urethrography)/micturating cysto-urethrogram (MCU)                                | MAND1001           |
| 1002 | MAND1002           | Clinical notes detailing the pathology for which performed with supporting Evidence of RGU (Retrograde urethrography) | MAND1002           |
| 1003 | MAND1003           | Clinical notes and confirmation of stenosis of posterior urethral valve by Voiding cystourethrogram (preferred)       | MAND1003           |
| 1004 | MAND1004           | USG +/- uroflowmetry.                                                                                                 | MAND1004           |
| 1005 | MAND1005           | evidence of stage 1 / 2 (Discharge Summary)                                                                           | MAND1005           |
| 1006 | MAND1006           | Clinical notes detailing the hematuria with urine report showing frank or microscopic?                                | MAND1006           |
| 1007 | MAND1007           | Clinical notes and confirmed diagnosis of urethral caruncle.                                                          | MAND1007           |
| 1008 | MAND1008           | urethro Cystoscopy +vaginocopy +USG                                                                                   | MAND1008           |
| 1009 | MAND1009           | Clinical notes and confirmation of fistula and its tract                                                              | MAND1009           |
| 1010 | MAND1010           | Cystoscopy+Sigmoidoscopy+/-RGU+MCU                                                                                    | MAND1010           |
| 1011 | MAND1011           | Post Void Volume +/- PSA +/- uroflowmetry                                                                             | MAND1011           |
| 1012 | MAND1012           | MRI /CT prostate                                                                                                      | MAND1012           |
| 1013 | MAND1013           | USG +/- PSA, +/- uroflowmetry                                                                                         | MAND1013           |
| 1014 | MAND1014           | USG +/- PSA                                                                                                           | MAND1014           |
| 1015 | MAND1015           | Color-flow penile Doppler imaging/ USG (patients with high-flow priapism)                                             | MAND1015           |
| 1016 | MAND1016           | Clinical notes with Previous medical reports showing the penectomy and its indication                                 | MAND1016           |
| 1017 | MAND1017           | USG/CT / Biopsy                                                                                                       | MAND1017           |
| 1018 | MAND1018           | Clinical notes confirming location of undescended testis                                                              | MAND1018           |
| 1019 | MAND1019           | USG Scrotum                                                                                                           | MAND1019           |
| 1020 | MAND1020           | is the EHCP registered for microsurgery?                                                                              | MAND1020           |
| 1021 | MAND1021           | Clinical notes confirming bilateral testicular cancer                                                                 | MAND1021           |

| S.No | Investigation Code | Investigation Name                                                                                   | Investigation Code |
|------|--------------------|------------------------------------------------------------------------------------------------------|--------------------|
| 1022 | MAND1022           | Cystoscopy+vaginoscopy+CT - IVP/IVP +/- cystogram                                                    | MAND1022           |
| 1023 | MAND1023           | stills of ureteric stone                                                                             | MAND1023           |
| 1024 | MAND1024           | treatment done so far                                                                                | MAND1024           |
| 1025 | MAND1025           | ECHO and / or doppler reports                                                                        | MAND1025           |
| 1026 | MAND1026           | ECHO report                                                                                          | MAND1026           |
| 1027 | MAND1027           | ECHO / Doppler Report                                                                                | MAND1027           |
| 1028 | MAND1028           | CAG report stills showing significant multiple blocks & LVEF                                         | MAND1028           |
| 1029 | MAND1029           | ECHO and doppler reports showing two cardiac valves diseased                                         | MAND1029           |
| 1030 | MAND1030           | ECHO and doppler reports showing three cardiac valves diseased                                       | MAND1030           |
| 1031 | MAND1031           | CT Chest establishing the aetiology for which surgery is done                                        | MAND1031           |
| 1032 | MAND1032           | CT angio / Angio / MRI report                                                                        | MAND1032           |
| 1033 | MAND1033           | angio / CT angio / MRI reports                                                                       | MAND1033           |
| 1034 | MAND1034           | ECHO / Angio / CT angio / MRI reports showing aneurysm                                               | MAND1034           |
| 1035 | MAND1035           | MRA / CT angio / Angio reports                                                                       | MAND1035           |
| 1036 | MAND1036           | CT Chest report                                                                                      | MAND1036           |
| 1037 | MAND1037           | Angiogram / CT Angiogram / MRI reports                                                               | MAND1037           |
| 1038 | MAND1038           | Soon as documents are uploaded, confirm evidence of embolus/ Thrombus in duplex USG/ Angio           | MAND1038           |
| 1039 | MAND1039           | Pre-Op X-ray / CT Scan                                                                               | MAND1039           |
| 1040 | MAND1040           | Radiological evidence of foreign body                                                                | MAND1040           |
| 1041 | MAND1041           | Clinical notes detailing need of ICD                                                                 | MAND1041           |
| 1042 | MAND1042           | Chest XRAY                                                                                           | MAND1042           |
| 1043 | MAND1043           | Detailed Operative notes indicating need for Reoperation                                             | MAND1043           |
| 1044 | MAND1044           | Clinical notes with planned line of treatment (including indication for need of required Procedure ) | MAND1044           |
| 1045 | MAND1045           | Clinical notes with planned line of treatment (including indication for need of required Procedure ) | MAND1045           |
| 1046 | MAND1046           | Detailed Operative notes +/- Histopath of surreted material                                          | MAND1046           |
| 1047 | MAND1047           | Facial CT                                                                                            | MAND1047           |
| 1048 | MAND1048           | Facial CT / X Ray CNS                                                                                | MAND1048           |
| 1049 | MAND1049           | Clinical Reports                                                                                     | MAND1049           |
| 1050 | MAND2001           | Labor Charting                                                                                       | MAND2001           |
| 1051 | MAND2002           | CTG                                                                                                  | MAND2002           |
| 1052 | MAND2003           | Detailed delivery notes                                                                              | MAND2003           |

