

GOVERNMENT OF TAMIL NADU



TENDER DOCUMENT TO SELECT INSURANCE COMPANY TO IMPLEMENT

“CHIEF MINISTER’S COMPREHENSIVE HEALTH INSURANCE SCHEME”

PROJECT DIRECTOR,

Tamil Nadu Health Systems Society,

No. 359, Anna Salai, DMS Annexe Building,

Teynampet, Chennai – 600 006.

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GOVERNMENT OF TAMIL NADU

TENDER DOCUMENT TO SELECT PUBLIC SECTOR INSURANCE COMPANY TO IMPLEMENT

“Chief Minister’s Comprehensive Health Insurance Scheme”

Invitation of Bid

The Government of Tamil Nadu has decided through G.O.(Ms).No.169,H&FW (EAP-II(2)) Department, Dated 11.07.2011 to launch the “Chief Minister’s Comprehensive Health Insurance Scheme” to achieve the objective of providing quality health care to the people of Tamil Nadu. As per the directions given in the above G.O. and also in the G.O.(Ms) No.189/H&FW (EAP-II(2)) Dept., dated.29.07.2011 and G.O.(Ms) No.275/H&FW (EAP-II(2)) Dept., dated.02.11.2011, the CMCHISTN is being implemented for four years and extended one more year as per G.O.(Ms) No.4/H&FW (EAP-II(2)) Dept., dated.06.01.2016 in the state. Now as per the administrative sanction given in the G.O.(Ms) No.268 H&FW Department dated 17.11.16, this tender is invited for selecting the Public Sector insurance partner for implementing the above scheme.

1. DEFINITIONS:-

In this tender document unless the context otherwise provides

- (a) “Scheme” means, the “Chief Minister’s Comprehensive Health Insurance Scheme” as per G.O. (Ms) No.169 H&FW (EAP-II (2)) Department, Dated 11.07.2011 and amendments thereto including the subsequent modifications (Enclosure –1)
- (b) “Guidelines” means the “Chief Minister’s Comprehensive Health Insurance Scheme” Guidelines, 2017, which is given in Enclosure-2.

- (c) “Tender Accepting Authority” means, the State Empowered Committee constituted by the Government of Tamil Nadu as per G.O.(Ms).No.169 H&FW (EAP-II (2)) Department, Dated 11.07.2011 and amendments thereto (Enclosure –1). All the subsequent modification in the G.O will be part of the tender.
- (d) “Tender Inviting Authority” means, The Project Director, Tamil Nadu Health Systems Project, Chennai 600 006.
- (e) Words and expressions used but not defined in this document, but defined in the Tamil Nadu Transparency in Tenders Act, 1998 and Rules, 2000 framed there under (Tamil Nadu Act Number 43 of 1998), the Scheme or the Guidelines shall have the same meanings respectively assigned to them in that Act, the Scheme or the Guidelines, as the case may be.

2. SUBMISSION OF BIDS

By virtue of the provisions contained in the Tamil Nadu Transparency in Tenders Act, 1998 (Tamil Nadu Act Number 43 of 1998) and the Rules framed there under, the Project Director, Tamil Nadu Health Systems Project seeks detailed bids from Public Sector Insurance Companies interested in implementing the Scheme, as detailed in the Scheme and the Guidelines. The proposed document should include the following:

SECTION A – TECHNICAL BID:

QUALIFYING CRITERIA:

- (i) The bidder should be a Public Sector Insurance Company authorized to conduct the business of Health Insurance by the Insurance Regulatory and Development Authority (IRDA). Copy of valid IRDA license to conduct health insurance business, attested by a Notary Public or by a Group A or B Officer of the Central Government or State Government shall be enclosed.

- (ii) The Bidder should submit the proof of being a Public Sector Insurance Company.
- (iii) The Bidder should have been licensed for doing Health Insurance for atleast one year as on the last date for submission of bid and should have at any one point of time in last three years, reckoned from the last date for bid submission, live health insurance policies covering atleast 2.5 lakhs families / individual policies in aggregate.
- (iv) The Bidder should not have been banned or debarred by any State Government / Central Government or its Agencies or not qualified in participating the Government Schemes as per the IRDA Guidelines for any issue, and the ban or debarment should not be in currency on the last date for submission of bid. The Bidder should give an undertaking on this. The Bidder, who has been banned or debarred even after submission of bids but before entering in to the agreement, shall not be considered.

Explanation: It is clarified that a ban that is not in currency on the last date for submission of bid would not be deemed to be a bar on the company from bidding.
- (v) Bidders eligible as per above conditions are not permitted to bid by forming consortium with other insurance companies.
- (vi) The successful bidder should complete the performance obligations listed out in the activity chart as per **Annexure - A** of the Guidelines.
- (vii) The Third Party Administrator, if any, implementing the scheme on behalf of the successful bidder should also be an agency approved by the Insurance Regulatory and Development Authority. The successful

bidder would be required to establish the offices in Chennai, within one month of signing the agreement, for processing claims and other related activities for implementing the scheme. They also need to establish coordinating office in all districts of Tamil Nadu with suitable resources. The details of Third Party Administrator(s), if any, or branches of the successful bidder shall be furnished within one month from the date of signing the agreement. The draft agreement prepared by insurance company incorporating all the relevant terms and conditions of this tender for implementing the scheme, to be executed between insurer and TPA including any vendor agreements to be shared with Tamil Nadu Health Systems Project. The proposed agreement to be approved by Tamil Nadu Health Systems Project.

- (viii) The successful Bidder would be required to have, within one month of signing of the Agreement, an accredited hospital network in all districts of the State of Tamil Nadu and also in the designate places outside the state as required by The Project Director, Tamil Nadu Health Systems Project. The successful Bidder while accrediting the hospitals shall adhere to the yardstick prescribed under Clause 8 of the Guidelines. The details of the hospitals covered under the scheme shall be furnished in the format in **Annexure - B** to the Guidelines within one month of the execution of agreement and to be updated on monthly basis.
- (ix) A detailed business plan highlighting the process proposed to be adopted for the implementation of the scheme should be given by the insurance company covering all the aspect of the scheme.

SECTION B – FINANCIAL BID

- (i) The Scheme shall provide coverage for meeting all expenses relating to interventions/ hospitalization of beneficiary as defined in the Scope of the Scheme under clause 5 of the Guidelines.
- (ii) The coverage will be up to Rs. 1 lakh / per family per year for the procedures in **Annexure C**, follow up services as per **Annexure E** (All the procedures listed in **Annexure E** are eligible for follow up in addition any other specific procedure listed in **Annexure C** is also eligible for follow up in consultation with Public Sector Insurance Company) Diagnostic services as per **Annexure F** (if any other diagnostic test needed as per protocol in GH over and above listed in **Annexure F**, the Government hospitals are authorized to get the test done outside at the rate approved by the local committee and the amount incurred will be paid from the claims amount available with the hospital) to the guidelines with provision to pay up to Rs 2 lakhs per year per family for certain specified procedures as per **Annexure D** and , high end procedures as per **Annexure H** (the procedures will be approved on specific Government / committee approval where Public Sector Insurance Company liability is restricted to 2 lakhs only and Preauth/Claim processing) in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card issued for CMCHISTN or any other identification mechanism as agreed. The Public Sector Insurance Company should ensure that beneficiaries are getting treated for the approved procedures without any additional payments.
- (iii) There is also provision to modify the procedures if both the parties are agreeing e.g. we changed the bare metal stent to drug eluting stent in the last tender

- (iv) The benefit will be on floater basis and can be availed of individually or collectively by members of the family during the policy year with no restriction on the number of times the benefit is availed. The unutilized entitlement will lapse at the end of every policy year.
- (v) The service tax due on the total premium from time to time will be borne by the Tamil Nadu Health Systems Project.
- (vi) The details of the financial bid shall be furnished in the format prescribed in Enclosure-3.
- (vii) The Health Insurance Identity card cost (Present card cost is Rs.50/-) shall be separated from the premium amount and the card cost should not exceed Rs.50/- . Existing card specification and cost will continue. If the specification for the card changes then the cost will be decided later. This cost will be paid to the Public Sector insurance company on receipt of acknowledgment and verification of the distribution of the cards to the beneficiaries.

3. CONTENT OF BID

- I.** Technical bid shall contain the following documents:
 - a. Attested Copy of IRDA License
 - b. Proof of being a Public Sector Insurance Company.
 - c. Proof of covering a minimum 2.5 lakhs families / individual policies in aggregate at any point of time in the last three years.(copy of the policy, reflection of the policy details in the balance sheet or annual statement or IRDA journal and certification by the company auditor to be submitted as evidence)

- d. Declaration from the insurer that the Public Sector Insurance Agency has not been banned /debarred by any State Government/Central Government or its Agencies or not disqualified in participating the Government schemes as per IRDA guidelines.
- e. An undertaking that they have submitted their Bid as a single entity only and have not formed a consortium for the scheme.
- f. Company shall submit the details of present office infrastructure in the state with organogram.
- g. Proposed Activity Chart with time lines as per Annexure A of the Guidelines.
- h. Any Other information.

II. The Envelope containing the technical bid shall be marked in bold as **SECTION A - TECHNICAL BID FOR IMPLEMENTING“CHIEF MINISTER’S COMPREHENSIVE HEALTH INSURANCE SCHEME”,** written on the top of the envelope.

III. Financial bid should be sealed in another envelope clearly marked in bold as **SECTION B - FINANCIAL BID FOR IMPLEMENTING “CHIEF MINISTER’S COMPREHENSIVE HEALTH INSURANCE SCHEME”,** written on the top of the envelope.

IV. Both the envelopes should have the Bidder’s Name and Address clearly written at the Left Bottom Corner of the envelope.

V. Both the envelopes should be put in a **larger cover / envelope,** sealed and clearly marked in BOLD letters:-

“TECHNICAL BID AND FINANCIAL BID FOR THE CHIEF MINISTER’S COMPREHENSIVE HEALTH INSURANCE SCHEME”,

written on envelope and have the Bidder's Name and Address should be clearly written in **BOLD** at the Left Bottom Corner.

VI. Tenders shall remain valid for 90 (ninety) days after the deadline for submission of tender. A tender valid for a shorter period will be rejected. In exceptional circumstances, prior to the expiry of the original time limit, the bidders consent may be solicited for an extension of the period of validity. The request and the responses thereto shall be made in writing.

VII. The bid may be rejected

- (a) if the bidder fails to clearly mention Technical or Financial Bid on the respective envelopes
- (b) if the envelope is not properly sealed
- (c) if both envelopes i.e. Financial Bid and Technical Bid are not submitted in separate covers together kept in large envelope
- (d) if **any details related to the financial bid are mentioned in technical bid.**

4. SIGNATURE ON EACH PAGE OF DOCUMENT:

The competent authority of the bidder must sign and put official stamp on each page of bid. **If any page is unsigned it may lead to rejection of the bid.**

5. AMENDMENTS TO TENDER DOCUMENTS:-

- (a) At any time after the issue of tender documents and 48 hours before the opening of the tender, the Tender Inviting Authority may make any changes, modifications or amendments to the tender documents and shall sent intimation of such changes to all

those who have purchased the original tender documents and upload corrigendum for the information of those who have downloaded the tender documents from the website.

- (b) In case any one Bidder asks for a clarification to the tender documents **before 48 hours** of the opening of the tender, the tender inviting authority shall ensure that a reply is sent and copies of the replies to the clarifications sought shall be communicated to all those who have purchased the tender documents without identifying the source of the query and upload such clarification to the designated website for the information of those who have downloaded the tender documents from the website, without identifying the source of the query.
- (c) The amendments will be notified through corrigendum posted on the website www.tenders.tn.gov.in . Such amendments will form part of the tender document. Bidders are advised to constantly watch for any corrigendum at the above mentioned web address.
- (d) The Tender Inviting Authority reserves the right to extend the deadline for submission of tender for any reason, and the same shall be notified through corrigendum posted on the website www.tenders.tn.gov.in.

6. PRE-BID MEETING

- i. A Pre-Bid meeting of the prospective bidders will be held at **11 am on 28th November 2016** in the Health Conference Hall ,4th floor, Namakkal Kavignar buildings, Secretariat, Chennai-9 to clarify any queries the Bidders may have, and for providing additional information if any. No separate intimation of the Pre-Bid meeting

will be sent to the prospective Bidders unless there is a change in the time, date or venue of the Pre-Bid meeting, which will be posted on the website: www.tenders.tn.gov.in. Maximum two authorized representatives of each interested Bidder will be allowed to attend the pre bid meeting.

- ii. A copy of the minutes of the Pre Bid meeting will be sent to all the prospective Bidders who attended the meeting and will be posted on the website: www.tenders.tn.gov.in.

7. DEADLINE FOR SUBMISSION OF BID :

Completed Tender documents shall be received in the office of the Project Director, Tamil Nadu Health Systems Project, DMS Annexe Building, DMS Complex, Teynampet, Chennai-6 **not later than 3 p.m. on 05th December 2016.**

Tender documents received later than the prescribed date and time shall not be opened and shall be returned unopened to the concerned Bidder. Delay due to postal or any other reason will not be condoned.

8. PROCEDURE FOR EVALUATION OF BIDS AND AWARD OF CONTRACT:

- (i) A panel of officials nominated by the Tender Inviting Authority will evaluate the bids.
- (ii) The technical bids will be opened on **at 3.30 p.m. on 05th December 2016** in the office of Project Director, Tamil Nadu Health Systems Project, DMS Annexe building, DMS campus, Chennai-6. Only two authorized representatives of each Bidder will be allowed to attend.
- (iii) Once the technical bids have been evaluated, only the qualified Bidders will be informed about the date and time of opening of

financial tenders and such financial tenders will be opened in the presence of **the authorized representatives (maximum two per company) of each qualified Public Sector Insurance Company who chooses to be present.**

- (iv) The lowest evaluated bidder will be eligible for the award of tender.

9. RIGHT TO NEGOTIATE AT THE TIME OF AWARD:

The State Empowered Committee / Government of Tamil Nadu reserve the right to negotiate with lowest evaluated bidder after opening the Financial Bid.

10. RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS:

The State Empowered Committee / Government of Tamil Nadu reserves the right to accept or reject any bid or cancel the tender process and reject all bids at any time without assigning any reason prior to the award of contract, without thereby incurring any liability to the bidders. **The Tender Accepting Authority is not bound to accept the lowest evaluated bid or any other bids.**

11. NOTIFICATION OF AWARD AND SIGNING OF AGREEMENT:

The Notification of Award will be issued by the Tender Inviting Authority / Project Director, Tamil Nadu Health Systems Project with the approval of the Tender Accepting Authority. The **terms of agreement are non-negotiable** and the successful bidder shall sign the agreement that is found in Enclosure-4 in duplicate within 15 days of Notification of Award.

12. CONFIDENTIALITY:

Information relating to the examination, clarification, evaluation, and comparison of bids, and recommendations for the award of contract shall not be disclosed to bidders or to any other persons not officially concerned with such process until the Notification of Award is made.

13. CANVASSING, FRAUDULENT AND CORRUPT PRACTICES:

Bidders are hereby informed that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder. Further, they shall observe the highest standard of ethics and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.

14. PERIOD OF AGREEMENT:

- (a) The agreement will be in force for a period of 4 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 4 years with mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.
- (b) The Tamil Nadu Health Systems Project shall have the right to cancel the agreement with the approval of State Empowered Committee defined in G.O.(Ms).No.169,H&FW (EAP-II(2)) Department, Dated: 11.07.2011, if at any time during the period of the scheme, the Public Sector insurance company defaults in delivery of services or breaches any of the conditions of the contract of agreement or it is found that the company has misinterpreted any fact during the tender process to attain qualification.

Project Director,

Tamil Nadu Health Systems Project, Chennai -6

Place: Chennai-6

Date:

Enclosure -1

- (i) G.O. (Ms) No.169/ H & FW (EAP-II (2)) Department, Dated : 11.07.2011.
- (ii) G.O. (Ms) No.189/ H & FW (EAP-II (2)) Department, Dated : 29.07.2011.
- (iii) G.O. (Ms) No.275/ H & FW (EAP-II (2)) Department, Dated : 02.11.2011.
- (iv) G.O. (Ms) No.4/ H & FW (EAP-I (1)) Department, Dated : 06.01.2016,
- (v) G.O. (Ms) No.268 / H & FW (EAP-I (1)) Department, Dated : 17.11.2016.



ABSTRACT

Health and Family Welfare Department - Insurance - New Comprehensive Health Insurance Scheme - Framing of Scheme - Orders - Issued.

HEALTH AND FAMILY WELFARE (EAP-II(2)) DEPARTMENT

G.O. Ms) No.169

Dated : 11.7.2011

Thiruvalluvar Aandu - 2042

Aani - 26

Read :

1. G.O. (Ms) No. 49, Health and Family Welfare (EAP-II(2)) Department, dated 4.2.2009.
2. G.O. (Ms) No.72, Health and Family Welfare (EAP-II(2)) Department dated 16.2.2009.
3. G.O.(Ms)No.146, Health and Family Welfare (EAP-II(2)) Department, dated 3.6.2011
4. From the Project Director, Tamil Nadu Health Systems Project Letter No.2192/TNHSP/Insurance/2011 dated 13.6.2011.

ORDER:-

The Governor of Tamil Nadu in his address in the Legislative Assembly on 3.6.2011 has made the following announcement

"Providing affordable and quality health service to the people is the objective of this Government. A new Comprehensive Health Insurance Scheme will be launched by this Government shortly to achieve the objective of universal health care by terminating the existing health insurance scheme as it is not comprehensive and effective in fulfilling public aspirations."

2. In the G.O 3rd read above, orders were issued terminating the Chief Ministers Insurance Scheme for Life Saving Treatments introduced in the G.O 1st and 2nd read above and it was also ordered that the Government would launch a new Comprehensive Health Insurance Scheme shortly to achieve the objective of universal health care.

3. Accordingly, the Government direct that a new "Comprehensive Health Insurance Scheme" be launched to achieve the objective of universal health care to the people of Tamil Nadu.

4. The new "Comprehensive Health Insurance Scheme" shall be implemented on the following pattern :-

- 2
- (i) The Tamil Nadu Health Systems Society is designated as the implementing agency for this insurance Scheme. The entire premium shall be paid by the Government to the insurance company on behalf of the beneficiaries.
 - (ii) The sum assured is Rs 1 lakh per year per family along with a provision to pay upto Rs 1.5 lakh per year per family for certain specified procedures like renal transplantation, more than one cardiac valve replacement etc.
 - (iii) The eligibility income ceiling limit will be Rs 72,000/- per annum per family which is to be certified by the VAO.
 - (iv) The Insurance Company approved by the Government to implement this Insurance Scheme shall do the Empanelment of Hospitals by following the standard prescribed for the hospitals with regard to the availability of physical facilities, equipments for diagnoses / treatment and the qualified specialists and other staff for the diseases identified for the assistance
 - (v) The new scheme will cover more than 900 procedures including life saving medical management of cardiac, renal, neurological procedures, neonatal / paediatric procedures which were hitherto not covered.
 - (vi) The package cost for each procedure will be standardized and fixed. The package rates will include bed charges in General ward, Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to inpatient, one time transport cost etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days after the discharge from the hospital for the same ailment/ surgery including transport expenses will also be the part of the package. In instance of death, the carriage of dead body from network hospital to the village/township would also be part of the package. In addition, for the identified 120 procedures, follow up medicines will be provided for extended period of time.
 - (vii) With regard to diagnostic procedures
 - a. The reports of the Government institutions should be accepted as evidence by the empanelled hospitals. In addition, any other diagnostic procedure specified/approved by the Government like ECHO, USG, angiogram etc for inclusion under insurance can be undertaken by the private hospital if needed and will be covered by the package cost.
 - b. The diagnostic procedures leading to surgery / medical management under this insurance scheme will be part of the package.
 - c. For the patients referred through Government facility/screening camps and require to undergo further diagnostic procedures specified/approved by the Government like ECHO, USG,

angiogram etc at the empanelled hospitals, the cost for the diagnostic procedures will also be reimbursed. If those diagnostic procedures are not leading to surgery/medical management also, the cost of diagnostic test shall be reimbursed to the hospital. This facility is not available to the patients who are directly approaching the private hospitals without referral/screening camps.

