

No 2/56/2014-1HB-III

From

The Additional Chief Secretary to Government of Haryana, Health Department

To

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

Dated:- 21-05-2015

- Sub:-
1. Regarding fixing of Package & implants Rates applicable on the State Government Empanelled Private Hospitals.
  2. Regarding Fixing of ICU and ICU+Ventilator Charges for non package procedures.

Sir/Madam

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

**Guidelines for the implementation of Package/Implant Rates**

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

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

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

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

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

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

n. The following table shall be the part of the bill of the hospitals in case of package rates:-

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

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

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

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

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

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

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

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

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

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

dated 21-05-2015

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

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

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

U No 2/56/2014-IHB-III

Dated 21-05-2015

Endst No 2/56/2014-IHB-III

Dated 21-05-2015

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

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

Endst No 2/56/2014-IHB-III

Dated 21-05-2015

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

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

Endst No 2/56/2014-IHB-III

Dated 21-05-2015

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

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

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

Sr. No.	Name of Surgery	Non NABH/ Non JCI Package Rate (both for General and Private ward)	Package rates for NABH Hospital (both for General and Private ward)	Package rates for JCI Accredited Hospital (both for General and Private ward)	Cost of Implant/pace maker/Mesh etc. shall be charged mentioned in Annexure-II or original cost is reimbursable whenever is applicable	Room Rent / ICU/CCU including ventilator Charges as per entitlement as mentioned at para g &
<b>DEPARTMENT OF SURGERY</b>						
<b>1 DAY PACKAGE RATES</b>						
1	Removal of Cystostomy	1000	800	1100	--	
2	Cystostomy under LA	1500	1400	1600	--	Extra
<b>3 DAYS PACKAGE RATES</b>						
3	Cystoscopy with D J Stent (L/L)	4000	4000	4400 (Rs. 1200- will not reimbursed, which will borne by the Beneficiary)	Extra - original cost of D J Stent is fully reimbursable	Extra
4	Hemorrhoid	13000	14000	14500	--	Extra
5	Internal Hemorrhoids	12000	13000	13500	--	Extra
6	Mesh Hemorrhoid	13000	12500	13000	Extra-original Cost of Mesh /Tracker is fully reimbursable	Extra
7	Hemorrhoidectomy with Stapling	10000	11000	13000	Extra- fixed cost of stapler mentioned at Sr. No. 23 Annexure-II is reimbursable	Extra
8	Hemorrhoid	3000	3200	10400	--	Extra
9	Lumpectomy under GA	12000	13000	13600	--	Extra
10	Lap ovarian Cyst Removal	25000	25000	26000	--	Extra
11	Cystoscopy under GA/ Spinal	1000	1550	4000 (Rs. 1500- will not reimbursed which will borne by the Beneficiary)	--	Extra
12	Cystoscopy with D J Stent (B/L)	3000	3300	4500	Extra-original cost of D J Stent are fully reimbursable	Extra
13	Lap Total extra-peritoneal repair (L/L) for inguinal hernia	20000	21000	24000	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
14	Lap Total extra-peritoneal repair (B/L)	27000	31000	33100	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
15	IRSI with (M/S) placement	20000	25000	30000	Extra original cost of D J Stent is fully reimbursable	Extra
<b>4 DAYS PACKAGE RATES</b>						
16	Open Thyroidectomy	17000	18500	22100	--	Extra
17	Open Cytoreduction	17000	18500	22100	--	Extra
18	Mastectomy unilateral with axillary clearance	21000	24300	28500	--	Extra
19	Modified Radical Mastectomy with axillary clearance	22000	25300	28800	--	Extra
20	Subtotal Thyroidectomy	16000	19100	22100	--	Extra
21	Parathyroidectomy	15000	19500	22100	--	Extra
22	Varicose veins unilateral (minors)	25000	28750	33500	--	Extra
23	Varicose Vein Surgery unilateral (major)	12000	13800	15800	--	Extra
24	Abdomen Drainage under G.A/Spinal	9000	9200	10400	--	Extra
25	Appendectomy	15000	14500	16000	--	Extra
26	Gastrectomy	17000	19500	22100	--	Extra
27	Hysterectomy	17000	18000	14300	--	Extra
28	Lap Appendectomy	13000	17100	19300	--	Extra
29	Lap Salpingo-oophorectomy	25000	28750	32500	--	Extra
30	Lap Vaginal Fornix Repair	17000	19500	22100	Extra - original Cost of Mesh /Tracker is fully reimbursable	Extra
31	Lap Prostatectomy	25000	28750	40000 (Rs. 7500- will not reimbursed which	--	Extra

