

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

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**TATA MEMORIAL CENTRE  
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**GENERAL RULES**

Welcome to Tata Memorial Hospital. For your convenience please find below the description, nature and cost of services offered in our hospital. We hope that the information will enable you to make an informed choice regarding the appropriate category of treatment.

**Out Patient Services**

***Patients registering in Tata Memorial Hospital can opt to be either General or Private patients.***

The Outpatient Department for General patients is located in the Golden Jubilee Building, and the same for Private patients in the Ground floor, Main Building. The Private OPD will move into the upcoming 'TMC Clinic & Faculty Block' in the near future.

***General Patients*** will be charged nominally for diagnostic investigations / consumables / hospitalisation as per the General Chargeable (C) Category. However no Professional charges will be levied. In case of patients who are not able to pay the nominal charges as per 'C' Category, such patients will be assessed by the Medical Social Worker and in deserving cases will be assigned to General 'No Charge' (NC) category. In the 'NC' category, patients will not be charged for routine diagnostic investigations, treatment and hospitalisation. However, in certain resource intensive investigations 25% of the C category charges will apply. Please note that General patients will not have the Choice of Doctor during Registration and that they will be assigned a Disease Management Group (DMG) appropriate to their illness.

***Private patients*** can avail treatment from a Doctor of their choice. Patients are encouraged to bring a referral letter detailing particulars about the illness/investigations/treatment. In the absence of a referral letter to a particular doctor the Hospital authorities will assign a doctor appropriate to the illness.

***Foreign Nationals*** seeking treatment at Tata Memorial Hospital are advised that they need to have a valid 'Medical Visa' for any treatment at the Hospital. Foreign Nationals are also advised that they will have to deposit INR 2 lakhs at the time of registration in the Hospital. A minimum of INR 50,000 will be maintained at all times, as deposit, for the duration of the treatment. The deposit will need to be topped up to INR 2 lakhs at the time of every inpatient admission. The patients and attendants will be counseled by the Public Relations Office before registration, regarding the likely expenditure to be incurred. They will be registered only in the Private 'FN' category.

**Referral Cards:**

Patients referred to Tata Memorial Hospital for specific services which are non-interventional in nature need to register and will be issued Referral Cards (RF cards). If the services are interventional in nature a regular case file will have to be made. Charges will be consistent with either 'FN' or 'C' categories.

**Preventive Oncology:**

The Department of Preventive Oncology registers people for Screening for Early Detection of Cancer. The services are comprehensive and bundled into a package price. We encourage the general public to take full advantage of this offer.

**Company/Trust Aided Patients:**

We extend credit facility to patients referred from Companies/Public Sector Undertakings with prior arrangement. If you are one such patient please contact the Accounts Department with the appropriate Credit letter. The Credit letter will detail the category of treatment and the validity period of the credit. The Hospital may request patients to take special sanction from the Referring Institution if the value of treatment / consumables / drugs is high.

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**Inpatient Services:**

**General Patients** requiring admission will be waitlisted by the secretarial assistance staff in the respective outpatient service located in the General OPD. Please note that admissions in the General Wards will be based on the sole discretion and advice of the treating doctor, based on the severity of illness and intervention planned.

**General Wards:**

General patients both in 'C' & 'NC' categories are eligible for admission only in the General wards. These patients will be exempt from paying any consultation or professional charges. However, General patients in 'C' category will need to pay nominal hospital service charges as detailed in this Schedule of Charges.

Private patients and Foreign Nationals are not eligible to be admitted in General Wards. However, in case of emergencies, such admissions may be permitted with prior approval of the Hospital authorities. In all such instances bed tariff would be commensurate with 'C' category charges and treatment charges would be as per 'B' or 'F' categories as applicable.

**Private Patients** who are advised hospitalisation will be waitlisted for admission by the concerned Doctor's secretary. Patients may opt to be waitlisted for semiprivate / private / deluxe beds as appropriate / desired. Patients will need to pay a refundable deposit to remain waitlisted. The admission office will notify the patient as and when a bed can be made available. ***Please note that the bed tariff and the treatment charges vary depending upon the category of bed admitted on.***

**Semi Private Rooms:**

Private patients who opt for these rooms will be provided shared accommodation. The treatment charges applicable will be as under 'B' category. Please refer to this schedule for further information.

**Private Rooms:**

Private patients who opt for these rooms will be provided single accommodation. The treatment charges applicable are as under 'A' category. Please refer to this schedule for further information.

**Deluxe Suites:**

Private patients who opt for these rooms will be housed in Deluxe suites. The treatment charges applicable would be as under 'D' category. Please refer to this schedule for further information.

**ICU:**

Patients who are admitted to the Intensive Care Unit (ICU) will require to pay additional ICU bed charges over and above the room tariff for the bed which they retain in the General / Private Ward.

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**Change of Category:**

Change of treatment category is discouraged and if inevitable is permitted once, only for Indian Nationals. It is expected that patients will make an informed choice of category of treatment prior to hospitalisation. Patients are encouraged to seek advice from the treating doctor regarding anticipated expenditure for treatment. However a provision needs to be made in the event of unforeseen complications, if any, arising during treatment.

**Hospital Bills & Modes of Payment:**

- Patients, prior to their admission to the hospital, are expected to pay Hospital Deposits as per the Schedule of Charges.
- During Hospitalisation inpatients will be provided treatment / services on a credit basis.
- In selected wards all drugs and consumables would be provided at the patient's bedside and billed to the patient.
- Medical Goods / Surgical Consumables used in the Operation Theatre will be billed to the patient.
- Interim bills will be raised twice a week. These interim bills need to be paid within 48 hours of receipt.
- The hospital deposit / refund on drugs and consumables will be adjusted only against the final bill.
- Hospital refunds exceeding Rs. 5,000/- under normal circumstances, will be paid in the form of a cheque favouring the patient / nominee, as applicable.
- Relatives who attend on the in-patients in private wards can avail of cafeteria facilities on payment as per the schedule. A deposit is also required to be paid for the said purpose.
- All discharge formalities will be completed on working days only. In the event of untimely discharge / death a security deposit equivalent to an estimate of dues will be collected at the Security Counter and a provisional receipt will be issued. The transaction will be regularised on the next working day.
- Patients admitted for a period of more than 12 hours will be charged for the whole day.
- All bills should be cleared prior to discharge. Bills may be paid between 9.00 am and 7.00 pm on weekdays (Monday to Friday) and between 9.00 am and 2.00 pm on Saturdays.

***All charges mentioned in this book are in Indian Rupees (INR) unless otherwise specified.***

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
A001	Registration Fees	0	0	250	250	250	250
	<b>ROOM/BED CHARGES</b>						
B001	Room/Bed Charges (Main Building)	0	150	1,650	3,000	4,500	4,500
B002	Room/Bed Charges (Annexe Building)	0	150	1,100	1,650	3,300	3,300
B003	ICU (after 24 Hours)	0	150	1,100	1,375	2,200	2,200
B004	Room/Bed Charges - BMT	0	0	1,100	1,100	1,100	1,100
	<b>DIET</b>						
C001	Diet - Deposit (Attendants only)	0	0	1,500	2,000	2,500	2,500
C002	Diet - Vegetarian (per Day) (Attendants only)	0	0	100	175	250	250
	<b>HOSPITAL DEPOSITS</b>						
D001	Deposit - Wait-Listing for Admission	0	0	1,000	2,500	5,000	5,000
D002	Inpatient Deposit - Surgical Patients	0	5,000	35,000	50,000	75,000	75,000
D003	Inpatient Deposit - Chemotherapy Patients	0	5,000	35,000	50,000	75,000	75,000
D004	Deposit - Bone Marrow Transplant Patients	0	0	8,00,000	8,00,000	8,00,000	10,00,000
D005	Inpatient Deposit - Foreign National Patients	0	0	2,00,000	2,00,000	2,00,000	2,00,000
D006	Deposit - Autologous Stem Cell Transplant	0	0	5,00,000	5,00,000	5,00,000	5,00,000
D007	Inpatient Deposit - Radiotherapy Patients	0	1,500	10,000	15,000	20,000	20,000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	0	0	75,000	75,000	75,000	75,000
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refundable)	0	0	10,00,000	10,00,000	10,00,000	10,00,000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	0	0	40,00,000	40,00,000	40,00,000	40,00,000
	<b>DAY CARE</b>						
E001	Day Care (Less than 4 Hours)	0	100	495	495	495	495
E002	Day Care (More than 4 Hours)	0	150	675	675	675	675

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>PATHOLOGY</b>						
F101	Small Biopsies (Including Frozen Section & Immunohistochemistry)	0	125	1,000	1,500	2,000	2,000
F102	Big Specimen (Including Frozen Section & Immunohistochemistry)	0	250	2,250	2,875	3,500	3,500
F103	Bone Marrow Biopsy	0	50	475	555	630	630
F104	Surgical Pathology: Outside Slides (Out-In)	0	65	450	535	615	615
F105	Surgical Pathology: Outside Slides + Block (Out-In)	0	125	1,000	1,110	1,215	1,215
F107	Hercept Test	5,500	5,500	5,500	5,750	6,000	6,000
F201	Frozen Section + Surgical Path (Major Procedure)	0	225	2,680	3,075	3,465	3,465
F202	Frozen Section + Surgical Path (Minor Procedure)	0	150	945	1,105	1,260	1,260
F301	Electron Microscopy	0	200	2,155	2,695	3,230	3,230
	<b>CYTOPATHOLOGY</b>						
F401	Cytology (FNA)	0	75	660	770	880	880
F402	Pap Smear Cytology	0	30	380	460	540	540
F403	Cytology Non-Gynaec	0	30	370	450	525	525
F404	Sputum Cytology	0	10	55	80	105	105
F405	Cytopathology: Outside Slides (Out-In)	0	50	380	460	540	540
F407	Cytopathology: Outside Slides + Block (Out-In)	0	75	525	580	630	630
F411	Bronchial Lavage + Brushings Cytology	0	30	210	265	315	315
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	0	30	370	450	525	525
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	0	30	370	450	525	525
F414	Cerebro Spinal Fluid (CSF) Cytology	0	30	370	450	525	525
F415	Oesophageal / Colon / Ano-Rectal Lavage + Brushings Cytology	0	30	370	450	525	525
F416	Nipple Discharge Cytology	0	30	370	450	525	525
F417	Oral Scrapings Cytology	0	30	370	450	525	525
F418	Bile / CBD Brushing Cytology	0	30	370	450	525	525
F419	Scrapings From Miscellaneous Sites Cytology	0	30	370	450	525	525

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>MOLECULAR PATHOLOGY</b>						
F618	In Situ Hybridisation	0	200	1,610	1,885	2,155	2,155
F620	Interphase FISH Test for HER2/Neu	5,000	10,000	13,650	14,700	15,750	15,750
F621	Interphase FISH Test for EGFR	1,750	7,000	10,000	11,000	12,000	12,000
F622	Interphase FISH Test for NMYC	1,750	7,000	10,000	11,000	12,000	12,000
F623	Interphase FISH Test for 1p19q	2,000	8,000	11,000	12,500	14,000	14,000
F624	Interphase FISH Test for ALK1	1,125	4,500	6,000	7,000	8,000	8,000
F625	Interphase FISH Test for CMYC	1,125	4,500	6,000	7,000	8,000	8,000
F626	CISH Test for HER2/Neu	1,250	5,000	6,000	6,500	7,000	7,000
F651	PCR for IgH Gene Rearrangement	125	500	1,500	1,750	2,000	2,000
F652	PCR for TCR Gene Rearrangement	125	500	1,500	1,750	2,000	2,000
F653	PCR for N-MYC Amplification	125	500	1,500	1,750	2,000	2,000
F661	RT-PCR for PAX3-FKHR Translocation	190	750	2,000	2,250	2,500	2,500
F662	RT-PCR for EWS-FLI1 Translocation	190	750	2,000	2,250	2,500	2,500
F663	RT-PCR for EWS-ERG Translocation	190	750	2,000	2,250	2,500	2,500
F664	RT-PCR for EWS-WT1 Translocation	190	750	2,000	2,250	2,500	2,500
F665	RT-PCR for SYT-SSX Translocation	190	750	2,000	2,250	2,500	2,500
F666	RT-PCR for SYT-SSX1 Translocation	190	750	2,000	2,250	2,500	2,500
F667	RT-PCR for SYT-SSX2 Translocation	190	750	2,000	2,250	2,500	2,500
F681	K-RAS Mutation	500	2,000	5,000	5,500	6,000	6,000
	<b>BIOCHEMISTRY, TUMOUR MARKERS, EMERGENCY LABORATORY</b>						
F802	Routine Biochemical Test (Consolidated)	0	200	1,365	1,610	1,855	1,855
F810	Glucose Tolerance Test	0	100	540	675	810	810
F816	Immunoelectrophoresis with IgA, IgG, IgM	0	300	2,755	3,310	3,860	3,860
F817	AFP	0	200	430	485	540	540
F818	CEA	0	200	390	415	440	440