- (viii) A new health insurance card for identification of beneficiary will be generated using the existing database and distributed through district administration / Insurance Company. For new enrolment, district level kiosk will be established at each district collectorate.
- (ix) Under the new Insurance Scheme, the performance of Government Hospitals will be improved as follows:-
 - a. Full package cost will be given to the Government hospitals along with incentive to the operating team. The sharing of funds for the cost of consumables, institutional development and incentive to operating team, shall be in the ratio of 60:25:15 respectively. This will be facilitated through the Tamil Nadu Health Systems Society, Directorate of Medical Education and Directorate of Medical and Rural Health Services.
 - b. The capacity of the participating hospitals shall be strengthened to handle the fund management under insurance.
 - c. The Government / Tamil Nadu Health Systems Society / Directorate of Medical Education should ensure creation of separate ward for patients covered under this scheme in the medical colleges with additional logistics and specific and trained manpower on the lines of the pay wards in Stanley Medical College Gastro Intestinal Department and Institute of Obstetrics and Gynaecology, Egmore, Chennai.
 - d. Initial advance shall be given to Government institutions to create such facilities which can be adjusted later from the claim amount.
 - e. Some procedures will be reserved for Government hospitals which will be decided by the Government / Tamil Nadu Health Systems Society.
- (x) An open tender will be floated as per the provisions of Tamil Nadu Transparency in Tender Act 1998 and the rules made thereunder to select an IRDA approved insurance company for implementing the new insurance scheme in all the districts of Tamil Nadu. The tender will be valid for 3 years subject to renewal of the contract on yearly basis based on the performance indicators like claim ratio of more than 60% and annual IRDA renewal, with a provision for refund as per guidelines.
- (xi) The Project Director, Tamil Nadu Health System Society is permitted to float the tender as per Tamil Nadu Transparency in Tenders Act 1998 and the rules framed thereunder.

5. Sanction is accorded for a sum of Rs. 750 crores (Rupees Seven hundred and fifty crores only) towards payment of premium to the Insurance Company for implementation of the scheme during the current year 2011-12, for which the sum of Rs.750 crores already provided in the B.E 2011-12 shall be utilized for implementing the scheme during the year 2011-12.

6. The expenditure sanctioned in para 5 above shall be debited to the following heads of account:-

(i) 2210 Medical and Public Health

80 General

800 Other Expenditure

Schemes in the Eleventh Five Year Plan

II State Plan

JJ Comprehensive Health Insurance Scheme

10 Contributions

02 Insurance Premium

(DPC 2210 80 800 JJ 1020)

(ii) 2210 Medical and Public Health

80 General

789 Special Component Plan for Scheduled castes

Schemes in the Eleventh Five Year Plan

II State Plan

JC Comprehensive Health Insurance Scheme under Special Component Plan

10 Contributions

02 Insurance Premium

(DPC 2210 80 789 JC 1020)

(iii) 2210 Medical and Public Health

80 General

796 Tribal Area Sub Plan Schemes in the Eleventh Five Year Plan

II State Plan

JB Comprehensive Health Insurance Scheme under Tribal Sub Plan

10 Contributions

02 Insurance Premium

(DPC 2210 80 796 JB 1027)

The amount sanctioned above shall not be paid in cash but contra credited to the P.D Account of Tamil Nadu Health Systems Societies as detailed below

" K Deposits and Advances (b) Deposits not bearing interest – 8443. 00.

Civil Deposits – 800 – Other Deposits – DJ – Deposits of Tamil Nadu Health Systems Society"

Data Processing Code

Receipts

Outgoing

(8443-00-800-DJ-0001)

(8443-00-800-DJ-0002)

7. The Government constitutes a State Empowered Committee under the chairpersonship of the Chief Secretary to Government of Tamil Nadu with the

following members to process and finalize the tender, approval of various procedures, review the implementation of the Insurance Scheme periodically and also to provide operational guidelines for the implementation of the scheme whenever required:

1	Chief Secretary to Government	Chairperson
2	Principal Secretary to Government, Health and Family Welfare Department.	Member
3	Principal Secretary/ Commissioner for Revenue Administration	Member
4	Principal Secretary to Government, Finance Department	Member
5	Principal Secretary to Government, Revenue Department	Member
6	Principal Secretary to Government, Labour and Employment Department	Member
7	Principal Secretary to Government, Municipal Administration and Water Supply Department	Member
8	Mission Director, State Health Society	Member
9	Project Director, Tamil Nadu Health System Society	Member Convener
10	Commissioner of Municipal Administration	Member
11	Director of Medical Education	Member
12	Director of Medical and Rural Health Services	Member
13	Director of Public Health and Preventive Medicine	Member

8. This orders issues with the concurrence of Finance Department vide its U.O.No. 157/DS(NK)/2011-1, dated 8.7.2011.

(BY ORDER OF THE GOVERNOR)

**GIRIJA VAIDYANATHAN
PRINCIPAL SECRETARY TO GOVERNMENT**

To

The Project Director, Tamil Nadu Health Systems Society, Chennai-6.
Private Secretary to Chief Secretary to Government, Chennai - 9.
Principal Secretary / Commissioner for Revenue Administration, Chennai - 5
Principal Secretary to Government, Finance Department, Chennai - 9.
Principal Secretary to Government, Revenue Department, Chennai - 9.
Principal Secretary to Government, Labour and Employment Department, Chennai-9.
Principal Secretary to Government, Municipal Administration and Water Supply Department, Chennai -9.
The Mission Director, State Health Society, Chennai - 6.

Commissioner of Municipal Administration, Chennai - 10.
 The Director of Public Health and Preventive Medicine, Chennai-6.
 The Director of Medical and Rural Health Services, Chennai - 6.
 The Director of Medical Education, Chennai - 10.
 All District Collectors
 All Joint Directors of Medical and Rural
 Health Services / Deputy Director of Health Services
 Accountant General, Chennai - 8/18
 The Pay and Accounts Officer (South), Chennai - 35.
 Copy to
 The Hon'ble Chief Minister's Office, Chennai - 9
 The Senior P.A to Hon'ble Minister (Finance) / (Health), Chennai - 9.
 The Finance (Health-I) Department, Chennai-9.
 SF/SC.

/ FORWARDED BY ORDER /

P. Paramathi 11/7/11
 SECTION OFFICER

35-200
 11/7/11



ABSTRACT

Health and Family Welfare Department - Chief Minister's Comprehensive Health Insurance Scheme - Framing of Scheme - Orders - Issued - Amendment - Issued.

HEALTH AND FAMILY WELFARE (EAP-II(2)) DEPARTMENT

G.O. (Ms) No.189

Dated: 29.07.2011
Thiruvalluvar Aandu - 2042
Aadi-13

Read :

1. G.O(Ms).No.49, Health and Family Welfare (EAP-II-2) Department, dated 04.02.2009.
2. G.O(Ms).No.72, Health and Family Welfare (EAPII-2) dated 16.02.2009.
3. G.O(Ms).No.146, Health and Family Welfare (EAPII-2) dated 03.06.2011.
4. G.O(Ms).No.169, Health and Family Welfare (EAPII-2) dated 11.07.2011
5. Minutes of the 1st State Empowered Committee Meeting held on 13.07.2011.

ORDER:

Based on the Governor's address in the Legislative assembly on 3.6.2011, in the G.O 3rd read above, orders have been issued terminating the Chief Minister's Insurance Scheme for Life Saving Treatments introduced in the G.O 1st and 2nd read above and it has also been ordered that the Government would launch a new Comprehensive Health Insurance Scheme shortly to achieve the objective of universal health care. The Project Director, Tamil Nadu Health Systems Project has also been instructed to terminate the existing contract with the insurance company by issuing due notice and also to get back the advance premium and service tax already paid for the remaining policy period from the insurance company.

~~2. In the G.O fourth read above, orders have been issued launching the new comprehensive health insurance scheme to achieve the objective of Universal Health Care to the people and sanction has also been accorded for a sum of Rs.750 crores for implementation of the scheme during the current year 2011-12. It has also been ordered constituting a State Empowered Committee under the Chairpersonship of the Chief Secretary to Government of Tamil Nadu with 12 members to process and finalise the tender, approval of various procedures, review the implementation of the Insurance Scheme periodically and also to provide operational guidelines for the implementation of the scheme whenever required.~~

3. In the 1st State Empowered Committee meeting held on 13.7.2011, the State Empowered Committee has suggested to name the New Comprehensive Health Insurance Scheme as

"Chief Minister's Comprehensive Health Insurance Scheme".

The State Empowered Committee has also suggested the following amendment to the existing para 4 (x) of the G.O fourth read above.

"The tender will be valid for 4 years and extendable by one more year subject to renewal of the contract on yearly basis based on the performance indicators like claim ratio of more than 80% and annual IRDA renewal, with a provision for refund as per guidelines."

4. The Government after careful examination have decided to accept the suggestions of the State Empowered Committee at para three above. Accordingly the Government direct that the New Comprehensive Health Insurance Scheme launched in the G.O fourth read above be named as

"Chief Minister's Comprehensive Health Insurance Scheme"

The Government also issue the following amendments to the G.O fourth read above.

AMENDMENTS

In the said G.O.-

(1) for paragraph 4 (x), the following paragraph shall be substituted, namely:-

"(x) An open tender will be floated as per the provisions of Tamil Nadu Transparency in Tender Act, 1998 and the rules made thereunder to select an IRDA approved insurance company for implementing the new insurance scheme in all the districts of Tamil Nadu. The contract will be valid for 4 years and extendable by one more year subject to renewal of the contract on yearly basis based on the performance indicators like claim ratio of more than 80% and annual IRDA renewal with a provision for refund as per guidelines"

(2) for paragraph 6, the following paragraph shall be substituted, namely:-

"6. The expenditure sanctioned in para 5 above shall be debited to the following heads of account:-

- i. "2210. Medical and Public Health – 80. General – 800. Other Expenditure – Schemes in the Eleventh Five Year Plan – II. State Plan – JJ. Chief Minister's Comprehensive Health Insurance Scheme – 10. Contributions – 02. Insurance Premium (DPC-2210-80-800-JJ-1020)"

- ii. "2210. Medical and Public Health -80. General - 789. Special Component Plan for Scheduled Castes - Schemes in the Eleventh Five Year Plan - II. State Plan - JC. Chief Minister's Comprehensive Health Insurance Scheme - 10. Contributions - 02. Insurance Premium (DPC - 2210-80-789-JC-1020)"
- iii. "2210 Medical and Public Health -80. General - 796. Tribal Area Sub-Plan - Schemes in the Eleventh Five Year Plan - II. State Plan - JB. Chief Minister's Comprehensive Health Insurance Scheme - 10. Contributions -02. Insurance Premium (DPC - 2210-80-796-JB-1027)"

The amount sanctioned above shall not be paid in cash but contra credited to the P.D. Account of Tamil Nadu Health Systems Society as detailed below:

"K. Deposits and Advances (b) Deposits not bearing interest - 8443-00. Civil Deposits - 800. Other Deposits- DJ. Deposits of Tamil Nadu Health Systems Society" (DPC - 8443-00-800-DJ-0001 (Receipts))"

5. This order issues with the concurrence of Finance Department vide its U.O No 167/DS(NK)/2011 dated :22.07.2011.

(BY ORDER OF THE GOVERNOR)

**GIRIJA VAIDYANATHAN
PRINCIPAL SECRETARY TO GOVERNMENT**

To

- The Project Director, Tamil Nadu Health Systems Society, Chennai-6.
- The Private Secretary to Chief Secretary to Government, Chennai - 9.
- The Principal Secretary / Commissioner for Revenue Administration, Chennai - 5
- The Principal Secretary to Government, Finance Department, Chennai - 9.
- The Principal Secretary to Government, Revenue Department, Chennai - 9.
- The Principal Secretary to Government, Labour and Employment Department, Chennai-9,
- The Principal Secretary to Government, Municipal Administration and Water Supply Department, Chennai -9.
- The Mission Director, State Health Society, Chennai - 6.
- The Commissioner of Municipal Administration, Chennai - 5.
- The Director of Public Health and Preventive Medicine, Chennai-6.
- The Director of Medical and Rural Health Services, Chennai - 6.
- The Director of Medical Education, Chennai - 10.
- All District Collectors
- All Joint Directors of Medical and Rural Health Services / Deputy Director of Health Services
- Accountant General, Chennai - 6/18
- The Pay and Accounts Officer (South), Chennai - 35.

SF/SC.

7th Floor - Waltering 9/7/11
SECTION OFFICER

29.7.11



ABSTRACT

Chief Minister's Comprehensive Health Insurance Scheme-Lodging of the Tender and Floating of short Tender- Instructions – Issued.

Health and Family Welfare (EAP-II) Department

G.O. (Ms) No. 275

Dated: 2.11.2011

Thiruvalluvar Aandu – 2042

Ippasi-16

Read:

1. G.O(Ms).No169, Health and Family Welfare Department, dated 11.7.2011.
2. From the Project Director, Tamil Nadu Health Systems Project, Lr.No.2192/TNHSP/Ins/2011, dated 21.10.11

ORDER:

The Project Director, Tamil Nadu Health Systems Project, as per the orders issued in the G.O. first read above issued the Tender Notification on 20.7.2011 and floated the Tender documents on 22.7.2011 for the Identification of the Agency to implement the Chief Minister's Comprehensive Health Insurance Scheme. Nine Insurance Companies participated in the above tender.

2. The State Empowered Committee constituted in the said G.O. to process and finalise the tender has observed after detailed consideration that the L1 bidder has not reduced the rate substantially even after the three rounds of negotiation. and that the final rate offered appears to be high. Therefore the Committee decided to reject the offer and lodge the tender.

3. The Government have carefully considered the entire matter and has decided that a short tender may be floated by giving a time of fifteen days and to restrict the participants of the tender to Public Sector Insurance Companies.

4. The Government accordingly direct the Project Director, Tamil Nadu Health Systems Project to float a short tender by giving a time of fifteen days for identification of the Agency to implement the Chief Minister's Comprehensive Health Insurance Scheme. The Government also direct that the eligibility for participation in the tender be restricted to the Public Sector Insurance Companies only.

(BY ORDER OF THE GOVERNOR)

GIRIJA VAIDYANATHAN
PRINCIPAL SECRETARY TO GOVERNMENT

To

The Project Director,
Tamil Nadu Health Systems Project,
Chennai-6.

/ FORWARDED BY ORDER /

P. Paernethy 2/11/11
SECTION OFFICER

2.11.11

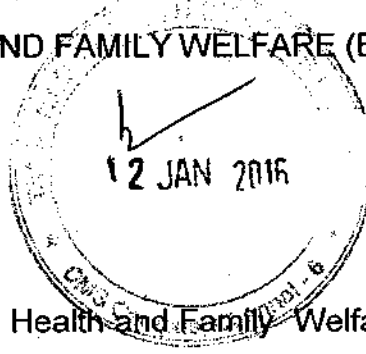


ABSTRACT

Health and Family Welfare Department - Tamil Nadu Health Systems Project - Chief Minister's Comprehensive Health Insurance Scheme – Extension of the contract with the M/s United India Insurance Company selected to implement the scheme for one more year from 11.01.2016 to 10.01.2017 – Orders – Issued.

HEALTH AND FAMILY WELFARE (EAP1/1) DEPARTMENT

G.O.(Ms) No.4



Dated: 06.01.2016
Thiruvalluvar Aandu – 2046
Manmatha Margazhi – 21

Read again:

1. G.O.(Ms)No.169, Health and Family Welfare (EAP-II (2)) Department, Dated: 11.07.2011.
2. G.O.(Ms)No.189, Health and Family Welfare (EAP-II(2)) Department. Dated.29.07.2011.

Read also:

3. From the Director and General Manager, United India Insurance Company letter dated: 31.03.2015.
4. From the Project Director, Tamil Nadu Health Systems Project, letter No.7276/TNHSP/Ins./2014, dated: 10.03.2015, 31.7.2015 and 29.09.2015.

ORDER:

In the Government Orders first and second read above, Government have issued orders for the implementation of Chief Minister's Comprehensive Health Insurance Scheme for a period of 4 years and extendable by one more year subject to renewal of contract on yearly basis based on performance and Insurance Regulatory and Development Authority (IRDA) Licence renewal and the scheme was inaugurated with effect from 11.01.2012. United India Insurance Company Limited was selected to implement the scheme and an agreement has been executed between the Project Director, Tamil Nadu Health Systems Project and the General Manager, United India Insurance Company Limited for implementation of the scheme in the State.

2. The Project Director, Tamil Nadu Health Systems Project in his letter fourth read above has stated that as per para 6(a) of tender agreement, the agreement will be in force for a period of 4 years from the date of commencement of the scheme, subject to annual renewal and extendable by one more year beyond 4 years on mutual consent. The scheme which started on 11.01.2012 has been running successfully for the fourth year. The contract has been renewed upto 10.01.2016. The Project Director, Tamil Nadu Health Systems Project has requested the Government to issue necessary orders for the extension of the contract for one more year from 11.01.2016.

3. The Project Director, Tamil Nadu Health Systems Project has stated that the proposal for the extension of the contract was placed in the XV meeting of State Empowered Committee held on 13.07.2015 and accepted the proposal to extend the Tender for one more year till 10.01.2017 without any additional cost as per the existing terms and conditions of the contract.

4. The Government have carefully examined the proposal of the Project Director, Tamil Nadu Health Systems Project and decided to accept it. Accordingly, the Government direct that the tender agreement / contract executed between the Project Director, Tamil Nadu Health Systems Project and the General Manager, United India Insurance Company Limited. for the implementation of the Chief Minister's Comprehensive Health Insurance Scheme be extended for one more year from 11.01.2016 to 10.01.2017 as per the existing terms and conditions, as quality control measures are already implemented. The performance and quality may be reviewed as part of State Level Committee.

5. This order issues with the concurrence of Finance Department vide its U.O. No.2/ADS(Dr.PU)/2016, dated:06.01.2016.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
SECRETARY TO GOVERNMENT

To

The Project Director, Tamil Nadu Health Systems Project, Chennai- 6.
The General Manager, United India Insurance Company Limited. Chennai.
The Managing Director, Tamil Nadu Medical Service Corporation, Chennai-8..
The Mission Director, State Health Society, Chennai-6.
The Director of Public Health and Preventive Medicine, Chennai-6.
The Director of Medical and Rural Health Services, Chennai-6.
The Director of Medical Education, Chennai-10.
✓ All District Collectors, All Joint Directors, All Deputy Directors, Chennai.
The Principal Accountant General (A&E), Chennai - 18/35.
The Principal Accountant General (Audit I), Chennai -18.
The Pay and Accounts Officer (South), Chennai - 35.

Copy to:

Private Secretary to Chief Secretary to Government, Chennai-9.
The Hon'ble Chief Minister's Office, Chennai-9.
The Special. Officer, Chief Minister's Special Cell, Chennai-9.
The Special Personal Assistant, to Hon'ble Minister (Finance) and (Health), Chennai-9.
The Finance (Health - I/II, BG-I/BG-II) Department, Chennai - 9.
The Health and Family Welfare (Data Cell) Department, Chennai-9.
SF/SC.

// FORWARDED BY ORDER //

P. S. S. S. S.
SECTION OFFICER 6/1/16
6/1/16



ABSTRACT

Chief Minister's Comprehensive Health Insurance Scheme – Continuation of the scheme from 11.01.2017 – floating of tender to select a Public Sector Insurance Company - Constitution of State Empowered Committee – Orders – Issued.

HEALTH AND FAMILY WELFARE (EAPI/1) DEPARTMENT

G. O. (Ms) No. 268

Dated: 17.11.2016
Thiruvalluvar Aandu – 2047
Dhunmuki, Karthigai – 2

Read:

1. G.O.(Ms).No. 169, Health and Family Welfare (EAPII/2) Department, dated: 11.07.2011
2. G.O.(Ms).No. 189, Health and Family Welfare (EAPII/2) Department, dated: 29.07.2011
3. G.O.(Ms).No.4, Health and Family Welfare (EAPI/1)Department, dated: 06.01.2016
4. From the Project Director, Tamil Nadu Health Systems Project, letter No. 3640/TNHSP/Ins/2016, dated: 04.08.2016

ORDER:

In the Government Orders first and second read above, orders have been issued for the implementation of Chief Minister's Comprehensive Health Insurance Scheme for a period of 4 years and extendable for one more year ,subject to renewal of contract on yearly basis based on performance and Insurance Regulatory and Development Authority (IRDA) Licence renewal. The said scheme was inaugurated with effect from 11.01.2012.

