TATA MEMORIAL CENTRE

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

Schedule of Charges (2024-27)

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Registration Charges							
A001	Registration Fees (Including SmartCard)	10	100	500	500	500	750
A002	Reissue of Smartcard / Case File Charges	180	180	180	180	180	180
A003	Charges for printing Reports (per Report)	5	5	5	5	5	5
A009	Hydration Charges	15	120	600	720	1,140	900
A010	Casualty Consultation Charges	-	-	3,000	3,000	3,000	3,000
A012	Second Opinion Consult Referal (RF)	-	-	3,500	-	-	3,500
A100	Charges for Duplicate bill printing (per Bill)	30	30	30	30	30	30
A101	New Registration (Tele Consultation)	-	-	1,200	-	-	1,200
A102	First Tele Consultation (Indian Nationals)	120	600	3,600	-	-	-
A103	Follow-up Tele Consultation (Indian Nationals)	120	600	2,400	-	-	-
A104	First Tele Consultation (International Patients- LMICS)	-	-	-	-	-	9,000
A105	Follow-up Tele Consultation (International Patients- LMICS)	-	-	-	-	-	6,000
A106	First Tele Consultation (International Patients- Non LMICS)	-	-	-	-	-	18,000
A107	Follow-up Tele Consultation (International Patients- Non LMICS)	-	-	-	-	-	12,000
Administrative Charges							
A201	Evaluation & Planning Charges (Day 1)	-	-	1,800	2,250	3,480	2,820
A202	Medical Care Team Charges (Per Day)	-	-	1,800	2,250	3,480	2,820
A203	Courier Handling Charges	300	300	300	300	300	300
Room Tariff							
B001	Room/ Bed Tariff per day	50	420	4,200	8,200	10,000	8,200
B003	ICU charges per day	90	840	4,200	7,000	8,200	7,000
B004	Room/Bed Charges - BMT	4,200	4,200	4,200	4,200	4,200	4,200
B006	Radionuclide Therapy Ward - Short Stay Bed Charges	750	750	750	750	750	750
B007	Radionuclide therapy ward- Bed charges	1,500	1,500	1,500	1,500	1,500	1,500
Deposits							
D004	Deposit - Bone Marrow Transplant Patients	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
D006	Deposit - Autologous Stem Cell Transplant	600,000	600,000	600,000	600,000	600,000	600,000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	120,000	120,000	120,000	120,000	120,000	120,000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refundable)	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	4,800,000	4,800,000	4,800,000	4,800,000	4,800,000	4,800,000
Day Care							
E003	Day Care Bed Charges	50	420	1,980	1,980	1,980	1,980
E010	Filgrastim Injection	115	115	115	115	115	115
Biochemistry, Tumour Markers, Emergency Laboratory							
F030	24 hours urine excretion rate for kappa and lambda	25	230	1,130	1,415	2,220	1,775
F033	Thyroid Function Tests (T3,T4,TSH)	15	130	660	830	1,295	1,030
F034	Serum T3 (Thyroid Function)	10	50	240	300	470	370
F035	Serum T4 (Thyroid Function)	10	50	240	300	470	370
F036	Serum TSH (Thyroid Function)	10	50	240	300	470	370
F037	Serum Folate	25	240	1,175	1,475	2,315	1,850
F038	Serum Vitamin B12	25	240	1,175	1,475	2,315	1,850
F039	Serum Parathormone (PTH)	15	145	730	910	1,430	1,140
F040	Serum Calcitonin	25	240	1,175	1,475	2,315	1,850
F041	Serum Free Light Chains Kappa	50	480	2,400	3,000	4,690	3,755
F042	Serum Free Light Chains Lambda	50	480	2,400	3,000	4,690	3,755
F043	Complete Serum Protein Electrophoresis (SPE) Profile	180	1,825	9,110	11,390	17,795	14,230
F044	Serum Protein Electrophoresis (SPE)	10	95	480	600	950	755
F045	Serum Immunoglobulins (Ig)	40	360	1,800	2,255	3,530	2,820
F046	Immunoglobulin A (IgA)	15	120	600	755	1,190	950
F047	Immunoglobulin M (IgM)	15	120	600	755	1,190	950
F048	Immunoglobulin G (IgG)	15	120	600	755	1,190	950
F049	Serum Light Chains	40	325	1,595	1,990	3,120	2,495
F050	Serum Light Chains Kappa	15	155	790	995	1,560	1,250
F051	Serum Light Chains Lambda	15	155	790	995	1,560	1,250
F052	Immuno Fixation Electrophoresis (IFE)	155	1,500	7,500	9,370	14,640	11,710
F053	Urine Free Light Chains Kappa	70	770	3,810	4,765	7,440	5,950
F054	Urine Free Light Chains Lambda	70	770	3,810	4,765	7,440	5,950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F055	Serum CK	10	50	265	335	530	420
F056	Serum CK-MB	10	95	480	600	950	755
F057	Serum Lactate	25	240	1,200	1,500	2,340	1,870
F058	Serum Free T3	10	60	270	335	530	420
F059	Serum Free T4	10	60	270	335	530	420
F060	Serum Vitamin D	40	385	1,900	2,375	3,720	2,975
F061	Serum BNP	50	480	2,390	2,990	4,670	3,730
F062	Serum Insulin	10	70	385	480	755	600
F063	Magnesium (24 Hrs Urine)	15	130	660	830	1,295	1,030
F072	CSF Immunoglobulins (Ig)	40	310	1,570	1,970	3,070	2,460
F073	CSF Immunoglobulin A (IgA)	15	120	575	720	1,130	900
F074	CSF Immunoglobulin M (IgM)	15	120	575	720	1,130	900
F075	CSF Immunoglobulin G (IgG)	10	85	420	530	830	660
F076	CSF Light Chains	40	325	1,595	1,990	3,120	2,495
F077	CSF Light Chains Kappa	15	155	790	995	1,560	1,250
F078	CSF Light Chains Lambda	15	155	790	995	1,560	1,250
F079	CSF AFP	15	170	815	1,020	1,595	1,270
F080	CSF CEA	15	145	745	935	1,475	1,175
F081	CSF Beta-HCG	15	120	610	770	1,200	960
F082	CSF Total PSA	15	170	815	1,020	1,595	1,270
F083	CSF Beta2-Microglobulin	40	395	1,990	2,495	3,900	3,120
F084	CSF CA 15.3	40	325	1,645	2,050	3,215	2,570
F085	CSF CA 125	40	300	1,475	1,850	2,890	2,315
F086	CSF CA 19.9	40	325	1,645	2,050	3,215	2,570
F087	Fluid Immunoglobulins (Ig)	25	250	1,250	1,560	2,450	1,955
F088	Fluid Immunoglobulin A (IgA)	10	85	420	530	830	660
F089	Fluid Immunoglobulin M (IgM)	10	85	420	530	830	660
F090	Fluid Immunoglobulin G (IgG)	10	85	420	530	830	660
F091	Fluid Light Chains	40	325	1,595	1,990	3,120	2,495

TATA MEMORIAL CENTRE

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

Schedule of Charges (2024-27)

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F092	Fluid Light Chains Kappa	15	155	790	995	1,560	1,250
F093	Fluid Light Chains Lambda	15	155	790	995	1,560	1,250
F094	Fluid AFP	15	170	815	1,020	1,595	1,270
F095	Fluid CEA	15	145	745	935	1,475	1,175
F096	Fluid Beta-HCG	15	120	610	770	1,200	960
F097	Fluid Total PSA	15	170	815	1,020	1,595	1,270
F098	Fluid Beta2 Microglobulin	40	395	1,990	2,495	3,900	3,120
F099	Fluid CA 15.3	40	325	1,645	2,050	3,215	2,570
F100	Fluid CA 125	40	300	1,475	1,850	2,890	2,315
F108	Fluid CA 19.9	40	325	1,645	2,050	3,215	2,570
F109	Urine Immunoglobulins (Ig)	25	265	1,295	1,620	2,530	2,030
F110	Urine Immunoglobulin A (IgA)	10	85	420	530	830	660
F111	Urine Immunoglobulin M (IgM)	10	85	420	530	830	660
F112	Urine Immunoglobulin G (IgG)	10	95	455	575	900	720
F113	Urine Light Chains	40	325	1,595	1,990	3,120	2,495
F114	Urine Light Chains Kappa	15	155	790	995	1,560	1,250
F115	Urine Light Chains Lambda	15	155	790	995	1,560	1,250
F116	Urine AFP	15	170	815	1,020	1,595	1,270
F117	Urine CEA	15	145	745	935	1,475	1,175
F118	Urine Beta-HCG	15	120	610	770	1,200	960
F119	Urine Total PSA	15	170	815	1,020	1,595	1,270
F120	Urine Beta2 Microglobulin	40	395	1,990	2,495	3,900	3,120
F121	Urine CA 15.3	40	325	1,645	2,050	3,215	2,570
F122	Urine CA 125	40	300	1,475	1,850	2,890	2,315
F123	Urine CA 19.9	40	325	1,645	2,050	3,215	2,570
F124	Urine Osmolality (Random)	10	70	335	420	660	530
F125	Urine Osmolality (24 Hours)	10	70	335	420	660	530
F126	Serum Osmolality	10	70	335	420	660	530
F127	FSH	10	85	430	540	840	670

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F128	Estradiol (E2)	15	120	575	720	1,130	900
F129	Troponin-I	25	275	1,370	1,715	2,690	2,150
F130	VMA (Urine - Random Sample)	70	660	3,310	4,140	6,470	5,170
F131	Serum LH	15	120	590	730	1,140	910
F132	Serum Prolactin	15	130	650	815	1,270	1,020
F133	Serum Cortisol	15	155	805	1,010	1,570	1,260
F134	Serum BNP	40	300	1,510	1,895	2,975	2,375
F135	Serum Valproate	25	190	970	1,210	1,895	1,510
F136	Serum IgG4	70	740	3,700	4,620	7,220	5,780
F137	Urine Albumin / Creatinine ratio	10	80	420	525	820	650
F138	Urine Calcium / Creatinine ratio	10	100	520	650	1,000	810
F139	Anti - Thyroglobulin antibody (Tg Ab)	20	200	1,000	1,250	1,950	1,560
Histopathology							
F307	Outside stained slides only	40	310	1,535	1,920	3,000	2,400
F310	Small Biopsy/Cell Block	155	1,560	7,800	9,755	15,240	12,190
F311	Big Specimen	205	2,040	10,200	12,755	19,930	15,950
F315	P16 IHC	145	1,430	2,855	3,575	5,590	4,475
F317	FDA - Cerb B2	95	950	4,765	5,950	9,300	7,440
F321	IHC Tests on special request (upto 3 antibodies)	130	1,330	2,665	3,335	5,220	4,175
F322	Set of Recut slides (H&E / Unstained)	35	360	1,800	2,255	3,530	2,820
F323	ALK Amplification IHC Test	190	1,945	3,890	4,860	7,595	6,070
F334	MSI Immunihistochemistry Testing	230	2,250	4,495	5,620	8,780	7,025
Molecular Pathology							
F335	EGFR Mutation Detection	575	5,700	11,400	14,255	22,270	17,820
F336	DPYD Mutation Detection	625	6,265	12,530	15,660	24,470	19,570
F337	EBV DNA Detection	275	2,735	5,470	6,840	10,690	8,555
Histopathology							
F338	ROS-1 by IHC	120	1,235	2,470	3,095	4,850	3,875
F339	PDL-1 SP263 - Ventana	220	2,170	4,340	5,430	8,490	6,790

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F340	PDL-1 22C3 - Dako	500	4,990	9,980	12,480	19,500	15,600
F341	Pituitary Panel by IHC	460	4,610	9,210	11,510	17,990	14,390
F342	PDL-1 SP142 - Ventana	130	1,320	2,640	3,300	5,160	4,130
F343	Outside unstained slides/ blocks (1-5 Blocks)	145	1,440	7,200	9,000	14,075	11,255
F344	Outside unstained slides/ blocks (6-30 Blocks)	230	2,280	11,400	14,255	22,270	17,820
F345	Outside unstained slides/ blocks (31-50 Blocks)	300	3,000	15,000	18,755	29,315	23,450
F346	Outside unstained slides/ blocks (More than 50 Blocks)	370	3,720	18,600	23,255	36,350	29,075
F347	Frozen Section (1-10 sections)	60	600	3,000	3,755	5,870	4,690
F348	Frozen Section (11-20 sections)	110	1,080	5,400	6,755	10,560	8,450
F349	Frozen Section (>20 sections)	170	1,680	8,400	10,500	16,415	13,130
F350	Large Specimen (Cystectomy/ Radical Prostatectomy/ Pelvic Exenteration)	370	3,720	18,600	23,255	36,350	29,075
F351	PDL-1-28-8 (FDA Approved)	180	1,800	9,000	11,255	17,590	14,075
F352	BRAF V600E by IHC	110	1,080	2,160	2,700	4,210	3,370
F353	POLE Mutation	500	5,000	10,000	12,500	19,540	15,630
F354	DICER1 Mutation	190	1,940	3,880	4,850	7,580	6,060
F355	BCOR alteration	300	3,030	6,050	7,560	11,810	9,450
F356	HPV in situ hybridisation	188	1,880	3,760	4,700	7,345	5,875
F357	Comprehensive Genomic Profiling (CGP)	2,500	25,000	50,000	62,500	97,660	78,130
F358	Homologous Recombination Repair Test (HRR)	950	9,490	18,970	23,710	37,050	29,640
F359	Detection of Chromosome 11q Gain/Loss by FISH	830	8,340	16,680	20,850	32,580	26,060
F360	RNA fusion panel (Solid tumors)	1,550	15,540	31,070	38,840	60,690	48,550
F361	Lymphoma Panel (FFPE and cf DNA)	1,370	13,680	27,360	34,200	53,440	42,750
Cytopathology							
F401	Cytology (FNA)	50	480	2,400	3,000	4,690	3,755
F402	Pap Smear Cytology	25	215	1,080	1,355	2,110	1,690
F404	Sputum Cytology	25	215	1,080	1,355	2,110	1,690
F405	Cytopathology: Outside Slides (Out-In)	25	215	1,080	1,355	2,110	1,690
F411	Bronchial Lavage + Brushings Cytology	25	215	1,080	1,355	2,110	1,690
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	25	215	1,080	1,355	2,110	1,690

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	25	220	1,080	1,350	2,110	1,690
F414	Cerebro Spinal Fluid (CSF) Cytology	25	215	1,080	1,355	2,110	1,690
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	25	215	1,080	1,355	2,110	1,690
F416	Nipple Discharge Cytology	25	215	1,080	1,355	2,110	1,690
F417	Oral Scrapings Cytology	25	215	1,080	1,355	2,110	1,690
F418	Bile / CBD Brushing Cytology	25	215	1,080	1,355	2,110	1,690
F419	Scrapings From Miscellaneous Sites Cytology	25	215	1,080	1,355	2,110	1,690
F423	Liquid-based Cytology (LBC)	35	300	1,490	1,860	2,915	2,330
Molecular Pathology							
F618	EBER In Situ Hybridisation	205	2,075	4,140	5,170	8,090	6,470
F620	HER2/neu gene amplification test	840	8,400	16,800	21,000	32,820	26,255
F621	Interphase FISH Test for EGFR	910	9,110	18,215	22,775	35,590	28,475
F622	Interphase FISH Test for NMYC	710	7,045	14,075	17,590	27,490	21,995
F623	Interphase FISH Test for 1p19q	910	9,110	18,215	22,775	35,590	28,475
F624	Interphase FISH Test for ALK1	780	7,790	15,565	19,450	30,395	24,310
F625	Interphase FISH Test for CMYC	650	6,430	12,865	16,080	25,130	20,100
F627	Interphase FISH Test for ROS1	590	5,830	11,665	14,580	22,790	18,230
F628	Interphase FISH Test for MET	635	6,410	12,815	16,020	25,030	20,030
F629	MLPA testing in Neuroblastoma	710	7,045	14,075	17,590	27,490	21,995
F630	MYD88 L265 Mutation Detection Test	410	4,055	8,110	10,140	15,840	12,670
F631	JAZF1 - Endometrial Stromal Sarcoma Testing	770	7,730	15,455	19,320	30,190	24,155
F632	YWHAE - Endometrial Stromal Sarcoma Testing	730	7,345	14,690	18,360	28,690	22,955
F633	Medulloblastoma - molecular Profiling	1,560	15,600	31,200	39,000	60,950	48,755
F634	DDISH for HER2/neu Gene Amplification	840	8,400	16,800	21,000	32,820	26,255
F635	TERT Promoter Mutation Assay	350	3,480	6,965	8,710	13,620	10,895
F636	Histone Mutation Detection Assay	550	5,570	11,130	13,910	21,730	17,390
F637	RHOA Mutation Detection Assay	420	4,190	8,365	10,450	16,330	13,070
F638	IRFA/DUSP22 gene rearragement by FISH	935	9,350	18,695	23,375	36,530	29,220
F639	RT-PCR for PAX-FKHR Translocation	600	6,000	12,000	15,000	23,450	18,755

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Schedule of Charges (2024-27)

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F654	Clonality Analysis	1,320	13,250	26,495	33,120	51,755	41,400
F655	Mycobacterium Tuberculosis Detection on FFPE	385	3,780	7,560	9,455	14,770	11,820
F660	GENE SEQUENCING FOR C KIT MUTATIONS	770	7,730	15,455	19,320	30,190	24,155
F662	RT-PCR for EWS-FLI1 Translocation	370	3,710	7,415	9,275	14,495	11,590
F663	RT-PCR for EWS-ERG Translocation	370	3,710	7,415	9,275	14,495	11,590
F664	RT-PCR for EWS-WT1 Translocation	370	3,710	7,415	9,275	14,495	11,590
F665	RT-PCR for SYT-SSX Translocation	430	4,295	8,580	10,730	16,775	13,415
F668	MDM2 Gene Amplification by FISH	840	8,390	16,765	20,950	32,750	26,195
F669	Limited Gene Panel for NGS (Next Generation Sequencing Platform)	23,000	23,000	23,000	28,750	44,930	35,940
F670	FISH for NTRK	1,355	13,500	27,000	33,600	52,500	42,000
F671	FISH test for CEN 10 loss - on Tissue	250	2,490	4,980	6,230	9,730	7,790
F672	FISH test for CDKN2A	450	4,470	8,940	11,170	17,460	13,970
F673	FISH test for MAML2 break-apart analysis - On Tissue	430	4,295	8,590	10,740	16,790	13,430
F674	FISH test for ETV6 break-apart analysis - On Tissue	420	4,180	8,365	10,450	16,330	13,070
F682	RAS Mutation Anaysis	745	7,390	14,785	18,480	28,870	23,100
F683	Interphase FISH Test for EWSR1	600	6,000	12,000	15,000	23,450	18,755
F684	MGMT Gene Promoter methylation	540	5,390	10,765	13,450	21,010	16,810
F685	Detection of BRAFV600E Mutation	445	4,430	8,845	11,050	17,270	13,810
F686	Thyroid Panel (BRAF, KRAS, NRAS, HRAS, TERT)	1,105	11,050	22,110	27,635	43,190	34,550
F688	Gene Sequencing for IDH1/2	420	4,140	8,280	10,355	16,190	12,950
F690	TFE-3 FISH	720	7,250	14,495	18,120	28,320	22,655
F691	FISH test for SYT break-apart analysis	910	9,130	18,270	22,835	35,690	28,550
F692	PDGFRA mutation analysis	470	4,645	9,275	11,590	18,120	14,495
F693	NGS based Targeted Panel for Solid Tumors	20,000	20,000	20,000	20,000	20,000	20,000
F694	PIK3CA Mutation Testing	90	900	5,700	4,570	8,950	7,150
F695	FISH Test for C19MC amplification	640	6,380	12,750	15,940	24,910	19,930
F696	Interphase FISH test for Chr. 1 copy number variations	540	5,350	10,700	13,380	20,910	16,730
F697	HRD Testing	71,000	71,000	71,000	71,000	71,000	71,000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Biochemistry, Tumour Markers, Emergency Laboratory							
F802	Routine Biochemical Test (Consolidated)	60	650	3,265	4,080	6,370	5,100
F810	Glucose Tolerance Test	10	50	210	265	420	335
F817	Serum AFP	15	170	815	1,020	1,595	1,270
F818	Serum CEA	15	145	745	935	1,475	1,175
F819	Serum B-HCG	15	120	610	770	1,200	960
F820	Serum Total PSA	15	170	815	1,020	1,595	1,270
F821	Serum B2-Microglobulin	40	335	1,680	2,100	3,290	2,630
F822	Serum CA-15.3	40	300	1,500	1,870	2,930	2,340
F823	Serum CA-125	40	360	1,800	2,255	3,530	2,820
F824	Serum CA-19.9	25	290	1,440	1,800	2,820	2,255
F829	Serum CRP	10	85	445	550	875	695
F830	Serum Ferritin	25	190	960	1,200	1,870	1,500
F831	Serum CYFRA-21	40	385	1,910	2,390	3,730	2,990
F832	Serum NSE	40	385	1,910	2,390	3,730	2,990
F833	Cyclosporin	85	790	3,930	4,910	7,670	6,130
F836	Methotrexate	25	290	1,430	1,790	2,795	2,230
F837	Serum Free PSA	25	180	910	1,140	1,790	1,430
F838	Serum Testosterone	15	155	780	970	1,510	1,210
F839	Tacrolimus Drug level estimation	95	950	4,715	5,890	9,215	7,370
F841	Random Plasma Glucose	10	25	95	120	190	155
F842	Fasting Plasma Glucose	10	25	95	120	190	155
F843	Post-Prandial Plasma Glucose	10	25	95	120	190	155
F845	Glycosylated Hemoglobin	15	145	690	865	1,355	1,080
F846	Fasting Urine Glucose	10	70	385	480	755	600
F847	Post-Prandial Urine Glucose	10	70	385	480	755	600
F848	Blood Glucose by Glucometer strip method	-	25	60	80	120	100
F849	Lipid Profile	25	205	1,020	1,270	1,990	1,595
F850	Serum Cholesterol	10	50	265	335	530	420

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F851	Serum HDL-Cholesterol	10	50	265	335	530	420
F852	Serum LDL-Cholesterol	10	70	385	480	755	600
F853	Serum Triglycerides	10	60	310	395	610	490
F854	Renal Function Tests	15	155	790	995	1,560	1,250
F855	Serum Urea	10	50	265	335	530	420
F856	Serum Uric Acid	10	50	265	335	530	420
F857	Serum Creatinine	10	50	265	335	530	420
F860	Serum Electrolytes	25	215	1,055	1,320	2,075	1,655
F861	Serum Sodium	10	50	265	335	530	420
F862	Serum Potassium	10	50	265	335	530	420
F863	Serum Chlorides	10	50	265	335	530	420
F864	Serum Bicarbonates	10	50	265	335	530	420
F865	Liver Function Tests	50	480	2,375	2,975	4,655	3,720
F866	Serum Protein	10	50	265	335	530	420
F867	Serum Albumin	10	50	265	335	530	420
F868	Serum Globulin	10	50	265	335	530	420
F869	Serum Alkaline Phosphatase	10	50	265	335	530	420
F870	Serum Total Bilirubin	10	50	265	335	530	420
F871	Serum Direct Bilirubin	10	50	265	335	530	420
F872	Serum Indirect Bilirubin	10	50	265	335	530	420
F873	Serum AST	10	50	265	335	530	420
F874	Serum ALT	10	50	265	335	530	420
F876	Serum LDH	10	50	265	335	530	420
F880	Pancreatic Enzymes	25	205	1,030	1,295	2,030	1,620
F881	Serum Amylase	15	110	515	650	1,020	815
F882	Serum Lipase	15	110	515	650	1,020	815
F883	Body Fluid Investigations (CSF)	25	265	1,345	1,680	2,630	2,100
F884	CSF Glucose	10	50	265	335	530	420
F885	CSF Protein	15	110	550	695	1,090	875