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F819	β-HCG	0	200	325	355	380	380
F820	Total PSA	0	200	430	485	540	540
F821	β2 Microglobulin	0	200	860	915	965	965
F822	CA-15.3	0	200	860	970	1,075	1,075
F823	CA-125	0	200	770	880	990	990
F824	CA-19.9	0	200	860	970	1,075	1,075
F825	PAP	0	200	915	995	1,075	1,075
F829	CRP	0	75	210	265	315	315
F830	Ferritin	0	250	540	645	750	750
F831	CYFRA-21	0	250	860	970	1,075	1,075
F832	NSE	0	250	860	970	1,075	1,075
F833	Cyclosporin	200	800	2,155	2,695	3,230	3,230
F834	Amikacin	0	200	750	915	1,075	1,075
F835	Vancomycin	0	200	750	915	1,075	1,075
F836	Methotrexate	0	200	750	915	1,075	1,075
F837	Free PSA	0	200	420	475	525	525
F841	Random Blood Glucose	0	20	135	165	190	190
F842	Fasting Blood Glucose	0	20	135	165	190	190
F843	Post-Prandial Blood Glucose	0	20	135	165	190	190
F844	Glucose Tolerance Test	0	100	540	675	810	810
F845	Glycosylated Hemoglobin	0	50	270	350	430	430
F846	Fasting Urine Glucose	0	10	80	95	110	110
F847	Post-Prandial Urine Glucose	0	10	80	95	110	110
F848	Glucocheck Random [EL]	0	20	135	165	190	190
F849	Lipid Profile	0	50	325	435	540	540
F850	Serum Cholesterol	0	20	135	165	190	190
F851	Serum HDL-Cholesterol	0	20	135	165	190	190



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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F852	Serum LDL-Cholesterol	0	20	135	165	190	190
F853	Serum Triglycerides	0	30	165	190	215	215
F854	Renal Function Tests	0	50	345	465	580	580
F855	Serum Urea	0	20	135	165	190	190
F856	Serum Uric Acid	0	20	135	165	190	190
F857	Serum Creatinine	0	20	135	165	190	190
F858	Urine Creatinine	0	20	135	165	190	190
F859	Creatinine Clearance Test (CCT)	0	30	270	325	380	380
F860	Serum Electrolytes	0	50	360	480	595	595
F861	Serum Sodium	0	20	135	165	190	190
F862	Serum Potassium	0	20	135	165	190	190
F863	Serum Chlorides	0	20	135	165	190	190
F864	Serum Carbon Dioxide/Bicarbonates	0	20	135	165	190	190
F865	Liver Function Tests	0	75	925	1,020	1,115	1,115
F866	Serum Proteins	0	20	135	165	190	190
F867	Serum Albumin	0	20	135	165	190	190
F868	Serum Globulins	0	20	135	165	190	190
F869	Serum Alkaline Phosphatase	0	20	135	165	190	190
F870	Total Bilirubin	0	20	135	165	190	190
F871	Direct Bilirubin	0	20	135	165	190	190
F872	Indirect Bilirubin	0	20	135	165	190	190
F873	Serum SGOT	0	20	135	165	190	190
F874	Serum SGPT	0	20	135	165	190	190
F875	Cardiac Enzymes [EL]	0	50	325	435	540	540
F876	Serum LDH	0	20	135	165	190	190
F877	Serum SGOT [EL]	0	20	135	165	190	190
F878	Serum CPK [EL]	0	20	135	165	190	190

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		NC	C	B	A	D	FN
F879	Serum CPK-MB [EL]	0	20	135	165	190	190
F880	Pancreatic Enzymes	0	100	325	435	540	540
F881	Serum Amylase	0	50	165	190	215	215
F882	Serum Lipase	0	75	215	270	325	325
F883	Body Fluid Investigations (CSF)	0	50	325	435	540	540
F884	CSF Glucose	0	20	135	165	190	190
F885	CSF Proteins	0	20	135	165	190	190
F886	CSF Chlorides	0	20	135	165	190	190
F887	CSF LDH	0	20	135	165	190	190
F888	Serum Calcium	0	20	135	165	190	190
F890	Serum Phosphorus	0	20	135	165	190	190
F891	Serum Magnesium	0	100	380	460	540	540
F893	Iron	0	50	215	270	325	325
F894	TIBC	0	50	215	270	325	325
F895	Acid Phosphatase	0	30	250	275	300	300
F896	Prostatic Acid Phosphatase	0	30	250	275	300	300
F897	Urinary VMA	0	400	810	945	1,075	1,075
F898	Urinary 5HIAA	0	20	135	165	190	190
F901	Arterial Blood Gases [EL]	0	100	540	595	645	645
F902	Capillary Blood Gases [EL]	0	100	540	595	645	645
F903	Hb + TLC + Platelets [EL]	0	30	80	95	110	110
F904	Hb [EL]	0	10	55	70	80	80
F905	TLC [EL]	0	15	80	95	110	110
F906	Platelets [EL]	0	10	55	70	80	80
F907	PCV [EL]	0	10	55	70	80	80
F911	PT [EL]	0	20	110	140	165	165
F912	PTTK [EL]	0	30	215	270	325	325

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F914	Serum LDH [EL]	0	20	135	165	190	190
F915	Sodium (24 Hours Urine)	0	15	110	140	165	165
F916	Potassium (24 Hours Urine)	0	15	110	140	165	165
F917	Chloride (24 Hours Urine)	0	15	110	140	165	165
F918	Urea (24 Hours Urine)	0	15	110	140	165	165
F919	Uric Acid (24 Hours Urine)	0	15	110	140	165	165
F920	Creatinine (24 Hours Urine)	0	15	110	140	165	165
F921	Calcium (24 Hours Urine)	0	15	110	140	165	165
F922	Phosphorus (24 Hours Urine)	0	15	110	140	165	165
F923	Proteins (24 Hours Urine)	0	15	110	140	165	165
F924	Creatinine Clearance (24 Hours Urine)	0	15	110	140	165	165
F925	Urea (Random Urine)	0	15	110	140	165	165
F926	Uric Acid (Random Urine)	0	15	110	140	165	165
F927	Creatinine (Random Urine)	0	15	110	140	165	165
F928	Sodium (Random Urine)	0	15	110	140	165	165
F929	Potassium (Random Urine)	0	15	110	140	165	165
F930	Chloride (Random Urine)	0	15	110	140	165	165
F931	Calcium (Random Urine)	0	15	110	140	165	165
F932	Phosphorus (Random Urine)	0	15	110	140	165	165
F933	Proteins (Random Urine)	0	15	110	140	165	165
F934	Fluid Urea	0	15	110	140	165	165
F935	Fluid Uric Acid	0	15	110	140	165	165
F936	Fluid Creatinine	0	15	110	140	165	165
F937	Fluid Sodium	0	15	110	140	165	165
F938	Fluid Potassium	0	15	110	140	165	165
F939	Fluid Chloride	0	15	110	140	165	165
F940	Fluid Bilirubin (Total)	0	15	110	140	165	165

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		NC	C	B	A	D	FN
F941	Fluid Bilirubin (Direct)	0	15	110	140	165	165
F942	Fluid Bilirubin (Indirect)	0	15	110	140	165	165
F943	Fluid Cholesterol	0	15	110	140	165	165
F944	Fluid Triglycerides	0	15	110	140	165	165
F945	Fluid HDL Cholesterol	0	15	110	140	165	165
F946	Fluid LDL Cholesterol	0	15	110	140	165	165
F947	Stone Analysis	0	15	110	140	165	165
F948	Bence Jones Proteins (Random Urine)	0	15	110	140	165	165
F949	Liver Function Tests [EL]	0	75	810	890	965	965
F950	Serum Proteins [EL]	0	20	135	165	190	190
F951	ERPR	0	250	810	1,080	1,345	1,345
F955	Serum Albumin [EL]	0	20	135	165	190	190
F956	Serum Globulins [EL]	0	20	135	165	190	190
F957	Serum Alkaline Phosphatase [EL]	0	20	135	165	190	190
F958	Total Bilirubin [EL]	0	20	135	165	190	190
F959	Direct Bilirubin [EL]	0	20	135	165	190	190
F960	Indirect Bilirubin [EL]	0	20	135	165	190	190
F961	Serum SGPT [EL]	0	20	135	165	190	190
F962	Fluid Glucose	0	20	135	165	190	190
F963	Fluid Proteins	0	20	135	165	190	190
F964	Fluid Albumin	0	20	135	165	190	190
F965	Fluid Globulin	0	20	135	165	190	190
F966	Fluid Alkaline Phosphatase	0	20	135	165	190	190
F967	Fluid OT	0	20	135	165	190	190
F968	Fluid PT	0	20	135	165	190	190
F969	Fluid Calcium	0	20	135	165	190	190
F970	Fluid Phosphorus	0	20	135	165	190	190

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F971	Fluid Amylase	0	20	135	165	190	190
F972	Fluid Lipase	0	20	135	165	190	190
F973	Fluid LDH	0	20	135	165	190	190
F974	Serum Creatinine for 24 hrs CCT	0	20	135	165	190	190
F975	Urobilinogen In Urine	0	20	135	165	190	190
F976	Porphyryns In Urine	0	20	135	165	190	190
F977	Bence Jones Proteins (24 Hours Urine)	0	75	515	615	715	715
F978	Random Blood Glucose [EL]	0	20	135	165	190	190
F979	Fasting Blood Glucose [EL]	0	20	135	165	190	190
F980	Post-Prandial Blood Glucose [EL]	0	20	135	165	190	190
F981	Serum Electrolytes [EL]	0	50	340	455	565	565
F982	Serum Sodium [EL]	0	20	135	165	190	190
F983	Serum Potassium [EL]	0	20	135	165	190	190
F984	Serum Chlorides [EL]	0	20	135	165	190	190
F985	Blood Urea [EL]	0	20	135	165	190	190
F986	Serum Uric Acid [EL]	0	20	135	165	190	190
F987	Serum Creatinine [EL]	0	20	135	165	190	190
F988	Serum Amylase [EL]	0	50	165	190	215	215
F989	Serum Lipase [EL]	0	75	215	270	325	325
F990	Serum Lactate [EL]	0	20	135	165	190	190
F991	Serum Calcium [EL]	0	20	135	165	190	190
F992	Serum Ionic Calcium [EL]	0	20	135	165	190	190
F993	Serum Magnesium [EL]	0	100	380	460	540	540
F994	Serum Phosphorus [EL]	0	20	135	165	190	190
F995	Venous Blood Gases [EL]	0	100	525	580	630	630
F996	Glucocheck Fasting [EL]	0	20	130	160	185	185
F997	Glucocheck Post-Prandial [EL]	0	20	130	160	185	185

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
F998	Serum Osmolality [EL]	0	15	105	135	160	160
F999	Gamma Glutamyl Transferase (GGT)	0	15	110	140	165	165
F031	Urine Osmolality (Random)	0	15	110	140	165	165
F032	Urine Osmolality (24 Hours)	0	15	110	140	165	165
F033	Thyroid Function Tests (T3,T4,TSH)	0	50	330	440	550	550
F034	T3 (Thyroid Function)	0	20	135	165	190	190
F035	T4 (Thyroid Function)	0	20	135	165	190	190
F036	TSH (Thyroid Function)	0	20	135	165	190	190
F037	Folate	0	100	540	675	810	810
F038	Vitamin B12	0	50	330	440	550	550
F039	Parathormone (PTH)	0	50	330	440	550	550
F040	Calcitonin	0	100	540	675	810	810
F041	Free Light Chains Kappa	125	500	2,100	2,625	3,150	3,150
F042	Free Light Chains Lambda	125	500	2,100	2,625	3,150	3,150
F043	Complete Serum Protein Electrophoresis (SPE) Profile	235	930	4,990	5,620	6,250	6,250
F044	Serum Protein Electrophoresis (SPE)	0	30	215	270	325	325
F045	Serum Immunoglobulins (Ig)	0	75	540	645	750	750
F046	Immunoglobulin A (IgA)	0	30	215	270	325	325
F047	Immunoglobulin M (IgM)	0	30	215	270	325	325
F048	Immunoglobulin G (IgG)	0	30	215	270	325	325
F049	Serum Light Chains	0	75	540	645	750	750
F050	Serum Light Chains Kappa	0	50	325	435	540	540
F051	Serum Light Chains Lambda	0	50	325	435	540	540
F052	Immuno Fixation Electrophoresis (IFE)	190	750	3,940	4,335	4,725	4,725
F053	Urine Free Light Chains Kappa	125	500	2,100	2,625	3,150	3,150
F054	Urine Free Light Chains Lambda	125	500	2,100	2,625	3,150	3,150