2. In the G.O third read above, orders have been issued for the extension of the Scheme for one more year from 11.01.2016 to 10.01.2017 as per the existing terms and conditions.

3. Under Chief Minister's Comprehensive Health Insurance Scheme, the premium is being paid every year in four quarterly installments on or before the first day of the quarter every year, with the year being reckoned from the date of commencement of the scheme. The first premium for the first year of the scheme would be paid on or before the date of commencement of the scheme.

4. Now, the Project Director, Tamil Nadu Health Systems Project has requested the Government orders to implement the Chief Minister's Comprehensive Health Insurance Scheme from 11.01.2017 by selecting a Public Sector Insurance Company through an open tender, constitution of State Empowered Committee and sanction of Human Resources for the above scheme.

5. The Government have carefully examined the proposal of the Project Director, Tamil Nadu Health Systems Project and order as follows:-

- (a) (i) The Chief Minister's Comprehensive Health Insurance Scheme be continued from 11.01.2017.
- (ii) Permission is granted to the Project Director, Tamil Nadu Health Systems Project to float the tender as per Tamil Nadu Transparency in Tenders Act 1998 and the rules framed there under to select an IRDA approved Public Sector Insurance company, to implement the Chief Minister's Comprehensive Health Insurance Scheme from 11.01.2017 for a period of 5 years.
- (b) Sanction is accorded to continue the State Health Insurance Unit along with the following posts sanctioned in the G.O. mentioned against the posts.

Sl. No.	Name of the post	No. of post sanctioned	Scale of pay	G.O. (Ms) No. in which sanctioned.
1.	District Revenue Officer	1	Rs.15600-39100 GP 7600	G.O. (Ms) No.325 Health and Family Welfare Department, Dated:06.10.2009
2.	Joint Director	1	Rs.15600-39100 GP7600	G.O. (Ms) No.59, Health and Family Welfare Department, Dated: 28.03.2013.
3.	Medical Officer / Deputy Director	2	Rs.15600-39100 GP 6600	G.O. (Ms) No.325, Health and Family Welfare Department, Dated:06.10.2009
4.	Medical Officer	10	Rs.15600-39100 GP 5400/ 6600 / 7600	G.O. (Ms) No.59 Health and Family Welfare Department, Dated: 28.03.2013.
5.	Chief Accounts Officer	1	Rs.15600-39100 GP 6600	G.O. (Ms) No.334, Health and Family Welfare Department, Dated: 21.10.2014.
6.	IEC Expert	1	On Contract Pay	G.O. (Ms) No.59, Health and Family Welfare Department, Dated : 28.03.2013.
7.	MIS Expert	1	On Contract Pay	G.O. (Ms) No.59, Health and Family Welfare Department, Dated: 28.03.2013.
8.	Superintendent	1	Rs.9300-34800 GP 4800	G.O. (Ms) No.325, Health and Family Welfare Department. Dated:06.10.2009
9.	Assistant	1	Rs.5200-20200 GP 2800	G.O. (Ms) No.59, No.325, Health and Family Welfare Department, Dated :06.10.2009

10.	Accounts Assistant	1	Rs.5200-20200 GP 2400	G.O. (Ms) No.334, Health and Family Welfare Department, Dated: 21.10.2014.
11.	Typist/ Stenographer	1	Rs.5200-20200 GP 2400	G.O. (Ms) No.325,, Health and Family Welfare Department Dated :06.10.2009
12.	Computer Operator	3	Rs.5200-20200 GP 2400	G.O. (Ms) No.59, Health and Family Welfare Department. Dated: 28.03.2013.
13.	Office Assistant	2	Rs.4800-10000 GP 1300	G.O. (Ms) No.325, Health and Family Welfare Department, Dated:06.10.2009
14.	Office Assistant	2	Rs.4800-10000 GP 1300	G.O. (Ms) No.59, Health and Family Welfare Department, Dated: 28.03.2013.

- (c). State Empowered Committee (SEC) for the implementation of CMCHIS be constituted under the Chairmanship of Chief Secretary to Government with the following 12 members as in the existing scheme, to finalize the tender document, approval of various procedures, review the implementation of the scheme periodically and also to provide operational guidelines for the implementation of the scheme whenever required:

1	Chief Secretary to Government	Chairperson
2	Principal Secretary to Government, Health and Family Welfare Department	Member
3	Principal Secretary / Commissioner for Revenue Administration	Member
4	Additional Chief Secretary to Government, Finance Department	Member
5	Principal Secretary to Government, Revenue Department	Member
6	Principal Secretary to Government, Labour and Employment Department	Member
7	Principal Secretary to Government, Municipal Administration and Water Supply Department.	Member
8	Mission Director, State Health Society.	Member
9	Project Director, Tamil Nadu Health Systems Project.	Member convener

10	Commissioner of Municipal Administration.	Member
11	Director of Medical Education.	Member
12	Director of Medical and Rural Health Services.	Member
13	Director of Public Health and Preventive Medicine.	Member

- (d) the Project Director, Tamil Nadu Health Systems Project is the tender inviting authority who will receive tender, process it and submit it to State Empowered Committee (SEC) which is the tender finalizing authority.

6. This order issues with the concurrence of Finance Department vide its U.O. No.61690/Health/II/16, dated: 17.11.2016.

(BY ORDER OF THE GOVERNOR)

**J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT**

To

The Project Director, Tamil Nadu Health Systems Project, Chennai- 6.

The Mission Director, State Health Society, Chennai-6.

The Director of Public Health and Preventive Medicine, Chennai-6.

The Director of Medical and Rural health Services,, Chennai-6.

The Director of Medical Education, Chennai-10.

All District Collectors, All Joint Directors, All Deputy Directors,

The Principal Accountant General (A&E), Chennai – 18/35.

The Principal Accountant General (Audit I), Chennai -18.

The Pay and Accounts Officer (South), Chennai – 35.

Copy to:

The Personnel Secretary to Chief Secretary, Chennai-9.

The Hon'ble Chief Minister Officer, Chennai-9

The Special Officer, Chief Minister Special Cell, Chennai-9.

The Special Personal Assistant to Hon'ble Minister (Finance) Department, Chennai-9

The Special Personal Assistant to Hon'ble Minister ((Health) Department, Chennai-9

The Finance (Health – II, BG-I/BG-II) Department, Chennai – 9.

The Health and Family Welfare (Data Cell) Department, Chennai-9.

SF/SC.

// FORWARDED BY ORDER //

B. Jayaraj
SECTION OFFICER

17/11/16

Enclosure 2

“Chief Minister’s Comprehensive Health Insurance Scheme Guidelines”, 2017

1. Title

These Guidelines may be called as the “Chief Minister’s Comprehensive Health Insurance Scheme” Guidelines, 2017.

2. Application

The “Chief Minister’s Comprehensive Health Insurance Scheme” is launched to improve health access to residents of the state so as to move towards Universal Health Coverage. All the “eligible persons” as defined in clause 3 of these guidelines are eligible for “entitlements” defined in the same clause to the Guidelines in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card or other approved identification mechanism.

3. Definitions

In these Guidelines, unless the context otherwise required

- (a) **“Eligible person”** means the resident of TamilNadu as indicated by the presence of his/her name in the family card database / NPR database of the state. For all the resident families whose annual income is less than Rs.72,000/- per annum are eligible for coverage under the “Chief Minister’s Comprehensive Health Insurance Scheme” where Government will pay the premium. For being eligible for benefits under the scheme, it is sufficient to produce family card and income certificate by the VAO/Revenue authorities online along with the self-declaration of the head of the concerned family. The details of all the beneficiaries will be uploaded in the website for transparency.

Migrants from other states can also join this CMCHIS along with a request letter for whom the labour department will pay premium, provided they have resided for more than six months in the state as certified by suitable authority. Orphans residing in any registered/unregistered organization can be given a single card and the Government will pay premium. This also includes the rescue girl children and any other person defined as orphan by the government.

The Insurance company should ensure that the ineligible persons as per scheme norms will not be included in the scheme.

- (b) **“Entitlement”** means the provision of coverage up to Rs.1 lakh per family per year for the procedures in **Annexure C**, follow up services as per **Annexure E** (All the procedures listed in **Annexure E** are eligible for follow up in addition any other specific procedure listed in **Annexure C** is also eligible for follow up in consultation with Public Sector Insurance Company), Diagnostic services as per **Annexure F** (if any other diagnostic test needed as per protocol in GH over and above listed in **Annexure F**, the Government hospitals are authorized to get the test done outside at the rate approved by the local committee and the amount incurred will be paid from the claims amount available with the hospital), tentative reservation list as per **Annexure G** to the guidelines and a provision to pay up to Rs.2 lakhs per year per family for certain specified procedures as per **Annexure D**, high end procedures as per **Annexure H** (the procedures will be approved on specific Government / committee approval where Public Sector Insurance Company liability is restricted to 2 lakhs only and Preauth/Claim processing) in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card issued for CMCHISTN or any other identification mechanism as agreed.

The guidelines, protocols and minimum requirements etc. for each of these procedures/services to be arrived by selected insurer in consultation with Tamil Nadu Health Systems Project.

(c) **“Family”** includes the eligible member, and the members of his or her family as detailed below:

- (i) Legal spouse of the eligible person
- (ii) Children of the eligible person
- (iii) Dependent parents of the eligible person

Provided that if any person, in any of the categories at (i), (ii) or (iii) above, finds place in the family card/ NPR data base, then it shall be presumed that the person is member of the family and no further confirmation would be required. Srilankan refugees in the camps are also eligible without any income limit.

(d) **“Government”** means Government of Tamil Nadu.

(e) **“Guidelines”** means the “Chief Minister’s Comprehensive Health Insurance Scheme” Guidelines, 2017.

(f) **“Hospital”** means any institution established for inpatient medical care with sufficient facilities for the disease treatment and surgeries which would fulfill the criteria under Clause 8 of Guidelines below and which has been included, in the approved network of hospital by the successful Bidder through EDC (Empanelment and Disciplinary Committee).

(g) The hospital should obey all the government rules and regulations including the Clinical Establishment Act, IRDA orders etc. It should be followed as and when it is notified.

(h) **“Scheme”** means the “Chief Minister’s Comprehensive Health Insurance Scheme” ordered in G.O.(Ms) No.169, H&FW (EAP-II(2))Dept,

dated:11.07.2011, along with provisions included in the Government Order and further amendment to this Government Order.

- (i) **“Third Party Administrator”** means an organization, as defined and licensed under the Insurance Regulatory and Development Authority, (Third Party Administrators – Health Services) Regulations, 2001, and is engaged for a fee or remuneration by a Public Sector insurance company for the provision of health services.

4. Objectives

The main objective of the Scheme is to provide quality health care to the eligible persons through empanelled Government and Private hospitals and to reduce the financial hardship to the enrolled families and move towards universal health coverage by effectively linking with public health system.

5. Scope of the Scheme.

The Scope of the scheme shall be to provide coverage as per “entitlement” for the eligible expenses incurred by the “eligible person” on behalf of himself or any member of his or her family for the treatment of procedures listed in the **Annexure C, D, E, F, G, H** to the guidelines. The coverage will include all the cost of treatment from admission to discharge after completion of treatment including bed charges in General ward, Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to inpatient and transport cost in public transport, follow up medicines etc.

Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic tests and medicine upto 5

days of the discharge from the hospital for the same ailment/ surgery including transport expenses will also be the part of the package.

For the identified follow up procedures listed in **Annexure E** to the guidelines, coverage will be provided for the extended period of time as a separate package. The specific guidelines for the high-end procedures to be formed in consultation with experts and insurance company to be followed. The number and scope of procedures covered under the scheme may be modified with mutual consent, with the approval of State Empowered Committee.

The Project Director, Tamil Nadu Health Systems Project reserves the right to reserve certain procedures for the Government hospitals as per **Annexure G** which is a tentative, illustrative list. This list can be modified any time by Tamil Nadu Health Systems Project in consultation with Health Directorates and approval of Government. All the pre-existing diseases are also covered.

If required the successful bidder may be requested to implement any other similar schemes including GOI / NHP schemes on mutually agreed terms and conditions as approved by state empowered committee.

6. Diagnostic procedures

a) The diagnostic procedures leading to surgery / medical management under this insurance scheme will be part of the package.

b) For the patients referred through Government facility who require to undergo further diagnostic procedures specified in **Annexure F** to the guidelines (stand alone Diagnostic tests), at the empanelled hospitals, the cost for the diagnostic procedures will be reimbursed as a separate package cost,

even if those diagnostic procedures do not lead to an approved procedures for surgery / medical management under the scheme. This facility is also not available to the patients who are directly approaching the private hospitals / Diagnostic centers without referral from Government hospitals.

7. Empanelment and Disciplinary Committee

The committee under the chairmanship of Project Director, Tamil Nadu Health Systems Project with one member from Public Sector Insurance company and officials from State Health Insurance Unit in the Tamil Nadu Health Systems Project to empanel and regulate the functioning of the network hospitals under this scheme. The quality parameters of the hospital will have a weightage while selecting the hospital by EDC. The Public Sector Insurance Company and TPA to provide all the necessary support for conducting the EDC meeting.

8. Hospitals to be covered under the Scheme

(1) The Hospitals under the Scheme shall include both Government and private hospitals including hospitals run by NGOs. A hospital shall be qualified and tied up as a networked hospital by the successful bidder with the approval of Empanelment and Disciplinary Committee only if it complies with the minimum criteria as under:

- (a) The health care facility should have at least 30 in patient beds. Empanelment and Disciplinary Committee may give exemption for single-speciality hospitals and in remote areas or on specific requirements.
- (b) It should be equipped and engaged in providing medical and surgical facilities along with diagnostic facilities i.e. Pathological tests, X-ray and other investigations like Electro Cardiograph etc., for the care and treatment of injured or sick persons as in-patients; provided that

hospitals may get diagnostic tests done through established diagnostic centers outside the hospital on mutual agreement.

- (c) It should have a fully equipped operation theatre of its own wherever surgical operations are carried out and it should be microbiologically safe to operate.
- (d) It should have sufficient number of qualified doctor(s), nurses and other human resources to be physically in charge round the clock; (necessary certificates to be produced during empanelment).
- (e) It should maintain complete records as required on day to day basis and be able to provide necessary records of the insured patient to the successful bidder, Project Director, Tamil Nadu Health Systems Project or their representatives as and when required.
- (f) The quality of labs to be ensured in empanelled hospitals by including under EQAS/IQAS and calibration at prescribed intervals.
- (g) Bio Medical Waste management approval/renewal to be done at the prescribed intervals with Pollution Control Board or authorized agencies.
- (h) The hospitals need NABH entry level accreditation/ equivalent GOI quality norms for empanelment. The hospitals in the process of doing accreditation / GOI quality norms are also eligible for empanelment. The hospitals without minimum entry-level NABH accreditation/ equivalent GOI quality norms, if empanelled they should acquire the same within 12 months time. Otherwise all the non-certified hospitals are de empanelled from the scheme through EDC.
- (i) Government hospitals also should undergo facility assessment and quality standards.
- (j) Minimal documentation will be insisted for Government Health institutions.

- (k) The regional mapping to be done for both specialty wise and doctor wise; village/block wise availability of doctors. The hospital in those places where the availability is lacking should be given preferences for the empanelment.
- (l) Few quality parameters like death rate in the hospital, infection rate etc. may be considered as parameters for continuation in the scheme.
- (m) There will be provision for expenditure and performance monitoring of Government institutions and it should be part of overall claims processing/scheme software.

(2) The successful bidder shall ensure the availability of, excluding Government Hospitals, a minimum of 50 networked hospitals in the district of Chennai, 30 networked hospitals each in the districts of Coimbatore and Madurai, 10 networked hospitals each in other districts of the State. There is no restriction on maximum number of hospitals to be empaneled and all the eligible hospitals to be considered by the EDC as per procedure. The eligible criteria for empanelment may be modified by EDC on mutual consent. An algorithm will be developed for empanelment of the hospitals. The hospital should apply online and insurance company will do inspection. All the activities to be completed in fifteen days. All the details of the hospital to be uploaded in the website. All the processes to be transparent and made available in the website. The notice for intimation regarding empanelment of the hospital to be published in English and Tamil newspapers.

(3) The Public Sector Insurance Company approved by the Government to implement this Insurance Scheme shall do the Empanelment of Hospitals including required number of stand alone diagnostic centers with approval of Empanelment and Disciplinary Committee by following the standards

prescribed for the hospitals with regard to the availability of physical facilities, equipments for diagnosis / treatment and the qualified specialists and other staff etc. for the diseases/specialty identified for the assistance.

(4) If any district does not have the number of hospitals as specified above, the successful Public Sector insurance company can seek specific exemption for that district and the same will be considered by the Project Director, Tamil Nadu Health Systems Project, after verification of the available qualified hospitals in that district.

(5) Few institutions situated in other States, shall also be included in the list of eligible hospitals with the approval of Empanelment and Disciplinary Committee.

(6) The successful bidder, at any time of the implementation of the scheme, may add any hospital to the approved list of hospital, after getting concurrence of the Empanelment and Disciplinary Committee provided the hospital satisfies the conditions given in Clause 8 of the guidelines. The draft agreement incorporating all the relevant terms and conditions of this tender, to be executed between insurer/TPA with hospitals. The draft agreement to be approved by Tamil Nadu Health Systems Project

(7) Where any fraudulent claim /negligence/ not rendering cashless treatment/ not following the norms and guidelines related to implementation of scheme including poor performance etc. becomes directly attributable to a Hospital included in the networked hospitals, the hospital may be suspended/fined/de empaneled etc., under the scheme by Empanelment and Disciplinary Committee.

(8) Special committee like Mortality and Morbidity Committee to monitor the quality of care given by the hospitals.

9. Sum insured on Family Floater Basis

(1) The scheme shall provide coverage for the treatments as defined in Clause 5, of Guidelines as per “Entitlement” for 4 years from the date of commencement of the scheme in any of the empanelled hospitals, which is extendable for one more year on mutual agreement.

(2) If any member of the family of an eligible person is eligible to have his name included in the family of an another eligible person, say after marriage, he/she would be eligible to have his name included in one health insurance identity card/family only and claim assistance under one card/family only at single point of time.

(3) The benefit will be on floater basis and can be availed of individually or collectively by members of the family during the policy year with no restriction on the number of times the benefit is availed. The unutilized entitlement will lapse at the end of every policy year.

10. Health Insurance identity Card

(1) Existing health insurance card shall be continued, following the existing norms and specifications including the card cost. Selected insurance company should create provision to download and print e health insurance card for all the beneficiaries and entire beneficiaries list to be transparently uploaded in the website.

The new enrollment and issue of cards will be through district kiosk to be established by the Public Sector insurance company and it may be also issued through community service centers of Government if needed. The details to be captured for all new enrollment beneficiaries viz., The Thumb impression of the beneficiary, Aadhaar number of the beneficiary

and the mobile number. For the existing beneficiaries, suitable methodology to be adopted in mutually agreed terms and conditions for validation.

(2) The Health Insurance Identity card cost (Present card cost is Rs.50/-) shall be separated from the premium amount and the card cost should not exceed Rs.50/- Existing card specification and cost will continue. If the specification for the card changes then the cost will be decided later. This cost will be paid to the Public Sector insurance company on receipt of acknowledgment and verification of the distribution of the cards to the beneficiaries.

(3) Suitable verification mechanism to be developed and put in place by selected insurer for correctly identifying the beneficiary at the enrollment site and also at the hospital level. A web based application software with facilities for biometric registration and authentication of insurance scheme holders with Aadhaar validation has to be developed and maintained by the successful bidder throughout the project period. The selected insurer shall ensure that the biometric devices for the online Aadhaar validation shall be maintained by the hospitals. Tamil Nadu Health Systems Project will provide the mechanism for Aadhaar validation through TNeGA which shall be integrated with the web based application to be developed by the selected insurer.