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F886	CSF Chloride	10	50	265	335	530	420
F887	CSF LDH	10	50	265	335	530	420
F888	Serum Calcium	10	50	265	335	530	420
F890	Serum Phosphorus	10	50	265	335	530	420
F891	Serum Magnesium	15	120	605	755	1,190	950
F893	Serum Iron	10	85	420	530	830	660
F894	Serum TIBC	10	85	420	530	830	660
F895	Serum Acid Phosphatase	15	170	830	1,030	1,620	1,295
F896	Serum Prostatic Acid Phosphatase	25	250	1,235	1,550	2,410	1,930
F897	VMA (24 Hrs Urine)	70	660	3,310	4,140	6,470	5,170
F898	5HIAA (24 Hrs Urine)	40	385	1,910	2,390	3,730	2,990
F915	Sodium (24 Hours Urine)	10	50	265	335	530	420
F916	Potassium (24 Hours Urine)	10	50	265	335	530	420
F917	Chloride (24 Hours Urine)	10	50	265	335	530	420
F918	Urea (24 Hours Urine)	10	50	265	335	530	420
F919	Uric Acid (24 Hours Urine)	10	50	265	335	530	420
F920	Urine Creatinine (24 Hours)	10	50	265	335	530	420
F921	Calcium (24 Hours Urine)	10	50	265	335	530	420
F922	Phosphorus (24 Hours Urine)	10	50	265	335	530	420
F923	Protein (24 Hours Urine)	15	120	600	755	1,190	950
F924	Corrected Creatinine Clearance (24 Hours Urine)	10	50	265	335	530	420
F925	Urea (Random Urine)	10	50	265	335	530	420
F926	Uric Acid (Random Urine)	10	50	265	335	530	420
F927	Creatinine (Random Urine)	10	50	265	335	530	420
F928	Sodium (Random Urine)	10	50	265	335	530	420
F929	Potassium (Random Urine)	10	50	265	335	530	420
F930	Chloride (Random Urine)	10	50	265	335	530	420
F931	Calcium (Random Urine)	10	50	265	335	530	420
F932	Phosphorus (Random Urine)	10	50	265	335	530	420

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
F933	Protein (Random Urine)	10	110	550	695	1,090	875
F934	Fluid Urea	10	50	265	335	530	420
F935	Fluid Uric Acid	10	50	265	335	530	420
F936	Fluid Creatinine	10	50	265	335	530	420
F937	Fluid Sodium	10	50	265	335	530	420
F938	Fluid Potassium	10	50	265	335	530	420
F939	Fluid Chloride	10	50	265	335	530	420
F940	Fluid Bilirubin (Total)	10	50	265	335	530	420
F941	Fluid Bilirubin (Direct)	10	50	265	335	530	420
F942	Fluid Bilirubin (Indirect)	10	50	265	335	530	420
F943	Fluid Cholesterol	10	50	265	335	530	420
F944	Fluid Triglycerides	10	60	310	395	610	490
F945	Fluid HDL Cholesterol	10	50	265	335	530	420
F946	Fluid LDL Cholesterol	10	70	385	480	755	600
F962	Fluid Glucose	10	50	265	335	530	420
F963	Fluid Protein	10	50	265	335	530	420
F964	Fluid Albumin	10	50	265	335	530	420
F965	Fluid Globulin	10	50	265	335	530	420
F966	Fluid Alkaline Phosphatase	10	50	265	335	530	420
F967	Fluid AST	10	50	265	335	530	420
F968	Fluid ALT	10	50	265	335	530	420
F969	Fluid Calcium	10	50	265	335	530	420
F970	Fluid Phosphorus	10	50	265	335	530	420
F971	Fluid Amylase	10	60	310	395	610	490
F972	Fluid Lipase	15	110	515	650	1,020	815
F973	Fluid LDH	10	50	265	335	530	420
F974	Serum Creatinine for CCT	10	50	265	335	530	420
F977	Bence Jones Protein (24 Hours Urine)	25	230	1,130	1,415	2,220	1,775
F999	Serum Gamma Glutamyl Transferase (GGT)	25	205	995	1,250	1,955	1,560

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
FA01	Sirolimus Drug Level Estimation	110	1,045	5,195	6,490	10,140	8,110
FA02	G6PDH Estimation (Quantitative)	15	170	850	1,070	1,670	1,330
FA03	HbA1c Screening test	10	25	145	180	290	230
FA04	Anti-SARS Cov (Complete Antibodies)	15	95	455	575	900	720
FA05	Anti-SARS Cov (lgG Antibodies)	25	240	1,175	1,475	2,315	1,850
FA06	IL-6 (interleukin-6)	25	215	1,055	1,320	2,075	1,655
FA07	NT-Pro BNP	40	325	1,630	2,040	3,190	2,555
FA08	IL-6 Level Estimation	40	395	1,970	2,460	3,840	3,070
FA09	Total SARS-COV-2 Antibody (Semi quantitative)	25	190	985	1,235	1,930	1,550
FA10	Anti-SARS Cov2 SPIKE (Complete Antibodies)	40	350	1,740	2,160	3,395	2,700
FA11	Troponin T	25	250	1,260	1,570	2,460	1,970
FA12	ACTH	25	250	1,260	1,570	2,460	1,970
FA13	Progesterone	25	180	900	1,130	1,775	1,415
FA14	Thyroglobulin	25	215	1,080	1,355	2,110	1,690
FA15	DHEA-S	40	325	1,630	2,040	3,190	2,555
FA16	IGF-1	60	600	3,000	3,755	5,870	4,690
FA17	Human Growth Hormone (HGH)	25	190	985	1,235	1,930	1,550
FA18	Ammonia	25	250	1,260	1,570	2,460	1,970
FA19	C-Peptide	40	300	1,475	1,850	2,890	2,315
FA20	CSF Lactate	15	110	550	690	1,080	865
FA21	IL-1b	15	120	600	755	1,190	950
FA22	IL-2	15	120	600	755	1,190	950
FA23	IL-2RA	15	120	600	755	1,190	950
FA24	IL-8	15	120	600	755	1,190	950
FA25	IL-10	15	120	600	755	1,190	950
FA26	IL-15	15	120	600	755	1,190	950
FA27	IL-17	15	120	600	755	1,190	950
FA28	IFN-gamma	15	120	600	755	1,190	950
FA29	TNF-alpha	15	120	600	755	1,190	950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
FA30	GM-CSF	15	120	600	755	1,190	950
FA31	MIP-1alpha	15	120	600	755	1,190	950
FA32	MCP-1	15	120	600	755	1,190	950
FA33	Hyper glycosylated beta HCG	15	120	600	755	1,190	950
FA34	AMH	25	240	1,200	1,500	2,340	1,870
FA35	Inhibin B	25	240	1,200	1,500	2,340	1,870
FA36	Haptoglobin	25	190	960	1,200	1,870	1,500
FA37	Levitiracetam	60	600	3,000	3,755	5,870	4,690
FA38	IgE	15	120	600	755	1,190	950
FA39	IFE-IgD&IgE	110	1,080	5,400	6,755	10,560	8,450
FA40	C3	15	120	600	755	1,190	950
FA41	C4	15	120	600	755	1,190	950
FA42	ICGC (Indo-Cyanine Green Clearance)	85	865	4,320	5,400	8,450	6,755
FA43	PIVKA-II Testing	85	745	3,720	4,655	7,260	5,820
FA44	Chromogranin A	85	865	4,320	5,400	8,450	6,755
Microbiology							
Serology							
G101	Urine Examination	10	25	140	170	275	215
G102	Stool Examination	10	25	140	170	275	215
G103	Culture & Sensitivity (Aerobic)	25	205	1,010	1,260	1,970	1,570
G105	Routine Culture (Fungal)	15	170	840	1,055	1,655	1,320
G106	AFB CULTURE & SENSITIVITY	60	610	3,050	3,815	5,975	4,775
G107	Routine Culture (Anaerobic)	15	145	700	875	1,370	1,090
G108	Gene Xpert for Detection of MTB and Rifampicin Resistance	60	550	2,760	3,455	5,400	4,320
G111	Cultures for Helicobacter pylori	15	170	840	1,055	1,655	1,320
G113	Mantoux Test	10	25	120	155	240	190
G120	Automated Identification & Antibiotic Susceptibility Testing	25	290	1,430	1,790	2,795	2,230
G121	Widal Test	5	20	100	130	200	160
G122	VDRL	10	25	140	170	275	215

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
G126	Cytomegalovirus IgG Antibodies	15	145	710	890	1,390	1,115
G129	Hepatitis B Surface Antigen (HBsAg)	15	110	540	670	1,055	840
G130	Hepatitis B - e Antigen (HBeAg)	25	190	980	1,225	1,920	1,535
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	25	240	1,170	1,465	2,290	1,835
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	15	155	775	970	1,510	1,210
G133	Hepatitis B Surface Antibodies (Anti - HBs)	15	155	775	970	1,510	1,210
G134	Hepatitis C Antibodies (Anti HCV)	25	275	1,350	1,690	2,640	2,110
G136	Hepatitis B 'e' Antibodies (Anti HBe)	25	290	1,465	1,835	2,870	2,290
G139	Cryptococcus Antigen by Lateral flow	40	350	1,750	2,195	3,430	2,750
G144	HPV DNA/ Genotype	95	995	4,970	6,215	9,720	7,775
G151	Automated Fungal Culture & Sensitivity	60	540	2,710	3,395	5,315	4,250
G161	RA Test	10	50	210	265	420	335
G162	ASO Titre	10	50	210	265	420	335
G171	HIV Antibodies	15	110	540	670	1,055	840
Microscopic Examination							
G201	Gram's Stain	10	25	120	155	240	190
G202	Ziehl Neelsen (AFB) Stain	10	25	120	155	240	190
G203	Lactophenol Cotton Blue	10	25	120	155	240	190
G204	Giemsa Stain for Tzanck Smear	10	25	120	155	240	190
G205	India Ink Preparation for Cryptococcus	10	25	120	155	240	190
G206	Staining for Cryptosporidium spp	10	25	120	155	240	190
G207	Calcofluor White Stain for Fungus	10	35	205	250	395	310
G208	KOH Mount for Fungus	10	25	120	155	240	190
G209	Staining for Pneumocystis jiroveci	10	35	170	215	350	275
G211	Stool for Cryptosporidium - Giardia - Entamoeba antigen detection	2,580	2,580	2,580	3,230	5,040	4,030
Other Tests							
G251	Stool for Occult Blood	10	25	145	180	290	230
G252	Fluid for Bile Salts & Bile Pigments	10	25	120	155	240	190
G253	ADA Level	10	95	480	600	950	755

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
G254	Hepatitis A Virus (IgM Antibodies)	35	360	1,825	2,280	3,575	2,855
G255	Hepatitis E Virus (IgM Antibodies)	25	240	1,200	1,500	2,340	1,870
G256	Urine Pregnancy Test (UPT)	10	25	130	170	275	215
G259	Automated AFB Culture & Sensitivity	50	505	2,520	3,155	4,930	3,950
G260	Automated Blood Culture & Sensitivity	25	265	1,345	1,680	2,630	2,100
G261	Serum Procalcitonin Level	50	430	2,185	2,735	4,270	3,420
G262	Dengue NS1 Antigen,lgM and lgG Antibodies	10	145	710	890	1,390	1,115
G263	Leptospira lgM Antibody	10	85	420	530	830	660
G264	Chikangunya lgM Antibody	10	70	370	470	730	590
G265	Beta D Glucan / Galactomannan Antigen Level	25	265	1,310	1,630	2,555	2,040
G267	Malaria Antigen Detection	10	50	230	290	455	360
G268	Clostridium difficile Toxin Detection	50	455	2,280	2,855	4,475	3,575
G269	Antigen detection for virus in stool	70	730	1,450	1,810	2,830	2,270
G270	Galactomannan Lateral Flow Assay	86	860	1,720	2,150	3,360	2,688
Molecular Diagnostics							
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	130	1,320	6,575	8,220	12,840	10,270
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	130	1,320	6,575	8,220	12,840	10,270
G404	RT-PCR for CMV DNA	155	1,525	7,620	9,530	14,890	11,915
G406	Syndromic Multiplex PCR Gastro-intestinal Panel	14,000	14,000	14,000	17,500	27,340	21,900
G407	Syndromic Multiplex PCR Blood Culture -Identification Panel	14,000	14,000	14,000	15,800	24,690	19,750
G408	Syndromic Multiplex PCR Respiratory Panel	14,000	14,000	14,000	15,800	24,690	19,750
G409	Syndromic Multiplex PCR Meningitis -Encephalities Panel	14,000	14,000	14,000	15,800	24,690	19,750
G410	Syndromic Multiplex PCR Pneumonia Panel	20,000	20,000	20,000	24,250	37,880	30,300
G411	Nasal Swab for MRSA	10	35	170	215	275	350
G412	Rectal Swab for MDRO Surveillance	10	35	205	250	310	395
G413	Tru Nat HPV	25	290	1,415	1,775	2,770	2,220
G414	Tru Nat MTB	25	240	1,200	1,500	2,340	1,870
G416	Carba-R Test	85	865	4,320	5,400	8,450	6,755
G417	Detection of MTB/XDR Assay	50	515	2,580	3,230	5,040	4,030

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
G418	Serum Varicella IgG Antibodies	10	70	335	420	660	530
G419	Broth Micro Dilution Testing for Colistin	10	85	430	540	840	670
Transfusion Medicine							
H001	Blood Grouping	280	280	280	280	280	280
H002	Cross Matching- Semiautomated	120	120	120	120	120	120
H006	Antiglobulin Test (Direct)	360	360	360	360	360	360
H007	Antiglobulin Test (Indirect)	360	360	360	360	360	360
H008	Cold Agglutinins	15	130	250	310	490	395
H009	Secretory Status	40	360	710	890	1,390	1,115
H010	Irregular Antibody Workup	50	530	1,055	1,320	2,075	1,655
H016	Cross Matching- Manual	60	60	60	60	60	60
H206	Whole Blood	930	930	930	930	930	930
H207	Packed Cells	1,080	1,080	1,080	1,080	1,080	1,080
H208	Washed Packed Cells	1,440	1,440	1,440	1,440	1,440	1,440
H210	Platelet Concentrate (RDP)	450	450	450	450	450	450
H211	Platelet Concentrate (SDP)	5,500	5,500	11,000	11,000	11,000	11,000
H212	PBSC/Leukapheresis	1,475	14,700	29,400	36,755	57,430	45,950
H213	Bone Marrow Processing on Cell Separator	925	9,190	18,385	22,980	35,915	28,730
H214	Bone Marrow Processing HES Red Cell Separation	565	5,630	11,255	14,075	21,995	17,590
H215	Bone Marrow Processing Plasma Separation	70	710	1,405	1,750	2,750	2,195
H218	Leucoreduction of Platelet Concentrates	1,500	1,500	1,500	1,500	1,500	1,500
H219	Irradiation of Blood Products	50	460	900	1,000	1,000	1,000
H222	Platelet Concentrate (SvSDP)	3,300	3,300	5,500	5,500	5,500	5,500
H224	Processing for Leukoreduction	1,000	1,000	1,000	1,000	1,000	1,000
H225	Leucoagglutinins	40	335	670	840	1,320	1,055
H228	Pediatric Whole Blood	465	465	465	465	465	465
H229	Pediatric Packed Cells	540	540	540	540	540	540
H230	Cryoprecipitate	200	200	200	200	200	200
H231	FFP/FVIII Def. Plasma/PRP	400	400	400	400	400	400

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
H241	Packed Cells NBC	930	930	930	930	930	930
H242	CLIA-Apheresis Concentrate	30	300	500	500	500	500
H243	Microbial testing -Blood component	25	240	400	400	400	400
H244	Modified Platelet Concentrate-PAS (mSDP)	80	390	780	780	780	780
H245	CLIA-RDP/FFP	100	100	100	100	100	100
H246	CLIA- Packed Cells	20	180	300	300	300	300
H247	CliniMACS TCR a/b	897,600	897,600	897,600	897,600	897,600	897,600
H248	CliniMACS TCR a/b & CD19 Depletion Protocol	1,478,400	1,478,400	1,478,400	1,478,400	1,478,400	1,478,400
H249	CliniMACS TCR a/b & CD45RA Depletion Protocol	1,515,600	1,515,600	1,515,600	1,515,600	1,515,600	1,515,600
H250	CD45RA Naïve Depletion Protocol	774,000	774,000	774,000	774,000	774,000	774,000
H251	CD34 Enrichment Protocol	1,207,200	1,207,200	1,207,200	1,207,200	1,207,200	1,207,200
H252	CD56 Enrichment Protocol	1,207,200	1,207,200	1,207,200	1,207,200	1,207,200	1,207,200
H253	FFP NBC	300	300	300	300	300	300
H254	Platelet Concentrate (RDP) NBC	300	300	300	300	300	300
H255	CLIA - FFP	100	100	100	100	100	100
H256	Manipulated DLI-CD45RA	380,000	380,000	380,000	380,000	380,000	380,000
H257	Granulocytes Concentrates (Full)	6,000	12,000	24,000	29,400	29,400	29,400
H258	Granulocytes Concentrates (Aliquots)	3,000	6,000	12,000	14,700	14,700	14,700
H259	Platelet Crossmatch	90	300	1,000	1,200	1,875	1,500
H260	Platelet Crossmatch for Platelet Refractoriness	450	1,500	5,000	6,000	9,500	7,500
H261	Platelet Antidbody Screening	120	1,200	6,000	7,500	12,000	9,500
H262	Therapeutic Phlebotomy	20	120	600	750	1,170	940
H263	Therapeutic Leukocyte reduction	1,480	14,700	29,400	36,750	17,250	45,950
H264	Therapeutic Plasma Exchange	1,480	14,700	29,400	36,750	17,250	45,950
H265	Antibody Screen (Donors)	10	60	300	375	590	470
H266	Extended Red Cell Phenotype	10	100	500	630	980	780
H267	Rh, Kell Phenotype matching	10	100	500	630	980	780
H268	Antibody titres	10	100	500	630	980	780
H269	Thrombocytapheresis	1,480	14,700	29,400	36,750	17,250	45,950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
H270	Lymphocyte collection by Apheresis	1,480	14,700	29,400	36,750	17,250	45,950
H271	Extended Red cell phenotype	10	100	500	650	980	780
H272	Drug-induced serological discrepancies	20	200	1,000	1,250	1,950	1,560
H273	TEG - Global Thromboelastograph Hemostasis test	200	1,980	9,880	12,350	19,300	15,440
H274	TEG- Thromboelastograph Platelet Mapping test	210	2,130	10,640	13,300	20,790	16,630
H500	DMSO for Cryoperservation	550	5,470	10,945	13,680	21,370	17,100
NAT Services							
H300	NAT Testing for Packed Cells	-	-	720	720	720	720
H301	NAT RDP	-	-	360	360	360	360
H302	NAT FFP	-	-	120	120	120	120
H303	NAT SDP	-	-	1,200	1,200	1,200	1,200
H304	NAT Granulocytes	-	-	1,200	1,200	1,200	1,200
H305	NAT SvSDP	-	-	600	600	600	600
H306	NAT Pediatric Packed Cells	-	-	360	360	360	360
Radiodiagnosis							
Consultation							
I003	Follow-Up Consultation (Radiodiagnosis)	-	-	1,080	1,080	1,080	1,080
Reporting							
I004	Outside Reporting of X-Ray, per Exam	-	-	155	190	300	240
I005	Outside Reporting of X-Ray Special Procedures	-	-	985	1,235	1,930	1,550
I006	Outside Reporting of Mammogram	-	-	610	770	1,200	960
I007	Outside Reporting of CT	40	385	1,920	2,400	3,750	3,000
I008	Outside Reporting of MRI	50	500	2,520	3,160	4,930	3,950
I009	Video Recording of USG / DSA, etc	25	145	685	850	1,330	1,070
I010	Digital Film per Plate	240	240	240	240	240	240
I011	Outside CD / Film upload for CT	120	120	180	180	180	180
I012	Outside CD / Film upload for MR	120	120	180	180	180	180
I013	Outside CD / Film upload for US	120	120	180	180	180	180
I014	Outside CD / Film upload for XA	120	120	180	180	180	180

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I015	Outside CD / Film upload for MG	120	120	180	180	180	180
I016	Outside CD / Film upload for CR	120	120	180	180	180	180
Convential Radiology (Plain)							
I021	X-Ray Skull	15	120	600	755	1,190	950
I027	X-Ray OPG / Dental	15	120	600	755	1,190	950
I030	X-Ray Spine AP	15	120	600	755	1,190	950
I031	X-Ray Spine Lateral	15	120	600	755	1,190	950
I038	X-Ray Pelvis	15	120	600	755	1,190	950
I042	X-Ray Neck AP	15	120	600	755	1,190	950
I043	X-Ray Neck Lateral	15	120	600	755	1,190	950
I050	X-Ray Upper Limb	15	120	600	755	1,190	950
I070	X-Ray Lower Limb	15	120	600	755	1,190	950
I090	X-Ray Chest	15	120	600	755	1,190	950
I092	X-Ray Abdomen	15	120	600	755	1,190	950
I095	X-Ray KUB	15	120	600	755	1,190	950
I099	X-Ray Skeletal Survey	130	1,320	6,600	8,255	12,900	10,320
I100	X-Ray Portable	25	190	960	1,200	1,870	1,500
I101	X-Ray PNS	15	145	720	900	1,415	1,130
I102	X-Ray Sternum AP	15	145	720	900	1,415	1,130
I103	X-Ray Sternum Oblique	15	145	720	900	1,415	1,130
I104	X-Ray Sternum Lateral	15	145	720	900	1,415	1,130
Convential Radiology (Contrast)							
I121	X-Ray Sialography	50	420	2,100	2,630	4,115	3,290
I122	X-Ray Barium Swallow	50	420	2,100	2,630	4,115	3,290
I123	X-Ray Conray Swallow	50	420	2,100	2,630	4,115	3,290
I124	X-Ray Barium Meal	60	575	2,880	3,600	5,630	4,500
I125	X-Ray Barium Meal Follow-Through	180	1,800	6,000	7,500	11,710	9,370
I126	X-Ray Small Bowel Enema	120	1,200	6,000	7,500	11,710	9,370
I127	X-Ray Barium Enema for Colon	120	1,200	6,000	7,500	11,710	9,370