33	Lap CPD Exploration	25000	24750	will borne by the Beneficiary 40000 (Rs. 1500- will not reimbursed which will borne by the Beneficiary)	-	Extra
34	Lap Pyeloplasty	25000	24750	40000 (Rs. 1500- will not reimbursed which will borne by the Beneficiary)	-	Extra
35	Laparoscopic Cholecystectomy	17000	16550	22100	-	Extra
36	TURP	17000	17250	19500	-	Extra
36	TURP (Laser)	25000	24750	32000	-	Extra
<b>4 DAYS PACKAGE RATES</b>						
37	Prostatectomy	17000	16550	22100	-	Extra
<b>5 DAYS PACKAGE RATES</b>						
38	Cholecystectomy with CBD Exploration with T-Tube drainage	17000	16550	22100	-	Extra
39	Cystostomy/Stomostomy	17000	16550	22100	-	Extra
40	Nephrolithotomy	17000	16550	27200 (Rs. 5700- will not reimbursed which will borne by the Beneficiary)	-	Extra
41	Prostatectomy Open	17000	16550	27200 (Rs. 5700- will not reimbursed which will borne by the Beneficiary)	-	Extra
42	Cystolithotomy	17000	16550	27200 (Rs. 5700- will not reimbursed which will borne by the Beneficiary)	-	Extra
43	Pyeloplasty	17000	16550	27200 (Rs. 5700- will not reimbursed which will borne by the Beneficiary)	-	Extra
44	Ulotomy Closure	17000	16550	27200 (Rs. 5700- will not reimbursed which will borne by the Beneficiary)	-	Extra
45	Suprapubic Cystolithotomy for urinary bladder stone	17000	16550	19500	-	Extra
<b>7 DAYS PACKAGE RATES</b>						
46	Laparotomy for perforation or abscess or peritonitis or burst appendix or empyemic gall bladder	35000	34750	32500	-	Extra
47	Laparotomy for Trauma with repair of viscera or spleenotomy	21000	20750	32500	-	Extra
48	Laparotomy for Trauma with repair of viscera and splenotomy	21000	20750	32500	-	Extra
49	Lumbar Sympathectomy	10000	21850	30400 (Rs. 3300- will not reimbursed which will borne by the Beneficiary)	-	Extra
50	Hemicolectomy	19000	21650	24700	-	Extra
<b>DEPARTMENT OF CARDIOLOGY</b>						
<b>3 DAY PACKAGE RATES</b>						
51	EP Study	9000	10300	14700	-	Extra
52	Coronary Angiography	10000	11300	13000	-	Extra or day care
<b>7 DAYS PACKAGE RATES</b>						
53	HF Ablation With EPS	35500	40200	45500	-	Extra
54	Permanent Pace Maker (Single Chamber)	30500	34700	39000	Extra- Fixed Cost At Rs. No 2 Annuity-II is reimbursable	Extra
55	Permanent Pace Maker (Dual Chamber)	35500	40200	45500	Extra- Fixed Cost At Rs. No 3 Annuity-II is reimbursable	Extra
56	Permanent Pace Maker Biventricular (CRT)	49200	51700	58000	Extra- Fixed Cost At Rs. No 4 Annuity-II is reimbursable	Extra
57	AICD Implantation Single Chamber	35500	40200	45500	Extra- Fixed Cost At Rs. No 3 Annuity-II is reimbursable	Extra
58	AICD Implantation Dual Chamber	35500	40200	45500	Extra- Fixed Cost At Rs. No 3	Extra