(4) Currently CMCHIS data is expected to be Aadhaar seeded to the extent of 61% of beneficiaries. The selected insurer shall provide a mechanism to validate the remaining existing beneficiaries. New enrollments shall be done with Aadhaar validation. The Aadhaar validation shall be done for all the dependents of the insured. The selected insurer shall develop a

mechanism in the web based application to generate the e-cards for the Aadhaar seeded beneficiaries.

(5) Wherever necessary the successful bidder with the concurrence of the Project Director, Tamil Nadu Health Systems Project can seek the assistance of

- i) The Village Administrative Officers in Rural Areas, and
- ii) Bill collectors of Urban Local Bodies in Urban Areas, or
- iii) Any other authority.

(5) Format for acknowledgement of distribution of Health Insurance

Identity Card

Sl. No. (1)	Smart card No. (2)	Name of the Beneficiary (3)	Address of the beneficiary (4)	Village/ Taluk Name (5)	Phone/ Mobile number (6)	Family Card no (7)	Aadhar No. (8)	Signature (9)	Thumb Impression (10)

The above is the format for acknowledgment and all the fields are mandatory. On receipt of the acknowledgement it is subject to verification by an authorized official by the Tamil Nadu Health Systems. Based on the acknowledgement premium payment is made.

(6) The new enrolments made in the district kiosks/ community service centers, should be borne by the successful bidder and the Government or

the Tamil Nadu Health Systems Project would not be liable for separate payment for this activity except for the smart card cost as defined in the guidelines.

- (7) To facilitate enabling of “e” health insurance identity cards and enrolment in district kiosks/ community service centers and also beneficiary identification in hospitals, Tamil Nadu Health Systems Project proposed to share database with suitable mechanism through an web enabled service linking with NPR data/ Aadhaar data/ CM Health insurance data/ Family card data through the SRDH portal. Using the data provided the selected insurance company to generate the “e” health insurance identity card with suitable demographic data and other features. In the similar way, future enrolments to be made with Aadhaar validation through SRDH portal where biometry are already available. If the beneficiary approaches the hospital for availing treatment the authentication to be done by selected insurance company using the biometry (Aadhaar validation) with suitable equipments. At present 60% of the available Health Insurance data is linked with Aadhaar. For the remaining beneficiaries the selected insurer should take necessary steps to capture the Aadhaar number after Aadhaar validation through SRDH portal with suitable software mechanism at their own cost. The final validated list to be uploaded in the website which links to the premium.
- (8) The data furnished by the State Government or Project Director, Tamil Nadu Health Systems Project, shall be the property of the State Government / Project Director, Tamil Nadu Health Systems Project, and should not be used for any other purpose without the prior permission of the Government of Tamil Nadu or the Project Director, Tamil Nadu Health Systems Project, as the case may be.

(9) All the software utilized including enrolment, claim processing, GH expenditure monitoring, grievances redressal etc. during the implementation of the scheme will be the property of the Project and shall be handed over to the Project with source code, business logics and design document and other relevant documents.

11. Implementation Procedure.

(1) The scheme will be implemented through the State Health Insurance Unit, presently under Tamil Nadu Health Systems Project, Chennai, and the premium payable will be released through the same.

(2) The suitable successful bidder for implementation of the scheme will be selected through national competitive bidding.

(3) The scheme may also be administered through the Third Party Administrators as defined above in the technical bid. The Third Party Administrator, if any, implementing the scheme on behalf of the successful bidder should also be an agency approved by the Insurance Regulatory and Development Authority. The successful bidder would be required to have, within one month of signing the agreement to establish offices for processing claims in Chennai and also coordinating offices in all districts of Tamil Nadu. The details of Third Party Administrator(s), if any, or branches of the successful bidder shall be furnished within one month from the date of signing the agreement. Tamil Nadu Health Systems Project may prescribe guidelines /conditions for selecting the TPAs.

(4) The selected successful bidder shall sign agreement with the empanelled hospitals under the scheme (both Government and private hospitals). The successful bidder, at any time of the implementation of the scheme, may add

to , suspend or remove any hospital from the list of network hospital, after getting concurrence of the Empanelment and Disciplinary Committee, provided the hospital satisfies the conditions given in Clause 8 of Guidelines.

(5) The Government of Tamil Nadu will provide the basic details of eligible person and his or her family members to be covered under the scheme, viz. numbering about 1.58 crores families (approximately) to the selected successful bidder immediately after signing of the agreement. The health insurance cards or other identification mechanism to be followed as per clause 10 of the guidelines.

(6) The successful bidder shall ensure that the members of the family of eligible persons are treated without having to make any cash payment. Successful bidder shall publish, locally and on the website, the likely cost for each procedure in a particular hospital, to enable the enrolled member to choose the appropriate hospital for treatment. Provided further that the hospital shall give a rough estimate to the patient on the likely expenditure before he is admitted. The bidder should ensure cashless treatment to the beneficiary in the empanelled hospital. If the empanelled hospital denies treatment or provides poor quality treatment or insists on additional payments over and above the agreed package cost to the eligible beneficiary ,then the insurance company may be liable for penalty along with hospital, which will be credited to corpus fund of CMCHIS after compensating the beneficiary.If the hospital collects money from the beneficiary over and above the package cost, then the hospital is liable for penalty of minimum of five times the money collected from the beneficiary and it should be enforced through the insurance company. The penalty money to be credited to the corpus fund of Tamil Nadu Health Systems Project and the insurance company to ensure that the hospital refunds the collected money to the beneficiary and pay the penalty.

(7) The successful bidder shall furnish a daily report on the pre authorization given, claims approved, amount disbursed, procedure/specialty wise and district wise etc. to the Project Director, Tamil Nadu Health Systems Project in addition to the specific reports as and when required.

(8) The hospital including Government hospitals will raise the bill on the successful bidder in the specific claims processing software. The successful bidder shall process the claim (pre authorization within 24 hours) and settle the claims (within 7 days) expeditiously so as to ensure that the hospitals provide the services to the beneficiaries without fail. The Tamil Nadu Health Systems Project will reserve the right to monitor the claim processing through software and the successful bidder should provide the facility in this regard. In case of any failure in services from the hospitals due to pending bills, the successful bidder will be held responsible.

(9) The scheme shall commence on a date to be notified.

(10) The newer usage of drugs/ addition of new changes to the existing packages to be approved on case to case basis by the committee which comprises the Project Director, Tamil Nadu Health Systems Project in consultation with the insurance company.

(11) The scheme will be implemented as per the agreement in **Enclosure 4**.

12. Payment of Premium

(1) The State Health Insurance Unit under Project Director, Tamil Nadu Health Systems Project, will pay the insurance premium on behalf of the eligible persons to the successful bidder. The premium for Migrants will be paid by the Labour department . The Insurance company should ensure that the ineligible persons as per scheme norms will not be included in the scheme.

For the first year, premium will be paid for 1.34 crores. Of the total premium amount eligible for 1.34 crores, 50% will be paid as the first installment on signing the agreement, and 25% on commencement of the scheme. During the implementation, the actual premium will be arrived at based on the number of identity cards distributed/up loaded in the website for e health insurance card. The remaining 25% will be calculated as per the premium amount and 20% will be paid after the successful completion of six months of the scheme and the balance 5% will be paid before end of the first year. During the 2nd, 3rd and 4th years, 95% of the annual premium will be paid at the commencement of that year itself and the balance 5% will be paid at the end of the year on satisfactory implementation of the scheme. For these years the total annual premium will be calculated on the basis of number of identity cards issued/listed in the website under the scheme. The payment of premium will be based on the data made available by the insurance company after due verification.

(2) All the enrolled beneficiaries details to be uploaded in the website District, Taluk and Village wise after the linkage with Aadhaar number by the selected bidder, which will be the base for calculation of the premium from the first year. The selected bidder is eligible to provide list up to 1.58 crores families from the existing scheme database. Though they are eligible for insurance payment up to 1.58 crores from the existing database from day one, the selected insurer will be paid premium only up to the number of beneficiaries they listed out in the website. The selected insurer are eligible for retrospective premium payments for all the beneficiaries on completion.

(3) In case a member is enrolled in the middle of the year, only proportionate premium shall be calculated and paid.

13. Refund

After providing 10% of the premium paid towards the companies administrative cost, if there is any surplus after the claims experience on the premium (excluding service tax) at the end of the policy period, of the balance 90% after providing for outstanding claims if any, 90% of the leftover surplus will be refunded to the Project within 30 days after the expiry of the policy year. If the claims experience on the premium is more than 110%, the excess amount above 110% will be paid by Tamil Nadu Health Systems Project to the insurance company after verification.

Say for example if the premium amount is Rs.100/-

Rs.10/- goes to company's administrative cost.

Rs.90/- is now left out.

If the claim amount is Rs.60/-

Rs.30/- is then the leftover amount. Out of Rs.30/-, Rs.27/- (90% of Rs.30/-) is to be refunded back to the Project within 30 days after the expiry of the policy year.

14. Performance monitoring

Performance of the successful bidder will be monitored regularly based on the following Parameters :

- Timely preauthorization
- Timely claim settlement
- Complaints redressal
- Claim ratio
- Number of health camps and other IEC activities conducted in a month
- Any other parameters.

15. Online Management Information System (MIS) and 24 Hours Preauthorization

The Public Sector Insurance Company should post enough dedicated staff, so as to ensure free flow of daily MIS including data analytics and data

mining and ensure that progress of scheme is reported to Project in the desired format on a real-time basis. The company should establish proper networking for quick and error-free processing of preauthorizations. The preauthorization has to be done round the clock which will be scrutinized by Tamil Nadu Health Systems Project periodically and preauthorization shall be done within 24 hours. A provision for emergency intimation and approval should also be established. In instance of dispute, the final decision on preauthorization and claims rest with the Project Director of Tamil Nadu Health Systems Project. The preauthorization team shall have all the specialists concerned with the procedures covered in the scheme, in sufficient numbers.

16. Capacity Building & IEC

The successful bidder shall arrange workshops, review meetings and carry out publicity satisfying the need for the capacity building of the insured, providers and implementers, at each district according to the need as decided by Project Director of Tamil Nadu Health Systems Project.

17. Publicity

The successful bidder on its part should ensure that proper publicity is given to the scheme in all possible ways at its own cost. This will include publicity on electronic, print and social media, distribution of brochures, banners, display boards etc. in public at appropriate places in consultation with Project Director, Tamil Nadu Health Systems Project. They shall also effectively use services of Insurance Coordinator and District Coordinators for this purpose.

18. Health camps / Screening camps / Health awareness camps

Successful bidder shall ensure that, free health camps / screening camps / health awareness camps by network hospitals are to be conducted as per the

directions given by Project Director of Tamil Nadu Health Systems Project. Minimum of one camp /event per month per empanelled hospital to be organized and network hospital shall carry necessary equipment, drugs etc. along with specialists /experts (as suggested by the Tamil Nadu Health Systems Project) and other staffs. The empanelled hospital shall work in close liaison with, Dean, Joint Director of Health Services, Deputy Director of Health Services and District coordinator of the Public Sector Insurance Company in consultation with District Collector. Smaller hospitals are permitted to conduct camp together by sharing the resources. Empanelled hospitals should support all the state and central Government initiatives like Prathan Manthri Mathriva Suraksha Yojana (PMMSY) including the support during natural calamities and certain special occasions. Those camps will be counted in their regular mandatory monthly camps. Selected insurer to include this as conditionality in the agreement with the hospitals. The insurer to establish mechanism to capture these data electronically in consultation with Tamil Nadu Health Systems Project.

19. Insurance coordinator

The successful bidder needs to appoint at least one Insurance Coordinator at all network hospitals to facilitate admission, cashless treatment to the patient. The Insurance Coordinator should be a minimum graduate with adequate knowledge on computer skills. The Insurance Coordinator should also help hospitals in pre-authorization, claim settlement and follow-up. The insurance company to ensure that, hospital provides necessary facilities. Insurance coordinators should also ensure proper reception and care in the hospitals and send regular MIS to call center/insurer. Successful bidder shall provide all Insurance Coordinator with cell phone having CUG connectivity with SMS based reporting framework for effective and instant communication. The Project Director in consultation with insurance company, can modify the role

of Insurance Coordinator from time-to-time including the routine transfer policy. The bidder will provide uniform/overcoat and arrange the workshops/training sessions for the Insurance Coordinator and orient them on all the aspects as specified by Project Director, Tamil Nadu Health Systems Project. The Insurance Coordinator as far as possible shall actively search for the potential CMCHISTN beneficiaries in the hospital and facilitate treatment for them under the scheme.

20. District level co-ordination

District level offices with necessary infrastructure have to be set-up by the successful bidder. The bidder needs to have sufficient monitoring staff both medical and non-medical officials, with District Coordinators and State Coordinators. They should monitor the Insurance Coordinator appointed by the successful bidder in each network hospital, coordinate with network hospitals, district administration and people's representatives for effective implementation of the scheme. They should ensure that camps are held as per schedule, arrange canvassing for the camp, mobilize patients and follow up of the beneficiary families. They should work in close liaison with district administration under the supervision of District Collector. They should also ensure proper flow of MIS and report to Project Director, Tamil Nadu Health Systems Project on day-to-day basis about the progress of the scheme in the district. The successful bidder should ensure that dedicated staff is made available for the scheme. They shall follow the instructions of Project Director, Tamil Nadu Health Systems Project in this regard.

21. Settlement of Claims

The claims have to be settled preferably in electronic mode within 7 days of receipt of relevant reports, bills and the satisfaction report of the beneficiary. The hospitals should also ensure the timely response to queries

raised in preauth and claims within 48 hours. All the need more informations to be submitted within the prescribed time limits. If any difficulties in this regard it should be escalated to State Health Insurance Unit under TNHSP within 48 hours. Ultimately if patient suffers because of the delay or denial, both insurer and hospitals will be held responsible for the same as per procedure.

22. Medical Practitioners

The successful bidder shall appoint enough number of medical practitioners including specialists, who scrutinize preauthorization and approve claims. The bidder shall also recruit specialized doctors for regular inspection of hospitals, attend to complaints from beneficiary and its families either directly or through other officials. Successful bidder need to ensure that there is no deficiency of services by the hospitals and also to ensure proper care and counseling for the patient at network hospital by coordinating with insurance coordinator and hospital authorities.

23. Website and Call Centers

(1) The successful bidder shall set up a dedicated website for the scheme to enable people to have access to information on the scheme and correspond. All the possible information to be available in the public domain.

(2) The successful bidder shall set up a 24 hour call centre at TNHSP office with sufficient manpower as per Project Director, TNHSP directions with toll free help line and all the telephonic conversation to be recorded and submitted for the scrutiny by the Tamil Nadu Health Systems Project.

(3) All the updated Government Orders, important minutes of the meeting and circulars to be updated in the web site including the relevant existing ones.

(4) The existing relevant content in the present website to be kept as such. Any other information as and when needed to be uploaded in the website.

(5) All the enrolled beneficiaries list to be uploaded in the website District, Taluk and Village wise.

(6) All the relevant details of the hospitals empanelled along with package cost should be uploaded in the website, so as to ensure the transparency.

(7) As far as possible a minimal essential health record to be created and maintained for every beneficiary, with a provision to see their own medical records without the option for editing. There should be mechanism for periodical update of this Health Information Record.

24. Manual

The successful Bidder will publish a detailed manual for the “Chief Minister’s Comprehensive Health Insurance Scheme” with all operational guidelines and details of the scheme in consultation with Tamil Nadu Health Systems Project, with provision to update and modify. The insurer shall follow the guidelines and instructions given in the manual while implementing the scheme.

25. Penalty

i) Deficiency in services – Failure to provide services as required by terms of scheme in the tender document along with other guidelines, will attract penalty as may be determined by the Project Director, Tamil Nadu Health Systems Project, subject to the minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu / Project Director, Tamil Nadu Health Systems Project, or beneficiary due to non compliance.

ii) Non adherence of time line - Failure to adhere to Activity Chart as per the **Annexure A** in Guidelines will attract the Penalty as may be determined by the Project Director Tamil Nadu Health Systems Project subject to maximum of one percent of premium payable for each occasion/activity.

iii) In addition to that, fine will be levied by the Project director, TNHSP to the insurance company and/or the hospital, minimum of 5 times the package amount on each occasion for failure to process pre-authorization and claims settlement within the stipulated time, for denial of treatment, for not ensuring cashless treatment or providing poor quality treatment etc.

26. Redressal of grievances

(1) Any complaints about any difficulty in availing treatments, non-availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the District Collector or any other health department officials related to the scheme, or to the call center established at Tamil Nadu Health Systems Project, insurance companies, TPAs and also can be submitted directly to the Project Director, Tamil Nadu Health Systems Project. This is in addition to the regular grievances mechanism available in the Government.

(2) The complaints received in district level shall be placed for decision of a District Monitoring and Grievance Committee at District level headed by the District Collector, having the Dean/Medical Superintendent of the Government medical college, Joint Director of Medical and Rural Health Services Department, Deputy Director of Health Services and the representative of the Public Sector Insurance Company as members and Special Deputy Collector (SSS) as Member Secretary.

(3) Any grievances and appeal against the decision of the District Monitoring and Grievance Committee may be preferred to the State Monitoring and Grievance Committee consisting of the Project Director, Tamil Nadu Health Systems Project, as Chairperson, and having the Director of Medical Education, Director of Medical and Rural Health Services, Director of Public Health and official representative nominated by the successful bidder as member. The other grievances addressed to the call center and to the Project Director, TNHSP directly may also be discussed in the State Monitoring and Grievance Committee. The decision of the State Monitoring and Grievance Committee is final.

(4) Any dispute arising out of the implementation of the scheme which remain unresolved at the State Monitoring and Grievance Committee shall be referred within fifteen days to a High Level Committee, comprising of the Secretary to Government, Health and Family Welfare Department, Project Director, Tamil Nadu Health Systems Project and the representative of the Insurance Company nominated for the purpose.

(5) All grievances should be acknowledged immediately and updated within 3-7 working days. Individual grievance tracking to be made available in the website including the complaints against the empaneled hospitals. A suitable software mechanism to capture patient satisfaction shall be enabled in the claim processing software application by the selected insurer.

(6) A message that “collection of money and provision of incomplete or improper and poor quality treatment etc. to any CMCHISTN patient is unlawful” should be publicized suitably in every empanelled hospital.

(7) Any other irregularities found out by the Public Sector Insurance Company/TPA will be addressed to Project Director, Tamil Nadu Health Systems Project for further action.

(8) The Project Director, Tamil Nadu Health Systems Project is authorized to dispose directly the grievances received in Tamil Nadu Health Systems Project in certain circumstances.

(9) The Civil Courts situated in Tamil Nadu shall have exclusive jurisdiction over any disputes, which remain unresolved by the above procedure.

(10) Nothing aforesaid shall prejudice the rights of the Government of Tamil Nadu or Tamil Nadu Health Systems Project to approach any other forum for dispute resolution permissible under law.

Project Director,
Tamil Nadu Health Systems Project,
Chennai -6.