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I128	X-Ray Tube Cholangiogram	25	240	1,200	1,500	2,340	1,870
I129	X-Ray ERCP	145	1,490	7,440	9,300	14,530	11,630
I130	X-Ray IVP	85	840	4,200	5,255	8,220	6,575
I131	X-Ray Cystogram	50	420	2,100	2,630	4,115	3,290
I132	X-Ray MCU	60	610	3,070	3,840	6,000	4,800
I133	X-Ray Retrograde Urethrogram	50	420	2,100	2,630	4,115	3,290
I134	X-Ray Retrograde Pyelogram	50	420	2,100	2,630	4,115	3,290
I141	X-Ray Sinogram	40	300	1,525	1,910	2,990	2,390
I142	X-Ray Fistulogram	40	300	1,525	1,910	2,990	2,390
I143	X-Ray Cologram	40	300	1,525	1,910	2,990	2,390
I144	X-Ray Loopogram	40	300	1,525	1,910	2,990	2,390
I145	X-Ray Nephrostogram	40	300	1,525	1,910	2,990	2,390
I146	X-Ray Gastrograhpic Enema (Colon)	120	1,200	6,000	7,500	11,710	9,370
Consultation							
I150	Consultation- New Case (Radiodiagnosis)	-	-	3,000	3,000	3,000	3,000
Convential Radiology (Contrast)							
I151	Fluoroscopy Guided Biopsy	85	865	2,880	3,600	5,630	4,500
I152	Fluoroscopy Guided Block	85	865	2,880	3,600	5,630	4,500
I153	Fluoroscopy Guided J Needle Bone Biopsy	85	865	2,880	3,600	5,630	4,500
I154	Fluoroscopy Guided NGT Insertion	70	755	2,520	3,155	4,930	3,950
I155	Fluoroscopy Guided Drainage/ Biopsy	300	2,950	9,840	12,300	19,210	15,370
I156	Fluoroscopy Guided Indwelling Catheter Placement	130	1,260	4,200	5,255	8,220	6,575
I159	Lymphangiography	180	1,800	6,000	7,500	11,710	9,370
I160	Bronchography	145	1,440	4,800	6,000	9,370	7,500
I161	Myelography	130	1,260	4,200	5,255	8,220	6,575
I162	Myelography with CT	180	1,835	6,120	7,655	11,975	9,575
I163	Venography - Upper Limb	180	1,800	6,000	7,500	11,710	9,370
I164	Venography - Lower Limb	180	1,800	6,000	7,500	11,710	9,370
I165	Venography - Systemic	360	3,600	12,000	15,000	23,450	18,755

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I170	Angiography	215	2,160	7,200	9,000	14,075	11,255
I171	Opthalmic Artery Chemo Infusion	205	2,040	6,780	8,470	13,250	10,595
I172	Calcium scoring	210	2,100	7,000	8,750	13,680	10,940
I180	Angio Embolization	325	3,240	10,800	13,500	21,095	16,870
I191	PTBD	180	1,800	6,000	7,500	11,710	9,370
I192	PTBD Stenting	430	4,320	14,400	18,000	28,130	22,500
I193	PCN (single kidney)	180	1,800	6,000	7,500	11,710	9,370
I194	PCN Stenting	215	2,160	7,200	9,000	14,075	11,255
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	310	3,085	10,260	12,830	20,040	16,030
I197	Arterial Stenting	310	3,085	10,260	12,830	20,040	16,030
I198	Thrombolysis / Thrombectomy	310	3,085	10,260	12,830	20,040	16,030
I199	Angioplasty	310	3,085	10,260	12,830	20,040	16,030
I200	Vascular Stenting	310	3,085	10,260	12,830	20,040	16,030
I201	Brush Biopsy	275	2,700	9,000	11,255	17,590	14,075
I202	Vertebroplasty	275	2,700	9,000	11,255	17,590	14,075
I203	PCN (B/L)	310	3,085	10,260	12,830	20,040	16,030
I204	DJ Stenting	240	2,340	7,800	9,755	15,240	12,190
I205	Abdominal Abscess Drainage	145	1,440	4,800	6,000	9,370	7,500
I206	Percutaneous Gastrostomy / Jejunostomy	325	3,265	10,860	13,570	21,215	16,970
I208	Contrast Study	40	310	1,020	1,270	1,990	1,595
I209	Osteoplasty	300	2,975	9,900	12,370	19,330	15,470
I210	Cerebral Angiography	275	2,700	9,000	11,255	17,590	14,075
I211	Chemo Embolisation	865	8,640	28,800	36,000	56,255	45,000
I212	Radio Embolisation	995	9,935	33,120	41,400	64,690	51,755
I213	Stent-Graft Deployment	995	9,935	33,120	41,400	64,690	51,755
I214	Central Venous Access	180	1,800	6,000	7,500	11,710	9,370
I215	IVC Filter Deployment	300	2,975	9,900	12,370	19,330	15,470
I216	IVC Filter Retrieval	170	1,655	5,530	6,910	10,800	8,640
I217	SCLEROTHERAPY	205	2,005	6,670	8,340	13,030	10,430

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I218	Test Occlusion	310	3,060	10,200	12,755	19,930	15,950
I219	3D Rotational Angiography	180	1,800	6,000	7,500	11,710	9,370
I220	Foreign Body Retrieval	300	2,975	9,900	12,370	19,330	15,470
I221	Radio Frequency Ablation	430	4,320	14,400	18,000	28,130	22,500
I222	Closure Device Insertion	865	8,640	28,800	36,000	56,255	45,000
I223	Tracheo-bronchial stenting	865	8,640	28,800	36,000	56,255	45,000
I224	Image Guided PICC insertion	300	2,975	9,900	12,370	19,330	15,470
I225	DSA Port Placement	1,320	13,175	43,920	54,900	85,790	68,630
I226	EBUS guided FNA	430	4,320	14,400	18,000	28,130	22,500
I227	Image Guided Endovenous Ablation	430	4,320	14,400	18,000	28,130	22,500
Mammography							
I321	Mammography Single Breast	15	170	830	1,030	1,620	1,295
I322	Mammography Both Breasts	40	335	1,655	2,075	3,240	2,590
I324	Mammography - Biopsy	50	420	2,110	2,640	4,130	3,300
I325	Mammography - Localization	60	610	3,085	3,850	6,010	4,810
I326	Mammography of Specimen	40	170	830	1,030	1,620	1,295
I327	Tumour Ablation - IRE	650	6,480	21,600	27,000	42,190	33,755
I328	Non-Ionic Contrast and Consumable Charges	1,080	1,080	1,080	1,080	1,080	1,080
I329	Ionic Oral Contrast and Consumable Charges	215	215	215	215	215	215
I330	Iso-Osmolar Contrast and Consumable Charges	2,760	2,760	2,760	2,760	2,760	2,760
Dexa Scan							
I351	Whole Body, Dual Femur, Wrist	205	1,980	6,600	8,255	12,900	10,320
I352	DEXA Scan-Whole Body (BFC + Spine)	145	1,440	4,800	6,000	9,370	7,500
I353	DEXA Scan- Body Fat Composition (BFC)	70	720	2,400	3,000	4,690	3,755
I354	DEXA Scan- Vertebral Assessment	130	1,260	4,200	5,255	7,895	6,575
I355	DEXA Scan- Duel Femur	70	720	2,400	3,000	4,690	3,755
I356	DEXA Scan- Localized (One Region)	70	720	2,400	3,000	4,690	3,755
Ultrasonography							
I420	USG Abdomen	25	290	1,440	1,800	2,820	2,255

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I460	USG Pelvis	25	290	1,440	1,800	2,820	2,255
I461	Transrectal sonography	40	395	1,990	2,495	3,900	3,120
I462	TRUS Guided biopsy	60	610	3,050	3,815	5,975	4,775
I463	Trans vaginal sonography	40	395	1,990	2,495	3,900	3,120
I500	USG Abdomen & Pelvis	50	530	2,665	3,335	5,220	4,175
I510	USG Neck	25	275	1,405	1,750	2,750	2,195
I550	USG Thorax	25	275	1,405	1,750	2,750	2,195
I560	USG Breast	25	275	1,405	1,750	2,750	2,195
I565	USG Upper Extremity	25	275	1,405	1,750	2,750	2,195
I566	USG Portable Single region	50	430	2,160	2,700	4,210	3,370
I567	USG Portable Two region	70	720	3,600	4,500	7,030	5,630
I568	USG Guided Procedure	50	490	2,485	3,110	4,860	3,890
I569	USG KUB	25	275	1,405	1,750	2,750	2,195
I570	USG Lower Extremity	25	275	1,405	1,750	2,750	2,195
I571	USG Doppler Upper Extremity	50	455	2,290	2,870	4,490	3,590
I572	USG Doppler Lower Extremity	50	455	2,290	2,870	4,490	3,590
I573	USG Doppler Hepatoportal	50	455	2,290	2,870	4,490	3,590
I574	USG Doppler Renal	50	455	2,290	2,870	4,490	3,590
I575	USG Doppler Carotid	50	455	2,290	2,870	4,490	3,590
I576	USG Doppler IVC	50	455	2,290	2,870	4,490	3,590
I577	USG Targetted	15	145	720	900	1,415	1,130
I578	USG Doppler - portable Single Region	50	490	2,485	3,110	4,860	3,890
I579	USG Doppler - Single Region	50	455	2,290	2,870	4,490	3,590
I580	USG Axilla/ Groin/ Scrotum (Small Parts)	25	275	1,405	1,750	2,750	2,195
I598	USG Guided FNAC	50	455	2,255	2,820	4,415	3,530
IA04	USG Guided RF Ablation	430	4,345	14,470	18,095	28,270	22,620
CT Scan							
I600	CT Brain Plain and Contrast	180	1,800	6,000	7,500	11,710	9,370
I601	CT Brain Plain	110	1,080	3,600	4,500	7,030	5,630

TATA MEMORIAL CENTRE

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

Schedule of Charges (2024-27)

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I602	CT PNS	230	2,255	7,500	9,370	14,640	11,710
I603	CT Nasopharynx	230	2,255	7,500	9,370	14,640	11,710
I604	CT Sella	230	2,255	7,500	9,370	14,640	11,710
I605	CT Temporal Bone	230	2,255	7,500	9,370	14,640	11,710
I606	CT Orbits	230	2,255	7,500	9,370	14,640	11,710
I607	CT HRCT (Chest)	95	900	3,000	3,000	3,000	3,000
I620	CT Neck	230	2,255	7,500	9,370	14,640	11,710
I630	CT Head & Neck	300	2,975	9,900	12,370	19,330	15,470
I640	CT Neck & Thorax	360	3,600	12,000	15,000	23,450	18,755
I650	CT Thorax	250	2,520	8,400	10,500	16,415	13,130
I670	CT Abdomen	250	2,520	8,400	10,500	16,415	13,130
I680	CT Thorax & Abdomen	430	4,320	14,400	18,000	28,130	22,500
I690	CT Pelvic Region	215	2,160	7,200	9,000	14,075	11,255
I691	S.Creatinine- Point of Care Testing	625	625	625	780	1,210	970
I692	Low Dose CT Scan	360	3,600	12,000	15,000	23,450	18,755
I700	CT Abdomen & Pelvis	430	4,320	14,400	18,000	28,130	22,500
I710	CT Thorax & Abdomen & Pelvis	505	5,040	16,800	21,000	32,820	26,255
I713	Cardiac CT scan/ Coronary CT Angiography)	290	2,850	9,500	11,880	18,570	14,850
I720	CT Spine	215	2,160	7,200	9,000	14,075	11,255
I730	CT Upper Limb	215	2,160	7,200	9,000	14,075	11,255
I740	CT Lower Limb	215	2,160	7,200	9,000	14,075	11,255
I741	Digital Scanogram	40	360	1,200	1,500	2,340	1,870
I750	CT Angiogram (Additional Charge)	95	900	3,000	3,755	5,870	4,690
I760	CT 3D Reconstruction	360	3,600	12,000	15,000	23,450	18,755
I781	CT Guided Biopsy FNAC	335	3,385	11,280	14,100	22,030	17,630
I782	CT Guided Truecut Biopsy	335	3,385	11,280	14,100	22,030	17,630
I783	CT Guided Drainage / Localisation	170	1,715	5,700	7,130	11,150	8,915
I784	CT Guided Vertebroplasty	310	3,085	10,285	12,850	20,090	16,070
I785	CT Perfusion (Additional Charge)	130	1,285	4,285	5,350	8,375	6,695

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I786	CT Defusion (Additional Charge)	130	1,285	4,285	5,350	8,375	6,695
I787	CT DIEP	395	3,960	13,200	16,500	25,790	20,630
I788	CT Guided RF Ablation	430	4,320	14,400	18,000	28,130	22,500
I789	CT Dental	180	1,800	6,000	7,500	11,710	9,370
I790	CT Limited	95	900	3,000	3,755	5,870	4,690
I791	CT 'J' Needle Bone Biopsy	395	3,960	13,200	16,500	25,790	20,630
I792	Planning scan for Hepatic Resection	395	3,960	13,200	16,500	25,790	20,630
IB02	CT Guided RF Ablation	430	4,345	14,470	18,095	28,270	22,620
M R I Scan							
I801	MRI BRAIN	250	2,520	8,400	10,500	16,415	13,130
I802	MRI PNS	250	2,520	8,400	10,500	16,415	13,130
I810	MRI Neck	250	2,520	8,400	10,500	16,415	13,130
I820	MRI Head & Neck	360	3,600	12,000	15,000	23,450	18,755
I830	MRI Upper Limb	250	2,520	8,400	10,500	16,415	13,130
I840	MRI Thorax	250	2,520	8,400	10,500	16,415	13,130
I841	MRI Breast	290	2,880	9,600	12,000	18,755	15,000
I842	MRI guided breast biopsy	635	6,350	21,145	26,435	41,315	33,050
I860	MRI Abdomen	250	2,520	8,400	10,500	16,415	13,130
I890	MRI Pelvis	250	2,520	8,400	10,500	16,415	13,130
I900	MRI Abdomen & Pelvis	250	2,520	8,400	10,500	16,415	13,130
I910	MRI Spine (One Region)	250	2,520	8,400	10,500	16,415	13,130
I911	MRI Whole Spine	325	3,240	10,800	13,500	21,095	16,870
I920	MRI Lower Limb	250	2,520	8,400	10,500	16,415	13,130
I921	MRI Contrast	130	1,260	4,200	5,255	8,220	6,575
I930	MRI Angiogram	290	2,880	9,600	12,000	18,755	15,000
I940	MRI Venography	290	2,880	9,600	12,000	18,755	15,000
I950	MRI Myelogram	180	1,800	6,000	7,500	11,710	9,370
I960	MR Cholangio-Pancreatogram (CP) (Additional Charge)	180	1,800	6,000	7,500	11,710	9,370
I970	MRI Spectroscopy (Additional Charge)	180	1,775	5,915	7,390	11,555	9,240

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
I971	MRI Brain Tumor Protocol	420	4,140	13,800	17,255	26,975	21,575
I972	MRI Extremity with dynamic contrast	395	3,950	13,150	16,440	25,690	20,555
I973	MRI Extremity with Limb Screening	395	3,950	13,150	16,440	25,690	20,555
I974	MRI Prostate	275	2,700	9,000	11,255	17,590	14,075
I975	MRI Cervix	275	2,700	9,000	11,255	17,590	14,075
I976	MRI Penis	275	2,700	9,000	11,255	17,590	14,075
I977	MRI DTI	180	1,800	6,000	7,500	11,710	9,370
I978	MRI Cardic	275	2,700	9,000	11,255	17,590	14,075
I979	MRI Spine Screening	180	1,775	5,915	7,390	11,555	9,240
I980	MRI Temporal Bone (HRCT cuts)	350	3,420	11,400	14,255	22,270	17,820
I991	MRI Functional (Additional Charge)	180	1,800	6,000	7,500	11,710	9,370
I992	MRI Diffusion (Additional Charge)	110	1,090	3,625	4,535	7,090	5,675
I993	MRI Perfusion (Additional Charge)	180	1,775	5,915	7,390	11,555	9,240
I995	MRI Limited	180	1,800	6,000	7,500	11,710	9,370
I996	Whole body MRI	575	5,760	19,200	24,000	37,500	30,000
I997	MRI for Therapy Planning	170	1,715	5,700	7,130	11,150	8,915
I998	DOTAREM 10 ML	1,020	1,080	1,140	1,140	1,140	1,140
IC01	MRI Abdomen + MR CP	370	3,670	12,250	15,310	23,930	19,140
Medical Oncology							
Consultation							
J001	Consultation- New Case (Medical Oncology)	-	-	3,000	3,000	3,000	3,000
J003	Follow-Up Consultation (Medical Oncology)	-	-	1,080	1,080	1,080	1,080
J101	Chemotherapy Planning Charges (Valid for 180 days)	-	-	12,000	15,000	23,440	18,750
J102	Intravenous Bolus (per Cycle) (Medical Oncology)	25	240	1,200	1,500	2,340	1,870
J103	Bone Marrow Aspiration/Biopsy	40	350	1,750	2,195	3,430	2,750
J104	Chemotherapy Indoor Charges per Day (Medical Oncology)	-	-	900	1,130	1,775	1,415
J105	Chemotherapy Daycare Charge per Day (Medical Oncology)	-	-	660	830	1,295	1,030
J107	Intravenous/ Intramuscular/ Subcutaneous Injection	-	-	170	215	350	275
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	-	-	49,200	61,500	96,095	76,870

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	-	-	37,800	47,255	73,850	59,075
J110	Lumbar Puncture	25	215	1,080	1,355	2,110	1,690
J111	Intrathecal Chemotherapy	25	290	1,440	1,800	2,820	2,255
J112	Pleural Fluid Tapping	25	290	1,440	1,800	2,820	2,255
J113	Ascitic Tapping	25	290	1,440	1,800	2,820	2,250
J114	Pericardial Tapping	60	600	3,000	3,755	5,870	4,690
J116	Scalp Cooling Procedure	40	410	2,015	2,520	3,950	3,155
J120	Influenza Vaccine Delivery & Administration Charges	735	735	905	950	1,085	1,010
CAR-T Procedures							
J117	CAR-T Procedure Charges	912,000	912,000	912,000	912,000	912,000	912,000
J118	CAR-T Professional Charges	-	-	180,000	216,000	300,000	264,000
J119	CAR-T Cell Production Charges (Non-Refundable)	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Bone Marrow Transplant (Bmt) Professioal Charges							
J201	Bone Marrow Transplant (Allogenic)	-	-	179,400	179,400	179,400	179,400
J203	Bone Marrow Transplant (Autologous)	-	-	138,000	138,000	138,000	138,000
J204	Allogenic Matched Unrelated (MUD)/Cord Transplant	-	-	234,600	234,600	234,600	234,600
J402	Consultation- New Case (ACT Clinic)	-	-	3,000	3,000	3,000	3,000
J404	Follow-Up Consultation (ACT Clinic)	-	-	1,080	1,080	1,080	1,080
Cathether							
J501	Pre-Insertion + Demonstration	60	600	1,200	1,500	2,340	1,870
J502	Dressing	15	120	600	755	1,190	950
J503	Insertion of PICC	130	1,260	2,520	3,155	4,930	3,950
Academic Hemato - Oncology Lab							
J609	RT-PCR Nested IGH Chain Gene rearrangement	240	2,390	4,765	5,950	9,300	7,440
J610	RT-PCR Nested, TCR Gene Rearrangement	240	2,390	4,765	5,950	9,300	7,440
J611	RT-PCR Hot Start	335	3,335	6,670	8,340	13,030	10,430
J613	Gene rearrangement by Direct Sequencing	575	5,710	11,425	14,280	22,320	17,855
J614	Mutation analysis by ASO PCR	575	5,710	11,425	14,280	22,320	17,855
J615	DIRECT SEQUENCING FOR EGFR MUTATION ANALYSIS	480	4,765	9,515	11,890	18,590	14,870

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
J616	RT-PCR for RAS / BRAF mutation analysis	770	7,620	15,240	19,055	29,770	23,820
J617	RT-PCR for EBV analysis	770	7,620	15,240	19,055	29,770	23,820
J618	Direct Sequencing for RAS mutation analysis	770	7,620	15,240	19,055	29,770	23,820
J620	Snap shot PCR for EGFR,RAS, and PTEN	970	9,730	19,450	24,310	37,990	30,395
J621	RT-PCR for EGFR Mutation analysis	770	7,620	15,240	19,055	29,770	23,820
J622	Direct Sequencing for DPD Testing	770	7,620	15,240	19,055	29,770	23,820
J623	NGS Platform - limited Panel (10 genes)	1,080	10,800	21,600	27,000	42,190	33,755
J624	NGS Platform - extended Panel (> 50 genes)	2,160	21,600	43,200	54,000	84,370	67,500
General Medicine							
Consultation							
K002	Cross Consultation/ Follow-Up Consultation (General Medicine)	-	-	1,500	1,500	1,500	1,500
Other Tests							
K101	Electrocardiogram	15	75	370	470	730	590
K107	PFT (Spirometry)	25	215	1,105	1,380	2,160	1,730
K108	Complete PFT with Diffusion and Lung Volume Study	35	360	1,800	2,255	3,530	2,820
K112	Diffusion Study	15	155	770	960	1,500	1,200
K113	Lung Volume Study	25	180	875	1,090	1,715	1,370
K116	Echocardiogram + Color Doppler Bedside (H)	40	335	1,680	2,100	3,290	2,630
K117	Echocardiogram + Color Doppler Bedside (P)	-	-	2,520	3,155	4,930	3,950
K118	Echocardiogram + Color Doppler (H)	25	240	1,200	1,500	2,340	1,870
K119	Echocardiogram + Color Doppler (P)	-	-	1,800	2,255	3,530	2,820
K122	Cardiac Stress Test (H)	25	190	960	1,200	1,870	1,500
K123	Cardiac Stress Test (P)	-	-	1,380	1,730	2,700	2,160
K124	Cardiopulmonary Stress Test (H)	40	335	1,680	2,100	3,290	2,630
K125	Cardiopulmonary Stress Test(P)	-	-	2,520	3,155	4,930	3,950
Psychiatry / Clinical Psychology							
K301	Cross Consultation/Follow-Up Consultation (Psychiatry)	-	-	1,500	1,500	1,500	1,500
K303	Psychometric Testing	25	145	720	900	1,440	1,140