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>MICROBIOLOGY</b>						
G101	Urine Examination	0	10	80	95	110	110
G102	Stool Examination	0	10	80	95	110	110
G103	Culture & Sensitivity (Aerobic)	0	50	460	520	580	580
G105	Routine Culture (Fungal)	0	25	380	460	540	540
G106	Culture & Sensitivity (AFB)	0	250	1,380	1,520	1,655	1,655
G107	Routine Culture (Anaerobic)	0	25	380	460	540	540
G108	Routine Culture (Aerobic + Fungal + AFB + Anaerobic)	0	75	810	945	1,075	1,075
G109	Microscopic Examination of Routine Smears	0	10	55	110	160	160
G111	Cultures for Helicobacter Pylori	0	25	325	435	540	540
G113	Mantoux Test	0	10	55	55	55	55
G114	Casoni Test	0	10	55	55	55	55
G116	Routine Culture (Aerobic + Fungal)	0	40	475	555	630	630
G118	Microscopic Examination of Special Stains	0	25	210	315	420	420
G119	AFB Culture only	0	30	420	525	630	630
	<b>Serology</b>						
G121	Widal Test	0	15	110	140	165	165
G122	VDRL	0	10	80	95	110	110
G123	Paul Bunnell Test (Infectious Mononucleosis / E)	0	30	325	380	430	430
G124	Toxoplasma IgG Antibodies	0	30	325	380	430	430
G125	Toxoplasma IgM Antibodies	0	40	380	460	540	540
G126	Cytomegalovirus IgG Antibodies	0	30	325	380	430	430
G127	Cytomegalovirus IgM Antibodies	0	40	380	460	540	540
G128	Hepatitis Profile (HBsAg, HCV Antibodies & HBc Total Antibodies)	0	100	1,290	1,450	1,610	1,610
G129	Hepatitis B Surface Antigen (HBsAg)	0	50	295	385	475	475
G130	Hepatitis B 'e' Antigen (HBeAg)	0	75	540	675	810	810
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	0	75	645	755	860	860

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	0	40	430	540	645	645
G133	Hepatitis B Surface Antibodies (Anti - HBs)	0	40	430	540	645	645
G134	Hepatitis C Antibodies (Anti HCV)	0	100	740	865	990	990
G135	Hepatitis C Virus - RT PCR (Qualitative)	0	150	860	970	1,075	1,075
G136	Hepatitis B 'e' Antibodies (Anti HBe)	0	75	540	675	810	810
G137	Herpex Simplex Virus IgG (HSV IgG)	0	30	325	380	430	430
G138	Herpex Simplex Virus IgM (HSV IgM)	0	30	325	380	430	430
G139	Cryptococcus Antigen by Latex Agglutination	0	75	645	755	860	860
G144	HPV DNA (Qualitative)	0	100	645	755	860	860
G145	HBV DNA (Quantitative)	125	500	2,155	2,695	3,230	3,230
G146	CMV DNA (Qualitative)	140	550	3,765	4,305	4,845	4,845
G148	HBV DNA (Qualitative)	140	550	3,675	4,200	4,725	4,725
G149	CMV DNA (Quantitative)	0	150	1,575	2,365	3,150	3,150
G150	Fungus Serology	0	40	380	460	540	540
G151	Fungal Identification & Susceptibility Testing	0	105	990	1,490	1,985	1,985
G161	RA Test	0	25	110	140	165	165
G162	ASO Titre	0	25	110	140	165	165
G163	CRP Titres	0	30	165	190	215	215
G170	Cytomegalovirus Antigenemia Assay (PP65)	0	150	860	970	1,075	1,075
G171	HIV Antibodies	0	50	290	375	460	460
	<b>Microscopic Examination</b>						
G201	Gram's Stain	0	10	55	110	160	160
G202	Ziehl Neelsen (AFB) Stain	0	10	55	110	160	160
G203	Lactophenol Cotton Blue	0	10	55	110	160	160
G204	Giemsa Stain for Tzanck Smear	0	10	55	110	160	160
G205	India Ink Preparation for Cryptococcus	0	10	55	110	160	160
G206	Staining for Cryptosporidium SPP	0	10	55	110	160	160



**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
G207	Calcofluor White Stain for Fungus	0	15	80	120	160	160
G208	KOH Mount for Fungus	0	10	55	110	160	160
G209	Staining for Pneumocystis Carinii	0	15	80	120	160	160
G210	Fluorescent Staining	0	15	80	120	160	160
	<b>Other Tests</b>						
G251	Stool for Occult Blood	0	10	55	110	160	160
G252	Fluid for Bile Salts & Bile Pigments	0	10	55	110	160	160
G253	ADA Level	0	50	265	395	525	525
G254	Hepatitis A Virus (IgM Antibodies)	0	75	630	945	1,260	1,260
G255	Hepatitis E Virus (IgM Antibodies)	0	75	630	945	1,260	1,260
G256	Pregnancy Test (Urinary $\beta$ -HCG)	0	10	55	80	105	105
G257	Anti Nuclear Antibodies	0	50	265	395	525	525
G258	Automated AFB Culture	125	500	1,050	1,315	1,575	1,575
G259	Automated AFB Susceptibility (5 Drugs)	0	300	3,150	4,200	5,250	5,250
G260	Automated Blood Culture	125	500	630	710	790	790
	<b>Molecular Diagnostics</b>						
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	125	500	3,000	3,250	3,500	3,500
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	125	500	3,000	3,250	3,500	3,500
G403	RT-PCR (Quantitative) for HIV RNA	125	500	3,000	3,250	3,500	3,500
G404	RT-PCR for CMV DNA	150	600	3,500	3,750	4,000	4,000
	<b>TRANSFUSION MEDICINE</b>						
H001	Blood Grouping	0	60	175	205	235	235
H002	Cross Matching	0	60	110	140	170	170
H003	Testing for Pheresis Donors	0	200	645	755	860	860
H006	Coombs Test (AGT) Direct	0	60	135	165	190	190
H007	Coombs Test (AGT) Indirect	0	120	325	405	485	485

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
H008	Cold Agglutinins	0	60	110	140	165	165
H009	Secretory Status	0	150	325	380	430	430
H010	AIHA Work Up	0	175	380	435	485	485
H101	HLA Typing – ABC & DR	500	2,000	2,960	3,095	3,230	3,230
H102	HLA Typing – only ABC	375	1,500	2,155	2,425	2,695	2,695
H103	HLA Typing – only DR	190	750	1,075	1,345	1,610	1,610
H104	HLA Typing – B-27	0	400	540	675	810	810
H201	HLA Typing – DNA-DRB1 Low Resolution	875	3,500	4,845	5,655	6,460	6,460
H202	HLA Typing – DNA-DRB1 Subtyping of ID	875	3,500	4,845	5,655	6,460	6,460
H203	HLA Typing – DNA-DQA1	875	3,500	4,845	5,655	6,460	6,460
H204	HLA Typing – DNA-DQB1	875	3,500	4,845	5,655	6,460	6,460
H206	Whole Blood	0	300	830	910	990	990
H207	Packed Cells	0	200	770	860	945	945
H208	Washed Packed Cells	0	250	810	890	965	965
H209	FFP/Cryo/Factor VIII Def. Plasma/PRP	0	250	540	675	810	810
H210	Platelet Concentrate (RDP)	0	200	565	650	730	730
H211	Platelet Concentrate (SDP)	750	3,000	8,280	9,465	10,645	10,645
H212	PBSC/Leukapheresis	0	0	12,915	14,530	16,145	16,145
H213	Bone Marrow Processing on Cell Separator	0	0	9,685	10,765	11,840	11,840
H214	Bone Marrow Processing HES Red Cell Separation	0	0	5,915	6,995	8,070	8,070
H215	Bone Marrow Processing Plasma Separation	0	0	645	805	965	965
H216	Albumin 20%	200	800	3,765	4,305	4,845	4,845
H217	Leucoreduced Red Cells	300	1,200	2,155	2,425	2,695	2,695
H218	Leucoreduced Platelet Concentrates	325	1,300	2,695	2,965	3,230	3,230
H219	Irradiation of Blood Products	0	100	215	270	325	325
H220	CPD Bags	0	60	65	65	65	65
H221	Blood Bank Deposit	0	600	645	645	645	645

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
H222	Platelet Concentrate (SvSDP)	375	1,500	4,045	4,625	5,200	5,200
H224	Processing for Leukoreduction	0	200	525	660	790	790
H225	Leucoagglutinins	0	100	315	395	475	475
H226	HLA AB-DR (Molecular Typing)	1,250	5,000	6,825	7,875	8,925	8,925
	<b>RADIODIAGNOSIS</b>						
I001	Consultation (Radiodiagnosis)	0	0	265	265	265	265
I002	Cross Consultation (Radiodiagnosis)	0	0	265	265	265	265
I003	Follow-Up Consultation (Radiodiagnosis)	0	0	265	265	265	265
I004	Outside Reporting of X-Ray, per Exam	0	0	70	90	110	110
I005	Outside Reporting of X-Ray Special Procedures	0	0	440	495	550	550
I006	Outside Reporting of Mammogram	0	0	280	335	390	390
I007	Outside Reporting of CT	0	0	880	1,105	1,325	1,325
I008	Outside Reporting of MRI	0	0	1,105	1,655	2,205	2,205
I009	Video Recording of USG / DSA, etc	0	300	315	315	315	315
I010	Digital Film per Plate	100	100	105	105	105	105
	<b>Conventional Radiology (Plain)</b>						
I021	X-Ray Skull	0	75	380	460	540	540
I027	X-Ray OPG / Dental	0	50	215	270	325	325
I030	X-Ray Spine	0	75	380	460	540	540
I038	X-Ray Pelvis	0	75	380	460	540	540
I041	X-Ray Neck	0	75	380	460	540	540
I050	X-Ray Upper Limb	0	75	380	460	540	540
I070	X-Ray Lower Limb	0	75	380	460	540	540
I090	X-Ray Chest	0	50	235	300	360	360
I092	X-Ray Abdomen	0	75	380	460	540	540
I095	X-Ray KUB	0	75	380	460	540	540

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I099	X-Ray Skeletal Survey	125	500	2,695	3,500	4,305	4,305
I100	X-Ray Portable (Additional Charge)	0	25	110	165	215	215
	<b>Conventional Radiology (Contrast)</b>						
I121	X-Ray Sialography	0	200	1,075	1,345	1,610	1,610
I122	X-Ray Barium Swallow	0	150	770	880	990	990
I123	X-Ray Conray Swallow	0	150	770	880	990	990
I124	X-Ray Barium Meal	0	300	1,075	1,345	1,610	1,610
I125	X-Ray Barium Meal Follow-Through	125	500	1,610	1,885	2,155	2,155
I126	X-Ray Small Bowel Enema	125	500	1,610	1,885	2,155	2,155
I127	X-Ray Barium Enema for Colon	125	500	1,610	1,885	2,155	2,155
I128	X-Ray Tube Cholangiogram	0	100	540	675	810	810
I129	X-Ray ERCP	0	50	215	270	325	325
I130	X-Ray IVP	125	500	1,610	1,885	2,155	2,155
I131	X-Ray Cystogram	0	300	1,075	1,345	1,610	1,610
I132	X-Ray MCU	125	500	1,610	1,885	2,155	2,155
I133	X-Ray Retrograde Urethrogram	0	150	810	945	1,075	1,075
I134	X-Ray Retrograde Pyelogram	0	100	540	675	810	810
I141	X-Ray Sinogram	0	75	380	460	540	540
I142	X-Ray Fistulogram	0	75	380	460	540	540
I143	X-Ray Cologram	0	75	380	460	540	540
I144	X-Ray Loopogram	0	75	380	460	540	540
I145	X-Ray Nephrostogram	0	75	380	460	540	540
	<b>Interventional Radiology</b>						
I151	Fluoroscopy Guided Biopsy	0	50	270	330	390	390
I152	Fluoroscopy Guided Block	0	75	380	470	555	555
I153	Fluoroscopy Guided J Needle Bone Biopsy	0	100	540	655	770	770
I159	Lymphangiography	125	500	2,695	3,230	3,765	3,765

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I160	Bronchography	150	600	2,155	2,695	3,230	3,230
I161	Myelography	150	600	2,155	2,695	3,230	3,230
I162	Myelography with CT	200	800	3,230	3,770	4,305	4,305
I163	Venography - Upper Limb	0	200	1,075	1,345	1,610	1,610
I164	Venography - Lower Limb	125	500	2,695	3,230	3,765	3,765
I165	Venography - Systemic	200	800	2,155	2,695	3,230	3,230
I170	Angiography	250	1,000	3,230	3,770	4,305	4,305
I180	Angio Embolization	375	1,500	4,845	5,735	6,620	6,620
I191	PTBD	190	750	2,695	3,280	3,860	3,860
I192	PTBD Stenting	250	1,000	3,230	3,770	4,305	4,305
I193	PCN	190	750	2,695	3,005	3,310	3,310
I194	PCN Stenting	250	1,000	3,230	3,770	4,305	4,305
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	250	1,000	4,725	5,775	6,825	6,825
I196	Vena Cava Filter	250	1,000	4,725	5,775	6,825	6,825
I197	Arterial Stenting	250	1,000	4,725	5,775	6,825	6,825
I198	Thrombolysis / Thrombectomy	250	1,000	4,725	5,775	6,825	6,825
I199	Angioplasty	250	1,000	4,725	5,865	7,000	7,000
I200	Vascular Stenting	250	1,000	4,725	5,775	6,825	6,825
I201	Brush Biopsy	250	1,000	4,725	5,775	6,825	6,825
I202	Vertebroplasty	250	1,000	4,725	5,775	6,825	6,825
I203	PCN (B/L)	200	800	3,565	4,065	4,565	4,565
I204	DJ Stenting (B/L)	250	1,000	4,075	4,575	5,075	5,075
I205	Abdominal Abscess Drainage	125	500	2,565	3,065	3,565	3,565
I206	Percutaneous Gastrostomy / Jejunostomy	125	500	2,565	3,065	3,565	3,565
I207	Hystero Salpingography	0	400	2,050	2,550	3,050	3,050
I208	Contrast Study	0	100	515	615	715	715
I209	Osteoplasty	250	1,000	4,500	5,250	6,000	6,000