Place: Chennai-6

Date:

ANNEXURE-A
ACTIVITY CHART

ACTIVITY	NO.OF DAYS REQUIRED TO COMPLETE THE ACTIVITY FROM THE AWARD DATE	REMARKS
Identifying the Project Officer	7 days	
Setting up of Project Office with infrastructure in the area of Municipal Corporation of Chennai	15 days	
Appointment of staff including doctors	20 days	
Empanelment of hospitals, appointment of Insurance Coordinator and identification of DMO (Dedicated medical officer) and MCC (medical camp coordinator)	30 days	
Installation of kiosk, computer and Accessories, CUG connections and 1mbps connectivity in the offices and hospitals for identification and verification of beneficiaries	15 days	
Printing and distribution of publicity Material and workflow	15 days	
Training of Staffs including Doctors	10 days	
IT enabling	20 days	
Establishment of 24 Hrs Call Center	15 days	
Establishment of other infrastructure	25 days	
Establishment of district kiosk and other infrastructure in the districts including service through Community Service Centres	20 days	
Preparatory meetings and trainings at district level for inaugural mega camps.	20 days	

* Each activity starts from the day of signing of agreement

Date:

Signature:

Stamp:

Name:

Designation:

Address:

ANNEXURE B

DETAILS OF THE HOSPITALS COVERED UNDER THE SCHEME

S.NO	DISTRICTS	NAME OF HOSPITAL WITH CONTACT DETAILS LIKE PHONE,ADDRESS ,EMAIL, PAN CARD NO. ETC ., INCLUDING THE CONTACT DETAILS OF PERSONS LIKE OWNER,DMO,CEO,MCC etc.,	DETAILS OF THE OPERATING DOCTORS/PHYSICIANS WITH MEDICAL REGISTRATION NUMBER (SPECIALITY WISE)	EMPANELLED FOR SPECIALIZED CATEGORY /CATEGORIES AND PROCEDURES
1				
2				
3				
4				
5				
6				
7				
8				
9				

Date:

Signature:

Stamp:

Name:

Designation:

Address:

Annexure : C

The List of Surgeries / Therapies to be covered under the Chief Minister's Comprehensive Health Insurance Scheme

1. If more than one procedure is done the second procedure will be paid 50-80% of the second procedure upto sum assured available.
2. For high end procedures listed separately the remaining amount after sum assured will be paid from corpus fund.

S.NO	PACKAGE NAME
INTERVENTIONAL CARDIOLOGY	
1	CORONARY BALLOON ANGIOPLASTY (PPCI)
2	PTCA WITH STENT
3	ADDITIONAL STENT
4	ASD DEVICE CLOSURE
5	VSD DEVICE CLOSURE
6	PDA STENTING
7	DEVICE CLOSURE
8	SINGLE COIL
9	MULTIPLE COILS
10	BALLOON VALVOTOMY(ALL VALVE)
11	PERMANENT PACEMAKER IMPLANTATION (SINGLE / DUAL CHAMBER)
12	TEMPORARY PACEMAKER IMPLANTATION
13	COARCTATION OF AORTA - WITH STENT
14	COARCTATION OF AORTA - WITHOUT STENT
15	COARCTATION OF AORTA - ADDITIONAL STENT ONLY
16	PRIMARY ANGIOPLASTY FOR ACUTE MI +DRUG ELUTING STENT
17	PRIMARY ANGIOPLASTY - ADDITIONAL STENT ONLY
18	ENHANCED EXTERNAL COUNTER PULSATION THERAPY (EECP)
CARDIOTHORACIC SURGERY	
19	CORONARY BYPASS SURGERY
20	CORONARY BYPASS SURGERY-POST ANGIOPLASTY
21	CABG WITH IABP PUMP
22	CORONARY BYPASS SURGERY OFF PUMP WITH IABP
23	CABG OFF PUMP WITHOUT IABP
24	CABG WITH ANEURYSMAL REPAIR
25	CABG WITH VENTRICULAR RUPTURE REPAIR
26	CABG WITH VALVE REPLACEMENT WITH MECHANICAL VALVE
27	CABG WITH VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
28	DOUBLE VALVE REPLACEMENT WITH MECHANICAL VALVE
29	DOUBLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
30	SINGLE VALVE REPLACEMENT WITH MECHANICAL VALVE
31	SINGLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE

32	TRIPLE VALVE REPLACEMENT WITH MECHANICAL VALVE
33	TRIPLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
34	COARCTATION-AORTA REPAIR WITH GRAFT
35	COARCTATION-AORTA REPAIR WITHOUT GRAFT
36	ANEURYSM RESECTION & GRAFTING
37	INTRATHORACIC ANEURYSM - NOT REQUIRING BYPASS
38	INTRATHORACIC ANEURYSM - REQUIRING BYPASS (WITH GRAFT)
39	DISSECTING ANEURYSMS
40	AORTO-AORTO BYPASS WITHOUT GRAFT
41	AORTO-AORTO BYPASS WITH GRAFT
42	ANNULUS AORTIC ECTASIA WITH VALVED CONDUITS
43	ARTERIAL SWITCH
44	SENNINGS PROCEDURE
45	SURGERY FOR INTRACARDIAC TUMORS
46	RUPTURED SINUS OF VALSULVA CORRECTION
47	TAPVC CORRECTION
48	SYSTEMIC PULMONARY SHUNTS WITH GRAFT
49	SYSTEMIC PULMONARY SHUNTS WITHOUT GRAFT
50	TOTAL CORRECTION OF TETRALOGY OF FALLOT - ANY TYPE
51	INTRA CARDIAC REPAIR OF ASD
52	INTRA CARDIAC REPAIR OF VSD
53	SURGERY-PDA
54	WITH SPECIAL CONDUITS
55	WITHOUT SPECIAL CONDUITS
56	WITH PROSTHETIC RING
57	WITHOUT PROSTHETIC RING
58	OPEN PULMONARY VALVOTOMY
59	CLOSED MITRAL VALVOTOMY
60	PERICARDIECTOMY / PERICARDIOSTOMY
61	PERICARDIOCENTESIS
62	MITRAL VALVOTOMY (OPEN)
63	CORONARY ARTERY FISTULA REPAIR
64	THORACIC DUCT LIGATION FOR CHYLOTHORAX
65	HEART TRANSPLANTATION
66	HEART & LUNG TRANSPLANTATION
67	LUNG CYST
68	LUNG TRANSPLANTATION
69	CARDIAC INJURIES SURGERY WITHOUT CARDIO PULMONARY BYPASS
70	CARDIAC INJURIES SURGERY WITH CARDIO PULMONARY BYPASS
71	TRACHEAL RESECTION WITH MONTGOMERY TUBE
72	MINIMAL ACCESS SURGERY- ASD
73	MINIMAL ACCESS SURGERY- VSD
74	MINIMAL ACCESS SURGERY- VALVE REPLACEMENT
75	MINIMAL ACCESS SURGERY- CABG
SURGICAL ONCOLOGY	
76	INGUINAL BLOCK DISSECTION ONE SIDE
77	ABDOMINO PERINEAL RESECTION (APR) + SACRECTOMY

78	LAPROSCOPIC APR EXTRALEVATOR APR/ TRANS ABDOMINAL/TRANS ANAL INTERSPHINCTERIC RESECTION/ LOW ANTERIOR RESECTION
79	ABDOMINAL WALL TUMORS RESECTION WITH RECONSTRUCTION
80	ABDOMINAL WALL TUMORS RESECTION WITHOUT RECONSTRUCTION
81	BILATERAL PELVIC LYMPH NODE DISSECTION(BPLND) ANY SITE
82	RADICAL VAGINECTOMY WITHOUT RECONSTRUCION
83	RADICAL VAGINECTOMY WITH RECONSTRUCION
84	RADICAL HYSTERECOMY+BILATERAL PELVIC LYMPH NODE DISSECTION+BILATERAL SALPHINGO OOPHERECTOMY/OVARIAN TRANSPOSITION
85	ANTERIOR EXENTRATION /POSTERIOR EXENTRATION- ANY SITE
86	TOTAL PELVIC EXENTRATION - ANY SITE
87	EXTRALEVATOR EXENTRATION - ANY SITE
88	SUPRALEVATOR EXENTRATION - ANY SITE
89	TOTAL ABDOMINAL HYSTERECTOMY+BILATERAL SALPHINGO OOPHERECTOMY+BILATERAL PELVIC LYMPH NODE DISSECTION+OMENTECTOMY
90	RETRO PERITONEAL LYMPH NODE DISSECTION(RPLND) (FOR RESIDUAL DISEASES /WITH VASCULAR RECONSTRUCTION/STAGING
91	OESOPHAGECTOMY WITH TWO FIELD LYMPADENECTOMY / THREE FIELD LYMPADENECTOMY
92	VERMILIONECTOMY WITH OR WITHOUT WEDGE EXCISION/ WEDGE EXICISION
93	EMASCULATION
94	PALATECTOMY ANY TYPE
95	RADICAL TRACHELECTOMY
96	SUBSTERNAL BYPASS
97	ABBE OPERATION
98	CYTOREDUCTIVE SURGERY
99	VULVECTOMY
MEDICAL ONCOLOGY	
100	BREAST CANCER
101	BLADDER CANCER
102	LUNG CANCER
103	OESOPHAGEAL CANCER
104	GASTRIC CANCER
105	COLORECTAL CANCER
106	OSTEOSARCOMA/ BONE TUMORS
107	WILMS TUMOR
108	HEPATOBLASTOMA- OPERABLE
109	HEPATOCELLULAR CARCINOMA -ADULT
110	NEUROBLASTOMA ALL STAGES
111	RETINOBLASTOMA
112	HISTIOCYTOSIS
113	RHABDOMYOSARCOMA
114	EWINGS SARCOMA

115	PALLIATIVE CHEMOTHERAPY
116	CERVICAL CANCER
117	VULVAL CANCER
118	VAGINAL CANCER
119	OVARIAN CANCER
120	ENDOMETRIAL CANCER
121	OVARY- GERM CELL TUMOR
122	GESTATIONAL TROPHOBLAST DISEASES
123	TESTICULAR CANCER
124	PROSTATE CANCER
125	FEBRILE NEUTROPENIA
126	THYROID CANCER
127	THYMOMA
128	BRAIN
129	HEAD AND NECK CANCER
130	RENAL CELL CARCINOMA
131	UNKNOWN PRIMARY
132	CA HEPATO BILIARY /CA COMMON BILE DUCT/CA GALLBLADDER/ CHOLANGIOCARCINOMA
133	PANCREAS CARCINOMA
134	PERI AMPULLARY CARCINOMA
135	NEURO ENDOCRINE CARCINOMA
136	SARCOMA
137	PRIMITIVE NEURO ECTODERMAL TUMOR
138	MELANOMA
139	ANAL CANAL CANCER
RADIATION ONCOLOGY	
140	BRACHYTHERAPY INTRACAVITARY HDR PER APPLICATION
141	PALLIATIVE TREATMENT WITH PHOTONS /ELECTRONS
142	RADICAL TREATMENT WITH COBALT 60 EXTERNAL BEAM RT
143	RADICAL TREATMENT WITH PHOTONS / ELECTRONS
144	BRACHYTHERAPY -INTRACAVITARY LDR PER APPLICATION
145	ADJUVANT TREATMENT - CAN BE COMBINED ANY OTHER MODALITY OF TREATMENT
146	ADJUVANT TREATMENT WITH PHOTONS/ELECTRONS
147	BRACHYTHERAPY INTERSTITIAL HDR ONE APPLICATION AND MULTIPLE / SURFACE BRACHYTHERAPY 3TO 5 FRACTIONS / INTRA LUMINAL BRACHYTHERAPY 3 FRACTIONS
148	PALLIATIVE TREATMENT WITH COBALT 60 EXTERNAL BEAM RT
149	SPECIALIZED RADIATION THERAPY - 3DCRT PACKAGE ADJUVANT PACKAGE 28-33 FRACTIONS(INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUTOURING, RT PLANNING & EXECUTION)
150	SPECIALIZED RADIATION THERAPY 3D CRT- RADICAL PACKAGE 34-37 FRACTIONS
151	SPECIALIZED RADIATION THERAPY - IMRT ADJUVANT PACKAGE 28-33 FRACTIONS (INCLUDES AQUAPLAST MOULD,PLANNING CT FOR IMRT, CONTOURING, RT PLANNING, QA, EXECUTION)

152	SPECIALIZED RADIATION THERAPY - IMRT - RADICAL PACKAGE 34-40 FRACTIONS
153	SPECIALIZED RADIATION THERAPY - IMRT WITH IGRT
154	SPECIALIZED RADIATION THERAPY - RAPID ARC THERAPY
155	BRACHYTHERAPY INTERSTITIAL LDR PER APPLICATION
156	TOTAL BODY RADIATION
157	SPECIALIZED RADIATION THERAPY - SRS/SRT/SBRT
PLASTIC SURGERY	
158	UPTO-40% WITH SCALDS(CONSERVATIVE)
159	UPTO-40% MIXED BURNS(WITH SURGERIES)
160	UPTO-50% WITH SCALDS (CONSERVATIVE)
161	UPTO-50% MIXED BURNS(WITH SURGERIES)
162	UPTO-60% WITH SCALDS (CONSERVATIVE)
163	UP TO-60% MIXED BURNS (WITH SURGERIES)
164	ABOVE 60% MIXED BURNS (WITH SURGERIES)
165	POST BURN CONTRACTURE FOR FUNCTIONAL IMPROVEMENT (INCLUDING SPLINT / PRESSURE GARMENT / PHYSIOTHERAPY) - MILD
166	POST BURN CONTRACTURE FOR FUNCTIONAL IMPROVEMENT (INCLUDING SPLINT / PRESSURE GARMENT / PHYSIOTHERAPY) - MODERATE
167	POST BURN CONTRACTURE FOR FUNCTIONAL IMPROVEMENT (INCLUDING SPLINT / PRESSURE GARMENT / PHYSIOTHERAPY) - SEVERE
168	PTOSIS
169	CUP AND BAT EARS
170	FILARIAL LYMPHOEDEMA -REDUCTION SURGERY /NV SHUNT
171	HEMIFACIAL ATROPHY
172	HEMIFACIAL MICROSMIA
173	LEPROSY RECONSTRUCTIVE SURGERY
174	TUMOR OF MANDIBLE AND MAXILLA
175	CORRECTIVE SURGERY FOR CONGENITAL DEFORMITY OF HAND (PER HAND)
176	PRESSURE SORE RECONSTRUCTIVE SURGERY
177	ABDOMINAL WALL RECONSTRUCTION INCLUDING POST CANCER EXCISION
178	LID DEFORMITY CORRECTION (FOLLOWING TRAUMA/BURNS/CONGENITAL)
ORTHOPEDICS (INCLUDING POLYTRAUMA)	
179	EXCISION ARTHROPLASTY OF VARIOUS JOINT
180	TOTAL ELBOW REPLACEMENT
181	SHOULDER REPLACEMENT
182	RADIAL HEAD REPLACEMENT
183	SURGICAL CORRECTION OF LONGBONE FRACTURE-FRACTURE NECK/ SHAFT OF FEMUR/FRACTURE SHAFT OF OTHER LONG BONES (HUMERUS,BOTH BONES OF FOREARM, BOTH BONES OF LEG)

184	CORRECTION OF NON-UNION FRACTURES - NON-UNION OF FRACTURE OF FEMUR/BOTH BONE OF LEG/ NON-UNION OF OTHER LONG BONES - HUMERUS/ BOTH BONES OF FOREARM WITH OR WITHOUT BONE GRAFTING
185	SKELETAL SKULL TRACTION
186	IMPLANT EXIT
187	ARTHRODESIS OF JOINTS -SHOULDER/ HIP / KNEE /ELBOW/ ANKLE / WRIST / HAND / FOOT
188	ARTHROSCOPY PROCEDURES WITHOUT IMPLANT-ARTHROSCOPIC MENISCAL REPAIR/KNEE MULTI LIGAMENT RECONSTRUCTION/TWO OR MORE LIGAMENT RECONSTRUCTION
189	EXCISION OR OTHER OPERATIONS FOR SCAPHOID FRACTURES
190	OPEN REDUCTION & INTERNAL FIXATION OF FINGERS & TOES
191	REDUCTION OF COMPOUND FRACTURES & EXTERNAL FIXATION
192	ILIZAROV RING FIXATOR APPLICATION-FEMUR – DEFORMITY CORRECTION / LIMB LENGTHENING/TIBIA - DEFORMITY CORRECTION / LIMB LENGTHENING /PLATING/EXTERNAL FIXATOR/K WIRES
193	SURGERY FOR NEGLECTED CTEV/RECURRENT CTEV-CTEV CORRECTIVE SURGERY /CTEV PONSETTI CORRECTION (FOLLOW UP PROCEDURES)/CTEV ILIZAROV
194	OPEN REDUCTION OF DISLOCATIONS - DEEP/SHOULDER/ACROMIO – CLAVICULAR/HIP/ELBOW
195	KNEE LIGAMENT RECONSTRUCTION-ACL RECONSTRUCTION/PCL RECONSTRUCTION/MPFL RECONSTRUCTION
196	AVASCULAR NECROSIS OF FEMORAL HEAD (CORE DECOMPRESSION)
197	SOFT TISSUE RECONSTRUCTION PROCEDURES AROUND JOINTS-PLC RECONSTRUCTION/ELBOW PLRI LIGAMENT RECONSTRUCTION/ANKLE ATFL RECONSTRUCTION/HIGH TIBIAL OSTEOTOMY/TENDON TRANSFER
198	ANTEROLATERAL CLEARANCE FOR TUBERCULOSIS
199	COSTO TRANSVERSECTOMY
200	SPINAL OSTECTOMY AND INTERNAL FIXATIONS
201	SURGERY FOR PATELLA FRACTURE -EXCLUSIVE /ALONG WITH OTHER INJURIES
202	SMALL BONE FRACTURES-K-WIRING -EXCLUSIVE/ALONG WITH OTHER INJURIES
203	SURGICAL CORRECTION FOR PELVIC BONE FRACTURES
204	CORRECTION SACRO ILLIAC JOINT / ACETABULAR FRACTURES
205	TOTAL KNEE REPLACEMENT
206	TOTAL HIP REPLACEMENT
207	REVISION HIP REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL)

208	REVISION KNEE REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL)
GENERAL PAEDIATRICS	
209	ACQUIRED HEART DISEASE WITH CONGESTIVE CARDIAC FAILURE
210	INBORN ERROR OF METABOLISM
211	HEMOPHAGOCYTIC LYMPHO HISTIOCYTOSIS
212	HYPOPLASTIC/APLASTIC ANEMIA (FANCONI ANEMIA)
213	NECROTISING ENTEROCOLITIS - CLINICAL SEPSIS /HYPERBILIRUBINEMIA /NON VENTILATED
214	VITAMIN D RESISTANT RICKETS
215	ADRENAL FAILURE INCLUDING PRIMARY ADRENAL FAILURE AND CAH
216	PRIMARY IMMUNO DEFICIENCY DISORDERS
NEONATOLOGY	
217	TERM/PRETERM NEONATAL CHOLESTASIS WITH OR WITHOUT SEPSIS
218	TERM BABY WITH / CULTURE POSITIVE SEPSIS / CLINICAL SEPSIS WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
219	TERM BABY HYPERBILIRUBINEMIA - PHOTOTHERAPY WITH OR WITHOUT EXCHANGE TRANSFUSION WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
220	TERM BABY PERSISTENT PULMONARY HYPERTENSION / MECONIUM ASPIRATION SYNDROME / PERINATAL ASPHYXIA / WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
221	PRETERM BABY CULTURE POSITIVE/CLINICAL SEPSIS WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
222	PRETERM BABY HYPERBILIRUBINEMIA /PHOTOTHERAPY WITH OR WITHOUT EXCHANGE TRANSFUSION / WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
223	TERM BABY - PNEUMONIA/BRONCHIOLITIS /TRANSIENT TACHYPNEA OF NEW BORN
224	PRETERM BABY - PNEUMONIA/BRONCHIOLITIS /TRANSIENT TACHYPNEA OF NEW BORN
225	TERM - WITH OR WITHOUT /SEVERE PERINATAL ASPHYXIA /SEPTIC SHOCK /SEIZURES /RENAL FAILURE/ - VENTILATED OR NON VENTILATED
226	PRETERM - WITH OR WITHOUT /SEVERE PERINATAL ASPHYXIA /SEPTIC SHOCK /SEIZURES /RENAL FAILURE/ - VENTILATED OR NON VENTILATED
227	TERM / PRETERM - PERSISTENT NEONATAL HYPOGLYCEMIA
228	PRETERM BABY RDS WITH OR WITHOUT SURFACTANT WITH MECHANICAL VENTILATION/CPAP
229	TERM BABY-CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE- WITH VENTILATION
230	TERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE- WITHOUT VENTILATION
231	PRETERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE- WITH VENTILATION