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Pulmonary Unit							
K401	Cross Consultation/Follow-Up Consultation (Pulmonary Unit)	-	-	1,500	1,500	1,500	1,500
K403	Pulmonology Grade - 1	-	-	2,400	3,000	4,500	3,600
K404	Pulmonology Grade - 2	-	-	6,000	7,200	11,400	9,000
K405	Pulmonology Grade - 3	-	-	12,000	15,000	22,800	18,000
Honorary Consultants							
Cardiology							
L001	Cross Consultation/Follow-up Consultation (Cardiology)	-	-	1,500	1,500	1,500	1,500
Nephrology							
L101	Cross Consultation/Follow-Up Consultation (Nephrology)	-	-	1,500	1,500	1,500	1,500
Dermatologist							
L103	Cross Consultation/Follow up Consultation (Dermatologist)	-	-	1,500	1,500	1,500	1,500
Endocrinologist							
L105	Cross Consultation/ Follow up Consultation (Endocrinologist)	-	-	1,500	1,500	1,500	1,500
Opthalmologist							
L107	Cross Consultation/Follow up Consultation (Opthalmologist)	-	-	1,500	1,500	1,500	1,500
L109	Cross Consultation/Follow-up Consultation (Opthal Surgery)	-	-	1,500	1,500	1,500	1,500
Other Tests							
L111	Peritoneal Dialysis	40	385	1,920	2,400	3,755	3,000
L112	Femoral Vein Catheterisation	15	145	710	890	1,390	1,115
L113	Subclavian Vein Catheterisation	25	215	1,055	1,320	2,075	1,655
L114	CAVH	40	325	1,645	2,050	3,215	2,570
L115	Renal Biopsy	15	145	710	890	1,390	1,115
Neurology							
L301	Cross Consultation/Follow-Up Consultation (Neurology)	-	-	1,500	1,500	1,500	1,500
Neurosurgery							
L401	Cross Consultation/Follow-Up Consultation (Neurosurgery)	-	-	1,500	1,500	1,500	1,500
ENT							
L501	Cross Consultation /Follow-Up Consultation (ENT)	-	-	1,500	1,500	1,500	1,500

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Clinical Haematology							
L601	Cross Consultation/ Follow-Up Consultation (Clinical Hematology)	-	-	1,500	1,500	1,500	1,500
Hepatology							
L701	Cross Consultation/ Follow-Up Consultation (Hepatology)	-	-	1,500	1,500	1,500	1,500
Digestive Diseases & Clinical Nutrition							
Consultations							
M001	Consultation- New Case (Digestive Diseases)	-	-	3,000	3,000	3,000	3,000
M002	Follow-Up Consultation (Digestive Diseases)	-	-	1,080	1,080	1,080	1,080
M003	Follow-Up Evaluation (Digestive Diseases)	-	-	1,080	1,080	1,080	1,080
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	-	-	6,900	8,630	13,490	10,790
M005	Intravenous Bolus (per Cycle) (Digestive Diseases)	25	240	1,200	1,500	2,340	1,870
Digestive Diseases							
M006	TPN Therapy (New Plan)	-	-	4,320	5,400	8,450	6,755
M007	Enteral Nutrition Therapy (New Plan)	-	-	3,600	4,500	7,030	5,630
M008	Home Enteral Nutrition Care (New Plan)	-	-	2,160	2,700	4,210	3,370
M009	Home TPN Therapy (New Plan)	-	-	4,320	5,400	8,450	6,755
M016	Chemotherapy Indoor Charges per Day (Digestive Diseases)	-	-	900	1,130	1,775	1,415
M017	Chemotherapy Daycare Charges per Day (Digestive Diseases)	-	-	660	830	1,295	1,030
M018	Dietary Counseling Oral (New Plan)	-	-	1,440	1,800	2,820	2,255
M019	REE Estimation	-	-	4,320	5,400	8,450	6,755
M020	Body Composition	-	-	2,160	2,700	4,210	3,370
M022	Inpatient Care (Neutropenia Care/ Hepatitis)	-	-	4,560	5,700	8,915	7,130
M023	TPN Therapy (Follow-up/ Replan)	-	-	2,880	3,600	5,630	4,500
M024	TPN Daily Monitoring	-	-	1,200	1,500	2,340	1,870
M025	Enteral Nutrition Therapy (Follow-up/ Replan)	-	-	2,400	3,000	4,690	3,755
M026	Enteral Nutrition Therapy Daily Monitoring	-	-	840	1,055	1,655	1,320
M027	Dietary Counseling Oral (Follow-up)	-	-	1,080	1,080	1,080	1,080
M061	Helicobacter Pylori Breath Test	50	430	2,160	2,700	4,210	3,370
M101	Rigid Sigmoidoscopy	-	-	2,470	3,095	4,850	3,875

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M102	Tissue Sampling- Biopsy	-	-	2,470	3,095	4,850	3,875
M103	Oesophageal ILRT Tube Placement- Over wire only	-	-	2,470	3,095	4,850	3,875
M104	Peg Tube Removal/ Exchange	-	-	1,200	1,500	2,340	1,870
M105	Ryle s Tube Placement	-	-	2,160	2,700	4,210	3,370
M106	Nasogastric tube Over wire & Non-Fluroscopic	-	-	2,470	3,095	4,850	3,875
M107	Tissue Sampling- Cytology	-	-	2,160	2,700	4,210	3,370
M108	Gastric Lavage/ Decompression	-	-	1,200	1,500	2,340	1,870
M109	Ascitic Fluid Aspiration (DDCN)	25	275	1,405	1,750	2,750	2,195
M110	Pleural Fluid Tapping (DDCN)	25	290	1,440	1,800	2,820	2,255
M111	Pericardial Tapping (DDCN)	60	600	3,000	3,755	5,870	4,690
M112	Liver Biopsy	-	-	3,625	4,535	7,090	5,675
M113	CSF tapping (DDCN)	25	290	1,440	1,800	2,820	2,255
M114	CVP Access (DDCN)	25	240	1,200	1,500	2,340	1,870
M115	Indwelling Peritoneal Catheter Placement (DDCN)	-	-	2,470	3,095	4,850	3,875
M116	Percutaneous Ethanol Injection	-	-	3,360	4,200	6,575	5,255
M117	Needle Aspiration (Non USG Guided)	-	-	1,200	1,500	2,340	1,870
M206	Flexible Sigmoidoscopy	-	-	7,235	9,050	14,150	11,315
M207	Pile Banding / Injection	-	-	7,235	9,050	14,150	11,315
M208	Flexible Sigmoidoscopy (repeat)	-	-	5,065	6,335	9,900	7,920
M301	Sideviewing Duodenoscopy	-	-	8,520	10,655	16,655	13,320
M303	Colonoscopy	-	-	8,520	10,655	16,655	13,320
M305	Dye Chromoendoscopy (Standard Imaging)	-	-	8,520	10,655	16,655	13,320
M306	Jejuno-Enteroscopy (Push Type Limited Exam)	-	-	8,520	10,655	16,655	13,320
M309	EUS of Rectum/Sigmoid Colon	-	-	8,520	10,655	16,655	13,320
M310	Endosonoprobe Examination	-	-	8,520	10,655	16,655	13,320
M311	Endoscopic Naso-gastric Tube Placement (Non-Fluroscopic)	-	-	8,520	10,655	16,655	13,320
M312	Esophageal Dilation (Non-Fluroscopic)- 1 session	-	-	8,520	10,655	16,655	13,320
M313	Foreign Body Removal (Non-Fluroscopic)	-	-	8,520	10,655	16,655	13,320
M314	Hemostasis: Variceal Banding	-	-	8,520	10,655	16,655	13,320

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M315	Hemostasis: Clipping	-	-	8,520	10,655	16,655	13,320
M316	Hemostasis: Glue Injection	-	-	8,520	10,655	16,655	13,320
M317	Hemostasis: Bicap Coagulation	-	-	8,520	10,655	16,655	13,320
M318	Hemostasis: Injection Therapy	-	-	8,520	10,655	16,655	13,320
M323	Diagnostic Upper GI Endoscopy	-	-	8,520	10,655	16,655	13,320
M324	Diagnostic Upper GI Endoscopy (repeat)	-	-	6,000	7,500	11,710	9,370
M325	Colonoscopy (Repeat)	-	-	6,000	7,500	11,710	9,370
M326	Clip Marking	-	-	8,520	10,655	16,655	13,320
M327	Dye Chromoendoscopy: Standard Imaging (repeat)	-	-	6,000	7,500	11,710	9,370
M328	Esophageal Dilation (Non-Fluroscopic) (partial)	-	-	6,000	7,500	11,710	9,370
M329	ERCP Diagnostic Non-cholangioscopy (repeat)	-	-	6,000	7,500	11,710	9,370
M330	Hemostasis: Argon Plasma Coagulation	-	-	8,520	10,655	16,655	13,320
M331	Hemostasis: Sclerotherapy	-	-	8,520	10,655	16,655	13,320
M332	Hemostasis: Loop Ligation	-	-	8,520	10,655	16,655	13,320
M333	Polypectomy Cold Snare / Hot Biopsy	-	-	8,520	10,655	16,655	13,320
M334	Jejuno-Enteroscopy (Push Type Limited Exam- Repeat)	-	-	6,000	7,500	11,710	9,370
M401	EUS: Pancreas and Bile Ducts	-	-	10,800	13,500	21,095	16,870
M403	Esophageal Stenting	-	-	10,800	13,500	21,095	16,870
M404	Percutaneous Endoscopic Gastrostomy	-	-	10,800	13,500	21,095	16,870
M405	Percutaneous Endoscopic Jejunostomy	-	-	10,800	13,500	21,095	16,870
M406	Achalasia Dilatation	-	-	10,800	13,500	21,095	16,870
M407	Gastric or Pyloric Dilation (Non-Fluroscopic)- 1 session	-	-	10,800	13,500	21,095	16,870
M408	Rectal or Colonic Dilation (Non-Fluroscopic)- 1 session	-	-	10,800	13,500	21,095	16,870
M409	Polypectomy (upto 2 polyps and stalked)	-	-	10,800	13,500	21,095	16,870
M411	Ablation: Laser Therapy	-	-	10,800	13,500	21,095	16,870
M412	Ablation: Argon Plasma Coagulation	-	-	10,800	13,500	21,095	16,870
M413	ERCP Sphincterotomy	-	-	10,800	13,500	21,095	16,870
M414	Endoscopic Cyst Drainage	-	-	10,800	13,500	21,095	16,870
M415	ERCP Naso-Biliary Drainage	-	-	10,800	13,500	21,095	16,870

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M416	Biliary/ Pancreatic Cytology	-	-	4,225	5,280	8,255	6,600
M417	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI)	-	-	10,800	13,500	21,095	16,870
M418	Magnification Dye Chromoendoscopy	-	-	10,800	13,500	21,095	16,870
M419	Capsule Endoscopy Imaging	-	-	14,470	18,095	28,270	22,620
M420	Capsule Endoscopy Imaging (Repeat)	-	-	10,200	12,755	19,930	15,950
M421	Clip Application (Non-Hemostatic, Markers)	-	-	6,000	7,500	11,710	9,370
M422	Ablation: Cryotherapy/ PDT	-	-	9,445	11,810	18,455	14,760
M423	Ablation: Cryotherapy/ PDT (Partial)	-	-	6,610	8,270	12,910	10,330
M424	Ablation: Argon Plasma Coagulation (Partial)	-	-	7,800	9,755	15,240	12,190
M425	Gastric or Pyloric Dilation- Non-Fluroscopic (Partial)	-	-	7,800	9,755	15,240	12,190
M426	Rectal or Colonic Dilation- Non-Fluroscopic (Partial)	-	-	7,800	9,755	15,240	12,190
M427	Achalasia Dilatation (Partial)	-	-	7,800	9,755	15,240	12,190
M428	ERCP Naso-Pancreatic Drainage	-	-	10,800	13,500	21,095	16,870
M429	Magnification Electronic Chromoendoscopy (NBI/FICE/AFI) (Repeat)	-	-	7,800	9,755	15,240	12,190
M430	Magnification Dye Chromoendoscopy (Repeat)	-	-	7,800	9,755	15,240	12,190
M431	EUS Radial Mediastinum and/ or Upper Abdomen	-	-	9,910	12,395	19,370	15,490
M432	Decompression: NJT placement	-	-	8,520	10,655	16,655	13,320
M433	Decompression: Colonic tube placement	-	-	8,520	10,655	16,655	13,320
M434	Stenting: Enteral	-	-	13,810	17,270	26,990	21,590
M435	Stenting: Colonic	-	-	13,810	17,270	26,990	21,590
M436	Dilatation Luminal Fluoroscopic	-	-	10,800	13,500	21,095	16,870
M437	Hemostasis: Post Endsocopic Resection	-	-	10,800	13,500	21,095	16,870
M438	Foreign Body Removal (Fluroscopic)	-	-	10,800	13,500	21,095	16,870
M439	Diagnostic ERCP (Non-cholangioscopic)	-	-	8,520	10,655	16,655	13,320
M501	ERCP Biliary Stenting (Single)	-	-	14,470	18,095	28,270	22,620
M502	ERCP Pancreatic Stenting (Single)	-	-	14,470	18,095	28,270	22,620
M503	Multiple Polypectomy (more than 2 polyps and stalked)	-	-	14,470	18,095	28,270	22,620
M504	EUS Guided FNA	-	-	14,470	18,095	28,270	22,620
M506	Radiofrequency Ablation	-	-	14,470	18,095	28,270	22,620

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M508	ERCP Biliary Stenting (Multiple Stents)	-	-	14,470	18,095	28,270	22,620
M510	ERCP Pancreatic Stenting (Multiple)	-	-	14,470	18,095	28,270	22,620
M512	ERCP Biliary Stone extraction	-	-	14,470	18,095	28,270	22,620
M514	ERCP Pancreatic Stone extraction	-	-	14,470	18,095	28,270	22,620
M516	ERCP Biliary Stricture Dilatation	-	-	14,470	18,095	28,270	22,620
M518	ERCP Pancreatic Stricture Dilatation	-	-	14,470	18,095	28,270	22,620
M520	ERCP Sphincteroplasty	-	-	14,470	18,095	28,270	22,620
M522	ERCP in Bilroth II Anatomy	-	-	14,470	18,095	28,270	22,620
M524	ERCP Extraction: Internally migrated stent	-	-	14,470	18,095	28,270	22,620
M526	ERCP Mechanical Lithotripsy	-	-	14,470	18,095	28,270	22,620
M528	ERCP Minor Papilla therapy	-	-	14,470	18,095	28,270	22,620
M530	EUS Guided Colour Doppler	-	-	14,470	18,095	28,270	22,620
M532	EUS Miniprobe Luminal examination	-	-	14,470	18,095	28,270	22,620
M534	EUS Guided Celiac Plexus Neurolysis	-	-	14,470	18,095	28,270	22,620
M536	EUS Linear imaging (No FNAC)	-	-	14,470	18,095	28,270	22,620
M538	EUS Advanced Imaging: 3D/ Elastography/ CE/ THI	-	-	14,470	18,095	28,270	22,620
M540	Nasogastric tube placement Fluoroscopic	-	-	9,445	11,810	18,455	14,760
M542	Nasojejunal tube placement	-	-	10,800	13,500	21,095	16,870
M544	Stenting: Cervical Esophagus	-	-	14,470	18,095	28,270	22,620
M546	Stenting: Gastro-duodenal	-	-	14,470	18,095	28,270	22,620
M548	Endotherapy post Bariatric surgery	-	-	14,470	18,095	28,270	22,620
M550	Multiple Polypectomy (> 2 polyps and stalked) - partial	-	-	10,200	12,755	19,930	15,950
M602	Capsule Biopsy of Small Bowel	-	-	2,470	3,095	4,850	3,875
M606	EUS Intraductal (Biliary- pancreatic examination)	-	-	16,560	20,700	32,340	25,870
M608	Cholangioscopy	-	-	24,840	31,055	48,530	38,820
M610	Device Assisted (Balloon)/ Push Type Enteroscopy	-	-	24,840	31,055	48,530	38,820
M612	Endoscopic tumor resection (EMR/ESD/Ampullectomy)	-	-	24,840	31,055	48,530	38,820
M614	Endoscopic Pancreatic Necrosectomy	-	-	24,840	31,055	48,530	38,820
M616	ERCP Intrahepatic stone removal	-	-	24,840	31,055	48,530	38,820

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
M618	EUS: Endobronchial	-	-	24,840	31,055	48,530	38,820
M620	EUS Guided Pseudocyst Drainage	-	-	24,840	31,055	48,530	38,820
M622	EUS-ERCP Combined Biliary Drainage	-	-	24,840	31,055	48,530	38,820
M624	High resolution Anoscopy (HRA)	-	-	24,840	31,055	48,530	38,820
M626	Percutaneous Endoscopic Colostomy	-	-	24,840	31,055	48,530	38,820
M628	Myotomy	-	-	24,840	31,055	48,530	38,820
M703	Bioelectrical Impedance Analysis (BIA) testing	30	250	500	630	990	790
Endoscopy Room Charges							
M051	Endoscopy Room Charges Grade I	50	420	2,100	2,630	4,115	3,290
M052	Endoscopy Room Charges Grade II	60	600	3,000	3,755	5,870	4,690
M053	Endoscopy Room Charges Grade III	85	840	4,200	5,255	8,220	6,575
M054	Endoscopy Room Charges Grade IV	120	1,200	6,000	7,500	11,710	9,370
M055	Endoscopy Room Charges Grade V	170	1,680	8,400	10,500	16,415	13,130
M056	Endoscopy Room Charges Grade VI	240	2,400	12,000	15,000	23,450	18,755
M057	Cholangioscopy Probe Charge (Endoscopy)	28,800	28,800	28,800	28,800	28,800	28,800
M058	Endoscopy Room- Sedation (NAAS)	25	190	960	1,200	1,870	1,500
M059	Endoscopy Room- Video Recording	25	170	335	420	660	530
M060	Endoscopy Room- Color Print Images/ Report	25	170	335	420	660	530
Anaesthesiology, Critical Care & Pain Management							
Consultation							
N001	Consultation- New Case (Chronic Pain Management)	-	-	3,000	3,000	3,000	3,000
N002	Consultation- New Case (PAC- Pre Anesthesia Checkup)	-	-	3,000	3,000	3,000	3,000
N003	Follow-Up Consultation (PAC- Pre Anesthesia Checkup)	-	-	1,080	1,080	1,080	1,080
N005	Follow-Up Consultation (Chronic Pain Management)	-	-	1,080	1,080	1,080	1,080
Anaesthesia Charges							
N101	Anesthesia Fees - Grade I	-	-	5,605	7,010	10,955	8,760
N102	Anesthesia Fees - Grade II	-	-	10,355	12,950	20,230	16,190
N103	Anesthesia Fees - Grade III	-	-	16,560	20,700	32,340	25,870
N104	Anesthesia Fees - Grade IV	-	-	20,700	25,870	40,430	32,340

TATA MEMORIAL CENTRE

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

Schedule of Charges (2024-27)

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
N105	Anesthesia Fees - Grade V	-	-	33,325	41,650	65,090	52,070
N106	Anesthesia Fees - Grade VI	-	-	42,850	53,570	83,700	66,960
N107	Anesthesia Fees - Bone Marrow Transplant	-	-	19,045	23,810	37,200	29,760
N108	Anesthesia Charges for Laser/Sub-Major Surgery	-	-	2,390	2,990	4,670	3,730
N109	Anaesthesia - RT Single fraction (Pediatric)	-	-	1,030	1,295	2,030	1,620
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	-	-	6,215	7,775	12,155	9,720
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	-	-	17,590	21,995	34,370	27,490
N112	Anaesthesia - RT 25 and above (Pediatric)	-	-	25,870	32,340	50,530	40,430
N113	Anesthesia Charges for Scopies/Minor Surgeries	-	-	1,200	1,500	2,340	1,870
N114	Anesthesia charges for BM Aspiration Biopsy	-	-	1,800	2,250	3,530	2,820
N115	Anaesthesia charges for Diagnostic CT	-	-	1,440	1,800	2,820	2,255
N116	Sedation charges	-	-	1,200	1,500	2,340	1,870
N117	Lumbar Puncture	25	215	1,080	1,355	2,110	1,690
N118	Anesthesia charges for Internventional Radiology Grade I	-	-	1,910	2,390	3,730	2,990
N119	Anesthesia charges for Internventional Radiology Grade II	-	-	2,975	3,720	5,820	4,655
N120	Anesthesia charges for Internventional Radiology Grade III	-	-	4,765	5,950	9,300	7,440
N121	Anesthesia charges for Internventional Radiology Grade IV	-	-	5,965	7,450	11,640	9,310
N122	Sedation & Monitoring for Interventional Radiology Gr.I	-	-	1,200	1,500	2,340	1,870
N123	Sedation & Monitoring for Interventional Radiology Gr.II	-	-	1,430	1,790	2,795	2,230
N124	Sedation & Monitoring for Interventional Radiology Gr.III	-	-	1,910	2,390	3,730	2,990
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	-	-	2,390	2,990	4,670	3,730
N126	Anesthesia Charges for Diagnostic GI Endoscopy under GA	-	-	2,855	3,575	5,590	4,475
N127	Anesthesia charges for GI Endoscopy plus procedure (stent/prosthesis) (GA)	-	-	4,765	5,950	9,300	7,440
N128	Sedation and monitoring of GI Diagnostic endoscopy	-	-	1,200	1,500	2,340	1,870
N129	Anesthesia Charges for GI Endoscopy plus procedure (stent prosthesis etc) MAC	-	-	1,910	2,390	3,730	2,990
N130	Anesthesia Fees - Grade VII	-	-	64,285	80,350	125,555	100,440
N131	TEG -Kaolin (Plain) Thrombelastograph	25	290	1,430	1,790	2,795	2,230
N132	TEG -Kaolin (Heparinase) Thrombelastograph Coagulation Test	50	455	2,290	2,870	4,490	3,590
N133	Anaesthesia charges for Paediatric/Adult patients in MRI	-	-	2,880	3,600	5,630	4,500

TATA MEMORIAL CENTRE

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

Schedule of Charges (2024-27)

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Icu Charges							
N201	ICU Per Day Professional Charges	-	-	1,800	2,220	3,600	3,000
N202	CVP Access / Dialysis Catheter Insertion	50	480	2,400	3,000	4,690	3,755
N203	Swan Ganz Catheter Insertion	60	600	3,000	3,755	5,870	4,690
N204	Arterial Line Insertion	25	240	1,200	1,500	2,340	1,870
N205	Therapeutic Bronchoscopy	120	1,190	5,965	7,450	11,640	9,310
N206	Transvenous Pacemaker	70	720	3,600	4,500	7,030	5,630
N207	Percutaneous Tracheostomy	60	600	3,000	3,755	5,870	4,690
N208	CAVH - 1st Day	50	445	2,220	2,770	4,330	3,470
N209	Continuous Renal Replacement Therapy Per Day	25	290	1,440	1,800	2,820	2,255
N210	ICU - Intubation and initiation of mechanical ventilation	25	190	960	1,200	1,870	1,500
N211	Advanced haemodynamic monitoring (Flotrac / PiCCo / Volume View etc) for the duration of 1	60	575	2,855	3,575	5,590	4,475
N212	Intermittent Hemodialysis / SLED per session	25	290	1,440	1,800	2,820	2,255
Biochemistry, Tumour Markers, Emergency Laboratory							
N213	Arterial Blood gas (ABG) Analysis	10	85	430	540	840	670
N214	POC Arterial Blood Gases (TMH)	-	40	200	250	400	310
Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, Etc							
N301	Minor (Peripheral Nerve Block)	-	-	1,200	1,500	2,340	1,870
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	-	-	6,000	7,500	11,710	9,370
N304	RT SELECTRON	-	-	1,500	1,870	2,930	2,340
N305	RT Iridium Implant	-	-	1,750	2,195	3,430	2,750
N311	Acute Pain Services(4 days consolidated)	-	-	3,590	4,490	7,020	5,615
N312	Patient Controllre Analgesia(PCA)	-	-	2,400	3,000	4,690	3,755
N314	Chronic Pain Referral/ Followup (Wards)	-	-	1,200	1,800	2,400	2,400
N315	Epidural Catheterization/ Regional nerve block	-	-	1,200	1,500	2,340	1,870
N350	Injection Verfen	20	20	20	20	20	20
N351	Injection Vermor 10 mg	20	20	20	20	20	20
N352	INJ PETHIDINE	55	55	55	55	55	55
N353	Injection Bupragesic 300 mg	40	40	40	40	40	40