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I210	Cerebral Angiography	250	1,000	4,075	4,575	5,075	5,075
I211	Chemo Embolisation	250	1,000	4,615	5,365	6,115	6,115
I212	Radio Embolisation	250	1,000	4,615	5,365	6,115	6,115
I213	Stent-Graft Deployment	300	1,200	6,500	7,250	8,000	8,000
I214	Central Venous Access	150	600	3,075	3,575	4,075	4,075
I215	IVC Filter Deployment	250	1,000	4,500	5,250	6,000	6,000
I216	IVC Filter Retrieval	125	500	2,500	3,000	3,500	3,500
I217	Sclerotherapy	150	600	3,075	3,575	4,075	4,075
I218	Test Occlusion	250	1,000	4,615	5,365	6,115	6,115
I219	3D Rotational Angiography	150	600	3,075	3,575	4,075	4,075
I220	Foreign Body Retrieval	250	1,000	4,500	5,250	6,000	6,000
I221	Radio Frequency Ablation	250	1,000	4,500	5,250	6,000	6,000
	<b>Mammography</b>						
I321	Mammography Single Breast	0	100	325	380	430	430
I322	Mammography Both Breasts	0	200	660	770	880	880
I324	Mammography - Biopsy	0	150	645	730	810	810
I325	Mammography - Localization	0	150	750	835	915	915
	<b>Ultrasonography</b>						
I420	USG Abdomen	0	125	645	755	860	860
I440	USG Abdomen with Colour Doppler	0	200	1,075	1,345	1,610	1,610
I460	USG Pelvis	0	125	645	755	860	860
I480	USG Pelvis with Colour Doppler	0	200	1,075	1,075	1,075	1,075
I500	USG Abdomen & Pelvis	0	200	1,185	1,480	1,775	1,775
I501	USG Abdomen & Pelvis with Colour Doppler	0	250	1,610	1,885	2,155	2,155
I510	USG Neck	0	125	645	755	860	860
I530	USG Neck with Colour Doppler	0	200	1,075	1,345	1,610	1,610
I550	USG Thorax	0	125	645	755	860	860

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
I560	USG Breast	0	125	645	755	860	860
I561	USG Breast with Colour Doppler	0	200	1,075	1,345	1,610	1,610
I565	USG Upper Extremity	0	125	645	755	860	860
I570	USG Lower Extremity	0	125	645	755	860	860
I580	USG Small Parts	0	125	645	755	860	860
I590	USG Vascular Study	0	200	1,075	1,365	1,655	1,655
I597	USG Portable (Additional Charge)	0	50	215	275	335	335
I598	USG Guided FNAC (Additional Charge)	0	50	380	470	555	555
I599	USG Guided Truecut Biopsy (Additional Charge)	0	50	485	550	610	610
IA01	USG Guided Drainage / Localisation	0	100	735	905	1,075	1,075
IA02	USG Intraoperative	0	125	1,050	1,315	1,575	1,575
IA03	USG Guided Interventional Procedure	0	125	1,050	1,335	1,615	1,615
IA04	USG Guided RF Ablation	0	200	1,575	1,840	2,100	2,100
	<b>CT Scan</b>						
I600	CT Head Plain and Contrast	315	1,250	2,755	3,075	3,390	3,390
I601	CT Brain Plain	200	800	1,610	1,910	2,205	2,205
I602	CT PNS	315	1,250	3,385	4,010	4,630	4,630
I603	CT Nasopharynx	315	1,250	3,230	3,825	4,415	4,415
I604	CT Sella	315	1,250	3,230	3,825	4,415	4,415
I605	CT Temporal Bone	315	1,250	3,230	3,825	4,415	4,415
I606	CT Orbits	315	1,250	3,230	3,825	4,415	4,415
I607	CT HRCT	315	1,250	3,230	3,825	4,415	4,415
I620	CT Neck	315	1,250	2,755	3,075	3,390	3,390
I630	CT Head & Neck	375	1,500	4,510	5,075	5,640	5,640
I640	CT Neck & Thorax	375	1,500	4,305	5,385	6,460	6,460
I650	CT Thorax	250	1,000	3,550	4,200	4,850	4,850
I670	CT Abdomen	250	1,000	3,765	4,365	4,965	4,965

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
1680	CT Thorax & Abdomen	375	1,500	5,915	6,505	7,095	7,095
1690	CT Pelvic Region	250	1,000	3,230	3,825	4,415	4,415
1700	CT Abdomen & Pelvis	375	1,500	6,180	6,800	7,420	7,420
1710	CT Thorax & Abdomen & Pelvis	500	2,000	6,930	8,085	9,240	9,240
1720	CT Spine	315	1,250	3,765	4,575	5,380	5,380
1730	CT Upper Limb	315	1,250	3,765	4,575	5,380	5,380
1740	CT Lower Limb	315	1,250	3,765	4,575	5,380	5,380
1741	Digital Scanogram	0	300	540	645	750	750
1750	CT Angiogram (Additional Charge)	190	750	1,610	1,885	2,155	2,155
1760	CT 3D Reconstruction (Additional Charge)	190	750	1,610	1,885	2,155	2,155
1770	CT Guided Biopsy FNAC/Truecut (Same Sitting) (Additional Charge)	0	150	810	945	1,075	1,075
1780	CT Guided Biopsy FNAC/Truecut with Localizing Scans	0	300	2,155	2,695	3,230	3,230
1791	CT 'J' Needle Bone Biopsy	250	1,000	3,230	4,305	5,380	5,380
1B01	CT Guided Vertebroplasty	375	1,500	4,200	5,250	6,300	6,300
1B02	CT Guided RF Ablation	375	1,500	4,725	5,775	6,825	6,825
1B03	CT Guided Drainage / Localisation	315	1,250	2,625	3,285	3,940	3,940
1B04	CT Perfusion Studies (Additional Charge)	200	800	1,575	1,840	2,100	2,100
1B05	CT Dental	315	1,250	2,625	2,890	3,150	3,150
	<b>MRI Scan</b>						
1800	MRI Head Region	375	1,500	3,860	4,755	5,650	5,650
1810	MRI Neck	375	1,500	3,765	4,575	5,380	5,380
1820	MRI Head & Neck	500	2,000	5,380	6,995	8,610	8,610
1830	MRI Upper Limb	375	1,500	3,765	4,645	5,520	5,520
1840	MRI Thorax	375	1,500	3,765	4,575	5,380	5,380
1860	MRI Abdomen	375	1,500	3,765	4,645	5,520	5,520
1890	MRI Pelvis	375	1,500	3,765	4,645	5,520	5,520
1900	MRI Abdomen & Pelvis	500	2,000	5,380	6,995	8,610	8,610



**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
1910	MRI Spine (One Region)	375	1,500	3,765	4,645	5,520	5,520
1911	MRI Whole Spine	500	2,000	4,845	5,655	6,460	6,460
1920	MRI Lower Limb	375	1,500	3,860	4,755	5,650	5,650
1921	MRI Contrast	190	750	2,205	2,760	3,310	3,310
1930	MRI Angiogram	315	1,250	3,230	4,375	5,520	5,520
1940	MRI Venography	315	1,250	4,305	4,845	5,380	5,380
1950	MRI Myelogram	190	750	2,695	3,500	4,305	4,305
1960	MR Cholangio-Pancreatogram (CP)	190	750	2,695	3,500	4,305	4,305
1970	MRI Spectroscopy	190	750	2,695	3,555	4,415	4,415
1991	MRI Functional	190	750	2,695	3,555	4,415	4,415
1992	MRI Diffusion	190	750	1,610	1,885	2,155	2,155
1993	MRI Perfusion	190	750	2,695	3,500	4,305	4,305
1994	MRI Intervention	190	750	2,695	3,500	4,305	4,305
1995	MRI Limited	190	750	2,695	3,500	4,305	4,305
1997	MRI for Therapy Planning	0	0	2,625	0	0	4,305
IC01	MRI Abdomen + MR CP	375	1,500	4,725	5,775	6,825	6,825
	<b>MEDICAL ONCOLOGY</b>						
J001	Consultation (Medical Oncology)	0	0	265	265	265	265
J002	Cross Consultation (Medical Oncology)	0	0	265	265	265	265
J003	Follow-Up Evaluation Visit (Medical Oncology)	0	0	265	265	265	265
J101	Chemotherapy Planning Charges (Full Protocol) (Medical Oncology)	0	0	3,625	4,835	6,040	6,040
J102	Intravenous Bolus (per Cycle)	0	0	550	550	550	550
J103	Bone Marrow Aspiration/Biopsy	0	0	645	755	860	860
J104	Chemotherapy Indoor Charges per Cycle (Medical Oncology)	0	0	3,310	4,415	5,515	5,515
J105	Chemotherapy Daycare Charge per Cycle (Medical Oncology)	0	0	1,155	1,155	1,155	1,155

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>Bone Marrow Transplant (BMT) (Professional Charges)</b>						
J201	Bone Marrow Transplant (Allogenic)	0	0	1,00,000	1,00,000	1,00,000	1,00,000
J202	Stem Cell Transplant (Autologous)	0	0	43,050	43,050	43,050	43,050
J203	Bone Marrow Transplant (Autologous)	0	0	75,000	75,000	75,000	75,000
	<b>ACT Clinic (OPD Patients)</b>						
J401	Registration	0	0	250	250	250	250
J402	First Consultation (ACT Clinic)	0	0	265	265	265	265
J403	Cross Consultation (ACT Clinic)	0	0	265	265	265	265
J404	Follow-Up Consultation (ACT Clinic)	0	0	265	265	265	265
	<b>Catheter Care Clinic</b>						
J501	Pre-Insertion + Demonstration	0	0	540	810	1,075	1,075
J502	Dressing	0	0	215	380	540	540
J503	Insertion of PICC	0	0	1,075	1,345	1,610	1,610
	<b>GENERAL MEDICINE</b>						
K001	Consultation (General Medicine)	0	0	265	265	265	265
K002	Cross Consultation (General Medicine)	0	0	265	265	265	265
K003	Follow-Up Consultation (General Medicine)	0	0	265	265	265	265
K004	Consultation Consolidated Weekly (Inpatients) (General Medicine)	0	0	2,100	3,675	5,250	5,250
K101	Electrocardiogram + ICU	0	25	235	265	295	295
K103	Bedside / ICU Echocardiography	0	150	1,500	1,950	2,400	2,400
K104	Echocardiogram + Color Doppler	0	150	1,200	1,300	1,400	1,400
K105	Trans Oesophageal Echocardiography	0	150	1,345	1,480	1,610	1,610
K107	PFT (Spirometry)	0	50	500	550	600	600
K108	Complete PFT with Diffusion and Lung Volume Study	0	100	800	850	900	900
K109	Cardiac Stress Test	0	300	1,000	1,100	1,200	1,200
K111	Electrocardiogram Bedside	0	35	265	290	315	315

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
K112	Diffusion Study	0	50	350	400	450	450
K113	Lung Volume Study	0	50	400	450	500	500
K114	Cardiopulmonary Stress Test	125	500	1,800	2,150	2,500	2,500
K115	24 Hours Blood Glucose Monitoring	125	500	5,000	5,500	6,000	6,000
K201	Pericardial Tapping	0	0	3,230	4,305	5,380	5,380
K202	Pleural Tapping	0	0	2,155	3,770	5,380	5,380
K203	Bronchoscopy	0	0	2,155	3,770	5,380	5,380
K204	CVP Access	0	0	430	620	810	810
K205	Swan Ganz	0	0	1,075	1,885	2,695	2,695
K206	Arterial Line	0	0	215	325	430	430
K207	Transvenous Pacing	0	0	1,075	1,615	2,155	2,155
K208	Percutaneous Tracheostomy	0	0	810	1,485	2,155	2,155
<b>PSYCHIATRY &amp; CLINICAL PSYCHOLOGY</b>							
K301	Cross Consultation (Psychiatry)	0	0	265	265	265	265
K302	Follow-Up Consultation (Psychiatry)	0	0	265	265	265	265
K303	Psychometric Testing	0	0	300	300	300	300
<b>PULMONARY UNIT</b>							
K401	Cross Consultation (Pulmonary Unit)	0	0	265	265	265	265
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	265	265	265	265
<b>HONORARY CONSULTANTS</b>							
<b>Nephrology</b>							
L101	Cross Consultation (Nephrology)	0	0	265	265	265	265
L102	Follow-Up Consultation (Nephrology)	0	0	265	265	265	265
L111	Peritoneal Dialysis	0	150	810	945	1,075	1,075