232	PRETERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE- WITHOUT VENTILATION
233	TERM/ PRETERM NEONATAL SEPTIC ARTHRITIS
PAEDIATRIC INTENSIVE CARE UNIT	
234	SEVERE BRONCHIOLITIS/SEVERE BRONCHO PNEUMONIA / SEVERE ASPIRATION PNEUMONIA (NON-VENTILATED)
235	SEVERE BRONCHIOLITIS/SEVERE BRONCHO PNEUMONIA/ SEVERE ASPIRATION PNEUMONIA (VENTILATED)
236	INTRA CRANIAL BLEED /HEMORRHAGIC DISEASE OF NEWBORN INTRACRANIAL BLEED
237	ACUTE GASTRO INTESTINAL BLEED
238	ACUTE PANCREATITIS/ACUTE HEPATITIS
239	ACUTE HEPATITIS WITH HEPATIC ENCEPHALOPATHY
240	SNAKE BITE REQUIRING VENTILATOR
241	SNAKE BITE - NON VENTILATED / COAGULOPATHY
242	SCORPION STING WITH MYOCARDITIS AND CARDIOGENIC SHOCK REQUIRING VENTILATORY ASSISTANCE
243	POISON INGESTION (INCLUDING HYDROCARBONS) / ASPIRATION REQUIRING VENTILATORY ASSISTANCE
244	ACUTE BRONCHO/ LOBAR PNEUMONIA WITH EMPYEMA/ PLEURAL EFFUSION/ PYOPNEUMOTHORAX
245	ACUTE STRIDOR/FOREIGN BODY OBSTRUCTION
246	NEPHROTIC SYNDROME /ACUTE GLOMERULONEPHRITIS
247	RECURRENT URINARY TRACT INFECTION WITH COMPLICATIONS LIKE PYELONEPHRITIS AND RENAL FAILURE
248	ADVERSE EVENTS FOLLOWING IMMUNISATION
PAEDIATRIC SURGERY	
249	OESOPHAGEAL ATRESIA/INTESTINAL ATRESIA WITHOUT OBSTRUCTION
250	OESOPHAGEAL ATRESIA/INTESTINAL ATRESIA WITH OBSTRUCTION
251	BILIARY ATRESIA & CHOLEDOCHAL CYST (INCLUDES OPERATIVE CHOLANGIOGRAM)
252	ANORECTAL MALFORMATIONS - STAGE 1 /COLOSTOMY
253	ANORECTAL MALFORMATIONS - STAGE 2/PULLTHROUGH
254	ANORECTAL MALFORMATION - STAGE 3/CLOSURE
255	HIRSCHPRUNGS DISEASE - STAGE 1/2
256	CONGENITAL HYDRONEPHROSIS
257	EXTROPHY BLADDER - STAGE 1/2
258	POSTERIOR URETHRAL VALVES (VESICOSTOMY / URETEROSTOMY)
259	POSTERIOR URETHRAL VALVES (CYSTOSCOPIC FULGRATION)
260	POSTERIOR URETHRAL VALVES (VESICOSTOMY / URETEROSTOMY CLOSURE)
261	HAMARTOMA EXCISION
262	HEMANGIOMA EXCISION(INCLUDING MEDICAL MANAGEMENT)
263	LYMPHANGIOMA EXCISION
264	NEUROBLASTOMA
265	PAEDIATRIC OESOPHAGEAL OBSTRUCTIONS-SURGICAL CORRECTION/OESOPHAGEAL SUBSTITUTIONS

266	THORACOSCOPIC DECORTICATION
267	THORACOSCOPIC CYST EXCISION
268	THORACIC DUPLICATION
269	LAPAROSCOPIC PULL THROUGH FOR ANO RECTAL ANOMALIES
270	LAPAROSCOPIC PULL THROUGH FOR HD
271	GASTRIC OUTLET OBSTRUCTIONS
272	INTERSEX
273	SURGICAL CORRECTION FOR URACHAL / CLOACAL ANOMALY
274	CONGENITAL UROGENITAL ANOMALY STAGED CORRECTION
275	BLADDER AUGMENTATION AND SUBSTITUTION
276	URETEROSTOMY AND URETEROSTOMY CLOSURE
277	CONGENITAL LUNG LESIONS (CLE, CCAM)
278	SURGICAL CORRECTION FOR ANY CONGENITAL ANOMALY
279	PATENT VITELLO INTESTINAL DUCT
280	VUR - CYSTOSCOPY/STING PROCEDURE (INSTILLATION OF HYALURONIC ACID)
281	RECTAL POLYP - POLYPECTOMY
282	INTESTINAL POLYPOSIS SURGICAL CORRECTION
283	ENCEPHALOCELE
284	SCROTAL TRANSPOSITION REPAIR
285	OPEN CYSTECTOMY
286	LAP CYSTECTOMY
287	NECROTISING ENTEROCOLITIS - FLANK DRAINAGE /LAPROTOMY
288	CONGENITAL HYDROCELE REPAIR
289	VULVAL SYNECHIAE
290	THORACIC/ABDOMINAL WALL DEFECTS -CORRECTION
291	TUMORS (NEONATES/PAEDIATRICS)
NEUROSURGERY	
292	CRANIOTOMY AND EVACUATION OF HAEMATOMA
293	EXCISION OF BRAIN TUMORS - [PRIMARY /BENIGN] (BOTH INTRA AXIAL AND EXTRA AXIAL -INCLUDES SUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/PARIETAL/TEMPORAL/SELLAR/SUPRASELLAR/CRANIOPHARYNGIOMA)
294	EXCISION OF BRAIN TUMORS - [MALIGNANT] (BOTH INTRA AXIAL AND EXTRA AXIAL - (ALSO INCLUDES SUBTENTORIAL-CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL - FRONTAL/PARIETAL/TEMPORAL/ SAGGITAL LESION/SELLAR LESION/SUPRASELLAR LESION/CRANIOPHARYNGIOMA)
295	EXCISION OF BRAIN TUMORS - [SECONDARIES] (BOTH INTRAAXIAL AND EXTRAAXIAL -INCLUDES SUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/PARIETAL/TEMPORAL/SELLAR/SUPRASELLAR/CRANIOPHARYNGIOMA)
296	SHUNT SURGERIES-VENTRICULOATRIAL / VENTRICULOPERITONEAL SHUNT/ VENTRICULOPLEURAL SHUNT/LUMBAR PERITONEAL/SYRINGO SUBARACHANOID /CYSTO PERITONEAL

297	SHUNT SURGERIES-SHUNT DYSFUNCTION - FAILURE/REVISION OF SHUNT
298	SHUNT SURGERIES - VP SHUNT WITH PROGRAMMABLE SHUNT
299	TWIST DRILL CRANIOSTOMY
300	SUBDURAL TAPPING
301	VENTRICULAR TAPPING
302	BRAIN ABSCESS & OTHER INFECTIVE LESION - BURR HOLE /TAPPING
303	CRANIOTOMY / EXCISION OF ABSCESS & OTHER INFECTIVE LESION
304	C.S.F. RHINORRHOEA & ACF REPAIR
305	CRANIOPLASTY
306	EXTERNAL VENTRICULAR DRAINAGE (EVD)
307	EXCISION OF LOBE (FRONTAL, TEMPORAL, PARIETAL , CEREBELLUM ETC)
308	PARASAGITAL LESION (INCLUDES VENTRICULAR LESIONS & CYSTS)
309	BASAL LESION
310	BRAIN STEM LESION
311	C P ANGLE LESION
312	STEREOTACTIC PROCEDURES- SURGICAL PROCEDURE
313	STEREOTACTIC PROCEDURES- ABLATION
314	STEREOTACTIC PROCEDURES- BIOPSY
315	DE-COMPRESSIVE CRANIECTOMY (NON TRAUMATIC / CVA INFARCT)
316	INTRA-CEREBRAL HEMATOMA EVACUATION
317	SUBDURAL HEMORRHAGE/ DECOMPRESSION FOR CONTUSION & ICH
318	EXCISION / DECOMPRESSION - OPTIC NERVE LESION /ORBITAL TUMOR (INCLUDES PROPTOSIS)
319	TEMPORAL LOBECTOMY
320	LESIONECTOMY
321	TEMPORAL LOBECTOMY PLUS DEPTH ELECTRODES
322	MICROVASCULAR DECOMPRESSION FOR TRIGEMINAL NEURALGIA
323	MENINGO ENCEPHALOCELE /MENINGO MYELOCELE /MENINGOCELE EXCISION/LIPOMENINGOCELE (AT ANY LEVEL REPAIR)
324	DERMAL SINUS WITH INTRADURAL EXTENSION/TETHERED CORD /RELEASE OF TIGHT FILUM
325	ARNOLD CHIARI MALFORMATION - FORAMEN MAGNUM DECOMPRESSION
326	INTRACRANIAL FOREIGN BODY REMOVAL
327	DEPRESSED FRACTURE (WITH /WITHOUT HEMATOMA) - EXCISION/ ELEVATION /SCREW & FIXATION / BONE FLAP REMOVAL -TRAUMA /OTHER THAN TRAUMA
328	BONY LESION OF SKULL (PRIMARY BENIGN /MALIGNANT, SECONDARIES)
329	SPONTANEOUS ICH - DECOMPRESSIVE CRANIECTOMY/CRANIOTOMY & EVACUATION
330	DEEP BRAIN STIMULATION

331	INTRATHECAL PUMP IMPLANT
332	NEURO ENDOSCOPY PROCEDURES-EXCISION OF INTRAVENTRICULAR LESION
333	NEURO ENDOSCOPY PROCEDURES-EXCISION OF SUPRATENTORIAL LESION
334	NEURO ENDOSCOPY PROCEDURES-SPINAL ENDOSCOPY FOR DISCECTOMY
335	NEURO ENDOSCOPY PROCEDURES-ENDOSCOPIC THIRD VENTRICULOSTOMY
336	CERVICAL / LUMBAR SYMPATHECTOMY
VASCULAR SURGERY	
337	D V T - IVC FILTER
338	PERIPHERAL EMBOLECTOMY WITHOUT GRAFT
339	EXCISION OF ARTERIO VENOUS MALFORMATION - SMALL
340	EXCISION OF ARTERIO VENOUS MALFORMATION - LARGE
341	ARTERIAL EMBOLECTOMY
342	VASCULAR TUMORS
343	SMALL ARTERIAL ANEURYSMS - REPAIR
344	MEDIUM SIZE ARTERIAL ANEURYSMS - REPAIR
345	MEDIUM SIZE ARTERIAL ANEURYSMS WITH SYNTHETIC GRAFT
346	THORACO ABDOMINAL ANEURYSM REPAIR WITH RENO / MESENTRIC REVASCULARISATION
347	VISCERAL ARTERY ANEURYSM REPAIR / RENAL ARTERY ANEURYSM REPAIR
348	AORTO - BILLIAC - BIFEMORAL BYPASS WITH VEIN / SYNTHETIC GRAFT
349	AXILLO BIFEMORAL BYPASS WITH SYNTHETIC GRAFT
350	FEMORO DISTAL BYPASS WITH VEIN OR SYNTHETIC GRAFT
351	FEMORO DISTAL BYPASS WITH VEIN OR SYNTHETIC GRAFT
352	AXILLO BRACHIAL BYPASS USING SYNTHETIC GRAFT
353	BRACHIO - RADIAL BYPASS WITH SYNTHETIC GRAFT
354	FEMORO- POPLITEAL BYPASS WITH GRAFT
355	FEMORO- POPLITEAL BYPASS WITHOUT GRAFT
356	FEMORO ILEAL BYPASS WITH GRAFT
357	FEMORO ILEAL BYPASS WITHOUT GRAFT
358	FEMORO FEMORAL BYPASS WITH GRAFT
359	FEMORO FEMORAL BYPASS WITHOUT GRAFT
360	AORTO RENAL BYPASS
361	AORTO MESENTRIC BYPASS
362	CAROTID SUBCLAVIAN ARTERY BYPASS WITH SYNTHETIC GRAFT
363	AXILLO AXILLARY BYPASS WITH SYNTHETIC GRAFT
364	SUBCLAVIAN SUBCLAVIAN BYPASS WITH SYNTHETIC GRAFT
365	CAROTID BODY TUMOR - EXCISION
366	CAROTID ARTERY BYPASS WITH SYNTHETIC GRAFT
367	SURGERY WITHOUT GRAFT FOR ARTERIAL INJURIES OR VENOUS INJURIES
368	VASCULAR INJURY IN UPPER LIMBS - AXILLARY, BRANCHIAL, RADIAL AND ULNAR - REPAIR WITH VEIN GRAFT

369	MAJOR VASCULAR INJURY -REPAIR - LOWER LIMBS(INCLUDING FOOT)
370	MINOR VASCULAR INJURY REPAIR -LOWER LIMBS (INCLUDING FOOT)
371	SURGERY WITH VEIN GRAFT
372	WITH PROSTHETIC GRAFT
373	NECK VASCULAR INJURY - CAROTID VESSELS
374	ABDOMINAL VASCULAR INJURIES - AORTA, ILLAC ARTERIES, IVC, ILIAC VEINS
375	THORACIC VASCULAR INJURIES
376	VARICOSE VEINS RFA
377	COVERED STENT PLACEMENT FOR ANEURSYM / MURAL THROMBOSIS
378	THROMBOLYSIS FOR DEEP VEIN THROMBOSIS (CATHETER DIRECTED THROMBOLYSIS)
379	BRACHIO - BASILIC TRANSPOSITION FOR HEMODIALYSIS ACCESS
380	VERTEBRAL ARTERY STENTING WITH EMBOLIC PROTECTION DEVICE
381	END ARTERECTOMY FOR PERIPHERAL ARTERIES / PATCH CLOSURE
382	END ARTERECTOMY FOR LARGE ARTERIES
383	THROMBIN INJECTION UNDER DUPLEX GUIDANCE FOR PSEUDOANEURYSM
384	PSEUDOANEURYSM MANAGEMENT WITH USG COMPRESSION THERAPY
385	PSEUDOANEURYSM LIGATION
386	PROFUNDA PLASTY
387	FOAM SCLEROTHERAPY FOR VARICOSE ULCER UNDER DUPLEX USG MONITORING
388	SCLEROTHERAPY FOR LOW FLOW VENOUS MALFORMATION UNDER DUPLEX USG MONITORING
389	SYSTEMIC THROMBOLYSIS IN PERIPHERAL ARTERY DISEASE
390	REDO BYPASS AFTER GRAFT THROMBOSIS
391	ENDOVASCULAR AORTIC REPAIR
392	THORACIC ENDOVASCULAR AORTIC REPAIR
393	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - UNILATERAL
394	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - BILATERAL
395	TUMOR RESECTION WITH VASCULAR RECONSTRUCTION
396	GRAFT THROMBECTOMY BYPASS / AV ACCESS SURGERY
397	SARTORIUS/ GRACILIS MUSCLE FLAP COVER FOR VASCULAR COVER
EAR , NOSE AND THROAT	
398	COCHLEAR IMPLANT SURGERY < 6YEARS
399	AUDITORY BRAIN STEM IMPLANT <6YEARS
400	HEARING AID - PREFERABLY RESERVED TO GOVT
401	MASTOIDECTOMY - CORTICAL
402	MASTOIDECTOMY - RADICAL
403	MASTOIDECTOMY - MODIFIED RADICAL

404	MASTOIDECTOMY WITH TYMPANOPLASTY
405	STAPEDECTOMY
406	TYMPANOPLASTY-TYPE 1
407	OTHER TYMPANOPLASTIC PROCEDURES FOR OSSICULOPLASTY
408	FACIAL NERVE DECOMPRESSION
409	MICROLARYNGEAL SURGERY - SOFT TISSUE SWELLINGS OF LARYNX-BENIGN
410	MICROLARYNGEAL SURGERY - SOFT TISSUE SWELLINGS OF LARYNX-MALIGNANT
411	LARYNGO FISSURECTOMY
412	ADENOIDECTOMY - GROMET INSERTION
413	UVULO-PALATO-PHARYNGOPLASTY
414	EXPANSION SPHINTERO PLASTY
415	ZETA PLASTY
416	UPPP AND MODIFIATIONS
417	EXISION OF TUMOR IN PHARYNX / PARAPHARYNX (BENIGN)
418	EXCISION OF TUMOR IN PHARYNX / PARAPHARYNX (MALIGNANT)
419	EXCISION OF TUMOR NASAL CAVITY (BENIGN /ANGIOFIBROMA NOSE
420	EXCISION OF TUMOR NASAL CAVITY (MALIGNANT)
421	ENDOSCOPIC SINUS SURGERY-CHRONIC RHINO SINUSITIS
422	ENDOSCOPIC SINUS SURGERY-SINO NASAL POLYPOSIS
423	ENDOSCOPIC SINUS SURGERY-FUNGAL SINUSITIS
424	ENDOSCOPIC SINUS SURGERY-ENDOSCOPIC ORBITAL DECOMPRESSION
425	ENDOSCOPIC SINUS SURGERY-VIDIAN NEURECTOMY
426	ENDOSCOPIC SINUS SURGERY-INTERNAL MAXILLARY ARTERY LIGATION/SPHENO PALATINE ARTERY LIGATION
427	LABYRINTHECTOMY
428	PHONO SURGERY FOR VOCAL CORD PARALYSIS
429	MYRINGOTOMY WITH GROMET INSERTION
430	INTRA TYMPANIC MEDICATION FOR VERTIGO & TINNITUS
431	NASAL BONE FRACTURE REDUCTION
432	MICRO DEBRIDER OR CO-ABLATION TURBINOPLASTY
433	CUT THROAT INJURY NECK - EXPLORATION & REPAIR WITHOUT VASCULAR INTERVENTION
434	CUT THROAT INJURY NECK - EXPLORATION & REPAIR WITH VASCULAR INTERVENTION
435	TRANS ORAL LASER EXCISION OF LARYNGEAL TUMOR (TOLMS) - BENIGN
436	TRANS ORAL LASER EXCISION OF LARYNGEAL TUMOR (TOLMS) - MALIGNANT
437	DRUG INDUCED SLEEP ENDOSCOPY
438	ENDOLYMPHATIC SAC DECOMPRESSION
439	EXTERNAL ETHMOIDECTOMY
440	FRACTURE ZYGOMA OPEN REDUCTION

441	RADIO FREQUENCY ABLATION OF TONGUE
442	MYRINGOPLASTY
443	RHINOPLASTY & SEPTORHINOPLASTY
OPHTHALMOLOGY	
444	THERAPEUTIC PENETRATING KERATOPLASTY / OPTICAL PENETRATING KERATOPLASTY
445	LAMELLAR KERATOPLASTY
446	SCLERAL PATCH GRAFT
447	DOUBLE Z-PLASTY
448	AMNIOTIC MEMBRANE GRAFT / AUTOGRAFT (FOR PTERYGIUM)
449	COLLAGEN CROSS LINKING FOR KERATOCONUS
450	REMOVAL OF SILICON OIL OR GAS
451	VITRECTOMY ANTERIOR
452	VITRECTOMY - MEMBRANE PEELING- ENDOLASER,SILICON OIL OR GAS
453	MONTHLY INTRAVITREAL ANTI-VEGF FOR MACULAR DEGENERATION - PER INJECTION (MAXIMUM - 6)
454	DIABETIC MACULAR EDEMA-INTRA VITREAL LUCENTIS/ AVASTIN
455	SCLERAL BUCKLE FOR RETINAL DETACHMENT
456	PHOTOCOAGULATION FOR DIABETIC RETINOPATHY / INDICATIONS OTHER THAN DIABETIC RETINOPATHY - PER SITTING
457	DERMIS FAT GRAFT
458	ORBITOTOMY
459	ENUCLEATION WITH ORBITAL IMPLANT
460	RECTUS MUSCLE SURGERY (SINGLE)
461	RECTUS MUSCLE SURGERY (TWO/THREE)
462	LID RECONSTRUCTION SURGERY /BLEPHEROPLASTY
463	PAEDIATRIC CATARACT SURGERY (PHACO EMULSIFICATION IOL/SICS IOL)
464	PHOTOCOAGULATION FOR RETINOPATHY OF PREMATUREITY
465	GLAUCOMA FILTERING SURGERY FOR PAEDIATRIC GLAUCOMA
466	LASER NDYAG PERIPHERAL IRIDOTOMY/ CAPSULOTOMY
467	ADULT GLAUCOMA SURGERY/TRABECULECTOMY/ IMPLANT SURGERY
468	SECONDARY GLAUCOMA
469	SCLERAL / CORNEAL TEAR REPAIR
470	REFRACTORY CORNEAL ULCER MANAGEMENT/NON HEALING CORNEAL ULCER
471	INTRAVITREAL TRIAMCINOLONE / ANTIBIOTICS
472	LATERAL TARSORRHAPHY
473	TRABECULECTOMY (WITH AHMED VALVE/MITOMYCIN/ EXPRESS STENT/OLOGEN)
474	CORNEAL PATCH GRAFT
475	SOCKET RECONSTRUCTION
476	OBLIQUE MUSCLE SURGERY