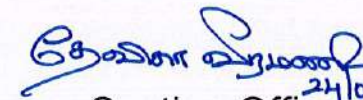


| S.No | Investigation Code | Investigation Name                                                                                                                                                                                            | Investigation Code |
|------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1053 | MAND2004           | PNC notes along with relevant investigation details                                                                                                                                                           | MAND2004           |
| 1054 | MAND8888           | Positive report for COVID-19 Test                                                                                                                                                                             | MAND8888           |
| 1055 | MAND9111           | Discharge Summary                                                                                                                                                                                             | MAND9111           |
| 1056 | MAND9112           | Form for Screening Test for COVID-19 Infection signed by a Physician                                                                                                                                          | MAND9112           |
| 1057 | MAND9113           | Positive report of Screening Test for COVID-19 Infection (PCR)                                                                                                                                                | MAND9113           |
| 1058 | MAND9114           | Clinical notes explaining indication for Bera, family history, Bilirubin test                                                                                                                                 | MAND9114           |
| 1059 | MAND9115           | BONE MARROW BIOPSY                                                                                                                                                                                            | MAND9115           |
| 1060 | MAND9116           | CRAB CRITERIA                                                                                                                                                                                                 | MAND9116           |
| 1061 | MAND9117           | Clinical notes with planned line of treatment with justification                                                                                                                                              | MAND9117           |
| 1062 | MAND9118           | DEXA SCAN                                                                                                                                                                                                     | MAND9118           |
| 1063 | MAND9119           | Screening report from ophthalmologist                                                                                                                                                                         | MAND9119           |
| 1064 | MAND9120           | Test report of BERA, note on further Management                                                                                                                                                               | MAND9120           |
| 1065 | MAND9121           | Review notes of primary physician with referral to Palliative Medicine                                                                                                                                        | MAND9121           |
| 1066 | MAND9122           | tonometry/ pachymetry/gonioscopy/ophthalmoscopy/perimetry                                                                                                                                                     | MAND9122           |
| 1067 | MAND9123           | TUMOR BOARD REPORT                                                                                                                                                                                            | MAND9123           |
| 1068 | MAND9124           | PERIPHERAL BLOOD SMEAR                                                                                                                                                                                        | MAND9124           |
| 1069 | MAND9125           | Radioiodine original treatment chart                                                                                                                                                                          | MAND9125           |
| 1070 | MAND9126           | THYROID SCAN                                                                                                                                                                                                  | MAND9126           |
| 1071 | MAND9127           | Refraction report                                                                                                                                                                                             | MAND9127           |
| 1072 | MAND9128           | Admission Notes comprising of history and examination with indications for the procedure                                                                                                                      | MAND9128           |
| 1073 | MAND9129           | Relevant Investigations (establishing diagnosis of carrier status of parents)                                                                                                                                 | MAND9129           |
| 1074 | MAND9130           | HPLC Reports demonstrating carrier status of both parents                                                                                                                                                     | MAND9130           |
| 1075 | MAND9131           | Procedure / Operative Notes with report of chorionic villi sampling or amniocentesis                                                                                                                          | MAND9131           |
| 1076 | MAND0269           | Progress notes                                                                                                                                                                                                | MAND0269           |
| 1077 | MAND0006           | Detailed discharge summary                                                                                                                                                                                    | MAND0006           |
| 1078 | MAND9134           | Molecular test report                                                                                                                                                                                         | MAND9134           |
| 1079 | MAND9128           | Admission Notes comprising of history and examination with indications for the procedure                                                                                                                      | MAND9128           |
| 1080 | MAND9135           | Relevant Investigations (establishing diagnosis of genetic disorder. Report showing for molecular mutation demonstrated in the parents or a previously affected child/ brother of a hemophilia carrier woman. | MAND9135           |
| 1081 | MAND9136           | Report showing child with other known genetic disorder and demonstration of carrier status in mother for x-linked recessive disorders                                                                         | MAND9136           |



| S.No | Investigation Code | Investigation Name                                                                                   | Investigation Code |
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| 1082 | MAND0067           | CBC                                                                                                  | MAND0067           |
| 1083 | MAND0074           | LFT                                                                                                  | MAND0074           |
| 1084 | MAND9137           | KFT                                                                                                  | MAND9137           |
| 1085 | MAND9138           | Urine protein                                                                                        | MAND9138           |
| 1086 | MAND9139           | Sr. ferritin                                                                                         | MAND9139           |
| 1087 | MAND9140           | Thalassemia transfusion Diary                                                                        | MAND9140           |
| 1088 | MAND9141           | Out patient card doctor stating diagnosis of thalassemia with instructions for transfusions and test | MAND9141           |
| 1089 | MAND9142           | Thalassemia Transfusion diary/ Records Clinical Notes                                                | MAND9142           |
| 1090 | MAND9143           | Outpatient card with diagnosis and medication order                                                  | MAND9143           |
| 1091 | MAND9156           | Undertaking signed by donor (in living donor transplant)                                             | MAND9156           |
| 1092 | MAND9157           | Hospital authorization letter on recipient and donor with details of the surgery                     | MAND9157           |
| 1093 | MAND9159           | Clinical notes and proctoscopic findings confirming the diagnosis for which this surgery is done     | MAND9159           |
| 1094 | MAND9159           | Clinical notes and proctoscopic findings confirming the diagnosis for which this surgery is done     | MAND9159           |
| 1095 | MAND9160           | Treating doctor's certification for extension of chemotherapy cycles for Pmetrexed procedure         | MAND9160           |

/ True Copy/

  
24/06/2026  
Section Officer