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
L112	Femoral Vein Catheterisation	0	50	325	380	430	430
L113	Subclavian Vein Catheterisation	0	50	485	650	810	810
L114	CAVH	0	100	750	915	1,075	1,075
L115	Renal Biopsy	0	50	325	485	645	645
	<b>Neurology</b>						
L301	Cross Consultation (Neurology)	0	0	265	265	265	265
L302	Follow-Up Consultation (Neurology)	0	0	265	265	265	265
	<b>Neurosurgery</b>						
L401	Cross Consultation (Neurosurgery)	0	0	265	265	265	265
L402	Follow-Up Consultation (Neurosurgery)	0	0	265	265	265	265
	<b>ENT</b>						
L501	Cross Consultation (ENT)	0	0	265	265	265	265
L502	Follow-Up Consultation (ENT)	0	0	265	265	265	265
	<b>Clinical Haematology</b>						
L601	Cross Consultation (Clinical Haematology)	0	0	265	265	265	265
L602	Follow-Up Consultation (Clinical Haematology)	0	0	265	265	265	265
	<b>DIGESTIVE DISEASES &amp; CLINICAL NUTRITION</b>						
M001	First Consultation (Digestive Diseases)	0	0	265	265	265	265
M002	Cross Consultation (Digestive Diseases)	0	0	265	265	265	265
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	265	265	265	265
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	3,310	4,415	5,515	5,515
M005	Intravenous Bolus per Cycle	0	0	550	550	550	550
M006	TPN and Monitoring	0	0	2,155	3,770	5,380	5,380
M007	Enteral Nutrition Therapy	0	0	1,610	2,420	3,230	3,230
M008	Home Enteral Nutrition Care	0	0	1,075	2,155	3,230	3,230
M009	Home TPN and Monitoring	0	0	2,155	3,770	5,380	5,380

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M010	Review of Outside Reports - Second Opinion	0	0	540	810	1,075	1,075
M016	Chemotherapy Indoor Charges per Cycle (Digestive Diseases)	0	0	3,385	4,515	5,645	5,645
M017	Chemotherapy Daycare Charges per Cycle (Digestive Diseases)	0	0	1,075	1,075	1,075	1,075
M018	Dietary Counseling	0	0	540	810	1,075	1,075
M019	REE Estimation	0	0	2,100	3,150	4,200	4,200
M020	Body Composition	0	0	1,050	1,575	2,100	3,150
M021	Helicobacter Pylori Breath Test	125	500	1,050	1,575	2,100	2,100
	<b>Procedures (Hospital Service Charges)</b>						
M011	Endoscopy Room Charges – Grade I	0	200	830	970	1,105	1,105
M012	Endoscopy Room Charges – Grade II	0	300	1,105	1,380	1,655	1,655
M013	Endoscopy Room Charges – Grade III	0	400	1,655	1,930	2,205	2,205
M014	Endoscopy Room Charges – Grade IV	0	500	2,205	2,760	3,310	3,310
M015	Endoscopy Room Charges – Grade V	0	750	3,310	3,860	4,410	4,410
	<b>Procedures (Professional Charges)</b>						
M101	Rigid Sigmoidoscopy	0	0	1,105	1,380	1,655	1,655
M102	Tissue Sampling	0	0	1,105	1,380	1,655	1,655
M103	Oesophageal ILRT Tube Placement	0	0	1,105	1,380	1,655	1,655
M104	Peg Tube Removal	0	0	550	690	830	830
M105	Ryle's Tube Placement and Counseling	0	0	1,050	1,575	2,100	2,100
M201	Oesophagoscopy	0	0	3,310	4,415	5,515	5,515
M202	Oesophagoscopy with Biopsy or Cytology	0	0	3,310	4,415	5,515	5,515
M203	Gastrosocopy	0	0	3,310	4,415	5,515	5,515
M204	Gastrosocopy with Biopsy or Cytology	0	0	3,310	4,415	5,515	5,515
M205	Endoscopic Assessment	0	0	2,205	3,860	5,515	5,515
M206	Flexible Sigmoidoscopy	0	0	3,310	4,415	5,515	5,515
M207	Pile Banding / Injection	0	0	3,310	4,415	5,515	5,515
M301	Sideviewing Duodenoscopy	0	0	3,860	5,240	6,615	6,615

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M302	Sideview Duodenoscopy + Biopsy or Cytology	0	0	3,860	5,240	6,615	6,615
M303	Colonoscopy	0	0	3,860	5,240	6,615	6,615
M304	Colonoscopy with Biopsy or Cytology	0	0	3,860	5,240	6,615	6,615
M305	Chromoendoscopy	0	0	3,860	5,240	6,615	6,615
M306	Jejuno-Enteroscopy	0	0	3,860	5,240	6,615	6,615
M307	Diagnostic ERCP	0	0	3,860	5,240	6,615	6,615
M308	EUS of Esophagus/Stomach	0	0	3,860	5,240	6,615	6,615
M309	EUS of Rectum/Sigmoid Colon	0	0	3,860	5,240	6,615	6,615
M310	Endosonoprobe Examination	0	0	3,860	5,240	6,615	6,615
M311	Esophagosopic Feeding Tube Placement	0	0	3,860	5,240	6,615	6,615
M312	Esophageal Dilatation	0	0	3,860	5,240	6,615	6,615
M313	Endoscopic Foreign Body Removal	0	0	3,860	5,240	6,615	6,615
M314	Variceal Banding	0	0	3,860	5,240	6,615	6,615
M315	Endoscopic Clipping	0	0	3,860	5,240	6,615	6,615
M316	Glue Injection	0	0	3,860	5,240	6,615	6,615
M317	Bicap Coagulation	0	0	3,860	5,240	6,615	6,615
M318	Endoscopic Injection of Bleeders/Tumors	0	0	3,860	5,240	6,615	6,615
M319	Endoscopic Foreign Body Removal	0	0	3,860	5,240	6,615	6,615
M320	Enteral Stenting	0	0	6,300	7,350	8,400	8,400
M321	Colonic Stenting	0	0	6,300	7,350	8,400	8,400
M322	Emergency Endoscopy	0	0	6,300	7,875	9,450	9,450
M323	Colonoscopy with Polypectomy	0	0	6,300	7,350	8,400	8,400
M401	EUS of Pancreas and Bile Ducts	0	0	4,960	6,340	7,720	7,720
M402	Intraoperative Endoscopy	0	0	4,960	6,340	7,720	7,720
M403	Esophageal Prosthesis Placement	0	0	4,960	6,340	7,720	7,720
M404	Gastrostomy Endoscopic & Counseling	0	0	4,960	6,340	7,720	7,720
M405	Jejunostomy Endoscopic & Counseling	0	0	4,960	6,340	7,720	7,720

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M406	Achalasia Dilation	0	0	4,960	6,340	7,720	7,720
M407	Gastric or Pyloric Dilation	0	0	4,960	6,340	7,720	7,720
M408	Rectal or Colonic Dilation	0	0	4,960	6,340	7,720	7,720
M409	Polypectomy	0	0	4,960	6,340	7,720	7,720
M410	Endomucosal Resection	0	0	4,960	6,340	7,720	7,720
M411	Laser-Endoscopic	0	0	4,960	6,340	7,720	7,720
M412	Argon Plasma Coagulation	0	0	4,960	6,340	7,720	7,720
M413	Sphincterotomy with Stone Removal	0	0	4,960	6,340	7,720	7,720
M414	Endoscopic Cyst Drainage	0	0	4,960	6,340	7,720	7,720
M415	Naso-Biliary Drainage	0	0	4,960	6,340	7,720	7,720
M416	Biliary/Pancreatic Brush Cytology	0	0	4,960	6,340	7,720	7,720
M417	Electronic Chromoendoscopy	0	0	4,960	6,340	7,720	7,720
M418	Magnification Endoscopy	0	0	4,960	6,340	7,720	7,720
M501	ERCP with Biliary Stent Placement	0	0	6,615	8,270	9,925	9,925
M502	ERCP with Pancreatic Stent Placement	0	0	6,615	8,270	9,925	9,925
M503	Multiple Polypectomy	0	0	6,615	8,270	9,925	9,925
M504	Endoscopic Ultrasound Guided FNA	0	0	6,615	8,270	9,925	9,925
M505	Endoscopic Ultrasound Guided Therapy	0	0	6,615	8,270	9,925	9,925
M506	Radio Frequency Ablation	0	0	6,615	8,270	9,925	9,925
M601	Needle Aspiration	0	0	550	830	1,105	1,105
M602	Capsule Biopsy of Small Bowel	0	0	1,105	1,655	2,205	2,205
M603	Liver Biopsy	0	0	1,655	2,205	2,755	2,755
M604	Ascitic Tapping	0	0	1,655	2,205	2,755	2,755
M605	Indwelling Peritoneal Catheter Placement	0	0	1,105	1,380	1,655	1,655
M606	Percutaneous Ethanol Injection	0	0	1,655	2,205	2,755	2,755
M607	In Patient Care (Neutropenia Care / Hepatitis)	0	0	2,205	3,310	4,410	4,410
M608	Genetic Counseling	0	0	1,105	1,655	2,205	2,205

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
M609	Consultation Consolidated Weekly (Inpatients) (Digestive Diseases)	0	0	2,205	3,860	5,515	5,515
M701	Video Recording Charges	200	200	200	200	200	200
M702	Photo/Prints	200	200	200	200	200	200
	<b>ANAESTHESIOLOGY, CRITICAL CARE &amp; PAIN MANAGEMENT</b>						
N001	Consultation (Anaesthesiology)	0	0	265	265	265	265
N002	Cross Consultation (Anaesthesiology)	0	0	265	265	265	265
N003	Follow-Up Evaluation (Anaesthesiology)	0	0	265	265	265	265
	<b>Anaesthesia Charges</b>						
N101	Anesthesia Fees - Grade I	0	0	2,310	3,180	4,045	4,045
N102	Anesthesia Fees - Grade II	0	0	2,755	3,585	4,410	4,410
N103	Anesthesia Fees - Grade III	0	0	4,830	6,040	7,245	7,245
N104	Anesthesia Fees - Grade IV	0	0	5,775	6,930	8,085	8,085
N105	Anesthesia Fees - Grade V	0	0	6,615	8,270	9,925	9,925
N106	Anesthesia Fees - Grade VI	0	0	8,270	10,750	13,230	13,230
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	5,380	5,380	5,380	5,380
	<b>ICU Charges</b>						
N201	Per Day Charges	0	0	325	570	810	810
N202	CVP Access	0	0	540	810	1,075	1,075
N203	Swan Ganz Catheter	0	0	1,075	1,885	2,695	2,695
N204	Arterial Line	0	0	270	405	540	540
N205	Therapeutic Bronchoscopy	0	0	2,155	3,770	5,380	5,380
N206	Transvenous Pacemaker	0	0	1,075	1,615	2,155	2,155
N207	Percutaneous Tracheostomy	0	0	810	1,485	2,155	2,155
N208	CAVH - 1st Day	0	0	810	1,080	1,345	1,345
	<b>Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, etc.</b>						
N301	Minor (Peripheral Nerve Block)	0	30	380	460	540	540



**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
<b>N302</b>	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	50	810	1,210	1,610	1,610
<b>N303</b>	RT Pediatric GA/CT-GA	0	40	430	540	645	645
<b>N304</b>	RT Selectron	0	50	540	675	810	810
<b>N305</b>	RT Iridium Implant	0	50	645	860	1,075	1,075
	<b>SURGICAL ONCOLOGY</b>						
<b>O001</b>	First Consultation (Surgical Oncology)	0	0	265	265	265	265
<b>O002</b>	Cross Consultation (Surgical Oncology)	0	0	265	265	265	265
<b>O003</b>	Follow-Up Consultation (Surgical Oncology)	0	0	275	275	275	275
<b>O004</b>	Chemotherapy Consultation Full Protocol (Surgical Oncology)	0	0	3,310	4,415	5,515	5,515
<b>O005</b>	Intravenous Bolus per Cycle (Surgical Oncology)	0	0	550	550	550	550
<b>O006</b>	Chemotherapy Indoor Charges per Cycle (Surgical Oncology)	0	0	3,310	4,415	5,515	5,515
<b>O007</b>	Chemotherapy Daycare Charges per Cycle (Surgical Oncology)	0	0	1,105	1,105	1,105	1,105
<b>O008</b>	Trucut Biopsy of Breast Lesions (OPD)	0	100	1,050	1,185	1,315	1,315
	<b>Operation Theatre (Hospital Service Charges)</b>						
<b>O101</b>	Minor OT - Service Charges	0	200	870	1,015	1,155	1,155
<b>O111</b>	Major OT - Service Charges - Less than 2 Hrs.	0	600	3,465	4,620	5,775	5,775
<b>O112</b>	Major OT - Service Charges - 2 To 4 Hrs	0	1,000	5,775	8,085	10,395	10,395
<b>O113</b>	Major OT - Service Charges - More than 4 Hrs	0	1,500	8,455	11,475	14,490	14,490
<b>O114</b>	Minor OT - Drugs/Consumables (Without GA)	0	0	325	325	325	325
<b>O115</b>	Minor OT - Drugs/Consumables (with GA)	0	0	540	540	540	540
	<b>Surgery Charges</b>						
<b>O151</b>	Minor OT - Surgery Charges	0	0	870	1,160	1,445	1,445
<b>O161</b>	Grade I Surgery	0	0	2,755	4,135	5,515	5,515
<b>O162</b>	Grade II Surgery	0	0	6,930	10,395	13,860	13,860
<b>O163</b>	Grade III Surgery	0	0	9,660	15,700	21,735	21,735
<b>O164</b>	Grade IV Surgery	0	0	15,095	21,135	27,170	27,170