		4340	4130	5430	Annexure II is reimbursable	Extra
10	AMBIOPOLICRYLATE				Extra - Fixed Cost as Sr No 7 Annexure II is reimbursable	Extra
11	OTHER Commonly Available I.V. A. Amps/Injections/Fluids/Slurries	2500	4020	4000	Extra - Fixed cost of these items as Sr No. 8 Annexure II when reimbursable  Plus injection Epithelial/Alum inert/antibiotic  Plus +Thermo suction catheter  (wherever applicable)  Note - Paste stickers/batch No etc on the bill for the for the items like stents, injections and catheter as mentioned above  Reasoning why they are required items like stents, injection, catheter  It includes cost of angiography if performed in the same admission.	Extra
<b>COAST GUARD RATE</b>						
12	1. A. S. S.	11000	12000	14000		Extra
13	2. B. S. S. S. S. S.	11000	12000	11000	Extra - Hospital cost of LDRP is fully reimbursable	Extra
14	1. A. S. S.	10000	11000	13000	Extra - Hospital Cost of LDRP is fully reimbursable	Extra
15	2. B. S. S. S. S.	10000	12000	13000	Extra - Hospital Cost of LDRP is fully reimbursable	Extra
16	3. C. S. S. S. S.	11000	12000	14000	Extra - Hospital Cost of LDRP is fully reimbursable	Extra
<b>DEPARTMENT OF DENTISTRY/OCULOV. &amp; ORL</b>						
<b>4 DAYS PACKAGE RATES</b>						
17	1. Dental Services	1500	1700	1600		Extra
18	2. General Anesthetics	2000	2100	3000		Extra
19	3. Dental X-rays (Dental X-ray, peri, and extra legross)	2000	2300	2800		Extra
20	4. Dentures (Complete Dentures)	3000	3500	3000		Extra
21	5. Prosthetic Appliances	1000	1100	5000		Extra
22	6. Orthodontics	2500	2800	3500		Extra
23	7. Endodontics	2500	2800	3500		Extra
24	8. Maxillofacial Prosthetics	1000	1200	2000		Extra
25	9. Orthognathic Surgery			24000 (Rs. 4500/- will not be reimbursed which will borne by the Beneficiary)		Extra
<b>7 DAYS PACKAGE CHARGES</b>						
26	1. Hospital Charges (Inpatient and Outpatient)	1500	1700	1700		Extra
27	2. D. P. Charges	500	700	3000		Extra
<b>7 DAYS PACKAGE RATES</b>						
28	1. D. P. Charges	2000	2000	1500		Extra
<b>DEPARTMENT OF EYE</b>						
<b>DAY CARE PACKAGE RATES</b>						
29	Phacoemulsification with foldable IOL	1000	1500	1000 (Rs. 400/- will not be reimbursed which will borne by the Beneficiary)	Fixed cost of lens as mentioned as Sr No 9-12 Annexure II is reimbursable	Day Care
					Plus cost of inj. Balanced Salt	

					admission to hospital will be by Section-10/10A	
81	Tuberculosis	2500	3025	4725		Day Care
82	Tuberculosis with X-ray	3000	3525	4750	Extra-Flat cost as mentioned at Sr No. 13 Annexure-II is reimbursable	Day Care
83	Diarrhoea with increased stool	3000	3750	4750		Day Care
84	X-ray of Chest	1000	1200	1600 (Rs. 1100 will not be reimbursed which will come to the beneficiary)		Day Care
85	X-ray of Chest with Sputum	1500	1750	2400 (Rs. 1700 will not be reimbursed which will come to the beneficiary)		Day Care
86	Retinal Detachment Surgeries with Scleral Buckling	17000	19500	27500 (Rs. 21000 will not be reimbursed which will come to the beneficiary)		Day Care
<b>DEPARTMENT OF ONCOLOGY</b>						
<b>5 DAY PACKAGE RATES</b>						
87	Chemotherapy	1700 including Study fee which will be reimbursable	1725 including Study fee which will be reimbursable	2400 (Rs. 1500 will not be reimbursed which will come to the beneficiary) including Medication which will be reimbursable		Day Care
<b>7 DAY PACKAGE RATES</b>						
88	Chemotherapy	2000	2500	3600 (Rs. 2500 will not be reimbursed which will come to the beneficiary)		Extra
89	Chemotherapy	2000	2500	3700		Extra
90	Chemotherapy	2200	2700	3500		Extra
91	Chemotherapy	2400	2900	3800		Extra
92	Chemotherapy	3000	3500	5000		Extra
<b>10 DAY PACKAGE RATES</b>						
93	Chemotherapy	3000	3500	5000		Extra
94	Chemotherapy	3000	3500	5100		Extra
<b>10 DAY PACKAGE RATES</b>						
95	Chemotherapy	3000	3500	5200	Extra - Flat cost mentioned at Sr no 16 Annexure-II is reimbursable	Extra
<b>DEPARTMENT OF ORTHOPAEDIC</b>						
<b>14 DAYS PACKAGE RATES</b>						
96	Fracture Reduction	2000	2450	2250		Extra
97	Fracture Reduction	2000	2450	2250		Extra
<b>10 DAY PACKAGE RATES</b>						
98	Hand Transplant	10000	11000	14700 (Rs. 10000 will not be reimbursed which will come to the beneficiary)	Extra - Flat cost of implant + Bone Cement mentioned at Sr No. 15 Annexure-II is reimbursable	Extra
99	Knee Transplant (Single)	10000	11000	14700 (Rs. 10000 will not be reimbursed which will come to the beneficiary)	Extra - Flat cost of implant + Bone Cement mentioned at Sr No. 16 Annexure-II is reimbursable	Extra
100	Bilateral Hip joint replacement/bilateral knee joint Transplantation (both)	15000	16750	17800 (Rs. 15000 will not be reimbursed which will come to the beneficiary)	Extra - Flat cost of implant + Bone Cement mentioned at Sr No. 14-15 Annexure-II are reimbursable as the case may be	Extra
<b>7 DAYS PACKAGE RATES</b>						