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
N354	Remifentanyl (1 mg Narcotic)	635	635	635	635	635	635
N355	Remifentanyl (2 mg Narcotic)	1,235	1,235	1,235	1,235	1,235	1,235
N500	Hyperbaric Oxygen Therapy	125	1,250	2,500	3,125	4,882	3,906
Surgical Oncology							
Consultations							
O001	Consultation- New Case (Surgical Oncology)	-	-	3,000	3,000	3,000	3,000
O003	Follow-Up Consultation (Surgical Oncology)	-	-	1,080	1,080	1,080	1,080
O004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Surgical Oncology)	-	-	6,900	8,630	13,490	10,790
O005	Intravenous Bolus per Cycle (Surgical Oncology)	25	240	1,200	1,500	2,340	1,870
O006	Chemotherapy Indoor Charges per Day (Surgical Oncology)	-	-	900	1,130	1,775	1,415
O007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	-	-	660	830	1,295	1,030
O008	Trucut Biopsy of Breast Lesions (OPD)	60	575	2,880	3,600	5,630	4,500
O009	Dressing- OPD	25	120	600	755	1,190	950
Operation Theatre (Hospital Service Charges)							
O111	Major OT - Service Charges - Less than 2 Hrs.	290	2,880	14,400	18,000	28,130	22,500
O112	Major OT - Service Charges - 2 To 4 Hrs	600	6,000	30,000	37,500	58,595	46,870
O113	Major OT - Service Charges - 4 to 6 Hrs	960	9,600	48,000	60,000	93,755	75,000
O116	Major OT - Service Charges - 6 to 8 Hrs	1,320	13,200	66,000	82,500	128,915	103,130
O117	Robotic Surgery Consumable Charges	144,000	144,000	144,000	144,000	144,000	144,000
O118	Major OT - Service Charges - More than 8 Hrs	1,560	15,600	78,000	97,500	152,340	121,870
O119	Robotic Surgery Additional Instrument usage Charges	24,000	24,000	24,000	24,000	24,000	24,000
O120	Head & Neck Robotic surgery Consumable	72,000	72,000	72,000	72,000	72,000	72,000
O121	Robotic Surgery Vessel Scaler Charges	51,840	51,840	51,840	51,840	51,840	51,840
O122	Robotic Surgery for Prostate Consumable Charges	180,000	180,000	180,000	180,000	180,000	180,000
O123	Trilumen Filtered Tube Set For Airseal	23,040	23,040	23,040	23,040	23,040	23,040
O124	Access Port 120mm with Bladeless Optical 120mm	23,040	23,040	23,040	23,040	23,040	23,040
O125	Access Port 12mm with Bladeless Optical 100mm	12,960	12,960	12,960	12,960	12,960	12,960
O126	Minor OT Service Charges (Without GA)	85	840	4,200	5,255	8,220	6,575
O127	Minor OT Service Charges (with GA)	120	1,200	6,000	7,500	11,710	9,370

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
O128	Thoracic Robotic Surgery Consumable	72,000	72,000	72,000	72,000	72,000	72,000
O129	Robotic Surgery Consumable for Thoracic Lobectomy	264,000	264,000	264,000	264,000	264,000	264,000
O130	Stapler gun for Robotic surgery 45 tip up	40,320	40,320	40,320	40,320	40,320	40,320
O131	Stapler reoload for Robotic surgery - Whilte	10,320	10,320	10,320	10,320	10,320	10,320
O132	Stapler reload for Robotic Surgery - Green	10,320	10,320	10,320	10,320	10,320	10,320
Surgery Charges							
O151	Minor OT - Surgery Charges	-	-	2,400	3,000	4,690	3,755
O161	Grade I Surgery	-	-	12,000	15,000	23,450	18,755
O162	Grade II Surgery	-	-	24,000	30,000	46,870	37,500
O163	Grade III Surgery	-	-	42,000	52,500	82,030	65,630
O164	Grade IV Surgery	-	-	60,000	75,000	117,190	93,755
O165	Grade V Surgery	-	-	84,000	105,000	164,075	131,255
O166	Vascular Surgery Cover (Outsourced)	-	-	60,000	75,000	117,190	93,755
O167	Grade VI Surgery	-	-	108,000	135,000	210,950	168,755
O168	Prof. charges for Neuro navigation	-	-	24,000	30,000	46,870	37,500
O169	Prof. charges for fluorescence guided Neurosurgical procedure	-	-	12,000	15,000	23,450	18,755
O171	Intra Operative Neuro Monitoring Grad1 I Surgery	-	-	1,200	1,500	2,340	1,870
O172	Intra Operative Neuro Monitoring Grad1 II Surgery	-	-	2,400	3,000	4,690	3,755
O173	Intra Operative Neuro Monitoring Grad1 III Surgery	-	-	4,200	5,255	8,220	6,575
O174	Intra Operative Neuro Monitoring Grad1 IV Surgery	-	-	6,000	7,500	11,710	9,370
O175	Intra Operative Neuro Monitoring Grad1 V Surgery	-	-	8,400	10,500	16,415	13,130
O177	Intra Operative Neuro Monitoring Grad1 VI Surgery	-	-	10,800	13,500	21,095	16,870
O178	Minor Procedure / Dressing - Opthal (Eg Dressing for Corneal injuries, ulcers, eye suture	-	-	3,000	3,600	4,800	4,200
O179	Minor Opthal Surgery (Eg: Biopsy, small Lid Tumors, Small Conjunctival Tumors)	-	-	6,000	7,500	10,800	9,000
O180	Major Opthal Surgery. (Eg: Orbitotomy, Lid Reconstruction)	-	-	36,000	45,000	72,000	54,000
Dental And Prosthetic Services							
P102	Cross Consultation/ Follow-Up Consultation (Dental)	-	-	1,500	1,500	1,500	1,500
P201	Surgical Maxillary Plate (Temp. Plate)	50	455	2,280	2,855	4,475	3,575
P202	Interim Maxillary Prosthesis	120	1,235	6,190	7,740	12,095	9,670

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
P203	Permanent Maxillary Prosthesis with Teeth	190	1,910	9,515	11,890	18,590	14,870
P204	Palatal Prosthesis	170	1,645	8,195	10,250	16,020	12,815
P205	Palatal Ext. Prosthesis with Teeth	170	1,645	8,195	10,250	16,020	12,815
P206	Guide Plane Prosthesis	120	1,235	6,190	7,740	12,095	9,670
P207	Tongue Prosthesis	240	2,365	11,810	14,760	23,075	18,455
P208	Partial Denture (1 - 3 Teeth)	60	575	2,870	3,590	5,615	4,490
P209	Partial Denture (4 - 6 Teeth)	70	710	3,530	4,415	6,900	5,520
P210	Partial Denture (7 - 10 Teeth)	95	950	4,765	5,950	9,300	7,440
P211	Upper or Lower Complete Denture	145	1,415	7,055	8,820	13,790	11,030
P212	Upper and Lower Complete Denture	240	2,365	11,810	14,760	23,075	18,455
P213	Interim Maxillary Prosthesis in Molloplast Cap	240	2,365	11,810	14,760	23,075	18,455
P214	Permanent Maxillary Prosthesis in Molloplast Cap	290	2,820	14,090	17,615	27,530	22,020
P216	Extraction per Tooth	15	110	515	650	1,020	815
P217	Surgical Extraction per Tooth	40	360	1,800	2,255	3,530	2,820
P218	Impaction	70	720	3,600	4,500	7,030	5,630
P220	Prophylaxis	25	230	1,140	1,430	2,230	1,790
P222	Radiation Protection Pros. (Upper/Lower)	120	1,190	5,915	7,390	11,555	9,240
P225	Repair of Prosthesis	25	240	1,175	1,475	2,315	1,850
P226	Fluoride Gel Application (per Sitting)	15	155	770	960	1,500	1,200
P227	Inter Maxillary Wiring	50	455	2,280	2,855	4,475	3,575
P229	Implant Retained Extra Oral Prosthesis / Consolidated	335	3,310	16,560	20,700	32,340	25,870
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated Per Tooth	120	1,190	5,915	7,390	11,555	9,240
P231	Implant Retained Intra Oral Removable Dentures/ Consolidated	335	3,310	16,560	20,700	32,340	25,870
P232	Permanent Max. Pros. with Bite Guide Pros.	155	1,595	8,005	10,010	15,650	12,515
P233	Permanent Max. Pros. with Teeth & GPP	250	2,520	12,575	15,720	24,575	19,655
P235	Occlusal Guard	25	230	1,140	1,430	2,230	1,790
P236	Composite Filling	25	180	890	1,115	1,740	1,390
P237	Temporary Filling (ZNOE Cement)	10	60	290	360	575	455
P238	Ag Filling / GI Filling	15	120	575	720	1,130	900

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
P242	Custom made eye conformer	155	1,525	7,620	9,530	14,890	11,915
P243	Implant retained - nose orbit, ear	300	3,050	15,240	19,055	29,770	23,820
P246	Eye Prosthesis (Relining)	60	575	2,870	3,590	5,615	4,490
P247	Root canal treatment	70	755	3,805	4,750	7,430	5,940
P248	Interim Maxillary Prosthesis with Molloplast Bulb	600	5,965	29,810	37,260	58,210	46,570
P249	Permanent Maxillary Prosthesis with Molloplast Bulb	730	7,285	36,430	45,540	71,160	56,930
P251	CBCT Tooth/Multiple Teeth	40	360	720	900	1,410	1,130
P252	CBCT Single jaw	70	720	1,440	1,800	2,810	2,250
P253	CBCT Single Side for both jaws	90	900	1,800	2,250	3,510	2,810
P254	CBCT Both jaws/TMJ	120	1,200	2,400	3,000	4,685	3,750
P255	CBCT Full face	180	1,800	3,600	4,500	7,030	5,630
P256	RVG (Per Tooth)	10	85	430	540	840	670
P257	Root Canal - access opening	50	515	2,570	3,215	5,030	4,020
P258	Root Canal treatment (Anterior)	85	850	4,285	5,350	8,375	6,695
P259	Root Canal treatment (Posterior)	120	1,200	6,000	7,500	11,710	9,370
P260	Post and Core	70	685	3,430	4,295	6,720	5,375
P261	Custom-made Occular Prosthesis	170	1,715	8,570	10,715	16,740	13,390
P262	Implant Insertion / Re-insertion under LA	205	2,050	10,285	12,850	20,090	16,070
P263	PRF per Tube	70	685	3,430	4,295	6,720	5,375
P264	Ozone Therapy (consolidated)	70	685	3,430	4,295	6,720	5,375
P265	Surgical Deridement under LA (MRONJ)	130	1,370	6,850	8,570	13,390	10,715
P266	Implant stent - Partiallly Edentoulous	110	1,030	5,150	6,430	10,055	8,040
P267	Laser - Soft tissue surgical Procedure	110	1,030	5,150	6,430	10,055	8,040
P268	Laser - Biostimulation	110	1,030	5,150	6,430	10,055	8,040
P301	Soft relining of Prosthesis (single arch)	1,800	1,800	1,800	1,800	1,800	1,800
P302	Adhesive 1 bottle for Extra-oral Prosthesis	5,400	5,400	5,400	5,400	5,400	5,400
P303	Adhesive 1/2 bottle for Extra-oral Prosthesis	3,000	3,000	3,000	3,000	3,000	3,000
Radiation Oncology							
Consultations							
Q001	Consultation- New Case (Radiation Oncology)	-	-	3,000	3,000	3,000	3,000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Q003	Follow-Up Consultation (Radiation Oncology)	-	-	1,080	1,080	1,080	1,080
Q004	Chemotherapy Planning Charges (Protocol)- Valid for 3 cycles (Radiation Oncology)	-	-	6,900	8,630	13,490	10,790
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	25	240	1,200	1,500	2,340	1,870
Q006	Chemotherapy Indoor Charges per Day (Radiation Oncology)	-	-	900	1,130	1,775	1,415
Q007	Chemotherapy Daycare Charge per Day (Radiation Oncology)	-	-	660	830	1,295	1,030
Q009	RT OT service charges	80	840	4,200	5,250	8,200	6,600
External RT							
Q130	Level 6- Radiation Therapy (Hospital Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rapid Arc with >10 IGRT (CBCT or MVCT or EPID) OR LA IMRT/ Rapid Arc with <5Gy per fraction and >10 IGRT (CBCT or MVCT or EPID) OR Adaptive RT OR CSI OR Multisite treatment outside one FOV or one plan OR SBRT OR SRS OR SRT (per fraction dose >5Gy))	2,700	27,000	90,000	112,500	175,790	140,630
Q131	Level 5- Radiation Therapy (Hospital Charges) (LA IMRT/ Rapid Arc with < 5Gy per fraction and <10 IGRT (CBCT or MVCT or EPID) OR Cobalt Radical with LA boost including electron boost OR TSET OR TBI)	2,250	22,500	75,000	93,750	146,490	117,190
Q132	Level 4- Raiation therapy (Hospital Charges) (LA 3D with IGRT conventional fractionation of 2- 5 Gy OR Weekly hypofractionation >5 Gy with 3D CRT plan in 1-2 fractions. with IGRT)	1,800	18,000	37,800	47,255	73,850	59,075
Q133	Level 3- Radiation Therapy (Hospital Charges) (LA 3D with conventional fractionation of 2-5 Gy OR Weekly hypofractionation of >5 Gy with 3D CRT plan in 1-2 fractions. No IGRT allowed.)	1,355	13,500	30,000	37,500	58,595	46,870
Q134	Level 2- Radiation Therapy (Hospital Charges) (More than 10 fractions on Cobalt OR Upto 10 fractions on LA clinical (without CT or TPS planning) without IGRT OR Hemibody palliative RT (1-2 fractions weekly))	505	5,040	16,800	21,000	32,820	26,255
Q135	Level 1- Radiation Therapy (Hospital Charges) (1-10 fractions on Cobalt)	275	2,700	9,000	11,255	17,590	14,075
Q230	Level 6- Radiation Therapy (Professional Charges) (LA 4D/DE or DIBH with 3D CRT/ IMRT/ Rapid Arc with >10 IGRT (CBCT or MVCT or EPID) OR LA IMRT/ Rapid Arc with <5Gy per fraction and >10 IGRT (CBCT or MVCT or EPID) OR Adaptive RT OR CSI OR Multisite treatment outside one FOV or one plan OR SBRT OR SRS OR SRT (per fraction dose >5Gy))	-	-	90,000	112,500	175,790	140,630
Q231	Level 5- Radiation Therapy (Professional Charges) (LA IMRT/ Rapid Arc with < 5Gy per fraction and <10 IGRT (CBCT or MVCT or EPID) OR Cobalt Radical with LA boost including electron boost OR TSET OR TBI)	-	-	75,000	93,750	146,900	117,190
Q232	Level 4- Raiation therapy (Professional Charges) (LA 3D with IGRT conventional fractionation of 2- 5 Gy OR Weekly hypofractionation >5 Gy with 3D CRT plan in 1-2 fractions. with IGRT)	-	-	37,800	47,255	73,850	59,075

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Q233	Level 3- Radiation Therapy (Professional Charges) (LA 3D with conventional fractionation of 2-5 Gy OR Weekly hypofractionation of >5 Gy with 3D CRT plan in 1-2 fractions. No IGRT allowed.)	-	-	30,000	37,500	58,595	46,870
Q234	Level 2- Radiation Therapy (Professional Charges) (More than 10 fractions on Cobalt OR Upto 10 fractions on LA clinical (without CT or TPS planning) without IGRT OR Hemibody palliative RT (1-2 fractions weekly))	-	-	16,800	21,000	32,820	26,255
Q235	Level 1- Radiation Therapy (Professional Charges) (1-10 fractions on Cobalt)	-	-	9,000	11,255	17,590	14,075
Brachytherapy							
Q110	Delivery Charges, Brachytherapy	40	360	1,200	1,500	2,340	1,870
Q327	Level 5- Brachytherapy (Hospital Charges) (Complex ICA with interstitial with CT or MR based planning)	360	3,600	12,000	15,000	23,440	18,750
Q328	Level 4- Brachytherapy (Hospital Charges) (ICA with CT based Planning)	270	2,700	9,000	11,250	17,580	14,050
Q329	Level 3- Brachytherapy (Hospital Charges) (Surface Mould, Radical Interstitial BCT, Intraoperative Template or interstitial brachytherapy catheter insertion)	455	4,500	15,000	18,755	29,315	23,450
Q330	Level 2- Brachytherapy (Hospital Charges) (Simple ICA with Xray based 2D planning, ILRT, Endobilliary BCT)	90	900	3,000	3,750	5,860	4,690
Q331	Level 1- Brachytherapy (Hospital Charges) (Eye Plaque or SIVA or CVS per insertion or application)	130	1,260	4,200	5,255	8,220	6,575
Q427	Level 5- Brachytherapy (Professional Charges) (Complex ICA with interstitial with CT or MR based planning)	-	-	12,000	15,000	23,440	18,750
Q428	Level 4- Brachytherapy (Professional Charges) (ICA with CT based Planning)	-	-	9,000	11,250	17,580	14,060
Q429	Level 3- Brachytherapy (Professional Charges) (Surface Mould, Radical Interstitial BCT, Intraoperative Template or interstitial brachytherapy catheter insertion)	-	-	15,000	18,755	29,315	23,450
Q430	Level 2- Brachytherapy (Professional Charges) (Simple ICA with Xray based 2D planning, ILRT, Endobilliary BCT)	-	-	3,000	3,750	5,860	4,690
Q431	Level 1- Brachytherapy (Professional Charges) (Eye Plaque or SIVA or CVS per insertion or application)	-	-	4,200	5,255	8,220	6,575
Proton Therapy							
Q500	Proton Therapy (Consolidated Charges)	50,000	500,000	1,500,000	1,700,000	2,500,000	2,500,000
Stoma Clinic							
Anciliary Services Stoma Clinc							
R101	Only Pre-Op. Counseling & Stoma Marking	-	-	1,200	1,500	2,340	1,870

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R102	Pre & Post-Op. Counseling of Stoma Care	-	-	1,800	2,255	3,530	2,820
R104	Fixing of Drain Pouches	-	-	600	755	1,190	950
R109	Post Op. Counseling & Single Stoma Care	-	-	1,440	1,800	2,820	2,255
R111	Wound/Fistula/Incontinence Care (per Sitting)	15	120	600	760	1,190	950
R112	Distal Stoma Wash/Irrigation (per Sitting)	-	-	900	1,130	1,770	1,420
Physiotherapy							
Anciliary Services Physiotherapy							
R203	Physiotherapy General Exercises	10	95	480	600	950	755
R205	Ultrasound Therapy	10	60	310	395	610	490
R208	Continuous Passive Movement Exercises	10	85	420	530	830	660
R209	Pre-Operative Chest Therapy	10	60	290	360	575	455
R210	Post-Operative Chest Therapy	15	110	530	660	1,030	830
R211	Postural Drainage	15	120	575	720	1,130	900
R212	Specialised Exercises	15	120	625	780	1,210	970
R215	Post operative Breast class	10	95	480	600	950	755
R216	Manual Lymphatic Drainage	15	120	625	780	1,210	970
R217	Pulmonary Rehabilitation	15	120	625	780	1,210	970
R220	Incontenence Management	10	70	350	430	670	540
R221	Multi-layer Bandaging	10	85	420	530	830	660
R222	Complete Decongestive Therapy	15	145	720	900	1,415	1,130
R223	Ambulation	10	85	420	530	830	660
R224	Moist Heat	10	35	170	215	350	275
R225	Cryotherapy	10	35	170	215	350	275
R227	Active-Passive Trainer	15	120	625	780	1,210	970
R228	Cross Consultation/Follow up Consultation (Physiotherapy)	-	-	750	750	750	750
R230	Electrical Stimulation	15	60	310	395	610	490
R231	Manual Mobilization	15	120	600	755	1,190	950
Occupational Therapy							
Anciliary Services Occupational Therapy							
R303	Facial Splint	15	155	310	395	610	490

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R304	Counselling	-	-	385	480	755	600
R305	Counselling & Exercise	-	-	480	600	960	755
R307	Splinting Accessories	25	215	420	530	830	660
R308	Manual Lymphatic Drainage	15	120	625	780	1,210	970
R309	Multi-layer Bandaging	15	85	420	530	830	660
R310	Complete Decongestive Therapy	15	145	720	900	1,415	1,130
R316	MRM Bras	40	300	600	755	1,190	950
R324	Lymphedema - Accessories	25	190	370	470	730	590
R326	Dermagrip (Double Stretch - C)	60	600	1,200	1,500	2,340	1,870
R327	Dermagrip (Double Stretch - D)	70	730	1,465	1,835	2,870	2,290
R328	Dermagrip (Double Stretch - E)	85	805	1,610	2,015	3,155	2,520
R329	Dermagrip (Double Stretch - F)	85	865	1,715	2,150	3,360	2,690
R331	Vaginal Dilatation Procedure	10	50	250	310	490	395
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	60	600	1,200	1,500	2,340	1,870
R333	Thermoplastic splint making charges (Extremities)	40	300	600	755	1,190	950
R334	Total contact brace (Spinal) 45 x 60 sq cm	515	5,185	10,355	12,950	20,230	16,190
R335	Total contact brace (Spinal) 90 x 60 sq cm	1,030	10,355	20,700	25,870	40,430	32,340
R345	Orfit Splints - Major	245	2,465	4,925	6,155	9,625	7,700
R346	Orfit Splints - Minor	40	385	775	965	1,510	1,205
R363	Silicon Mouth Blocks	15	155	310	395	610	490
R372	Modification in Orthosis	15	145	275	350	540	430
R376	Neurocognitive Assessment and Intervention	15	110	530	660	1,030	830
R377	Lymphapress	15	120	575	720	1,130	900
R378	Prosthesis / Orthosis Fittings & Measurement	10	85	420	530	830	660
Consultation							
R350	Cross Consultation/Follow-Up Consultation (Occupational Therapy)	-	-	750	750	750	750
Anciliary Services Speech Therapy							
Consultation							
R401	Cross Consultation/ Follow up Consultation (Speech Therapy)	-	-	750	750	750	750