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
<b>O165</b>	Grade V Surgery	0	0	17,325	23,100	28,875	28,875
	<b>DENTAL</b>						
<b>P101</b>	First Consultation (Dental)	0	0	265	265	265	265
<b>P102</b>	Cross Consultation (Dental)	0	0	265	265	265	265
<b>P103</b>	Follow-Up Consultation (Dental)	0	0	265	265	265	265
<b>P201</b>	Surgical Maxillary Plate (Temp. Plate)	0	150	1,075	1,505	1,935	1,935
<b>P202</b>	Interim Maxillary Prosthesis	0	300	2,825	3,670	4,515	4,515
<b>P203</b>	Permanent Maxillary Prosthesis with Teeth	0	400	4,305	5,110	5,915	5,915
<b>P204</b>	Palatal Prosthesis	0	300	3,765	4,840	5,915	5,915
<b>P205</b>	Palatal Ext. Prosthesis with Teeth	0	350	3,765	4,840	5,915	5,915
<b>P206</b>	Guide Plane Prosthesis	0	200	2,825	3,390	3,955	3,955
<b>P207</b>	Tongue Prosthesis	150	600	5,380	6,460	7,535	7,535
<b>P208</b>	Partial Denture (1 – 3 Teeth)	0	200	1,290	1,995	2,695	2,695
<b>P209</b>	Partial Denture (4 – 6 Teeth)	0	300	1,610	2,420	3,230	3,230
<b>P210</b>	Partial Denture (7 – 10 Teeth)	0	350	2,155	3,230	4,305	4,305
<b>P211</b>	Upper or Lower Complete Denture	0	400	3,230	4,305	5,380	5,380
<b>P212</b>	Upper and Lower Complete Denture	125	500	5,380	6,460	7,535	7,535
<b>P213</b>	Interim Maxillary Prosthesis in Molloplast	875	3,500	5,380	6,725	8,070	8,070
<b>P214</b>	Permanent Maxillary Prosthesis in Molloplast	1,050	4,200	6,460	7,535	8,610	8,610
<b>P215</b>	Spring Denture	125	500	3,230	4,305	5,380	5,380
<b>P216</b>	Extraction per Tooth	0	20	215	325	430	430
<b>P217</b>	Surgical Extraction per Tooth	0	50	430	620	810	810
<b>P218</b>	Impaction	0	50	1,345	2,020	2,695	2,695
<b>P219</b>	Filling per Tooth	0	100	430	540	645	645
<b>P220</b>	Prophylaxis	0	50	550	715	880	880
<b>P221</b>	Topical Fluoride Gel Therapy	0	50	750	1,020	1,290	1,290

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
P222	Radiation Protection Pros. (Upper/Lower)	0	200	2,695	3,770	4,845	4,845
P223	Radiation Protection Pros. with Lead (Upper & Lower)	0	400	3,230	4,845	6,460	6,460
P224	Radiation Source Carrier Prosthesis	0	400	2,695	3,770	4,845	4,845
P225	Repair of Prosthesis	0	150	540	810	1,075	1,075
P226	Fluoride Gel Application (per Sitting)	0	50	340	455	565	565
P227	Inter Maxillary Wiring	0	200	1,075	1,615	2,155	2,155
P228	Eye Prosthesis / Patch	0	200	2,695	3,500	4,305	4,305
P229	Implant Retained Extra Oral Prosthesis / Consolidated	625	2,500	6,460	9,690	12,915	12,915
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated per Tooth	250	1,000	2,695	4,040	5,380	5,380
P231	Implant Retained Intra Oral Removable Dentures / Consolidated	250	1,000	2,695	4,040	5,380	5,380
P232	Permanent Max. Pros. with Bite Guide Pros.	0	400	3,675	4,990	6,300	6,300
P233	Permanent Max. Pros. with Teeth & GPP	125	500	5,775	6,825	7,875	7,875
P234	Occlusal Splint	0	150	525	790	1,050	1,050
P235	Occlusal Guard	0	150	525	790	1,050	1,050
P236	Composite Filling	0	100	410	515	615	615
P237	Temporary Filling (ZNOE Cement)	0	50	100	150	200	200
P238	Ag Filling / GI Filling	0	100	250	300	350	350
	<b>RADIATION ONCOLOGY</b>						
Q001	First Consultation (Radiation Oncology)	0	0	265	265	265	265
Q002	Cross Consultation (Radiation Oncology)	0	0	265	265	265	265
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	265	265	265	265
Q004	Chemotherapy Consultation (Full Protocol) (Radiation Oncology)	0	0	3,310	4,415	5,515	5,515
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	0	0	550	550	550	550
Q006	Chemotherapy Indoor Charges per Cycle (Radiation Oncology)	0	0	3,310	4,415	5,515	5,515
Q007	Chemotherapy Daycare Charges per Cycle (Radiation Oncology)	0	0	1,105	1,105	1,105	1,105
Q008	Consultation Consolidated Weekly (Inpatients) (Radiation Oncology)	0	0	2,205	3,860	5,515	5,515

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>External RT (Hospital Service Charges)</b>						
Q101	25 or More Fractions (Hosp. Charges)	0	1,000	6,040	9,060	12,075	12,075
Q102	11 to 24 Fractions (Hosp. Charges)	0	750	3,310	4,965	6,615	6,615
Q103	2 to 10 Fractions (Hosp. Charges)	0	200	2,205	2,760	3,310	3,310
Q104	Single Fraction/HBI (Hosp. Charges)	0	150	1,105	1,655	2,205	2,205
Q105	SRS/SRT (Hosp. Charges)	0	5,000	43,050	53,815	64,575	64,575
Q106	IMRT (Hosp. Charges)	0	10,000	29,925	40,425	50,925	50,925
Q107	IMRT with IGRT (Hosp. Charges)	0	15,000	37,275	56,175	75,075	75,075
Q108	SRS/SRT with IGRT (Hosp. Charges)	0	15,000	37,275	56,175	75,075	75,075
Q109	3D-CRT with IGRT (Hosp. Charges)	0	10,000	29,925	40,425	50,925	50,925
Q120	4D-CRT Planning (Hosp. Charges)	0	1,000	5,250	7,875	10,500	10,500
Q121	Simulator	0	200	830	1,520	2,205	2,205
Q122	TPS	0	100	540	1,075	1,610	1,610
Q123	Mould/Block/Compensators	0	100	540	1,075	1,610	1,610
Q124	Conformal Block/MLC	0	100	2,155	2,695	3,230	3,230
Q125	Body Frame	0	500	2,155	2,695	3,230	3,230
Q126	CT Simulator	0	200	1,075	2,155	3,230	3,230
Q127	3D-CRT Consolidated (Hosp. Charges)	0	2,000	14,175	16,800	19,425	19,425
Q128	TBI / TSET Consolidated (Hosp. Charges)	0	2,000	14,175	16,800	19,425	19,425
	<b>External RT (Professional Charges)</b>						
Q201	25 or More Fractions (Prof. Charges)	0	0	7,245	10,870	14,490	14,490
Q202	11 to 24 Fractions (Prof. Charges)	0	0	5,515	7,170	8,820	8,820
Q203	2 to 10 Fractions (Prof. Charges)	0	0	3,860	4,690	5,515	5,515
Q204	Single Fraction/HBI (Prof. Charges)	0	0	2,205	2,760	3,310	3,310
Q205	SRS/SRT (Prof. Charges)	0	0	21,525	26,910	32,290	32,290
Q206	IMRT (Prof. Charges)	0	0	33,075	43,575	54,075	54,075
Q207	IMRT with IGRT (Prof. Charges)	0	0	46,725	64,575	82,425	82,425

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
Q208	SRS/SRT with IGRT (Prof. Charges)	0	0	46,725	64,575	82,425	82,425
Q209	3D-CRT with IGRT (Prof. Charges)	0	0	33,075	43,575	54,075	54,075
Q227	3D-CRT Consolidated (Prof. Charges)	0	0	17,325	25,200	33,075	33,075
Q228	TBI / TSET Consolidated (Prof. Charges)	0	0	17,325	25,200	33,075	33,075
	<b>Brachytherapy (irrespective of number of fractions) Hospital Service Charges</b>						
Q301	LDR - VSA (Hosp. Charges)	0	100	540	810	1,075	1,075
Q302	LDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	0	750	3,230	4,305	5,380	5,380
Q303	LDR - Surface Mould (Hosp. Charges)	0	500	1,075	2,690	4,305	4,305
Q304	LDR - Interstitial/Template (Hosp. Charges)	0	1,500	3,230	4,305	5,380	5,380
Q321	HDR - CVS (Hosp. Charges)	0	100	1,075	1,345	1,610	1,610
Q322	HDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	0	750	3,230	4,305	5,380	5,380
Q323	HDR - Surface Mould (Hosp. Charges)	0	500	1,610	2,960	4,305	4,305
Q324	HDR - Interstitial/Template (Hosp. Charges)	0	1,500	3,230	4,305	5,380	5,380
Q325	Radical Brachytherapy HDR / LDR (Hosp. Charges)	0	2,000	4,200	5,775	7,350	8,400
	<b>Brachytherapy (irrespective of number of fractions) Professional Charges</b>						
Q401	LDR - VSA (Prof. Charges)	0	0	540	810	1,075	1,075
Q402	LDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	3,230	4,845	6,460	6,460
Q403	LDR - Surface Mould (Prof. Charges)	0	0	1,075	2,155	3,230	3,230
Q404	LDR - Interstitial/Template (Prof. Charges)	0	0	5,380	6,995	8,610	8,610
Q421	HDR - CVS (Prof. Charges)	0	0	2,155	2,695	3,230	3,230
Q422	HDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	3,230	4,845	6,460	6,460
Q423	HDR - Surface Mould (Prof. Charges)	0	0	3,230	4,845	6,460	6,460
Q424	HDR - Interstitial/Template (Prof. Charges)	0	0	5,380	6,995	8,610	8,610
Q425	Radical Brachytherapy HDR/LDR (Prof. Charges)	0	0	6,300	8,400	10,500	15,750
	<b>ANCILIARY SERVICES – STOMA CLINIC</b>						
R101	Only Pre-Op. Counseling & Stoma Marking	0	50	215	270	325	325

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R102	Pre & Post-Op. Counseling of Stoma Care	0	100	845	990	1,130	1,130
R103	Two Stoma Care Including Pre & Post Op. Counseling	0	100	860	970	1,075	1,075
R104	Fixing of Drain Pouches	0	50	210	265	315	315
R109	Post Op. Counseling & Single Stoma Care	0	100	795	910	1,020	1,020
R110	Post Op. Counseling & Two Stoma Care	0	200	1,000	1,080	1,155	1,155
R111	Wound/Fistula/Incontinence Care (per Sitting)	0	100	215	270	325	325
R112	Distal Stoma Wash/Irrigation (per Sitting)	0	100	215	270	325	325
<b>ANCILIARY SERVICES – PHYSIOTHERAPY</b>							
R201	Physiotherapy - Short Wave Diathermy	0	20	110	125	135	135
R202	Physiotherapy - Electrical Stimulation	0	20	110	125	135	135
R203	Physiotherapy General Exercises	0	20	170	200	225	225
R204	Transcutaneous Nerve Stimulation	0	10	80	95	110	110
R205	Ultrasound Therapy	0	20	110	140	165	165
R206	Infrared Rays Therapy	0	10	55	70	80	80
R207	Interference Therapy	0	20	110	125	135	135
R208	Continuous Passive Movement Exercises	0	20	130	175	215	215
R209	Pre-Operative Chest Therapy	0	20	105	135	160	160
R210	Post-Operative Chest Therapy	0	50	160	185	210	210
R211	Postural Drainage	0	50	210	240	265	265
R212	Specialised Exercises	0	50	265	290	315	315
R213	Bio Feedback	0	50	160	185	210	210
R214	Long Wave Diathermy	0	50	105	135	160	160
<b>ANCILIARY SERVICES – OCCUPATIONAL THERAPY</b>							
R301	Jaw Stretcher	200	200	270	300	325	325
R303	Facial Splint	25	25	55	70	80	80

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R316	MRM Bras	160	160	215	245	270	270
R321	Lymphedema - Dermagrip Sleeve - E	150	150	185	200	210	210
R322	Lymphedema - Dermagrip Sleeve - C & D	125	125	165	180	190	190
R323	Lymphedema - Dermagrip Sleeve - A & B	100	100	135	150	165	165
R324	Lymphedema - Accessories	100	100	135	150	165	165
R325	Lymphedema Treatment	0	50	110	140	165	165
R326	Dermagrip (Double Stretch – C)	200	200	430	430	430	430
R327	Dermagrip (Double Stretch – D)	250	250	540	540	540	540
R328	Dermagrip (Double Stretch – E)	300	300	595	595	595	595
R329	Dermagrip (Double Stretch – F)	325	325	630	660	685	685
R330	Dermagrip (Sleeve – F)	200	200	265	280	290	290
R331	Vaginal Dilatation Procedure	0	20	55	70	80	80
R345	Orfit Splints - Major	1,250	1,250	2,695	2,695	2,695	2,695
R346	Orfit Splints - Minor	150	150	430	430	430	430
R363	Silicon Mouth Blocks	75	75	110	140	165	165
R372	Modification in Orthosis	70	70	95	105	110	110
R375	Counseling & Exercises	0	20	170	195	220	220
R376	Neurocognitive Assessment and Intervention	0	20	110	125	135	135
R377	Lymphapress	0	50	210	240	265	265
R378	Prosthesis / Orthosis Fittings & Measurement	0	50	105	135	160	160
R379	Foot Drop Splint	250	250	400	450	500	500
R380	Above Knee Foot Drop Splint	300	300	500	550	600	600
R381	PICC Bath Jacket	75	75	250	275	300	300
R382	Bath Jacket	150	150	190	205	215	215
R383	Posterior Guard	250	250	400	450	500	500
R384	Dynamic Cock Up	85	85	200	225	250	250
R385	Resting Pan/Static Cock Up	100	100	300	350	400	400