142	Close reduction of fracture/dislocation under General Anaesthesia	4000	4600	5200	-	Extra
143	Fracture Pelvis	12000	13800	15600	Extra	Extra
144	Fracture Olecranon	12000	13800	15600	Extra	Extra
<b>DEPARTMENT OF NEPHROLOGY</b>						
<b>10 DAYS PACKAGE</b>						
145	Renal Transplant without donor charges	172000	187600	215300 (Rs. 51000/- will not be reimbursed which will be borne by the Beneficiary)	+Cost of Inj. simulect, is fully reimbursable if required	Extra
<b>5 DAYS PACKAGE</b>						
146	Lap Nephrectomy of donor or otherwise	45000	51750	58500	-	Extra
147	Open nephrectomy of donor or otherwise	38000	32200	41800	-	
<b>DAY CARE</b>						
148	Dialysis per sitting	1800	1150	1300	+Cost of dialyzer is fully reimbursable	Extra
<b>OPD- PER DAY OPD CHARGES</b>						
149	Dialysis per sitting as OPD Procedure	1800	1150	1300	+Cost of dialyzer is fully reimbursable	NA
150	MRI Angiography (include cost of dye)	5500	6325	7150	-	NA
151	CT Coronary Angiography (include cost of dye)	7200	8280	9360	-	NA
<b>MISC. PER DAY</b>						
152	ICU/CCU including ventilator Charges/drugs/consumables etc applied for package rates only	3000	3450	3900	-	Extra

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

<b>PER DAY RATES</b>				
Sl. No.	Name of Surgery	Lump sum Package Rate (both for General and Private ward)	Package rates for NABH Hospital	Package rates for JCI Accredited Hospital
1	2	3	4	5
153	ICU	Rs. 3000/- per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies	3450/-	3900
154	ICU+ Ventilator	Rs. 4000/- Per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies	Rs. 4500/- Per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies	Rs. 5000/- Per day excluding Medicines Only For non package treatment i.e. Medical/Surgical Emergencies