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
Tissue Bank							
Anciliary Services Tissue Bank							
R508	Skin 6 x 4 cm	25	190	370	470	745	745
R509	Skin 10 x 4 cm	40	310	625	780	1,250	1,250
R510	Skin 10 x 8 cm	60	625	1,250	1,560	2,495	2,495
R512	Cortico-cancellous Bone Block 2 x 2 x 0.5 cm	110	1,045	2,075	2,640	4,150	4,150
R513	Cortico-cancellous Bone Block 2 x 2 x 1 cm	130	1,250	2,490	3,110	4,970	4,970
R516	Rib 8 - 16 cm	80	750	1,500	1,880	3,000	3,000
R517	Femoral Head >= 20gms	300	3,010	6,010	7,560	12,025	12,025
R518	Bone Granules per 0.5cc	40	310	625	840	1,250	1,250
R519	Processing Fess	-	-	-	-	-	6,600
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	385	3,890	7,765	9,710	15,530	15,530
R523	Struts (Humerus, Femur, Tibia) > 10 cm	515	5,185	10,355	12,950	20,710	20,710
R525	Courier Handling Charges	-	-	-	-	-	1,320
R526	Demineralised Bone Granules per 0.5 cc	60	625	1,250	1,560	2,495	2,495
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	205	2,075	4,140	5,170	8,280	8,280
R529	Struts (Fibula, Radius, Ulna) > 10 cm	265	2,590	5,170	6,470	10,345	10,345
R530	Irradiation of Tissue per Load	-	-	-	-	-	660
R531	Demineralised Cancellous Bone Blocks 2 x 2 x 1 cm	240	2,340	4,670	5,880	9,335	9,335
R532	Demineralised Cancellous Bone per 10 Strips 2 x 0.5 x 0.5 cm	360	3,625	7,250	9,060	14,495	14,495
R533	Femoral Head (< 10 gm)	90	880	1,750	2,190	3,500	3,500
R535	Femoral Head (10 - 19 gm)	200	1,950	3,890	4,860	7,780	7,780
R536	Tibial Slices (< 10 gm)	60	630	1,250	1,560	2,500	2,500
R538	Tibial Slices (10 - 19 gm)	170	1,730	3,450	4,310	6,900	6,900
R539	Tibial Slices (>= 20 gm)	275	2,700	5,390	6,840	10,775	10,775
R540	Metatarsal	70	695	1,390	1,740	2,785	2,785
R541	Calcaneum	290	2,905	5,795	7,250	11,590	11,590
R542	Talus	145	1,415	2,830	3,540	5,665	5,665
R543	Amnion 4-9 sq cm	15	110	215	360	430	430

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R544	Amnion 10-45 sq cm	15	170	325	480	650	650
R545	Amnion 46-99 sq cm	20	210	420	530	840	840
R546	Amnion > 100 sq cm	30	280	550	690	1,100	1,100
R547	Demineralised Cancellous Bone Block 2 x 1 x 1	155	1,560	3,110	3,960	6,215	6,215
R549	Demineratlised Bone Block 0.5x0.5x0.5	60	575	1,150	1,440	2,305	2,305
R550	Chorion 4-9 sqcm	15	110	215	360	430	430
R551	Chorion 10-45 sq cm	15	170	325	480	650	650
R552	Demineralised Cancellous Bone Block 1x1x1 cm	110	1,045	2,075	2,640	4,150	4,150
R553	Cortico- Cancellous Bone Block 0.5 X 0.5 X 0.5 cm	40	310	625	840	1,250	1,250
R554	Cortico- Cancellous Bone Block 1 X 1 X 0.5 cm	60	625	1,250	1,560	2,495	2,495
R555	Cortico- Cancellous Bone Block 1 X 1 X 1 cm	80	750	1,490	1,860	2,970	2,970
R556	Tendon 0-14 cm	130	1,250	2,500	3,130	5,000	5,000
R557	Tendon 15-30 cm	210	2,100	4,190	5,240	8,370	8,370
R558	Amnio Chorion 4-9 sq cm	30	290	580	720	1,150	1,150
Prosthetics							
Anciliary Services Prosthetics							
R611	Nose Prosthesis	430	4,285	8,570	10,715	16,740	13,390
R612	Nose Implant	430	4,285	8,570	10,715	16,740	13,390
R613	Ear Prosthesis	430	4,285	8,570	10,715	16,740	13,390
R614	Ear Implant	430	4,285	8,570	10,715	16,740	13,390
R615	Skull Implant (Small)	430	4,285	8,570	10,715	16,740	13,390
R616	Skull Implant (Large)	610	6,085	12,155	15,190	23,750	18,995
R617	Orbital Prosthesis	430	4,285	8,570	10,715	16,740	13,390
R618	Occular Implant (Conformer)	300	2,990	5,965	7,450	11,640	9,310
R619	Chin Implant	430	4,285	8,570	10,715	16,740	13,390
R620	Mandible Implant	430	4,285	8,570	10,715	16,740	13,390
R621	Testicular Implant	430	4,285	8,570	10,715	16,740	13,390
R622	Vaginal Mould 3 Sizes (Each)	430	4,285	8,570	10,715	16,740	13,390
R623	Breast Prosthesis	590	5,845	11,675	14,590	22,800	18,240

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R624	Breast Impressions	110	1,130	2,255	2,820	4,415	3,530
R625	Finger and Toe Prosthesis	410	4,045	8,090	10,115	15,815	12,650
R626	Finger Joint Implants (10 Size 0 - 3)	250	2,510	5,015	6,275	9,815	7,850
R627	Finger Joint Implants (10 Size 4 - 8)	430	4,285	8,570	10,715	16,740	13,390
R628	Metacarpal Small	230	2,270	4,535	5,675	8,870	7,090
R629	Metacarpal Large	360	3,575	7,140	8,930	13,955	11,160
R630	Silastic Tendon Rod	360	3,575	7,140	8,930	13,955	11,160
R631	Silastic Block	455	4,525	9,050	11,315	17,690	14,150
R632	Sternum	635	6,310	12,625	15,780	24,660	19,730
R633	Trachea Implant	455	4,525	9,050	11,315	17,690	14,150
R634	Face Mask	110	1,130	2,255	2,820	4,415	3,530
R635	Ear Impression	110	1,130	2,255	2,820	4,415	3,530
R636	Skull Impression	110	1,130	2,255	2,820	4,415	3,530
R637	Orbital Impression	110	1,130	2,255	2,820	4,415	3,530
R638	Finger Impression	110	1,130	2,255	2,820	4,415	3,530
R639	Conformer Impression	60	635	1,260	1,570	2,460	1,970
R640	Custom-Made Nasal Implant	900	9,050	18,095	22,620	35,340	28,270
R641	Custom-Made Maxillary Implant	900	9,050	18,095	22,620	35,340	28,270
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	900	9,050	18,095	22,620	35,340	28,270
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	420	4,175	8,340	10,430	16,295	13,030
R644	Silastic Ring	145	1,430	2,855	3,575	5,590	4,475
R651	Clinical Hearing evaluation	10	60	300	380	590	470
R652	Middle Ear Function Evaluation	10	60	300	380	590	470
R653	Cochlear Function Evaluation	10	60	300	380	590	470
R654	Speech Audiometry	10	60	300	380	590	470
R655	Ototoxicity Assessment Protocol (PTA/BOA/VRA+OAE)	10	100	500	630	980	780
Palliative And Home Care							
Consultation							
R701	Cross Consultation/ Follow-Up Consultation (Palliative medicine)	-	-	1,500	1,500	1,500	1,500

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R704	Palliative Medicine Point of Care Ultrasound (PM-POCUS)	25	290	1,440	1,800	2,820	2,255
R800	Taylors Brace without Axillary Support- Spinal Braces	1,980	1,980	1,980	1,980	1,980	1,980
R801	Taylors Brace with Axillary Support- Spinal Braces	2,160	2,160	2,160	2,160	2,160	2,160
R802	Lumbosacral Frame- Spinal Braces	1,680	1,680	1,680	1,680	1,680	1,680
R803	Lumbosacral Belt- Spinal Braces	600	600	600	600	600	600
R804	SOMI Brace- Spinal Braces	3,000	3,000	3,000	3,000	3,000	3,000
R805	Abdominal Binder Small- Spinal Braces	720	720	720	720	720	720
R806	Abdominal Binder Medium- Spinal Braces	720	720	720	720	720	720
R807	Abdominal Binder Large- Spinal Braces	1,020	1,020	1,020	1,020	1,020	1,020
R808	Brace Repair- Spinal Braces	120	120	120	120	120	120
R809	Functional A K Pylon- Orthosis (Material & Making)	2,640	2,640	2,640	2,640	2,640	2,640
R810	B K Pylon- Orthosis (Material & Making)	1,200	1,200	1,200	1,200	1,200	1,200
R811	Conventional A K Pylon- Orthosis (Material & Making)	2,340	2,340	2,340	2,340	2,340	2,340
R812	Dynamic Cock Up- Orthosis (Material & Making)	900	900	900	900	900	900
R813	Cheese Splint- Orthosis (Material & Making)	600	600	600	600	600	600
R814	A K FDS HDP- Orthosis (Material & Making)	4,200	4,200	4,200	4,200	4,200	4,200
R815	A K FDS HDP D rotn- Orthosis (Material & Making)	4,200	4,200	4,200	4,200	4,200	4,200
R816	B K FDS HDP- Orthosis (Material & Making)	3,000	3,000	3,000	3,000	3,000	3,000
R817	B K FDS HDP D rotn- Orthosis (Material & Making)	3,000	3,000	3,000	3,000	3,000	3,000
R818	A K FDS Metal- Orthosis (Material & Making)	1,800	1,800	1,800	1,800	1,800	1,800
R819	B K FDS Metal- Orthosis (Material & Making)	1,140	1,140	1,140	1,140	1,140	1,140
R820	B K FDS Metal D rotn- Orthosis (Material & Making)	3,000	3,000	3,000	3,000	3,000	3,000
R821	Push Knee+Cap- Orthosis (Material & Making)	1,020	1,020	1,020	1,020	1,020	1,020
R822	Posterior Knee Guard- Orthosis (Material & Making)	2,460	2,460	2,460	2,460	2,460	2,460
R823	Hinge Knee Brace- Orthosis (Material & Making)	3,660	3,660	3,660	3,660	3,660	3,660
R824	Knee Cage With Cap- Orthosis (Material & Making)	3,840	3,840	3,840	3,840	3,840	3,840
R825	Elbow Guard- Orthosis (Material & Making)	1,200	1,200	1,200	1,200	1,200	1,200
R826	Elbow Hinge- Orthosis (Material & Making)	3,600	3,600	3,600	3,600	3,600	3,600
R827	Shoe Insert- Orthosis (Material & Making)	2,640	2,640	2,640	2,640	2,640	2,640

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R828	Static Cock Up- Orthosis (Material & Making)	900	900	900	900	900	900
R829	Hip Abduction Pillow- Orthosis (Material & Making)	1,980	1,980	1,980	1,980	1,980	1,980
R830	Hip Disarticulation Prosthesis (Material & Making)	17,940	17,940	17,940	17,940	17,940	17,940
R831	A K Prosthesis (Material & Making)	16,140	16,140	16,140	16,140	16,140	16,140
R832	B K Prosthesis (Material & Making)	12,360	12,360	12,360	12,360	12,360	12,360
R833	Rotationplasty Metal Prosthesis- (Material & Making)	19,080	19,080	19,080	19,080	19,080	19,080
R834	Rotationplasty Prosthesis Lamination- (Material & Making)	19,080	19,080	19,080	19,080	19,080	19,080
R835	Mastectomy Brassieres- Assistive Devices	300	300	300	300	300	300
R836	Jaw Stretcher Key- Assistive Devices	600	600	600	600	600	600
R837	Silicon Mouth Block- Assistive Devices	180	180	180	180	180	180
R838	Silicon Cap (Pair)- Assistive Devices	60	60	60	60	60	60
R839	Jaw Stretcher Key Filing- Assistive Devices	120	120	120	120	120	120
R840	Jaw Stretcher Key Repair- Assistive Devices	120	120	120	120	120	120
R841	Lymphedema Kit for Upper Limb 4 cm- Lymphedema Accessories	2,580	2,580	2,580	2,580	2,580	2,580
R842	Lymphedema Kit for Upper Limb 6 cm- Lymphedema Accessories	2,700	2,700	2,700	2,700	2,700	2,700
R843	Lymphedema Kit for Lower Limb 8 cm- Lymphedema Accessories	3,720	3,720	3,720	3,720	3,720	3,720
R844	Stockinett LL 125 cm- Lymphedema Accessories	180	180	180	180	180	180
R845	Stockinett UL 90 cm- Lymphedema Accessories	120	120	120	120	120	120
R846	Soft Touch bandages- Lymphedema Accessories	25	25	25	25	25	25
R847	Foam Roll- Lymphedema Accessories	120	120	120	120	120	120
R848	Dermagrip C- Lymphedema Accessories	420	420	420	420	420	420
R849	Dermagrip D- Lymphedema Accessories	540	540	540	540	540	540
R850	Dermagrip E- Lymphedema Accessories	600	600	600	600	600	600
R851	Dermagrip F- Lymphedema Accessories	720	720	720	720	720	720
R852	Indian Hand Gloves (S,M,L,XL)- Lymphedema Accessories	720	720	720	720	720	720
R853	Compression Thigh Length Stockings (DVT)(S,M,L,XL)- Lymphedema Accessories	2,640	2,640	2,640	2,640	2,640	2,640
R854	Relaxsan Armsleeve with Strap (S,M,L,XL)- Lymphedema Accessories	3,120	3,120	3,120	3,120	3,120	3,120
R855	Relaxsan Thigh Length Stockings (5,4,3,2,1)- Lymphedema Accessories	5,040	5,040	5,040	5,040	5,040	5,040
R856	Compression Pubic Panty (S,M,L,XL)- Lymphedema Accessories	1,680	1,680	1,680	1,680	1,680	1,680

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R857	Artiflex Upper Limb- Lymphedema Accessories	120	120	120	120	120	120
R858	Artiflex Lower Limb- Lymphedema Accessories	180	180	180	180	180	180
R859	Exercise Ball- Lymphedema Accessories	25	25	25	25	25	25
R860	Rubber Hand Gloves- Lymphedema Accessories	120	120	120	120	120	120
R861	Exercise Pulley- Lymphedema Accessories	420	420	420	420	420	420
R901	Taylors Brace without Axillary Support- Spinal Braces	1,980	1,980	1,980	1,980	1,980	1,980
R902	Taylors Brace with Axillary Support- Spinal Braces	2,160	2,160	2,160	2,160	2,160	2,160
R903	Lumbosacral Frame- Spinal Braces	1,680	1,680	1,680	1,680	1,680	1,680
R904	Lumbosacral Belt- Spinal Braces	600	600	600	600	600	600
R905	SOMI Brace- Spinal Braces	3,000	3,000	3,000	3,000	3,000	3,000
R906	Abdominal Binder Small- Spinal Braces	720	720	720	720	720	720
R907	Abdominal Binder Medium- Spinal Braces	720	720	720	720	720	720
R908	Abdominal Binder Large- Spinal Braces	1,020	1,020	1,020	1,020	1,020	1,020
R909	Brace Repair- Spinal Braces	120	120	120	120	120	120
R910	Functional A K Pylon- Orthosis	2,640	2,640	2,640	2,640	2,640	2,640
R911	B K Pylon- Orthosis	1,200	1,200	1,200	1,200	1,200	1,200
R912	Conventional A K Pylon- Orthosis	2,340	2,340	2,340	2,340	2,340	2,340
R913	Dynamic Cock Up- Orthosis	900	900	900	900	900	900
R914	Cheese Splint- Orthosis	600	600	600	600	600	600
R915	A K FDS HDP- Orthosis	4,200	4,200	4,200	4,200	4,200	4,200
R916	A K FDS HDP D rotn- Orthosis	4,200	4,200	4,200	4,200	4,200	4,200
R917	B K FDS HDP- Orthosis	3,000	3,000	3,000	3,000	3,000	3,000
R918	B K FDS HDP D rotn- Orthosis	3,000	3,000	3,000	3,000	3,000	3,000
R919	A K FDS Metal- Orthosis	1,800	1,800	1,800	1,800	1,800	1,800
R920	B K FDS Metal- Orthosis	1,140	1,140	1,140	1,140	1,140	1,140
R921	B K FDS Metal D rotn- Orthosis	3,000	3,000	3,000	3,000	3,000	3,000
R922	Push Knee+Cap- Orthosis	1,020	1,020	1,020	1,020	1,020	1,020
R923	Posterior Knee Guard- Orthosis	2,460	2,460	2,460	2,460	2,460	2,460
R924	Hinge Knee Brace- Orthosis	3,660	3,660	3,660	3,660	3,660	3,660

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R925	Knee Cage With Cap- Orthosis	3,840	3,840	3,840	3,840	3,840	3,840
R926	Elbow Guard- Orthosis	1,200	1,200	1,200	1,200	1,200	1,200
R927	Elbow Hinge- Orthosis	3,600	3,600	3,600	3,600	3,600	3,600
R928	Shoe Insert- Orthosis	2,640	2,640	2,640	2,640	2,640	2,640
R929	Static Cock Up- Orthosis	900	900	900	900	900	900
R930	Hip Abduction Pillow- Orthosis	1,980	1,980	1,980	1,980	1,980	1,980
R931	Hip Disarticulation Prosthesis	17,940	17,940	17,940	17,940	17,940	17,940
R932	A K Prosthesis	16,140	16,140	16,140	16,140	16,140	16,140
R933	B K Prosthesis	12,360	12,360	12,360	12,360	12,360	12,360
R934	Rotationplasty Metal Prosthesis	19,080	19,080	19,080	19,080	19,080	19,080
R935	Rotationplasty Prosthesis Lamination	19,080	19,080	19,080	19,080	19,080	19,080
R936	Mastectomy Brassieres- Assistive Devices	300	300	300	300	300	300
R937	Jaw Stretcher Key- Assistive Devices	600	600	600	600	600	600
R938	Silicon Mouth Block- Assistive Devices	180	180	180	180	180	180
R939	Silicon Cap (Pair)- Assistive Devices	60	60	60	60	60	60
R940	Jaw Stretcher Key Filing- Assistive Devices	120	120	120	120	120	120
R941	Jaw Stretcher Key Repair- Assistive Devices	120	120	120	120	120	120
R942	Lymphedema Kit for Upper Limb 4 cm- Lymphedema Accessories	2,580	2,580	2,580	2,580	2,580	2,580
R943	Lymphedema Kit for Upper Limb 6 cm- Lymphedema Accessories	2,700	2,700	2,700	2,700	2,700	2,700
R944	Lymphedema Kit for Lower Limb 8 cm- Lymphedema Accessories	3,720	3,720	3,720	3,720	3,720	3,720
R945	Stockinett LL 125 cm- Lymphedema Accessories	180	180	180	180	180	180
R946	Stockinett UL 90 cm- Lymphedema Accessories	120	120	120	120	120	120
R947	Soft Touch bandages- Lymphedema Accessories	30	30	30	30	30	30
R948	Foam Roll- Lymphedema Accessories	120	120	120	120	120	120
R949	Dermagrip C- Lymphedema Accessories	420	420	420	420	420	420
R950	Dermagrip D- Lymphedema Accessories	540	540	540	540	540	540
R951	Dermagrip E- Lymphedema Accessories	600	600	600	600	600	600
R952	Dermagrip F- Lymphedema Accessories	720	720	720	720	720	720
R953	Indian Hand Gloves (S,M,L,XL)- Lymphedema Accessories	720	720	720	720	720	720

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
R954	Compression Thigh Length Stockings (DVT)(S,M,L,XL)- Lymphedema Accessories	2,640	2,640	2,640	2,640	2,640	2,640
R955	Relaxsan Armsleeve with Strap (S,M,L,XL)- Lymphedema Accessories	3,120	3,120	3,120	3,120	3,120	3,120
R956	Relaxsan Thigh Length Stockings (5,4,3,2,1)- Lymphedema Accessories	5,040	5,040	5,040	5,040	5,040	5,040
R957	Compression Pubic Panty (S,M,L,XL)- Lymphedema Accessories	1,680	1,680	1,680	1,680	1,680	1,680
R958	Artiflex Upper Limb- Lymphedema Accessories	120	120	120	120	120	120
R959	Artiflex Lower Limb- Lymphedema Accessories	180	180	180	180	180	180
R960	Exercise Ball- Lymphedema Accessories	30	30	30	30	30	30
R961	Rubber Hand Gloves- Lymphedema Accessories	120	120	120	120	120	120
R962	Exercise Pulley- Lymphedema Accessories	420	420	420	420	420	420
R963	Arms Brace/ Orthosis	100	2,500	5,000	6,250	9,760	7,810
R964	Forearm Brace/ Orthosis	40	1,000	2,000	2,500	3,905	3,130
R965	Arm and Forearm Brace/ Orthosis	160	4,000	8,000	10,000	15,630	12,500
R966	Hand Splint/ Orthosis	50	500	1,000	1,250	1,950	1,560
R967	Hand and forearm brace/ Orthosis	40	1,000	2,000	2,500	3,910	3,130
R968	Finger splint/ Orthosis: Facial splint	25	250	500	625	980	780
R969	Splinting Accessories 2	75	750	1,500	1,880	2,930	2,350
R970	Thigh Brace/ Orthosis	600	6,000	12,000	15,000	23,440	18,750
R971	Thigh and leg brace/ orthosis	800	8,000	16,000	20,000	31,250	25,000
R972	Leg brace/ Orthosis	300	3,000	6,000	7,500	11,720	9,380
R973	Foot brace/ orthosis	200	2,000	4,000	5,000	7,810	6,250
R974	Leg and foot brace/ orthosis	160	4,000	8,000	10,000	15,630	12,500
R975	Lymphedema Fibrosis inserts (LFI) material and service	50	500	1,000	1,250	1,950	1,560
RA01	Gait training	25	240	1,200	1,500	2,350	1,880
RA02	Home Program	20	200	1,000	1,250	1,950	1,570
RA03	Upper limb Rehab	20	140	700	880	1,370	1,100
RA04	Neuro Cognitive Perceptual assessment	30	280	1,400	1,750	2,740	2,190
RA05	Lymphedema assessment	10	100	500	630	980	780
RA06	Occupational Therapy assessment	20	160	800	1,000	1,560	1,250
RA07	Occupational Therapy management comprehensive	30	280	1,400	1,750	2,740	2,190