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R386	Hip Abduction	200	200	400	450	500	500
R387	Taylor's Brace	600	600	850	900	950	950
R388	Total Contact Brace	2,000	2,000	2,550	2,800	3,050	3,050
R389	Hinge Knee Brace	1,400	1,400	2,050	2,550	3,050	3,050
R390	Plastic Shoe Insert	700	700	1,050	1,150	1,250	1,250
R391	Hinge Knee with Shoe Insert	2,500	2,500	3,550	3,800	4,050	4,050
R392	Shoulder Abduction Splint	175	175	350	400	450	450
R393	Chin Support	75	75	200	225	250	250
R394	Above Knee Prosthesis	4,500	4,500	6,540	7,040	7,540	7,540
R395	Hip Disarticulation Prosthesis	5,500	5,500	7,540	8,040	8,540	8,540
R396	Rotation Plasty Prosthesis	5,000	5,000	6,540	7,040	7,540	7,540
R397	Lymphoedema Kit (UL)	600	600	650	650	650	650
R398	Lymphoedema Kit (LL)	780	780	850	850	850	850
<b>ANCILIARY SERVICES – SPEECH THERAPY</b>							
R401	Speech Therapy - First Visit	0	25	225	395	565	565
R402	Speech Therapy - Follow-Up Visit	0	10	85	155	220	220
<b>ANCILIARY SERVICES – TISSUE BANK</b>							
R501	Amnion 5 x 5 cm	0	40	85	150	215	215
R503	Amnion 10 x 10 cm	0	75	165	300	430	430
R505	Dura Mater 2 x 2 cm	0	40	85	150	215	215
R507	Dura Mater 11 x 5 cm	0	200	430	755	1,075	1,075
R508	Skin 6 x 4 cm	0	50	110	190	270	270
R509	Skin 10 x 4 cm	0	75	165	300	430	430
R510	Skin 10 x 8 cm	0	100	215	380	540	540
R511	Iliac Crest 5 - 9 cm	0	500	1,075	1,885	2,695	2,695



**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R512	Bone Block 2 x 2 x 0.5 cm	0	125	270	460	645	645
R513	Bone Block 2 x 2 x 1 cm	0	200	430	755	1,075	1,075
R514	Bone Block 4 x 4 x 1 cm	0	400	880	1,545	2,205	2,205
R515	Bone Block 6 x 6 x 1 cm	0	600	1,290	2,260	3,230	3,230
R516	Rib 8 - 16 cm	0	200	430	755	1,075	1,075
R517	Head of Femur	0	750	1,695	3,105	4,515	4,515
R518	Bone Dust 1/2 gm	0	50	135	230	325	325
R519	Processing Fees	0	0	0	0	0	2,625
R521	Bone Chips	0	40	85	150	215	215
R522	Struts (Humerus, Femur, Tibia) 5 – 10 cm	0	1,000	2,695	4,580	6,460	6,460
R523	Struts (Humerus, Femur, Tibia) > 10 cm	0	1,500	3,230	5,920	8,610	8,610
R524	Amnion In Dmem	0	0	0	0	0	540
R525	Courier Handling Charges	0	0	0	0	0	700
R526	Demineralised Bone Powder per 0.5 cc	0	125	265	450	630	630
R528	Struts (Fibula, Radius, Ulna) 5 – 10 cm	0	600	1,260	2,205	3,150	315
R529	Struts (Fibula, Radius, Ulna) > 10 cm	0	750	1,575	2,890	4,200	4,200
R530	Irradiation of Tissue per Load	0	0	0	0	0	210
R531	Demineralised Bone Blocks 2 x 2 cm	0	750	1,615	2,960	4,300	4,300
R532	Demineralised Bone Strips 1 gm	0	1,000	2,565	4,360	6,150	6,150
R533	Femoral Head (< 10 gm)	0	125	255	435	615	615
R534	Femoral Head (10 – 14 gm)	0	200	410	720	1,025	1,025
R535	Femoral Head (15 – 19 gm)	0	600	1,230	2,155	3,075	3,075
R536	Tibial Slices (< 10 gm)	0	125	255	435	615	615
R537	Tibial Slices (10 – 14 gm)	0	200	410	720	1,025	1,025
R538	Tibial Slices (15 – 19 gm)	0	400	840	1,470	2,100	2,100
R539	Tibial Slices (> 20 gm)	0	600	1,230	2,155	3,075	3,075
R540	Metatarsal	0	200	410	720	1,025	1,025

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R541	Calcaneum	0	750	1,615	2,960	4,300	4,300
R542	Talus	0	400	840	1,470	2,100	2,100
	<b>ANCILIARY SERVICES – PROSTHETICS</b>						
R611	Nose Prosthesis	375	1,490	3,125	4,320	5,515	5,515
R612	Nose Implant	375	1,490	3,125	4,320	5,515	5,515
R613	Ear Prosthesis	375	1,490	3,125	4,320	5,515	5,515
R614	Ear Implant	375	1,490	3,125	4,320	5,515	5,515
R615	Skull Implant (Small)	375	1,490	3,125	4,320	5,515	5,515
R616	Skull Implant (Large)	525	2,100	4,410	5,880	7,350	7,350
R617	Orbital Prosthesis	375	1,490	3,125	4,320	5,515	5,515
R618	Ocular Implant (Conformer)	265	1,050	2,205	3,495	4,780	4,780
R619	Chin Implant	375	1,490	3,125	4,320	5,515	5,515
R620	Mandible Implant	375	1,490	3,125	4,320	5,515	5,515
R621	Testicular Implant	375	1,490	3,125	4,320	5,515	5,515
R622	Vaginal Mould 3 Sizes (Each)	375	1,490	3,125	4,505	5,880	5,880
R623	Breast Prosthesis	505	2,010	4,225	5,790	7,350	7,350
R624	Breast Impressions	100	395	825	1,150	1,470	1,470
R625	Finger and Toe Prosthesis	350	1,400	2,940	4,410	5,880	5,880
R626	Finger Joint Implants (10 Size 0 – 3)	220	875	1,840	2,390	2,940	2,940
R627	Finger Joint Implants (10 Size 4 – 8)	375	1,490	3,125	3,770	4,410	4,410
R628	Metacarpal Small	200	790	1,655	2,300	2,940	2,940
R629	Metacarpal Large	310	1,225	2,575	3,495	4,410	4,410
R630	Silastic Tendon Rod	310	1,225	2,575	4,230	5,880	5,880
R631	Silastic Block	395	1,575	3,310	5,330	7,350	7,350
R632	Sternum	550	2,190	4,595	5,975	7,350	7,350
R633	Trachea Implant	395	1,575	3,310	4,965	6,615	6,615

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
R634	Face Mask	100	395	825	1,150	1,470	1,470
R635	Ear Impression	100	395	825	1,150	1,470	1,470
R636	Skull Impression	100	395	825	1,150	1,470	1,470
R637	Orbital Impression	100	395	825	1,150	1,470	1,470
R638	Finger Impression	100	395	825	1,150	1,470	1,470
R639	Conformer Impression	55	220	460	785	1,105	1,105
R640	Custom-Made Nasal Implant	790	3,150	6,615	6,615	6,615	6,615
R641	Custom-Made Maxillary Implant	790	3,150	6,615	6,615	6,615	6,615
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	790	3,150	6,615	6,615	6,615	6,615
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	375	1,500	3,000	3,000	3,000	3,000
R644	Silastic Ring	125	500	1,000	1,750	2,500	2,500
<b>PALLIATIVE &amp; HOME CARE</b>							
R701	Consultation (Palliative Care)	0	0	265	265	265	265
R702	Cross Consultation (Palliative Care)	0	0	265	265	265	265
R703	Follow Up Consultation (Palliative Care)	0	0	265	265	265	265
<b>PREVENTIVE ONCOLOGY</b>							
S001	Routine Examination of Female Patients	0	350	790	790	790	790
S002	Routine Examination of Male Patients	0	350	790	790	790	790
<b>MEDICAL GENETICS</b>							
T001	First Consultation (Medical Genetics)	0	0	265	265	265	265
T002	Cross Consultation (Medical Genetics)	0	0	265	265	265	265
T003	Follow-Up Consultation (Medical Genetics)	0	0	265	265	265	265

**TATA MEMORIAL CENTRE  
SCHEDULE OF CHARGES – NOVEMBER 2009**

CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>CANCER CYTOGENETICS</b>						
T101	Ph: t(9;22) In Chronic Myeloid Leukaemia (CML)	250	1,000	4,305	4,845	5,380	5,380
T102	CML Blast Crisis	375	1,500	5,380	5,920	6,460	6,460
T103	Acute Myeloid Leukaemia	375	1,500	6,460	7,000	7,535	7,535
T104	Chronic Myelomonocytic Leukaemia	375	1,500	6,460	7,000	7,535	7,535
T105	Myelodysplastic Syndromes	375	1,500	6,460	7,000	7,535	7,535
T106	Myeloproliferative Syndromes	375	1,500	6,460	7,000	7,535	7,535
T107	Chromosomal Breakage (Fragility) Studies In Fanconi's Anaemia, Aplastic Anaemia	375	1,500	6,460	7,000	7,535	7,535
T108	Miscellaneous	375	1,500	5,380	5,920	6,460	6,460
T201	BCR/ABL Ph: t(9;22) (Chronic Myeloid Leukaemia - CML)	250	1,000	3,230	3,770	4,305	4,305
T202	BCR/ABL (Ph) Duplication, Trisomy 8, Trisomy 21, p53 Deletion (CML-Blast Crisis)	500	2,000	6,460	7,000	7,535	7,535
T203	PML/RARA t(15;17) (Acute Promyelocytic Leukaemia - APL, AML M3)	250	1,000	3,230	3,770	4,305	4,305
T204	PML/RARA t(15;17), Variant: t(11;17) / t(5;17) (APL-M3, M3 Variant)	375	1,500	5,380	5,920	6,460	6,460
T205	AML1/ETO t(8;21) (AML M2)	250	1,000	3,230	3,770	4,305	4,305
T206	t(8;21), t(15;17) (AML M2/AML M3)	375	1,500	5,380	5,920	6,460	6,460
T207	BCR/ABL Ph: t(9;22) (Acute Myeloid Leukaemia - AML)	250	1,000	3,230	3,770	4,305	4,305
T208	BCR/ABL Ph: t(15;17) (AML M1/AML M3)	375	1,500	5,380	5,920	6,460	6,460
T209	Inversion (16)/t(16;16) (AML-M4 with Abnormal Eosinophilia, AML M4)	250	1,000	3,230	3,770	4,305	4,305
T210	t(11q23)-MLL Translocations / Rearrangement (AML M4, M5)	250	1,000	3,230	3,770	4,305	4,305
T211	Inversion (16), t(11q23) - MLL Translocation / Rearrangement (AML M4)	375	1,500	5,380	5,920	6,460	6,460
T212	t(8;16) (AML M5b (Acute Monocytic Leukaemia with Phagocytosis))	375	1,500	5,380	5,920	6,460	6,460
T213	Structural Aberrations of Chromosomes 5, 7, 8 (Myelodysplastic Syndrome-MDS)	625	2,500	7,535	8,075	8,610	8,610
T214	DEL(20)(q12) (Polycythemia Vera)	250	1,000	3,230	3,770	4,305	4,305
T215	MLL Translocation - TEL-AML1, BCR-ABL, AML1-ETO, Ploidy Profile (Acute Leukaemia-AL)	750	3,000	8,610	9,150	9,685	9,685
T216	BCR/ABL Ph: t(9;22) (Acute Lymphoblastic Leukaemia-ALL)	250	1,000	3,230	3,770	4,305	4,305
T217	TEL/AML1 t(12;21) (ALL-B Lineage)	250	1,000	3,230	3,770	4,305	4,305
T218	MLL Translocations/Rearrangement t(11q23) (ALL, Biphenotypic/Therapy Related Leukaemia)	250	1,000	3,230	3,770	4,305	4,305