OBSTETRICS AND GYNAECOLOGY	
477	CAESAREAN HYSTERECTOMY WITH BLADDER REPAIR
478	RUPTURE UTERUS WITH TUBECTOMY
479	ECLAMPSIA WITH COMPLICATIONS REQUIRING VENTILATORY SUPPORT
480	ECLAMPSIA WITH COMPLICATIONS & HELLP SYNDROME
481	ABRUPTIO-PLACENTA WITH OUT COAGULATION DEFECTS (DIC)
482	ABRUPTIO-PLACENTA WITH COAGULATION DEFECTS (DIC)
483	VAGINAL HYSTERECTOMY WITH PELVIC FLOOR REPAIR/WITH MESH REPAIR
484	CYSTOCELE, RECTOCELE & PERINEORRAPHY
485	SLINGS WITH MESH REPAIR FOR PROLAPSE
486	VAULT PROLAPSE ABDOMINAL REPAIR WITH / WITHOUT MESH
487	LAPAROSCOPIC OVARIAN DRILLING
488	LAPAROSCOPIC MYOMECTOMY
489	RECANALISATION ANY TYPE
490	STAGING LAPROTOMY FOR OVARIAN AND UTERINE CA
491	DIAGNOSTIC HYSTERO- LAPROSCOPY
492	LAPAROSCOPIC SLING OPERATIONS
493	PPH SURGICAL MANAGEMENT - HYSTERECTOMY/LIGATION/ EMBOLIZATION
494	PURANDARE'S CERVICOPEXY
GENERAL MEDICINE	
CARDIOLOGY	
495	ACUTE MI (CONSERVATIVE MANAGEMENT WITHOUT ANGIOGRAM)
496	ACUTE MI (CONSERVATIVE MANAGEMENT WITH ANGIOGRAM)
497	ACUTE MI WITH CARDIOGENIC SHOCK
498	ACUTE MI REQUIRING IABP PUMP
499	CONGESTIVE CARDIAC FAILURE
500	INFECTIVE ENDOCARDITIS
501	PULMONARY EMBOLISM
502	ARRYTHMIAS (SUPRAVENTRICULAR / VENTRICULAR) - INVASIVE MANAGEMENT
503	ARRYTHMIAS (SUPRAVENTRICULAR / VENTRICULAR) - CONSERVATIVE MANAGEMENT
504	PERICARDIAL EFFUSION/TAMPONADE
505	CARDIAC CATHETERISATION AND RIGHT & LEFT HEART STUDY
506	PROSTHETIC VALVE THROMBOSIS- THROMBOLYSIS
507	TENECTEPLASE/TPA ADDITIONAL FOR MI MANAGEMENT
CRITICAL CARE	
508	COPD RESPIRATORY FAILURE (INFECTIVE EXACERBATION)
509	ACUTE BRONCHITIS AND PNEUMONIA WITH RESPIRATORY FAILURE REQUIRING VENTILATORY SUPPORT -OP POISONING / METABOLIC COMA/SCORPION STING/ SNAKE BITE / BITES & STINGS (PER DAY)
510	
INFECTIOUS DISEASES	
511	DIPHTHERIA COMPLICATED
512	CRYPTOCOCCAL MENINGITIS
513	CEREBRAL MALARIA

	MEDICAL GASTROENTROLOGY
514	CORROSIVE OESOPHAGEAL INJURY
515	ACUTE PANCREATITIS WITH PSEUDOCYST (INFECTED)
516	CHRONIC PANCREATITIS WITH SEVERE PAIN I) SEMS- SELF EXPANDABLE METALLIC STENT FOR BILIARY OBSTRUCTION (OBSTRUCTIVE JAUNDICE)- MALIGNANT/BENIGN
517	CHRONIC PANCREATITIS WITH SEVERE PAIN- II) ENDOSCOPIC PANCREATIC SPINCTEROTOMY AND /OR PANCREATIC DUCT STENTING
518	CHRONIC PANCREATITIS WITH SEVERE PAIN-PANCREATIC DUCT STENTING- PANCREATIC DUCT LEAKS, PSEUDOCYST OF PANCREAS, PANCREATIC STRICTURE, PANCREATIC STONE DISEASE
519	NON VARICEAL BLEED- HEATER PROBE (UPPER & LOWER GI BLEED) INCLUDES GAVE, ULCER, RADIATION PROCTITIS/COLITIS, POST POLYPECTOMY BLEED, DIEULAFOYS LESION, ANGIODYSPLASIA, MALLORY WEISS TEAR.
	NEPHROLOGY
520	RAPIDLY PROGRESSIVE RENAL FAILURE (RPRF)
521	MAINTANENCE HEMODIALYSIS FOR CRF (8 DIALYSIS) INCLUDING SEROPOSITIVE
522	PERITONEAL DIALYSIS/CAPD
	NEUROLOGY
523	CHRONIC INFLAMMATORY DEMYELINATING POLY NEUROPATHY
524	HEMORRHAGIC STROKE /ISCHEMIC STROKE
	DERMATOLOGY
525	PEMPHIGUS /PEMPHIGOID
526	GENETIC DERMATOLOGICAL DISORDERS
527	STEVENS- JOHNSON SYNDROME
	HEMATOLOGY
528	THROMBOCYTOPENIA WITH BLEEDING DIATHESIS
529	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION- INCLUDING TOTAL BODY RADIATION
	PULMONOLOGY
530	BRONCHIECTASIS WITH REPEATED HOSPITALISATION>6PER YEAR
531	ACUTE RESPIRATORY FAILURE (WITHOUT VENTILATOR)
532	ACUTE RESPIRATORY FAILURE (WITH VENTILATOR - FOR MINIMUM 5 DAYS)
533	LUNG ABSCESS, NON - RESOLVING
534	PNEUMOTHORAX (LARGE / RECURRENT)
535	HYDROPNEUMOTHORAX
536	MALIGNANT PLEURAL EFFUSION /MASSIVE HEMOPTYSIS
537	PNEUMOCONIOSIS
538	LUNG NODULE OR MASS LESION FOR EVALUATION

	RHEUMATOLOGY
539	SLE- PREDNISOLONE OR METHOTREXATE OR AZATHIOPRINE OR TACROLIMUS OR HYDROXYCHLOROQUINE/ MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE
540	SLE -WITH INTERNAL ORGAN INVOLVEMENT ON PULSE CYCLOPHOSPHAMIDE THERAPY
541	SLE WITH COMPLICATIONS
542	SCLERODERMA RENAL CRISIS
543	PRIMARY SJOGREN'S SYNDROME- PREDNISOLONE OR METHOTREXATE OR AZATHIOPRINE OR TACROLIMUS OR HYDROXYCHLOROQUINE,PULSE CYCLOPHOSPHAMIDE THERAPY/MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE/ WITH GANGRENE ON IV PROSTACYCLIN/ PNEUMOCOCCAL VACCINATION
544	SYSTEMIC SCLEROSIS -METHOTREXATE OR AZATHIOPRINE OR HYDROXYCHLOROQUINE/PULSE CYCLOPHOSPHAMIDE THERAPY/MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE/ WITH GANGRENE ON IV PROSTACYCLIN
545	ARTHRITIS ANY TYPE (RESTRICTED TO - RHEUMATOID ARTHRITIS / SPONDYLO ARTHRITIS / PSORIATIC ARHTRITIS/ REACTIVE ARTHRITIS/UNDIFFERENTIATED ARTHRITIS)
546	ANTIPHOSPHOLIPID SYNDROME (PRIMARY / SECONDARY)
547	CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME
	ENDOCRINOLOGY
548	GROWTH HORMONE FOR HYPOPITUTARISM
549	PITUITARY - ACROMEGALY
550	CUSHINGS SYNDROME
551	DELAYED PUBERTY HYPOGONADISM (EX.TURNERS SYND, KLEINFELTER SYND)
	PSYCHIATRY
552	ACUTE PSYCHOSIS (MINIMUM 10-15 DAYS OF ADMISSION)
553	ANY ACUTE/ RELAPSE BIPOLAR EPISODE (ONLY IP CASES)
554	ECT (PER SITTING) (MAX 6 SITTING)
555	AUTISM WITH OR WITHOUT DISRUPTIVE BEHAVIOR
556	ACUTE SCHIZOPHRENIA
	HEPATOLOGY
557	FULMINANT HEPATIC FAILURE
558	PRIMARY BILIARY CIRRHOSIS
559	CHRONIC LIVER DISEASE -COMPENSATED/ DECOMPENSATED
	SURGICAL GASTRO ENTEROLOGY
560	LIVER TRANSPLANTATION
561	RT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
562	LT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
563	SPLENORENAL ANASTOMOSIS
564	SURGERY FOR BLEEDING ULCERS
565	I STAGE-SUB TOTAL COLECTOMY + ILEOSTOMY
566	II STAGE - J-POUCH

567	III STAGE-ILEOSTOMY CLOSURE
568	HEPATICO JEJUNOSTOMY - BILIARY STRICTURE / INJURY / EXTERNAL BILIARY FISTULA MANAGEMENT
569	BILIARY PANCREATITIS - CBD CALCULI
570	REPAIR SURGERY FOR INJURIES DUE TO FB
571	SURGICAL REMOVAL OF FOREIGN BODY FROM GIT (INVASIVE / NON INVASIVE)
572	GASTRO STUDY FOLLOWED BY THORACOTOMY & SURGICAL MANAGEMENT FOR OESOPHAGEAL INJURY FOR CORROSIVE INJURIES/FB
573	HAEMANGIOMA SOL LIVER HEPATECTOMY + WEDGE RESECTION
574	LIENORENAL SHUNT
575	SLEEVE GASTRECTOMY FOR MORBID OBESITY
576	ROUXEN Y GASTRIC BYPASS FOR MORBID OBESITY
577	ANAL SPHINCTER RECONSTRUCTION/ LEVATROPLASTY
578	GRACILOPLASTY
579	BILIARY PERITONITIS -EMERGENCY LAPAROTOMY
580	SPLEEN SPARING DEVASCULARISATION
581	LIVER SEGMENTECTOMY
582	PORTOCAVAL ANASTOMOSIS
583	DEVASCULARISATION WITH OESOPHAGEAL TRANSECTION
584	WARREN SHUNT
585	PANCREAS DIVISUM
GENITOURINARY SURGERY	
586	RENAL TRANSPLANTATION SURGERY INCLUDES --POST RENAL TRANSPLANT REJECTION A.STEROID RESISTANT B.STEROID SENSITIVE/ POST RENAL TRANSPLANT INFECTION - LIFE TREATENING TREATMENT FOR FUNGAL INFECTIONS (LIPOSOMAL AMP –B OR EICHNOCANDINS) ,
587	CYSTOLITHOTRIPTY/LASER LITHOTRIPTY / RETROGRADE INTRARENAL SURGERY
588	PER CUTANEOUS NEPHRO LITHOTOMY
589	EXTRACORPOREAL SHOCK WAVE LITHOTRIPTY
590	URETERO RENO SCOPIC LITHOTRIPTY
591	SINGLE STAGE URETHROPLASTY FOR STRICTURE URETHRA
592	BUCCAL MUCOSAL GRAFT- URETHROPLASTY
593	DOUBLE STAGE URETHROPLASTY FOR STRICTURE URETHRA - STAGE I /STAGE II
594	DOUBLE STAGE URETHROPLASTY FOR STRICTURE URETHRA - RECONSTRUCTION PROCEDURE
595	ANATROPHIC PEYLOLITHOTOMY FOR STAGHORN CALCULUS
596	RENAL CYST EXCISION
597	NEPHRECTOMY PYONEPHROSIS/XANTHO GRANULOMATOUS PYELONEPHRITIS
598	ENDOSCOPE REMOVAL OF STONE IN BLADDER
599	URETERIC INJURY REPAIR
600	BLADDER INJURY REPAIR
601	URETERIC REIMPLANTATION

602	VESICO VAGINAL FISTULA
603	CLOSURE OF URETHRAL FISTULA
604	OPTICAL URETHROTOMY
605	PERINEAL URETHROSTOMY
606	ANDERSON HYNES PYELOPLASTY
607	CAECO CYSTOPLASTY /BLADDER NECK INCISION (BNI) / AUGMENTATION - CYSTOPLASTY
608	SUPRA PUBLIC CYSTOSTOMY
609	DIVERTICULECTOMY /PERSISTENT URACHUS
610	URACHAL SINUS/TUMOR / EXCISION
611	INCONTINENCE URINE- (MALE)/ (FEMALE-INCLUDING CYSTOSCOPY OTIS URETHROTOMY)
612	TRANSURETHRAL RESECTION OF PROSTATE (TURP)
613	TURP WITH CYST LITHOTRIPSY
614	CHORDEE CORECTION
INTERVENTIONAL RADIOLOGY	
615	INFERIOR VENA CAVA STENTING SINGLE STENT
616	CORTICAL VENOUS SINUS THROMBOLYSIS
617	INTRA-ARTERIAL THROMBOLYSIS FOR ACUTE ISCHEMIC LIMBS
618	PERMANENT TUNNELED CATHETER PLACEMENT AS SUBSTITUTE FOR AV FISTULA IN LONG TERM DIALYSIS
619	STEREOTACTIC MAMMOGRAPHIC BIOPSY PROCEDURES
620	ENDOVASCULAR INTERVENTION FOR SALVAGING HEMODIALYSIS AV FISTULA
621	BALLOON RETROGRADE TRANSVENOUS OBLITERATION OF BLEEDING GASTRIC VARICES (BRTO)
622	PERCUTANEOUS VERTEBRO PLASTY/ CEMENTOPLASTY (FOR EACH LEVEL)
623	PTBD STENTING WITH OR WITHOUT DRAINAGE
624	TRANS JUGULAR LIVER BIOPSY
625	FLOW DIVERTOR FOR WIDE NECK ANEURYSM
COMMON PROCEDURES(INCLDING GENERAL SURGERY) - MAY BE DONE BY MORE THAN ONE SPECIALITY	
626	THOROCOPLASTY (BRONCHOPLEURAL FISTULA/OTHERS)
627	MYOPLASTY (BRONCHOPLEURAL FISTULA/OTHERS)
628	TRANSPLEURAL BPF CLOSURE
629	CAROTID EMBOLECTOMY
630	PULMONARY EMBOLECTOMY WITH IVC FILTER
631	RENAL ANGIOPLASTY
632	VERTERBRAL ANGIOPLASTY
633	EXISION OF TUMORS IN NASOPHARYNX (BENIGN)
634	EXCISION OF TUMOR IN NASOPHARYNX(MALIGNANT)
635	ENDOSCOPIC DCR
636	VAGINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
637	ABDOMINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
638	WERTHEIMS / RADICAL HYSTERECTOMY

639	AMPUTATIONS - FORE QUARTER / HIND QUARTER WITH OR WITHOUT HEMIPELVECTOMY
640	DENGUE SHOCK SYNDROME/ DENGUE HEMORRHAGIC FEVER - (ADULT/PAEDIATRICS)
641	PANCREATECTOMY ANY TYPE - OPEN / LAP
642	NEPHROSTOMY
643	OBSCURE/ NON VARICEAL BLEED- CLIPPING / ARGON PLASMA COAGULATION/ INJECTION/CONSERVATIVE
644	MIXED CONNECTIVE TISSUE DISEASE-(METHOTREXATE OR AZATHIOPRINE OR HYDROXY CHLOROQUINE/ PULSE CYCLOPHOSPHAMIDE THERAPY/ MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE/ WITH GANGRENE ON IV PROSTACYCLIN/ PNEUMOCOCCAL VACCINATION)
645	VASCULITIS (PREDNISOLONE OR METHOTREXATE OR AZATHIOPRINE/ PULSE CYCLOPHOSPHAMIDE THERAPY / INTERNAL ORGAN INVOLVEMENT REQUIRING INTRAVENOUS IMMUNOGLOBULIN/ MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE/ PNEUMOCOCCAL VACCINATION)
646	FULL THICKNESS BUCCAL MUCOSAL RESECTION & RECONSTRUCTION
647	ORBITAL EXENTERATION/ EVISCERATION WITH IMPLANT
648	POST-TRANSPLANT IMMUNOSUPPRESSIVE TREATMENT FROM 1ST TO 6 TH MONTH AFTER TRANSPLANTATION & 7 TH TO 12 TH MONTH AFTER TRANSPLANTATION (ALL HIGH END)
649	OPEN PROSTATECTOMY
650	RADICAL PROSTATECTOMY
651	CT GUIDED MAJOR PROCEDURES (DRAINAGE PIGTAIL INSERTION)
652	CT GUIDED MAJOR PROCEDURES (RF / ETHANOL ABLATION)
653	CT GUIDED MINOR PROCEDURES (FNAC, BIPOSY, SINOGRAPHY,TAPPING)
654	USG GUIDED MAJOR PROCEDURES (EG. LIVER ABSCESS,POST OP COLLECTIONS)DRAINAGE PIGTAIL INSERTION
655	USG GUIDED MAJOR PROCEDURES (RF / ETHANOL ABLATION PAIN MANAGEMENT)
656	USG GUIDED MINOR PROCEDURES (FNAC, BIPOSY, SINOGRAPHY,TAPPING)
657	RENAL ARTERY EMBOLIZATION WITH MULTIPLE COILS AND MICRO CATHETER
658	EMBOLIZATION OF AV MALFORMATION OF PERIPHERAL EXTREMITY, CRANIOFACIAL AND VISCERAL PER SITTING
659	GASTROINTESTINAL VISCERAL ARTERIAL EMBOLIZATION IN UPPER AND LOWER GASTROINTESTINAL BLEEDING WITH MICROCATETER
660	BRONCHIAL ARTERY EMBOLIZATION IN HEMOPTYSIS USING PVA AND MICRO CATHETER

661	EMBOLIZATION OF POSTOPERATIVE/ POST TRAUMATIC BLEEDING
662	UTERINE ARTERY EMBOLIZATION IN SEVERE MENORRHAGIA SECONDARY TO PPH/UTERINE FIBROIDS / AVM
663	PREOPERATIVE PORTAL VEIN EMBOLIZATION FOR LIVER TUMORS
664	EMBOLIZATION OF PULMONARY AV MALFORMATION
665	EMBOLIZATION OF AV MALFORMATION OF BRAIN PER SITTING WITH ONYX
666	EMBOLIZATION OF CARATICO-CAVERNOUS FISTULA
667	PLAIN SIMPLE COILING OF ANEURYSM
668	BRAIN AVM EMBOLIZATION
669	TUMOR EMBOLIZATION
670	PERIPHERAL AVM EMBOLIZATION
671	TRANS ARTERIAL CHEMOEMBOLIZATION
672	HEAD AND NECK TUMOR EMBOLIZATION
673	PSEUDOANEURYSM EMBOLIZATION
674	PROSTATIC ARTERY EMBOLIZATION
675	SPINAL AVM EMBOLIZATION
676	SPINAL DURAL FISTULA EMBOLIZATION
677	BALLOON RETERO GRADE VARICEAL EMBOLIZATION
678	LIVER HEMANGIOMA EMBOLIZATION
679	VEIN OF GALEN EMBOLIZATION
680	DURAL FISTULA EMBOLIZATION
681	RF ABLATION OF OSTEOID OSTEOMA
682	SUPERFICIAL FEMORAL ARTERY ANGIOPLASTY ANY STENTING
683	FISTULA SALVAGE ANGIOPLASTY
684	CAROTID ARTERY STENTING WITH EMBOLIC PROTECTION DEVICE
685	ILIAC / IVC STENTING / HIGH END VASCULAR REVASCULARISATION PROCEDURE
686	VENOUS / POLY TETRA FLUORO ETHYLENE PATCH ANGIOPLASTY
687	SUBCLAVIAN, ILIAC, SUPERFICIAL FEMORAL ARTERY STENTING EACH WITH ONE STENT
688	TIBIAL ANGIOPLASTY IN CRITICAL LIMB ISCHEMIA
689	MESENTERIC ARTERY ANGIOPLASTY & STENTING IN ACUTE & CHRONIC MESENTERIC ISCHEMIA - SINGLE STENT
690	CENTRAL VENOUS STENTING FOR CENTRAL VENOUS OCCLUSION (BRACHIOCEPHALIC, SUBCLAVIAN VEIN AND SUP VENA CAVA) SINGLE METALLIC STENT
691	INTRACRANIAL VENOUS STENTING
692	INTRACRANIAL ARTERIAL STENTING
693	PERIPHERAL STENT GRAFT FOR PERIPHERAL ANEURYSMS AND AV FISTULA
694	PERIPHERAL ANGIOPLASTY
695	PERIPHERAL ANGIOPLASTY AND STENTING
696	SVC ANGIOPLASTY AND STENTING
697	IVC ANGIOPLASTY
698	IVC ANGIOPLASTY AND STENTING
699	BELOW KNEE ANGIOPLASTY
700	SUBCLAVIAN ANGIOPLASTY STENTING