**REIMBURSEMENT OF CARDIOLOGICAL IMPLANTATION DEVICES AND CORONARY STENTS**

Item	Maximum Ceiling Rate
<b>A. REIMBURSEMENT OF CARDIOLOGICAL IMPLANTATION DEVICES AND CORONARY STENTS</b>	
1. Rotablator	Rs. 50,000/- or the actual cost whichever is less.
2. Pacemaker (Single Chamber)-	
i. Without rate response	Rs. 37,000/- or the actual cost, whichever is less.
ii. With rate response	Rs. 65,000/- or the actual cost, whichever is less.
3. Pacemaker (Dual chamber)	Rs. 1,15,000/- or the actual cost whichever is less.
4. Permanent Pace Maker Biventricular (CRT)	Rs. 2,00,000/- or the actual cost whichever is less.
5. AICD Implant Single Chamber	Rs. 3,00,000/- or the actual cost whichever is less.
6. AICD Implant Dual Chamber	Rs. 4,50,000/- or the actual cost whichever is less.
7. Combo device (CRTD) Coronary Stents	Rs. 3,90,000/- or the actual cost whichever is less a. Drug-Elutable Stents - Rs. 1,30,000/- b. Drug Eluting Coronary Stents namely - cipher Stent, Taxus Stent, Endeavor, Siense V.EBCSS, Vision choice, Bare Metal Stents etc (i) All DGCI and FDA approved drug Eluting Stents = Rs 65000/- (ii) All DGCI and CE approved drug Eluting Stents = Rs 50000/- (iii) All DGCI approved drug Eluting Stents = Rs 40000/- c. Bare Metal Coronary Stents (i) Stainless Steel Stents = Rs 12000/- (ii) Cobalt Stents (a) All DGCI and FDA approved = 20000/- (b) All DGCI and CE approved = 18000/- (c) All DGCI approved = Rs 15000 (iii) Coated/ Other Stents = Rs 25000/- d. Bare Metal Vascular (Non Coronary) Stents (i) Stainless Steel Stents = Rs 20000/- (ii) Cobalt Stents = 22000/- (iii) Nitinol/ Other Stents = 25000/-

**B. REIMBURSEMENT OF COST OF INTRA OCULAR LENS (IOL)/VALVE FOR GLAUCOMA**

10. Hydrophobic Foldable IOL	Rs. 3,000/-
11. Silicon Foldable IOL	Rs. 3,600/-
12. Hydrophilic Acrylic Lens	Rs. 5,800/-
13. PMMA IOL	Rs. 490/-
14. Valve For Glaucoma Surgery	Rs. 10,000/-

**REIMBURSEMENT OF COST OF TOTAL KNEE AND TOTAL HIP IMPLANTS**

14. Total Knee implant	1. Knee implant cemented (unilateral) = Rs. 60,000/-+the cost of bone cement Rs. 5,000/-
15. Total Hip implant	2. Hip implant cemented (unilateral) = Rs. 35,000/-+the cost of bone cement Rs. 5,000/- 3. Hybrid Hip Implant One component cemented and other uncemented (Unilateral) = Rs. 45000/- + Cost bone cement is Rs. 5000/- 4. Hip implant Uncemented (Unilateral) = Rs. 60000/- 5. Surface replacement Hip implant (Unilateral) = Rs. 120000/- 6. Bipolar Modular Cemented Implant =Rs. 30000/-+ the cost of Bone cement Rs. 5,000/- 7. Bipolar Modular Uncemented Implant =Rs. 45000/-

**C. REIMBURSEMENT OF COST OF COCHLEAR IMPLANTS**

16. Cochlear Implant	Rs. 5,55,000/- (the implant with 12 channels/24 electrodes with behind the ear speech processors. Reimbursement shall be allowed @ 100% in case of children between 1 to 5 years, @ 80% in case of children between 5 to 10 years and @ 50% in case of children between 10 to 16 years. 50% of the cost of wearable components.
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		e.g. Speech Processor, Microphone etc. (excluding cords, batteries) for the purpose of upgradation and/or replacement every 3 years, on the advice of two ENT surgeons of Government /Approved Private Hospital)		
<b>E. REIMBURSEMENT OF COST OF CPAP/BIPAP MACHINES</b>				
17.	CPAP Machine	Rs. 50,000/- on the advice of concerned specialist of Government /Approved Private Hospitals		
18.	BIPAP Machine	Rs. 1,00,000/- on the advice of concerned specialists of Government /Approved Private Hospitals		
<b>F. REIMBURSEMENT OF COST OF NEURO-IMPLANT</b>				
	Item	Ceiling Rate	Life of battery	Cost of battery
19.	DBS Implants	Rs. 3,00,000/-	3-5 years	Rs. 2,50,000/-
20.	Intra-thecal Pumps	Rs. 2,62,000/-	7 years	Rs. 2,25,000/-
21.	Spinal Cord stimulators	Rs. 2,62,000/-	3-5 years	Rs. 2,00,000/-
a. On prescribing by the Neurologist of the Govt /Approval Hospitals				
b. Replacement of battery before 4 years may be permitted in exceptional cases on the basis of justification by the treating specialist and shall be considered on a case-to case basis by Department of Health & Family Welfare				
<b>G. OTHER ITEMS</b>				
22.	Stapler	Rs. 12000/-		