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
<b>T219</b>	MLL Translocations/Rearrangement t(11q23), TEL/AML1, BCR/ABL, Ploidy Profile In ALL	500	2,000	7,535	8,075	8,610	8,610
<b>T220</b>	MYC Translocations/Rearrangement t(8;14)/t(8;22)/t(2;8) (Burkitt, NHL Follicular Lymphoma)	250	1,000	3,230	3,770	4,305	4,305
<b>T221</b>	t(14;18) IGH/BCL2 (NHL - Follicular Lymphoma, B-ALL)	250	1,000	3,230	3,770	4,305	4,305
<b>T222</b>	t(14;18) Trisomy 7 (NHL/Follicular Lymphoma)	375	1,500	5,380	5,920	6,460	6,460
<b>T223</b>	t(11;14) IGH/CCND1 (NHL - Mantle Cell Lymphoma)	250	1,000	3,230	3,770	4,305	4,305
<b>T224</b>	t(14;18) IGH/BCL2, t(11;14) IGH/CCND1 (NHL)	375	1,500	5,380	5,920	6,460	6,460
<b>T225</b>	Trisomy 12, DEL(13q14), p53 Deletion Profile (Chronic Lymphocytic Leukaemia (CLL))	500	2,000	6,460	7,000	7,535	7,535
<b>T226</b>	TRISOMY 12, t(11;14) IGH/CCND1 (Chronic Lymphocytic Leukaemia)	375	1,500	5,380	5,920	6,460	6,460
<b>T227</b>	t(2;5) ALK Translocations/Rearrangement (T-NHL, Anaplastic Large Cell Lymphoma)	250	1,000	3,230	3,770	4,305	4,305
<b>T228</b>	XX or XY Status (Sex-Mismatched BMT, X/Y Disorders)	125	500	1,610	1,885	2,155	2,155
<b>T229</b>	Miscellaneous	250	1,000	3,230	3,770	4,305	4,305
<b>T230</b>	Miscellaneous Profile I	375	1,500	5,640	6,205	6,765	6,765
<b>T231</b>	FLT3 Mutation Study	200	800	2,500	2,750	3,000	3,000
<b>T232</b>	JAK2 Mutation Study	200	800	2,500	2,750	3,000	3,000
	<b>HAEMATOPATHOLOGY LABORATORY</b>						
<b>U706</b>	Erythrocyte Sedimentation Rate (ESR)	0	10	80	95	110	110
<b>U707</b>	Bleeding Time (BT)	0	10	55	70	80	80
<b>U708</b>	Prothrombin Time (PT)	0	20	85	105	125	125
<b>U709</b>	Coagulation Profile (PT & PTTK)	0	30	175	220	265	265
<b>U710</b>	Partial Thromboplastin Time with Kaolin (PTTK)	0	30	85	105	125	125
<b>U711</b>	Coagulation Profile (BT, PT, PTTK,TT)	0	30	335	420	505	505
<b>U712</b>	Coagulation Profile with FDP (D-Dimer), Fibrinogen	0	50	755	945	1,135	1,135
<b>U713</b>	Peripheral Blood Smear for Morphology and Malarial Parasites	0	100	220	275	330	330
<b>U714</b>	FDP (D-Dimer)	0	15	210	270	325	325
<b>U715</b>	Fibrinogen	0	15	210	270	325	325
<b>U718</b>	Cerebrospinal Fluid (CSF) Analysis	0	15	55	70	80	80

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
U721	Haemogram (Hb, TLC, Platelets)	0	30	90	110	125	125
U722	Haemogram (Hb, TLC, DLC, Platelets)	0	30	110	125	135	135
U723	Haemogram (Hb, TLC, DLC, Platelets & Morphology)	0	50	135	150	165	165
U724	Reticulocyte Count	0	15	55	70	80	80
U725	Ascitic Fluid Analysis	0	15	55	70	80	80
U726	Pleural Fluid Analysis	0	15	55	70	80	80
U727	Pericardial Fluid Analysis	0	15	55	70	80	80
U751	Bone Marrow Aspirate (Morphology)	0	0	105	135	160	160
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	0	100	210	265	315	315
U753	Surface Marker Complete Panel	250	1,000	4,400	6,050	7,700	7,700
U754	Surface Marker Individual	25	100	525	790	1,050	1,050
U755	Peripheral Blood Smear (Morphology + Cytochemistry)	0	100	210	265	315	315
	<b>Molecular Diagnostics</b>						
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	175	700	3,500	3,750	4,000	4,000
U102	RT-PCR Nested, BCR-ABL for Follow-Up	175	700	3,500	3,750	4,000	4,000
U103	RQ-PCR BCR-ABL (P210)	750	3,000	6,000	6,500	7,000	7,000
U104	RT-PCR Multiplex, Acute Leukaemia Panel	300	1,200	4,000	4,500	5,000	5,000
U105	RQ-PCR PML-RARA	750	3,000	6,000	6,500	7,000	7,000
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	375	1,500	2,500	2,750	3,000	3,000
U107	RT-PCR Nested, TCR Gene Rearrangement	375	1,500	2,500	2,750	3,000	3,000
	<b>BIO IMAGING UNIT</b>						
W001	Consultation (Bio Imaging Unit)	0	0	265	265	265	265
W002	Cross Consultation (Bio Imaging Unit)	0	0	265	265	265	265
W003	Follow-Up Consultation (Bio Imaging Unit)	0	0	265	265	265	265
W004	Outside Reporting of PET / PET-CT	0	300	880	1,105	1,325	1,325

**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
	<b>Radiopharmaceutical Charges</b>						
W010	Radiopharmaceutical Charges (FDG) PET-CT	4,500	4,500	4,500	4,500	4,500	4,500
W011	Radiopharmaceutical Charges (FDG) Brain PET-CT	2,250	2,250	2,250	2,250	2,250	2,250
W012	Radiopharmaceutical Charges (Fluoride) PET-CT	500	500	500	500	500	500
W013	Radiopharmaceutical Charges (FDG) Cardiac Viability	5,500	5,500	5,500	5,500	5,500	5,500
W014	Radiopharmaceutical Charges for ECD Brain SPECT	1,500	1,500	1,500	1,500	1,500	1,500
W015	Radiopharmaceutical Charges for GHA Brain SPECT	700	700	700	700	700	700
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
W018	Radiopharmaceutical Charges EC/MAG3 Renogram	850	850	850	850	850	850
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	800	800	800	800	800	800
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	1,000	1,000	1,000	1,000	1,000	1,000
W025	Radiopharmaceutical Charges for Hepatobiliary Scintigraphy	600	600	600	600	600	600
W026	Radiopharmaceutical Charges for MIBG Scan	7,000	7,000	7,000	7,000	7,000	7,000
W027	Radiopharmaceutical Charges for Radio Iodine Scan	1,500	1,500	1,500	1,500	1,500	1,500
W028	Radiopharmaceutical Charges for Pertechnetate Thyroid Scan	100	100	100	100	100	100
W029	Radiopharmaceutical Charges for Bone Scan	650	650	650	650	650	650
W030	Radiopharmaceutical Charges for Hynic-TOC Scan (Unshared)	52,000	52,000	52,000	52,000	52,000	52,000
W031	Radiopharmaceutical Charges for Hynic-TOC Scan (Shared)	26,000	26,000	26,000	26,000	26,000	26,000
	<b>PET Scan</b>						
W050	PET Scan Whole Body (Non Contrast)	250	1,000	6,325	8,340	10,350	10,350
W051	PET Scan Brain (FDG)	0	200	1,050	1,710	2,365	2,365
W052	PET Scan Whole Body (IV Contrast)	375	1,500	6,825	9,190	11,550	11,550

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
W053	PET-CT (Fluoride)	0	300	1,575	2,100	2,625	2,625
W054	FDG Cardiac Viability	0	200	1,050	1,575	2,100	2,100
	<b>CT Scan</b>						
W100	CT Head Plain and Contrast	315	1,250	2,755	3,075	3,390	3,390
W101	CT Brain Plain	200	800	1,610	1,910	2,205	2,205
W102	CT PNS	315	1,250	3,385	4,010	4,630	4,630
W103	CT Nasopharynx	315	1,250	3,230	3,825	4,415	4,415
W104	CT Sella	315	1,250	3,230	3,825	4,415	4,415
W105	CT Temporal Bone	315	1,250	3,230	3,825	4,415	4,415
W106	CT Orbits	315	1,250	3,230	3,825	4,415	4,415
W107	HRCT	315	1,250	3,230	3,825	4,415	4,415
W120	CT Neck	315	1,250	2,755	3,075	3,390	3,390
W130	CT Head and Neck	375	1,500	4,510	5,075	5,640	5,640
W140	CT Neck and Thorax	375	1,500	4,305	5,385	6,460	6,460
W150	CT Thorax	250	1,000	3,550	4,200	4,850	4,850
W170	CT Abdomen	250	1,000	3,765	4,365	4,965	4,965
W180	CT Thorax and Abdomen	375	1,500	5,915	6,505	7,095	7,095
W190	CT Pelvic Region	250	1,000	3,230	3,825	4,415	4,415
W200	CT Abdomen and Pelvis	375	1,500	6,180	6,800	7,420	7,420
W210	CT Thorax and Abdomen and Pelvis	500	2,000	6,930	8,085	9,240	9,240
W220	CT Spine	315	1,250	3,765	4,575	5,380	5,380
W230	CT Upper Limb	315	1,250	3,765	4,575	5,380	5,380
W240	CT Lower Limb	315	1,250	3,765	4,575	5,380	5,380
W241	Digital Scanogram	0	300	540	645	750	750
W250	CT Angiogram (Additional Charge)	190	750	1,610	1,885	2,155	2,155
W260	CT 3D Reconstruction	190	750	1,610	1,885	2,155	2,155
W270	CT Guided Biopsy FNAC/Truecut (Same Sitting) Extra Cost	0	150	810	945	1,075	1,075



**TATA MEMORIAL CENTRE  
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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
W280	CT Guided Biopsy FNAC/Truecut with Localising Scans	0	300	2,155	2,695	3,230	3,230
W291	CT - J - Needle Bone Biopsy	250	1,000	3,230	4,305	5,380	5,380
W300	CT Head Plain and Contrast + PET	815	3,250	10,765	12,380	13,990	13,990
W330	CT Head and Neck + PET	875	3,500	12,375	14,260	16,145	16,145
W350	CT Thorax + PET	750	3,000	11,300	13,185	15,070	15,070
W370	CT Abdomen + PET	750	3,000	11,840	13,725	15,605	15,605
W380	CT Thorax and Abdomen + PET	875	3,500	13,450	15,335	17,220	17,220
W400	CT Abdomen and Pelvis + PET	875	3,500	13,450	15,335	17,220	17,220
W410	CT Thorax and Abdomen and Pelvis + PET	1,000	4,000	14,525	16,950	19,375	19,375
	<b>SPECT-CT Scan</b>						
W500	99M-TC-MDP Wholebody Bone SPECT	125	500	1,260	1,420	1,575	1,575
W501	99M-TC-MDP Bone Scan Planar	0	400	1,050	1,155	1,260	1,260
W510	99M-TC-GHA Brain SPECT	125	500	1,260	1,420	1,575	1,575
W511	99M-TC-GHA Brain Scan Planar	0	400	1,050	1,155	1,260	1,260
W512	99M-TC-ECD Brain SPECT	0	150	790	1,185	1,575	1,575
W513	99M-TC-Salivary Scan	0	50	525	735	945	945
W514	99M-TC-Thyroid Scan	0	50	525	735	945	945
W515	Large Dose Iodine 131 Scan	0	300	840	945	1,050	1,050
W530	99M-TC-Oesophageal Transit Time	0	150	525	660	790	790
W531	99M-TC-SC / Phytate Liver Scan	0	150	525	660	790	790
W532	99M-TC-Gastric Emptying Time	0	150	525	660	790	790
W540	99M-TC-MAA Lung Perfusion Scan	0	50	525	790	1,050	1,050
W550	99M-TC-MIBI Myocardial Perfusion Scan	0	300	1,575	2,365	3,150	3,150
W560	99M-TC-EC Renogram	0	50	525	735	945	945
W561	99M-TC-DTPA Renogram with GFR	0	200	790	870	945	945
W562	99M-TC-DMSA Renal Cortical Scan	0	50	525	735	945	945
W563	99M-TC-DTPA GFR	0	100	420	475	525	525

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CODE	DESCRIPTION	GENERAL		PRIVATE			
		NC	C	B	A	D	FN
<b>W570</b>	99M-TC-MIBI Tumor Imaging	225	900	2,100	2,365	2,625	2,625
<b>W571</b>	99M-TC-Ciprofloxacin (Infecton) Infection Imaging	225	900	2,100	2,365	2,625	2,625
<b>W572</b>	99M-TC-DTPA Aerosol Scan	125	500	1,260	1,420	1,575	1,575
<b>W573</b>	99M-TC-DTPA Clearance	125	500	1,260	1,420	1,575	1,575
<b>W574</b>	99M-TC-RBC Gated Pool (Muga)	0	400	1,050	1,155	1,260	1,260
<b>W575</b>	99M-TC-Sentinel Node Imaging	0	150	525	660	790	790
<b>W576</b>	99M-TC-Merbrofenin Scan	0	300	840	945	1,050	1,050
<b>W577</b>	131 MIBG Scan	250	1,000	4,200	4,725	5,250	5,250
<b>W578</b>	Whole Body Scan (Low Energy)	0	150	735	1,025	1,315	1,315
<b>W579</b>	Whole Body Scan (Higher Energy)	0	300	1,575	2,100	2,625	2,625
	<b>Radio Iodine Therapy</b>						
<b>W600</b>	Radioiodine Therapy for Thyrotoxicosis	125	500	1,260	1,420	1,575	1,575
	<b>MISCELLANEOUS</b>						
<b>Z005</b>	Issue of LIC Certificates	250	250	250	250	250	250