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
RA08	Lymphedema clinic session	30	280	1,400	1,750	2,740	2,190
RA09	Gynec Clinic session	30	280	1,400	1,750	2,740	2,190
RA10	Head & Neck clinic including Trismus management	30	280	1,400	1,750	2,740	2,190
RA11	Hand Therapy	20	200	1,000	1,250	1,950	1,570
RA12	Functional Rehab	20	200	1,000	1,250	1,950	1,570
RA13	Play Therapy	20	200	1,000	1,250	1,950	1,570
RA14	Prehabilitation	30	280	1,400	1,750	2,740	2,190
RA15	Neuro Cognitive Perceptual intervention	30	280	1,400	1,750	2,740	2,190
RA16	Lower Limb Occupational therapy	20	200	1,000	1,250	1,950	1,570
RA17	Trismus management	20	160	800	1,000	1,560	1,250
RA18	SLD and/ or Decongestive exercise and assessment	10	100	500	630	980	780
Preventive Oncology							
S004	Routine Cancer Screening	120	1,080	1,080	1,080	1,080	1,080
T002	Cross Consultation/ Follow-Up Consultation (Medical Genetics)	-	-	1,500	1,500	1,500	1,500
T004	GENETIC COUNSELLING	-	-	2,400	3,000	4,800	3,755
T005	PCR + Sanger Sequencing per Amplicon	180	510	1,020	1,560	1,560	1,560
T006	Fluorescent PCR + fragment length analysis per Amplicon	120	210	420	630	630	630
T007	MLPA per gene	900	2,400	4,800	6,000	6,000	6,000
T008	Multigene NGS Germline Panel	7,200	14,400	21,600	24,000	24,000	24,000
Transplant Immunology & Immuogenetics Laboratory							
T246	NGS HLA Typing	12,000	12,000	12,000	15,000	23,435	18,750
T250	A, B, DR Molecular Typing PCR - SSP	625	6,190	12,380	15,470	24,170	19,330
T251	HLA C, DQB Molecular Typing PCR - SSP	445	4,430	8,845	11,050	17,270	13,810
T252	Donor Specific Antibodies (DSA)	480	4,800	9,600	12,000	18,755	15,000
T253	Panel Reactive Antibodies (PRA) class I	180	1,800	3,600	4,500	7,030	5,630
T254	Panel Reactive Antibodies (PRA) class II	180	1,800	3,600	4,500	7,030	5,630
T255	Single Antigen Class I	780	7,800	15,600	19,500	30,470	24,370
T256	Single Antigen Class II	780	7,800	15,600	19,500	30,470	24,370
T257	HLA-A, B, DRB1 (Sequence Based Typing - SBT)	600	6,000	12,000	15,000	23,450	18,755

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T258	HLA-A, B, C, DRB1, DQB1, DPB1 (Sequence Based Typing - SBT)	900	9,000	18,000	22,500	35,160	28,130
T259	HLA-A, B, DRB1(Sequence Specific Oligonucleotide - SSO)	470	4,680	9,360	11,700	18,290	14,630
T260	HLA-C, DQB1(Seuence Specific Oligonucleotide - SSO)	310	3,120	6,240	7,800	12,190	9,755
T261	KIR Typing	6,960	6,960	6,960	8,700	13,590	10,870
T262	C3d Single Allele Antibody for HLA Class I (C3dLSA Class I)	21,000	21,000	21,000	26,250	41,040	32,815
T263	C3d Single Allele Antibody for HLA Class II (C3dLSA Class II)	21,000	21,000	21,000	26,250	41,040	32,815
T264	PRA Screen	3,600	3,600	3,600	4,500	6,815	5,630
T265	HLA Drug Hypersensitivity Typing HLA-A/B/DRB1	5,760	5,760	5,760	7,200	11,250	9,000
T266	HLA Drug Hypersensitivity Next Generation Sequencing HLA-A/B/DRB1 HLA-A/B/DRB1/G	5,640	5,640	5,640	7,050	11,015	8,815
T267	HLA Disease Association Sequence based Typing HLA A/B/DRB1	5,760	5,760	5,760	7,200	11,250	9,000
T268	HLA Disease Association Next Generation Sequencing HLA-A/B/DRB1/G	5,640	5,640	5,640	7,050	11,015	8,815
T269	HLA Loss Chimerism	14,400	14,400	14,400	18,000	28,130	22,500
Cancer Cytogenetics							
Conventional Karyotyping							
T301	Ph: t(9;22) karyotyping	240	2,375	4,745	5,930	9,275	7,415
T302	CML Blast Crisis karyotyping	335	3,325	6,655	8,315	12,995	10,390
T303	Acute Myeloid Leukemia karyotyping	335	3,325	6,655	8,315	12,995	10,390
T305	Myelodysplastic Syndromes karyotypin g	335	3,325	6,655	8,315	12,995	10,390
T307	Acute Lymphoblastic leukemia karyotyping	335	3,325	6,655	8,315	12,995	10,390
T308	Lymphoma karyotyping	430	4,285	8,570	10,715	16,740	13,390
T309	Ploidy analysis	240	2,375	4,745	5,930	9,275	7,415
T311	Constitutional karyotyping	335	3,325	6,655	8,315	12,995	10,390
T312	Cell line karyotyping	670	6,660	13,320	16,655	26,030	20,820
T314	Chromosomal breakage (fragility) studies in Fanconi's Anemia/Aplastic Anemia	335	3,325	6,655	8,315	12,995	10,390
T315	Acute Leukemia karyotyping	335	3,325	6,655	8,315	12,995	10,390
T316	Ploidy Analysis- Reflex to Cytogenomic Microarray	350	3,500	7,000	8,750	13,670	10,940
T317	Conventional Karyotyping-Reflex to Cytogenomic Microarray	350	3,500	7,000	8,750	13,670	10,940
FISH Tests							
T401	BCR/ABL Ph: t(9;22)	205	2,090	4,180	5,230	8,170	6,540

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T402	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	370	3,660	7,315	9,145	14,290	11,435
T403	PML-RARA : t(15;17)	205	2,090	4,180	5,230	8,170	6,540
T404	PML-RARA t(15;17), variants	310	3,145	6,280	7,850	12,275	9,815
T405	RUNX1-RUNX1T1 (AML1-ETO): t(8;21)	205	2,090	4,180	5,230	8,170	6,540
T406	KMT2A/MLLT3: t(9;11)	205	2,090	4,180	5,230	8,170	6,540
T407	KMT2A/MLLT2: t(4;11)	205	2,090	4,180	5,230	8,170	6,540
T408	KMT2A/MLLT4; t(6;11)	205	2,090	4,180	5,230	8,170	6,540
T409	KMT2A/MLLT1: t(11;19)	205	2,090	4,180	5,230	8,170	6,540
T410	KMT2A Characterization for B-ALL	370	3,660	7,315	9,145	14,290	11,435
T411	KMT2A Characterization for Acute Leukemia	475	4,740	9,480	11,840	18,500	14,800
T415	MYH11/CBFB: inv(16)(p13q22)/t(16;16)	205	2,090	4,180	5,230	8,170	6,540
T416	KMT2A (MLL) rearrangement: 11q23	205	2,090	4,180	5,230	8,170	6,540
T418	MECOM (EVI1) rearrangement: inv(3)(q21.3q26.2)/t(3;3)	290	2,820	5,630	7,030	10,990	8,795
T419	DEK/NUP214: t(6;9)	205	2,090	4,180	5,230	8,170	6,540
T422	PDGFRA rearrangement: 4q12	290	2,820	5,630	7,030	10,990	8,795
T423	PDGFRB rearrangement: 5q33	290	2,820	5,630	7,030	10,990	8,795
T424	PDGFRA (4q12), PDGFRB (5q33), FGFR1 (8p11.2) rearrangement	370	3,660	7,315	9,145	14,290	11,435
T425	Monosomy 5/deletion 5q	205	2,090	4,180	5,230	8,170	6,540
T426	Monosomy 7/deletion 7q	205	2,090	4,180	5,230	8,170	6,540
T427	Trisomy 8	145	1,450	2,910	3,635	5,690	4,550
T428	PTPRT: Deletion 20q	290	2,820	5,630	7,030	10,990	8,795
T429	TP53/D17Z1: Monosomy 17/deletion 17p13	205	2,090	4,180	5,230	8,170	6,540
T430	MDS Panel	420	4,190	8,365	10,450	16,330	13,070
T431	ETV6-RUNX1:t(12;21)	205	2,090	4,180	5,230	8,170	6,540
T432	PBX1-TCF3: t(1;19)	205	2,090	4,180	5,230	8,170	6,540
T433	TCF3 rearrangement: 19p13	205	2,090	4,180	5,230	8,170	6,540
T434	Trisomy 21	145	1,450	2,910	3,635	5,690	4,550
T435	Trisomy 4, 10 & 17	205	2,090	4,180	5,230	8,170	6,540
T438	TCR-A rearrangement: 14q11	290	2,820	5,630	7,030	10,990	8,795

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T439	TCR-B rearrangement: 7q34	205	2,090	4,180	5,230	8,170	6,540
T440	TLX1 rearrangement :10q24	205	2,090	4,180	5,230	8,170	6,540
T441	TLX3 rearrangement :5q35	205	2,090	4,180	5,230	8,170	6,540
T442	CDKN2A/D9Z1: Monosomy 9/deletion 9p	205	2,090	4,180	5,230	8,170	6,540
T447	IGH rearrangement: 14q32	205	2,090	4,180	5,230	8,170	6,540
T448	MYC rearrangement: 8q24	205	2,090	4,180	5,230	8,170	6,540
T450	CCND1/IGH: t(11;14)	290	2,820	5,630	7,030	10,990	8,795
T451	IGH/BCL2 :t(14;18)	290	2,820	5,630	7,030	10,990	8,795
T452	BCL6 rearrangement: 3q27	205	2,090	4,180	5,230	8,170	6,540
T453	BIRC3/MALT1: t(11;18)	205	2,090	4,180	5,230	8,170	6,540
T454	MYC/IGH: t(8;14)	205	2,090	4,180	5,230	8,170	6,540
T455	BCL3 rearrangement 19q13.3	205	2,090	4,180	5,230	8,170	6,540
T456	Lymphoma Panel	420	4,190	8,365	10,450	16,330	13,070
T457	ALK rearrangement: 2p23	290	2,820	5,630	7,030	10,990	8,795
T460	DLEU/LAMP: Monosomy 13/deletion 13q	205	2,090	4,180	5,230	8,170	6,540
T461	MYB/D6Z1: Monosomy 6/deletion 6q	205	2,090	4,180	5,230	8,170	6,540
T462	Trisomy 12	145	1,450	2,910	3,635	5,690	4,550
T463	FGFR3/IgH: t(4;14)	205	2,090	4,180	5,230	8,170	6,540
T464	IGH/MAF: t(14;16)	205	2,090	4,180	5,230	8,170	6,540
T465	MAF-B/IGH: t(14;20)	205	2,090	4,180	5,230	8,170	6,540
T470	XX/XY (Chimerism Studies) in Sex mismatch Bone Marrow Transplantation (BMT)	145	1,450	2,910	3,635	5,690	4,550
T471	Miscellaneous Profile I(1 marker)	205	2,090	4,180	5,230	8,170	6,540
T472	Miscellaneous profile II(2 markers)	325	3,290	6,570	8,210	12,830	10,260
T473	Hematolymphoid Malignancy At Diagnosis- Cancer Cytogenetics Testing	1,030	10,270	20,540	25,670	40,115	32,090
T474	Hematolymphoid Malignancy Follow-up- Cancer Cytogenetics Testing	900	9,000	18,000	22,500	35,160	28,130
T475	FISH on FFPE - Block /Slide (2 markers)	290	2,855	5,710	7,140	11,160	8,930
T476	IGH Characterization IGH/CCND1:t(11;14), IGH/BCL2:t(14;18),BCL6(3q27), MYC(8q24) (4markers	6,360	6,360	6,360	7,955	12,430	9,950
T477	Multiple Myeloma High Risk Markers (4 Markers)	325	3,180	6,360	7,955	12,430	9,950
T478	Ph-like ALL Panel (4 Markers)	6,360	6,360	6,360	7,955	12,430	9,950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T479	t(1;22) and Trisomy 21 in Acute Megakaryoblastic Leukemia (AML -M7) (2 Markers)	290	2,855	5,710	7,140	11,160	8,930
T480	RARA Variant - ZBTB16 / RARA : t(11;17) (1 marker)	180	1,825	3,635	4,550	7,115	5,690
T481	Sample Processing for Cancer Cytogenetics Study	60	600	1,200	1,500	2,340	1,870
T482	Acute Myeloid Leukemia (AML) Panel	800	8,020	16,045	20,055	31,335	25,070
T483	B-cell Acute Lymphoblastic Leukemia (B-ALL) Panel	695	6,950	13,885	17,350	27,120	21,695
T484	T-cell Acute Lymphoblastic Leukemia (T-ALL) Panel	910	9,100	18,205	22,755	35,550	28,440
T485	Chronic Lymphocytic Leukemia (CLL) Panel	695	6,950	13,885	17,350	27,120	21,695
T486	Multiple Myeloma (MM) Panel	17,845	17,845	17,845	22,305	34,850	27,880
T487	Slide / Images for Second Opinion- Cancer Cytogenetics	60	550	1,105	1,380	2,160	1,730
T488	FISH for t(11;19)(q23;p13.1)/KMT2A/ELL	300	2,990	5,975	7,470	11,670	9,335
T489	FISH for t(5;11)(q35;p15.5) NUP98/NSD1	300	2,990	5,975	7,470	11,670	9,335
T490	FISH for t(10;11)(p12;q14)/MLLT10(AF10)/PICALM	300	2,990	5,975	7,470	11,670	9,335
T491	FISH for 1p33/TAL1 deletion	300	2,990	5,975	7,470	11,670	9,335
T492	FISH for t(6;14)(p21;q32) IGH/CCND3	300	2,990	5,975	7,470	11,670	9,335
T493	FISH for t(10;11)(p12;q23)- MLLT10::KMT2A	300	2,990	5,980	7,470	11,670	9,340
T494	FISH for NUP214::?-t(9;?)(q34.13;?)	300	2,990	5,980	7,470	11,670	9,340
T495	FISH for inv(16)(p13q24)-GLIS2::CBFA2T3	300	2,990	5,980	7,470	11,670	9,340
T496	FISH for t(16;21)(p11;q22)-FUS::ERG	300	2,990	5,980	7,470	11,670	9,340
T497	FISH for TCL1::?(14;?)(q32.13;?)	300	2,990	5,980	7,470	11,670	9,340
T498	FISH for BCL11B::?-t(14;?)(q32.2;?)	300	2,990	5,980	7,470	11,670	9,340
T499	FISH for CREBBP::?-t(16;?)(p13.3;?)	300	2,990	5,980	7,470	11,670	9,340
T500	FISH for IGL::?-t(22;?)(q11;/)	300	2,990	5,980	7,470	11,670	9,340
FISH Tests On Archival Ffpe Sections							
T509	FISH on Bone marrow Smear(1 marker)	205	2,090	4,180	5,230	8,170	6,540
T510	FISH on bone marrow smear(2 markers)	325	3,290	6,570	8,210	12,830	10,260
T511	FISH for IGK::?-t(2;?)(p11.2;?)	300	2,990	5,980	7,470	11,670	9,340
T512	FISH for t(5;14)(q31;q32)-IL3::IGH	300	2,990	5,980	7,470	11,670	9,340
T513	FISH for t(17;19)(q22;p13)-HLF::TCF3	300	2,990	5,980	7,470	11,670	9,340
T514	FISH for P2RY8::?- (X;?)(p22.33;?)(Y;?)(p11;?)	300	2,990	5,980	7,470	11,670	9,340

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T515	FISH for ABL1::?-t(9;?)(q34;?)	300	2,990	5,980	7,470	11,670	9,340
T516	FISH for ABL2::?-t(1;?)(q25.2;?)	300	2,990	5,980	7,470	11,670	9,340
T517	FISH for CSF1R::?-t(5;?)(q32;?)	300	2,990	5,980	7,470	11,670	9,340
T518	FISH for CRLF2::?- (X;?)(p22;?)(/Y;?)(p11;?)	300	2,990	5,980	7,470	11,670	9,340
T519	FISH for IKZF1 deletion:del(7p12.2)	300	2,990	5,980	7,470	11,670	9,340
T520	FISH for JAK2::?-t(9;?)(p24.1;?)	300	2,990	5,980	7,470	11,670	9,340
T521	FISH for EPOR::?-t(19;?)(p13.2;?)	300	2,990	5,980	7,470	11,670	9,340
T522	FISH for ETV6::?-t(12;?)(13.2;?)	300	2,990	5,980	7,470	11,670	9,340
T523	FISH for ZNF384::?-t(12;?)(p13.31;?)	300	2,990	5,980	7,470	11,670	9,340
T524	FISH for MEF2D::?-t(1;?)(q22;?)	300	2,990	5,980	7,470	11,670	9,340
T525	FISH for PAX5::?-t(9;?)(p13.2;?)	300	2,990	5,980	7,470	11,670	9,340
T526	FISH for NUTM1::?-t(15;?)(q14;?)	300	2,990	5,980	7,470	11,670	9,340
T527	FISH for B-Other ALL panel	320	3,180	6,360	7,960	12,430	9,950
T528	Sample processing charges for Multiple Myeloma	70	700	1,400	1,750	2,740	2,190
T529	FISH on FFPE-Block/ Slide (5 markers)	350	3,500	7,000	8,750	13,670	10,940
T530	Cytogenomic Microarray testing (1)	350	3,500	7,000	8,750	13,670	10,940
T531	Cytogenomic Microarray testing (2)	650	6,430	12,860	16,070	25,110	20,090
T532	Multicolor FISH (M-FISH) for characterization of karyotype	250	2,500	5,000	6,250	9,770	7,810
Clinical Pharmacology							
T601	Amikacin	70	720	3,600	4,500	7,030	5,630
T602	Vancomycin	70	720	3,600	4,500	7,030	5,630
T603	Meropenem	70	720	3,600	4,500	7,030	5,630
T604	Posaconazole	70	720	3,600	4,500	7,030	5,630
T605	Voriconazole	70	720	3,600	4,500	7,030	5,630
T606	Sunitinib	180	1,800	3,600	4,500	7,030	5,630
T607	Imatinib	180	1,800	3,600	4,500	7,030	5,630
T608	5 - Fluorouracil	180	1,800	3,600	4,500	7,030	5,630
T609	Mycophenolate mofetil	180	1,800	3,600	4,500	7,030	5,630
T610	L- Asparginase	10	120	600	755	1,190	950

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
T611	Colistin	70	720	3,600	4,500	7,030	5,630
T612	TDM for Isoniazid	215	2,145	4,290	5,360	8,375	6,700
T613	TDM for Rifampicin	215	2,145	4,290	5,360	8,375	6,700
Hematopathology Laboratory							
Molecular Diagnostics							
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	385	3,815	7,620	9,530	14,890	11,915
U102	RT-PCR Nested, BCR-ABL for Follow-Up	385	3,815	7,620	9,530	14,890	11,915
U103	RQ-PCR BCR-ABL (P210)	660	6,575	13,150	16,440	25,690	20,555
U104	RT-PCR Multiplex, Acute Leukaemia Panel	445	4,380	8,760	10,955	17,110	13,690
U105	RQ-PCR PML-RARA	660	6,575	13,150	16,440	25,690	20,555
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	275	2,770	5,530	6,910	10,800	8,640
U107	RT-PCR Nested, TCR Gene Rearrangement	275	2,770	5,530	6,910	10,800	8,640
U108	Acute Lymphoblastic Leukemia Transcript Identification	180	1,810	3,625	4,535	7,090	5,675
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1,	590	5,820	11,630	14,530	22,715	18,170
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation	455	4,570	9,145	11,435	17,870	14,290
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio	325	3,240	6,470	8,090	12,650	10,115
U112	Acute Myeloid Leukemia NPM1 gene mutation	275	2,770	5,530	6,910	10,800	8,640
U113	Acute Myeloid Leukemia CEBPA gene mutation	300	3,050	6,095	7,620	11,915	9,530
U114	High Sensitivity JAK2 Mutation Detection (V617F)	275	2,770	5,530	6,910	10,800	8,640
U115	JAK2 Exon 12 Mutation Detection	275	2,770	5,530	6,910	10,800	8,640
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection	410	4,105	8,195	10,250	16,020	12,815
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection	215	2,100	4,190	5,230	8,170	6,540
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detecti	215	2,100	4,190	5,230	8,170	6,540
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection	385	3,815	7,620	9,530	14,890	11,915
U120	Chronic Lymphoproliferative disorder IGVH Mutation Detection	385	3,815	7,620	9,530	14,890	11,915
U121	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistan	490	4,860	9,720	12,155	18,995	15,190
U122	Acute Myeloid Leukemia Comprehensive Mutation Profile (FLT3, NPM1, CEBPA, TET2, TP53, IDH	3,625	36,190	72,370	90,470	141,360	113,090
U123	Chronic Lymphocytic Leukemia Comprehensive Mutation Profile (IGVH Gene Mutation & Usage, T	2,005	19,990	39,985	49,980	78,095	62,470
U124	Acute Leukemia ASXL1 mutation detection	325	3,240	6,470	8,090	12,650	10,115

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
U125	Acute Leukemia DNMT3A mutation detection	325	3,240	6,470	8,090	12,650	10,115
U126	Acute Leukemia TET2 mutation detection	1,380	13,810	27,625	34,535	53,975	43,175
U127	Acute Leukemia IDH1 and IDH2 mutation detection	325	3,240	6,470	8,090	12,650	10,115
U128	Acute Leukemia TP53 mutation detection	1,380	13,810	27,625	34,535	53,975	43,175
U129	Acute Leukemia K RAS and N RAS mutation detection	325	3,240	6,470	8,090	12,650	10,115
U130	Acute Leukemia c-KIT mutation detection	325	3,240	6,470	8,090	12,650	10,115
U131	Acute Leukemia RUNX1 mutation detection	325	3,240	6,470	8,090	12,650	10,115
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation	325	3,240	6,470	8,090	12,650	10,115
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation	325	3,240	6,470	8,090	12,650	10,115
U134	Chronic Lymphoproliferative disorder TP53 mutation	1,380	13,810	27,625	34,535	53,975	43,175
U135	Chronic Lymphoproliferative disorder SF3B1 mutation	325	3,240	6,470	8,090	12,650	10,115
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, I	490	4,860	9,720	12,155	18,995	15,190
U137	Custom Sequencing Assay	660	6,625	13,250	16,560	25,870	20,700
U138	Acute Lymphoblastic Leukemia Mutation Detection	660	6,625	13,250	16,560	25,870	20,700
U139	Comprehensive Molecular Testing	1,165	11,590	23,185	28,980	45,290	36,230
U140	Next generation sequencing assay for Hematolymphoid malignancies	960	9,600	19,200	24,000	37,500	30,000
U141	Sample collection and archival for molecular testing	10	145	290	360	575	455
U142	Next generation RNA sequensing assay for Chimeric Trancript in Hematolymphod malingnacies	20,400	20,400	20,400	25,500	39,840	31,870
U143	Comprehensive Next Generation sequencing assay for Hematolymphoid malignancies	32,400	32,400	32,400	40,500	63,290	50,630
U144	Next Generation sequencing assay for Minimal residual disease(MRD) for NPM mutated AML	32,400	32,400	32,400	40,500	63,290	50,630
U145	RQ PCR based assay for MRD monitoring of Acute Leukaemia	11,400	11,400	11,400	14,255	22,270	17,820
U801	Chimerism Analysis	180	1,800	3,600	4,500	7,070	5,630
U802	STR Panel studies	540	5,400	10,800	13,500	21,600	16,800
U803	Lineage specific Chimerism - B Cell, T Cell and NK Cells	960	9,600	19,200	24,000	37,500	30,000
Hematopathology Laboratory							
U706	Erythrocyte Sedimentation Rate (ESR)	10	35	155	190	300	240
U708	Prothrombin Time (PT)	15	120	610	770	1,200	960
U709	Coagulation Profile (PT & PTTK)	25	205	1,045	1,310	2,040	1,630
U710	Partial Thromboplastin Time with Kaolin (PTTK)	10	85	430	540	840	670

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
U712	Coagulation Profile with D-Dimer, Fibrinogen	25	290	1,440	1,800	2,820	2,255
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	10	70	350	430	670	540
U714	D-Dimer	10	95	455	575	900	720
U715	Fibrinogen	10	95	455	575	900	720
U718	Cerebrospinal Fluid (CSF) Analysis	25	215	1,080	1,355	2,110	1,690
U722	Haemogram (Hb, TLC, DLC, Platelets)	10	70	360	455	720	575
U724	Reticulocyte Count	10	25	120	155	240	190
U725	Ascitic Fluid Analysis	25	215	1,080	1,355	2,110	1,690
U726	Pleural Fluid Analysis	25	215	1,080	1,355	2,110	1,690
U727	Pericardial Fluid Analysis	25	215	1,080	1,355	2,110	1,690
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	25	205	1,020	1,270	1,990	1,595
U753	Surface Marker Complete Panel	730	7,295	14,600	18,250	28,510	22,810
U754	Surface Marker Individual	120	1,140	2,280	2,855	4,475	3,575
U755	V Beta Repertoire Analysis by Flow Cytometry for T-Cell Clonality	730	7,295	14,600	18,250	28,510	22,810
U756	Extended Immune subset for Post Allogenic Stem Cell Transplant Monitoring	300	3,000	6,000	7,500	11,710	9,370
Nuclear Molecular Imaging Medicine							
Reporting							
W004	Outside Reporting of PET / PET-CT	1,700	1,700	3,000	3,750	5,870	4,690
W005	Nuclear Medicine CD/Film Upload	120	120	180	180	180	180
W006	Nuclear Medicine Physician Counselling Charges	-	-	900	1,140	1,800	1,380
Radiopharmaceutical Charges							
W010	Radiopharmaceutical Charges (FDG) PET-CT	3,500	3,500	3,500	3,500	3,500	3,500
W011	Radiopharmaceutical Charges (FDG) Brain PET-CT	2,500	2,500	2,500	2,500	2,500	2,500
W012	Radiopharmaceutical Charges (Fluoride) PET-CT	2,500	2,500	2,500	2,500	2,500	2,500
W013	Radiopharmaceutical Charges (FDG) Cardiac Viability	7,000	7,000	7,000	7,000	7,000	7,000
W014	Radiopharmaceutical Charges for ECD Brain SPECT	1,600	1,600	1,600	1,600	1,600	1,600
W015	Radiopharmaceutical Charges for GHA Brain SPECT	800	800	800	800	800	800
W016	Radiopharmaceutical Charges for MAA Lung Scan	2,000	2,000	2,000	2,000	2,000	2,000
W017	Radiopharmaceutical Charges Myocardial Perfusion Scan	3,750	3,750	3,750	3,750	3,750	3,750

TATA MEMORIAL CENTRE

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

Schedule of Charges (2024-27)

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W018	Radiopharmaceutical Charges EC/MAG3 Renogram	900	900	900	900	900	900
W019	Radiopharmaceutical Charges for DTPA Renal Study	450	450	450	450	450	450
W020	Radiopharmaceutical Charges for DMSA Renal Scan	450	450	450	450	450	450
W021	Radiopharmaceutical Charges for Aerosol Lung Study	1,000	1,000	1,000	1,000	1,000	1,000
W022	Radiopharmaceutical Charges for Tumor Imaging with MIBI	2,500	2,500	2,500	2,500	2,500	2,500
W023	Radiopharmaceutical Charges for Labeled RBC	800	800	800	800	800	800
W024	Radiopharmaceutical Charges for Sentinel Node Study	2,500	2,500	2,500	2,500	2,500	2,500
W025	Radiopharmaceutical Charges for Hepatobiliary Scintigraphy	800	800	800	800	800	800
W027	Radiopharmaceutical Charges for Radio Iodine Scan	5,000	5,000	5,000	5,000	5,000	5,000
W028	Radiopharmaceutical Charges for Pertechnatate Thyroid Scan	400	400	400	400	400	400
W029	Radiopharmaceutical Charges for Bone Scan	1,000	1,000	1,000	1,000	1,000	1,000
W030	Radiopharmaceutical Charges for Hynic-TOC Scan (Unshared)	14,000	14,000	14,000	14,000	14,000	14,000
W031	Radiopharmaceutical Charges for Hynic-TOC Scan (Shared)	7,000	7,000	7,000	7,000	7,000	7,000
W034	Radiopharmaceutical charges for Sm153 EDTMP Therapy	14,900	14,900	14,900	14,900	14,900	14,900
W036	Radiopharmaceutical charges for I131 MIBG Scan (Adult)	26,000	26,000	26,000	26,000	26,000	26,000
W037	Radiopharmaceutical charges for I131 MIGB scan (paed)	18,500	18,500	18,500	18,500	18,500	18,500
W038	Radiopharmaceutical charges for 18 F-FLT Scan	4,500	4,500	4,500	4,500	4,500	4,500
W039	Radiopharmaceutical charges for 18 F-FMIZO Scan	4,500	4,500	4,500	4,500	4,500	4,500
W040	Radiopharmaceutical charges for 90Y Sirspheres	570,000	570,000	570,000	570,000	570,000	570,000
W042	Radiopharmaceutical Charge for Gallium 68 Peptide	11,500	11,500	11,500	11,500	11,500	11,500
W043	Radiopharmaceutical Charge Gallium 68 PSMA	7,000	7,000	7,000	7,000	7,000	7,000
W044	Radiopharmaceutical charge for Large Dose Scan	5,400	5,400	5,400	5,400	5,400	5,400
W045	Radiopharmaceutical charge for Low Dose Therapy	10,700	10,700	10,700	10,700	10,700	10,700
W046	Radiopharmaceutical charge for 188 Rhenium Lipoidol for TARE	90,000	90,000	90,000	90,000	90,000	90,000
W047	Radiopharmaceutical charge for 188 Re-HEDP Therapy	10,000	10,000	10,000	10,000	10,000	10,000
W048	Radiopharmaceutical charges for the Theraspehre	761,250	761,250	761,250	761,250	761,250	761,250
W049	Sequential Treatment - 90Y Therasphere Radio Pharmaceutical	131,250	131,250	131,250	131,250	131,250	131,250
W058	Radiopharmaceutical Charge - F18 PSMA	7,500	7,500	7,500	7,500	7,500	7,500
W059	Radiopharmaceutical Charge - F18 DOPA	6,500	6,500	6,500	6,500	6,500	6,500

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W060	Radiopharmaceutical Charge - 225 Actinium PSMA 617 (330 qci)	500,000	500,000	500,000	500,000	500,000	500,000
W061	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy	225,000	225,000	225,000	225,000	225,000	225,000
W062	Radiopharmaceutical Charge - Actinium PSMA cocktail Therapy (Imported)	330,000	330,000	330,000	330,000	330,000	330,000
W063	Radiopharmaceutical Charge - 225 Ac-DOTATATE (330 qCi)	500,000	500,000	500,000	500,000	500,000	500,000
W067	Radiopharmaceutical Charge- 225 Actinium for Therapy (per micro-curie)	2,300	2,300	2,300	2,300	2,300	2,300
W068	Radiopharmaceutical Charge- PSMA Peptide for Therapy	38,080	38,080	38,080	38,080	38,080	38,080
W069	Radiopharmaceutical Charge- DOTATATE Peptide for Therapy	8,600	8,600	8,600	8,600	8,600	8,600
W070	Non-Ionic Contrast and Consumable Charges	900	900	900	900	900	900
W071	Ionic Oral Contrast and Consumable Charges	180	180	180	180	180	180
W072	Iso-Osmolar Contrast and Consumable Charges	2,300	2,300	2,300	2,300	2,300	2,300
W073	Radiopharmaceutical charges - 90-Y Theraspehre (3-VIALS)	945,000	945,000	945,000	945,000	945,000	945,000
W074	Radiopharmaceutical Charge (Pediatric Dose) - DOTATATE Peptide for Therapy	4,000	4,000	4,000	4,000	4,000	4,000
W699	Radiopharmaceutical Charge - 177Lu-DOTA-TATE (100 mci)	59,000	59,000	59,000	59,000	59,000	59,000
W700	Radiopharmaceutical Charge- 177 Lu-DOTA-TATE	87,000	87,000	87,000	87,000	87,000	87,000
W701	Radiopharmaceutical Charge for 177 Lu-DOTA-TATE (Imported 177 Lu)	250,000	250,000	250,000	250,000	250,000	250,000
W702	Radiopharmaceutical Charge for 177 Lu-PSMA1 using BRIT 177 Lu (n.c.a)	75,000	75,000	75,000	75,000	75,000	75,000
W703	Radiopharmaceutical Charge for 177 Lu-PSMA1 using Imported 177 Lu (n.c.a)	250,000	250,000	250,000	250,000	250,000	250,000
W704	Radiopharmaceutical Charge - 177Lu-PSMA (200 mci)	72,500	72,500	72,500	72,500	72,500	72,500
W705	BRIT Sodium Iodide I131 solution: 50 mCi	13,200	13,200	13,200	13,200	13,200	13,200
W706	BRIT Sodium Iodide I131 solution: 100 mCi	18,000	18,000	18,000	18,000	18,000	18,000
W707	BRIT Sodium Iodide I131 solution: 150 mCi	26,400	26,400	26,400	26,400	26,400	26,400
W708	BRIT Sodium Iodide I131 solution: 200 mCi	31,200	31,200	31,200	31,200	31,200	31,200
W709	BRIT Sodium Iodide I131 solution: 250 mCi	37,200	37,200	37,200	37,200	37,200	37,200
W710	BRIT Sodium Iodide I131 capsule: 50 mCi	13,200	13,200	13,200	13,200	13,200	13,200
W711	BRIT Sodium Iodide I131 capsule: 100 mCi	18,000	18,000	18,000	18,000	18,000	18,000
PET Scan							
W050	PET CT Scan Whole Body (Non Contrast)	430	4,310	14,375	17,970	28,080	22,460
W051	PET Scan Brain (FDG)	50	520	1,725	2,160	3,380	2,700
W052	PET CT Scan Whole Body (IV Contrast)	470	4,660	15,525	19,410	30,330	24,260

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W053	PET-CT (Fluoride)	430	4,310	14,375	17,970	28,080	22,460
W054	FDG Cardiac Viability	50	520	1,725	2,160	3,380	2,700
W055	Coronary Angiography	240	2,375	7,930	9,910	15,490	12,395
W056	Ga 68- DOTA PET/CT Scan	430	4,310	14,375	17,970	28,080	22,460
W057	Ga 68- PSMA PET/CT Scan	430	4,310	14,375	17,970	28,080	22,460
W064	PET-CT for F18 PSMA Whole Body Scan	430	4,310	14,375	17,970	28,080	22,460
W065	PET-CT for F18 DOPA Whole Body Scan	430	4,310	14,375	17,970	28,080	22,460
W066	Ga 69- PSMA PET/CT Scan	430	4,310	14,375	17,970	28,080	22,460
CT Scan							
W101	CT Brain Plain	40	325	1,080	1,355	2,110	1,690
W102	CT PNS	70	670	2,255	2,820	4,415	3,530
W103	CT Nasopharynx	70	670	2,255	2,820	4,415	3,530
W104	CT Sella	70	670	2,255	2,820	4,415	3,530
W105	CT Temporal Bone	70	670	2,255	2,820	4,415	3,530
W106	CT Orbits	70	670	2,255	2,820	4,415	3,530
W107	HRCT	95	900	3,000	3,000	3,000	3,000
W120	CT Neck	70	670	2,255	2,820	4,415	3,530
W130	CT Head & Neck	300	2,975	9,900	12,370	19,330	15,470
W140	CT Neck & Thorax	360	3,600	12,000	15,000	23,450	18,755
W150	CT Thorax	70	755	2,520	3,155	4,930	3,950
W170	CT Abdomen	70	755	2,520	3,155	4,930	3,950
W180	CT Thorax & Abdomen	430	4,320	14,400	18,000	28,130	22,500
W190	CT Pelvic Region	60	650	2,160	2,700	4,210	3,370
W200	CT Abdomen & Pelvis	430	4,320	14,400	18,000	28,130	22,500
W210	CT Thorax & Abdomen & Pelvis	430	4,320	14,400	18,000	28,130	22,500
W220	CT Spine	60	650	2,160	2,700	4,210	3,370
W230	CT Upper Limb	60	650	2,160	2,700	4,210	3,370
W240	CT Lower Limb	60	650	2,160	2,700	4,210	3,370
W241	Digital Scanogram	15	110	360	455	720	575

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W250	CT Angiogram (Additional Charge)	25	275	900	1,130	1,775	1,415
W260	CT 3D Reconstruction	110	1,080	3,600	4,500	7,030	5,630
W281	CT Guided Biopsy FNAC	110	1,020	3,385	4,235	6,610	5,290
W282	CT Guided Truecut Biopsy	110	1,020	3,385	4,235	6,610	5,290
W291	CT 'J' Needle Bone Biopsy	120	1,190	3,960	4,955	7,740	6,190
SPECT - CT Scan							
W501	99M-TC-MDP Bone Scan Planar	70	720	2,390	2,990	4,670	3,730
W512	99M-TC-ECD Brain SPECT	95	950	3,175	3,970	6,215	4,970
W513	99M-TC-Salivary Scan	70	720	2,390	2,990	4,670	3,730
W514	99M-TC-Thyroid Scan	70	720	2,390	2,990	4,670	3,730
W530	99M-TC-Oesophageal Transit Time	25	290	955	1,190	1,860	1,490
W531	99M-TC-SC / Phytate Liver Scan	50	480	1,590	1,990	3,120	2,495
W532	99M-TC-Gastric Emptying Time	25	290	955	1,190	1,860	1,490
W540	99M-TC-MAA Lung Perfusion Scan	70	720	2,390	2,990	4,670	3,730
W550	99M-TC-MIBI Myocardial Perfusion Scan	95	950	3,175	3,970	6,215	4,970
W551	Regional PET/CT	220	2,180	7,280	9,100	14,230	11,380
W552	PET-CT Guided Biopsy	580	5,750	19,180	23,980	37,480	29,980
W553	PET-CT Based RT Planning	540	5,360	17,860	22,330	34,890	27,910
W554	Fluoride PET/CECT	400	3,970	13,225	16,530	25,830	20,660
W555	Meckel Scan	50	480	1,590	1,990	3,120	2,495
W556	GI Bleed Scan	85	890	2,940	3,670	5,750	4,595
W560	99M-TC-EC Renogram	25	290	955	1,190	1,860	1,490
W561	99M-TC-DTPA Renogram with GFR	40	385	1,270	1,595	2,495	1,990
W562	99M-TC-DMSA Renal Cortical Scan	40	385	1,270	1,595	2,495	1,990
W563	99M-TC-DTPA GFR	25	240	800	995	1,560	1,250
W570	99M-TC-MIBI Tumor Imaging	120	1,190	3,970	4,970	7,775	6,215
W572	99M-TC-DTPA Aerosol Scan	70	720	2,390	2,990	4,670	3,730
W573	99M-TC-DTPA Clearance	70	720	2,390	2,990	4,670	3,730
W574	99M-TC-RBC Gated Pool (Muga)	60	575	1,900	2,375	3,720	2,975

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W575	99M-TC-Sentinel Node Imaging	25	290	955	1,190	1,860	1,490
W576	99M-TC-Merbrofenin Scan	50	480	1,590	1,990	3,120	2,495
W578	Whole Body Scan (Low Energy)	145	1,430	4,765	5,950	9,300	7,440
W579	Whole Body Scan (Higher Energy)	190	1,910	6,350	7,930	12,395	9,910
W580	Post Therapy Y 90 RP PET Scan	220	2,180	7,280	9,100	14,230	11,380
W581	F18 FES PET Scan	470	4,660	15,530	19,410	30,330	24,260
W582	F18 Choline PET Scan	470	4,660	15,530	19,410	30,330	24,260
W583	F18 FAPI PET Scan	470	4,660	15,530	19,410	30,330	24,260
W584	Miscellaneous RP PET/ CT Scan	430	4,310	14,380	17,970	28,080	22,460
W585	Therapy Administration & Dosimetry	190	1,910	6,350	7,930	12,400	9,910
W586	Isotope based Sentinel Node Imaging	190	1,910	6,350	7,930	12,400	9,910
W587	Post Therapy Scan I131 MIBG Therapy	190	1,910	6,350	7,930	12,400	9,910
W588	Post Therapy Scan I131 Therapy	190	1,910	6,350	7,930	12,400	9,910
W589	Post Alpha Therapy Scan	190	1,910	6,350	7,930	12,400	9,910
W590	Medium Energy Whole body Scan	190	1,910	6,350	7,930	12,400	9,910
W591	Post Therapy Scan Lu177 RP	190	1,910	6,350	7,930	12,400	9,910
W592	Lymphoscintigraphy	25	290	960	1,190	1,860	1,490
W593	I131 Uptake	70	720	2,390	2,990	4,670	3,730
Radio Iodine Therapy							
W600	Radio Iodine Therapy for Thyrotoxicosis	70	720	2,390	2,990	4,670	3,730
Radiopharmaceutical - Sodium Iodide							
W712	RadioPharmaceutical charges for BRIT 131I MIBG 100mCi	57,500	57,500	57,500	57,500	57,500	57,500
W713	Radiopharmaceutical Non BRIT Sodium Iodide I131 capsule 200 mCi	29,000	29,000	29,000	29,000	29,000	29,000
W714	Radiopharmaceutical Non BRIT Sodium Iodide I131 capsule 150 mCi	26,000	26,000	26,000	26,000	26,000	26,000
W715	Radiopharmaceutical Non BRIT Sodium Iodide I131 capsule 100 mCi	22,000	22,000	22,000	22,000	22,000	22,000
W716	Radiopharmaceutical Non BRIT Sodium Iodide I131 capsule 50 mCi	18,500	18,500	18,500	18,500	18,500	18,500
W717	Radiopharmaceutical Non BRIT Sodium Iodide I131 capsule 30 mCi	17,500	17,500	17,500	17,500	17,500	17,500
W718	Radiopharmaceutical Non BRIT Sodium Iodide I131 capsule 5 mCi	15,000	15,000	15,000	15,000	15,000	15,000
W719	Radiopharmaceutical Non BRIT Sodium Iodide I131 capsule 2 mCi	15,000	15,000	15,000	15,000	15,000	15,000

SERVICE CODE	SERVICE DESCRIPTION	GENERAL CATEGORY		PRIVATE CATEGORY			
		NC	C	B	A	D	FN
W720	Radiopharmaceutical Non BRIT Sodium Iodide I131 solution 250 mCi	31,500	31,500	31,500	31,500	31,500	31,500
W721	Radiopharmaceutical Non BRIT Sodium Iodide I131 solution 200 mCi	29,000	29,000	29,000	29,000	29,000	29,000
W722	Radiopharmaceutical Non BRIT Sodium Iodide I131 solution 150 mCi	26,000	26,000	26,000	26,000	26,000	26,000
W723	Radiopharmaceutical Non BRIT Sodium Iodide I131 solution 50 mCi	18,500	18,500	18,500	18,500	18,500	18,500
W724	Radiopharmaceutical Non BRIT Sodium Iodide I131 solution 30 mCi	17,500	17,500	17,500	17,500	17,500	17,500
W725	Radiopharmaceutical Non BRIT Sodium Iodide I131 solution 100 mCi	22,000	22,000	22,000	22,000	22,000	22,000
W726	BRIT Sodium Iodide I131 capsule: 5mCi	2,500	2,500	2,500	2,500	2,500	2,500
W727	Radiopharmaceutical charges for I131 uptake with probe	750	750	750	750	750	750
W728	Radiopharmaceutical Charges F18 NOTANOC	7,500	7,500	7,500	7,500	7,500	7,500
W729	Radiopharmaceutical Charges F18 SIFALINATE	7,500	7,500	7,500	7,500	7,500	7,500
W730	Radiopharmaceutical Charges F18 FES	7,500	7,500	7,500	7,500	7,500	7,500
W731	Radiopharmaceutical Charges F18 Choline	7,500	7,500	7,500	7,500	7,500	7,500
W732	Radiopharmaceutical Charges F18 FAPI	7,500	7,500	7,500	7,500	7,500	7,500
W733	Radiopharmaceutical Charges F18 FET	4,500	4,500	4,500	4,500	4,500	4,500
W734	BRIT I131 capsule 3mCi	2,000	2,000	2,000	2,000	2,000	2,000
W735	Radiopharmaceutical charges Tc99m Nanocolloid	3,000	3,000	3,000	3,000	3,000	3,000
W736	Radiopharmaceutical charges BRIT Lu177 EDTMP	14,500	14,500	14,500	14,500	14,500	14,500
W737	Radiopharmaceutical charges 177 Lu DOTATATE BRIT NCA (100 mCi)	114,000	114,000	114,000	114,000	114,000	114,000
W738	Radiopharmaceutical charges 177 Lu DOTATATE BRIT NCA (200 mCi)	179,900	179,900	179,900	179,900	179,900	179,900
W739	Radiopharmaceutical charges 177 Lu PSMA BRIT NCA (100 mCi)	113,700	113,700	113,700	113,700	113,700	113,700
W740	Radiopharmaceutical charges 177 Lu PSMA BRIT NCA (200 mCi)	179,300	179,300	179,300	179,300	179,300	179,300
W741	Radiopharmaceutical charges - BRIT 177 Lu Cl3 - 50 mCi	14,160	14,160	14,160	14,160	14,160	14,160
W742	Radiopharmaceutical charges - BRIT 177 Lu Cl3 - 100 mCi	28,230	28,230	28,230	28,230	28,230	28,230
W743	Radiopharmaceutical charges - BRIT 177 Lu Cl3 - 150 mCi	42,480	42,480	42,480	42,480	42,480	42,480
W744	Radiopharmaceutical charges - BRIT 177 Lu Cl3 - 200 mCi	56,640	56,640	56,640	56,640	56,640	56,640
Miscellaneous							
Z005	Issue of LIC Certificates	1,260	1,260	1,260	1,260	1,260	1,260