701	RENAL ANGIOPLASTY STENTING
702	DURAL SINUS ANGIOPLASTY AND STENTING
703	HEPATIC VEIN ANGIOPLASTY AND STENTING
704	CENTRAL VEIN STENOSIS ANGIOPLASTY
705	RF ABLATION OF TUMOR
706	ACUTE STROKE THROMBOLYSIS (R TPA)
707	INFERIOR VENA CAVA FILTER PLACEMENT
708	BILIARY DRAINAGE PROCEDURES/ERCP - EXTERNAL DRAINAGE AND STENT PLACEMENT - METALLIC BILIARY STENT / POST OP BILIARY STRICTURE/LEAK/CHOLANGITIS/BILIARY PANCREATITIS/CHOLEDOCHAL CYST/BILE DUCT STONES
709	CAROTID STENTING SINGLE STENT WITH EMBOLIC PROTECTION DEVICE
710	CT GUIDED NERVE BLOCK (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, EPIDURAL STEROID, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE, PIRIFORMIS INJECTION)
711	USG GUIDED NERVE BLOCK (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, EPIDURAL STEROID, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE, PIRIFORMIS INJECTION)
712	C-ARM GUIDED NERVE BLOCK (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, EPIDURAL STEROID, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE, PIRIFORMIS INJECTION)
713	CT GUIDED RF ABLATION (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE)/

714	USG GUIDED RF ABLATION (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE)/
715	C-ARM GUIDED RF ABLATION (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE)/
716	PREOPERATIVE PROPHYLACTIC TUMOR EMBOLISATION
717	IMMUNOGLOBULIN THERAPY - HEREDITARY MOTOR SENSORY NEUROPATHIES/HEREDITARY SENSORY AND AUTONOMIC NEUROPATHY/PLEXOPATHY (LUMBOSACRAL/ BRACHIAL)/PERIPHERAL NEUROPATHY (WITH NERVE BIOPSY) (HANSEN, NUTRITIONAL, TOXIC, INFECTIVE, IMMUNE)/CARPAL TUNNEL SYNDROME/ACUTE ENTRAPMENT/COMPRESSIVE NEUROPATHY / GBS/DOG BITE CATEGORY III/OTHERS
718	RECONSTRUCTIVE MICRO SURGERY - REPLANTATION OF HAND, FINGER, THUMB, ARM, SCALP ETC
719	RECONSTRUCTIVE MICRO SURGERY -FREE TISSUE TRANSFER
720	EXCISION OF LINGUAL THYROID
721	ACUTE PANCREATITIS - CONSERVATIVE MANAGEMENT / MILD / MODERATE / SEVERE MEDICAL / IMAGE GUIDED DRAINAGE OF PANCREATIC COLLECTIONS
722	OPEN NEPHRECTOMY SIMPLE/HEMI/PARTIAL/RADICAL
723	LAP NEPHRECTOMY SIMPLE/HEMI/PARTIAL/RADICAL
724	NEPHROURETERECTOMY
725	BRONCHOSCOPY FOREIGN BODY REMOVAL
726	FB OESOPHAGUS
727	TRACHEOSTOMY
728	THORACOSTOMY
729	CLEFT LIP
730	CLEFT PALATE
731	SYNDACTYLY OF HAND FOR EACH HAND
732	MICROTIA/ANOTIA
733	TM JOINT ANKYLOSIS
734	RECONSTRUCTIVE MICRO SURGERY -BRACHIAL PLEXUS SURGERY
735	RECONSTRUCTIVE BREAST SURGERY FOLLOWING CANCER EXCISION,REDUCTION, AUGMENTATION
736	RECONSTRUCTIVE SURGERY FOLLWING FACIO MAXILLARY TRAUMA, FRACTURE MANDIBLE, MAXILLA

737	HEAD & NECK CANCER COMPOSITE RESECTION
738	HEAD & NECK CANCER COMPOSITE RESECTION WITH RECONSTRUCTION
739	SKIN TUMOR/SOFT TISSUE/BONE TUMORS - EXCISION / AMPUTATION/RESECTION WITH RECONSTRUCTION
740	SKIN TUMOR/SOFT TISSUE/BONE TUMORS - EXCISION /AMPUTATION/ RESECTION - WITHOUT RECONSTRUCTION
741	TRACHEO OESOPHAGEAL FISTULA - REPAIR / RECONSTRUCTION
742	OESOPHAGEAL GROWTH / FISTULA / STRICTURE / PERFORATION / LUMINAL STENTING
743	DIAPHRAGMATIC HERNIA
744	URETERIC REIMPLANTATIONS/MEGA URETER OBSTRUCTIVE /REFLUXING - U/L OR B/L
745	HYPOSPADIAS
746	EPISPADIASIS
747	TORSION TESTIS
748	URETEROCELE SURGERY
749	OPEN CHOLECYSTECTOMY- RADICAL /ANY TYPE/ CBD EXPLORATION
750	LAP CHOLECYSTECTOMY- RADICAL /ANY TYPE/ CBD EXPLORATION
751	LAP CHOLECYSTOSTOMY WITH /WITHOUT EXPLORATION CBD
752	OPEN CHOLECYSTOSTOMY
753	GASTRECTOMY ANY TYPE - ANY CAUSE
754	GASTRECTOMY ANY TYPE - ANY CAUSE WITH LYMPHADENECTOMY
755	PENECTOMY- TOTAL/PARTIAL WITHOUT PERINEAL URETHEROSTOMY -CA
756	PENECTOMY- TOTAL/PARTIAL WITH PERINEAL URETHEROSTOMY -CA
757	ANTERIOR RESECTION
758	SEGMENTAL RESECTION/WEDGE RESECTION OF STOMACH/ WITH STAPLED ANASTOMOSIS /ILEOSTOMY (INCLUDING GIST)
759	ABDOMINOPERINIAL RESECTION
760	SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION -TRAUMATIC
761	SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION- NON TRAUMATIC
762	LAP SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION
763	NECK DISSECTION ANY TYPE -WITH OR WITHOUT WIDE EXCISION (INCLUDING MALIGNANCY)
764	NECK DISSECTION ANY TYPE - WITH OR WITHOUT RECONSTRUCTION (INCLUDING MALIGNANCY)
765	HEMIMANDIBULECTOMY
766	MARGINAL MANDIBULECTOMY
767	SEGMENTAL MANDIBULECTOMY
768	LEIOMYOMA EXCISION
769	MULTI ORGAN RESECTION FOR ANY GI CANCERS
770	SURGERIES FOR ENTERO CUTANEOUS FISTULA

771	INCISIONAL HERNIA REPAIR WITHOUT MESH
772	INCISIONAL HERNIA REPAIR WITH MESH
773	CRANIOSYNOSTOSIS - SURGICAL CORRECTION (INCLUDING STRIP CRANIECTOMY / ORBITO FACIAL ADVANCEMENT/PLASTIC SURGICAL CORRECTION)
774	LIVER ABSCESS - OPEN DRAINAGE
775	BRAIN - ANY BIOPSY
776	SPINAL VASCULAR MALFORMATION (CONVENTIONAL/INTERVENTIONAL)
777	RECTAL PROLAPSE - THEIRSCH WIRING / DEBULKING/ LAPROSCOPIC RECTOPEXY
778	GLOSSECTOMY (TOTAL/HEMI/PARTIAL) FOR CANCER
779	GLOSSECTOMY (TOTAL/HEMI/PARTIAL) WITH RECONSTRUCTION- FOR CANCER
780	MAXILLECTOMY ANY TYPE -FOR CA
781	PAROTIDECTOMY ANY TYPE- FOR CA
782	LARYNGECTOMY ANY TYPE -FOR CA
783	LARYNGO PHARYNGO OESOPHAGECTOMY
784	COLECTOMY ANY TYPE/ LAPROSCOPIC COLECTOMY-ANY CAUSE
785	WHIPPLES ANY TYPE
786	OPEN CYSTECTOMY(RADICAL /PARTIAL/ COMPLETE) WITH OR WITHOUT DRAINAGE PROCEDURES - ANY CAUSE
787	LAPROSCOPIC CYSTECTOMY WITH OR WITHOUT DRAINAGE PROCEDURES - ANY CAUSE
788	LAPROSCOPIC ASSISTED VAGINAL HYSTERECTOMY
789	SALPINGO OOPHORECTOMY U/L OR B/L- FOR CA
790	MASTECTOMY ANY TYPE
791	MASTECTOMY ANY TYPE WITH AXILLARY DISSECTION / SENTINAL NODE EXPLORATION
792	WIDE EXICISION/ LUMPECTOMY - TUMORS OF BREAST (BENIGN /MALIGNANT)
793	PNEUMONECTOMY- ANY CAUSE
794	LUNG LOBECTOMY - ANY CAUSE
795	DECORTICATION - ANY CAUSE
796	VATS-LOBECTOMY
797	VATS-PNEUMONECTOMY
798	VATS-DECORTICATION
799	METASTATECTOMY SOLITARY OR MULTIPLE - ANY CAUSE
800	OPERATIONS OF ADRENAL GLAND - U/L OR B/L (ANY CAUSE)
801	TEMPORAL BONE - EXCISION / RESECTION - ANY TYPE
802	SUBMANDIBULAR GLAND EXICISION- ANY CAUSE
803	STERNOTOMY + MEDIASTINAL DISSECTION - CA / SOL
804	TOTAL/SUBTOTAL/PARTIAL THYROIDECTOMY WITH OR WITHOUT EXPLORATION- ANY CAUSE
805	HEMITHYROIDECTOMY WITH OR WITHOUT EXPLORATION - ANY CAUSE

806	COMPLETION THYROIDECTOMY WITH OR WITHOUT EXPLORATION - ANY CAUSE
807	ISTHMECTOMY
808	RESECTION & ENUCLEATION OF THYROID NODULE
809	PARATHYROIDECTOMY - ANY TYPE
810	RESECTION AND ANASTOMOSIS /SEGMENTAL RESECTION - SMALL INTESTINE- ANY CAUSE
811	RESECTION AND ANASTOMOSIS /SEGMENTAL RESECTION - LARGE INTESTINE- ANY CAUSE
812	GASTROSTOMY/FEEDING GASTROSTOMY/PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
813	OESOPHAGOSTOMY
814	JEJUNOSTOMY / FEEDING JEJUNOSTOMY
815	GASTROJEJUNOSTOMY
816	ILEOSTOMY
817	ILEOTRANSVERSE COLOSTOMY/COLOSTOMY
818	HARTMANNS PROCEDURE WITH COLOSTOMY- ANY CAUSE
819	CLOSURE OF GASTROSTOMY/ILEOSTOMY/COLOSTOMY / JEJUNOSTOMY / GASTROJEJUNOSTOMY / ILEOTRANSVERSE COLOSTOMY / OESOPHAGOSTOMY
820	RESECTION OF RETRO PERITONEAL TUMORS
821	BONE RESECTION / CURRETTAGE/ CEMENTING- ANY CAUSE
822	URINARY DIVERSION PROCEDURES (INCLUDING PERCUTANEOUS / ANTEGRADE/RETROGRADE URETERIC STENTING /NEPHROSTOMY)
823	SUPRA PUBIC CYSTOSTOMY
824	INTERCOSTAL DRAINAGE
825	CRYOTHERAPY FOR ALL LESIONS
826	NERVE /PERIPHERAL NERVE/TENDON/VASCULAR REPAIR OR RECONSTRUCTION (WITH NERVE GRAFT / TENDON GRAFT) / NEUROLYSIS/NERVE SUTURING
827	VAGINAL ATRESIA - (INCLUDING MC INDO-S REPAIR / PLASTIC SURGICAL REPAIR)
828	VASCULAR MALFORMATIONS- (INCLUDING SCLEROTHERAPY/ REDUCTION SURGERY)
829	RECONSTRUCTIVE UPPER LIMB /HAND/LOWER LIMB/FOOT SURGERY FOLLOWING INFECTION, TRAUMA, BURNS, TUMORS/ MALIGNANCY, DEVELOPMENTAL INCLUDING DIABETIC FOOT - MILD/MODERATE/SEVERE
830	FLAP SURGERIES CUTANEOUS/MYOCUTANEOUS/ OSTEOCUTANEOUS / MICROSURGICAL FREE FLAP SPLIT THICKNESS GRAFT - FOR UPPER LIMB/HAND/LOWER LIMB/FOOT /AFTER FRACTURE FIXATION / ELETRICAL BURNS WITH OR WITHOUT VITALS EXPOSED/ ULCER/FOLLOWING TRAUMA/BURNS/ INFECTION/MALIGNANCY /DEVELOPMENTAL INCLUDING DIABETIC FOOT
831	POST BURN HYPERTROPHY SURGERY/SCAR REVISION SURGERY
832	RECONSTRUCTION USING TISSUE EXPANDER (POST TRAUMATIC/POST BURNS) REQUIRES MULTIPLE SITTINGS

833	FLAP SURGERIES WITH BONE GRAFTING
834	AMPUTATION OF ANY SITE / ANY CAUSE WITHOUT PROSTHESIS
835	AMPUTATION OF ANY SITE / ANY CAUSE WITH CUSTOM MADE PROSTHESIS
836	SOFT TISSUE INJURY - LACERATION (SUTURING) / DEEP WOUND/WOUND DEBRIDEMENT
837	OPERATIONS FOR BRACHIAL PLEXUS
838	CERVICAL RIB EXCISION
839	POLYTRAUMA/HEAD INJURY MINOR
840	POLYTRAUMA/HEAD INJURY MAJOR
841	SEVERE MYOCARDITIS/CONGENITAL HEART DISEASE PRESENTING WITH OR WITHOUT / INFECTION / FAILURE / CARDIOGENIC SHOCK / SEPTIC SHOCK / INFECTIVE ENDOCARDITIS/ CYANOTIC SPELL - NON VENTILATED
842	SEVERE MYOCARDITIS/CONGENITAL / HEART DISEASE PRESENTING WITH OR WITHOUT / INFECTION / FAILURE / CARDIOGENIC SHOCK / SEPTIC SHOCK / INFECTIVE ENDOCARDITIS/ CYANOTIC SPELL - VENTILATED
843	STATUS EPILEPTICUS WITH MECHANICAL VENTILATION - (ADULT/PAEDIATRIC)
844	DIABETIC KETOACIDOSIS - TYPE I / TYPE II
845	CHRONIC RENAL FAILURE WITHOUT/ HEMODIALYSIS/ERYTHROPOIETIN / IRON
846	CHRONIC RENAL FAILURE WITH HEMODIALYSIS/ERYTHROPOIETIN / IRON
847	ACUTE RENAL FAILURE WITHOUT HEMODIALYSIS/ERYTHROPOIETIN / IRON
848	ACUTE RENAL FAILURE WITH HEMODIALYSIS/ ERYTHROPOIETIN / IRON
849	ACUTE RENAL FAILURE / CRF WITH VENTILATOR CARE
850	ACUTE RENAL FAILURE / CRF - CONTINUOUS RENAL REPLACEMENT THERAPY
851	RENAL BIOPSY
852	PYOGENIC /TB /VIRAL/ FUNGAL -MENINGITIS/ MENINGOENCEPHALITIS - NON VENTILATED
853	PYOGENIC /TB /VIRAL/ FUNGAL -MENINGITIS/ MENINGOENCEPHALITIS - WITH VENTILATORY SUPPORT
854	NEURO TUBERCULOSIS/NEUROCYSTICERCOSIS/ TUBERCULOMA
855	IDIOPATHIC THROMBOCYTOPENIC PURPURA/ TTP
856	ANY COAGULATION DISORDERS / DIC
857	ECMO - EXTRACORPOREAL MEMBRANE OXYGENATION
858	MULTI SYSTEM ORGAN FAILURE- WITH OR WITHOUT /ARDS/DIC(BLOOD PRODUCTS)
859	ENTERIC ENCEPHALOPATHY
860	LEPTOSPIROSIS WITH HEPATIC INVOLVEMENT
861	SUBMERSION INJURY WITH VENTILATORY SUPPORT
862	ARDS WITH VENTILATORY SUPPORT

863	RESPIRATORY FAILURE OF ANY CAUSE REQUIRING HIGH FREQUENCY VENTILATION
864	CYSTIC LESIONS OF THE NECK- (INCLUDING BRANCHIAL CYST / DERMOID / SEBACEOUS CYST / LIPOMA/ NEUROFIBROMA/ CYSTIC HYGROMA)
865	SINUSES & FISTULA OF THE NECK - (INCLUDING CONGENITAL DERMAL / BRACHIAL SINUS/ PREAURICULAR SINUS /FISTULA / THYROGLOSSAL CYST FISTULA/RANULA (INCLUDES DEEP EXPLORATION)
866	CHEST WALL RESECTION WITH OR WITHOUT RECONSTRUCTION
867	OPEN ORCHIDOPEXY
868	LAPAROSCOPIC ORCHIDOPEXY
869	ORCHIDECTOMY /HIGH ORCHIDECTOMY - U/L OR B/L
870	LAPAROSCOPIC VARICOCELE LIGATION (PAEDIATRIC)
871	ANEURYSM CLIPPING
872	SURGERY OF CORD TUMORS - INTRA MEDULLARY TUMORS
873	SURGERY OF CORD TUMORS -INTRADURAL EXTRAMEDULLARY TUMOR
874	SURGERY OF CORD TUMORS - EXTRADURAL TUMOR
875	SPLIT CORD MALFORMATIONS - ANY TYPE(INCLUDES SPINA BIFIDA MAJOR/MINOR)
876	POSTERIOR DISCECTOMY WITH OR WITHOUT BONE GRAFT/SPACER/IMPLANT/VERTEBROPLASTY (FOR CERVICAL COMPRESSIVE MYELOPATHY/ AT ANY LEVELS)
877	ANTERIOR DISCECTOMY (WITH OR WITHOUT BONE GRAFTING/SPACER/IMPLANT/VETEBROPLASTY) ANY LEVEL
878	ANTERIOR CERVICAL SPINE SURGERY WITH FUSION
879	ANTERIOR LATERAL DECOMPRESSION/STABILISATION
880	LAMINECTOMY AT ANY LEVEL - (INCLUDING LUMBAR LAMINECTOMY FOR LUMBAR CANAL STENOSIS)- MICROLUMBAR
881	LAMINECTOMY AT ANY LEVEL - (INCLUDING LUMBAR LAMINECTOMY FOR LUMBAR CANAL STENOSIS)- CONVENTIONAL
882	SPINAL FUSION PROCEDURE
883	TRANS SPHENOIDAL SURGERY (SELLAR/SUPRASellar/SKULL BASAL LESION)
884	TRANS ORAL SURGERY
885	C.V. JUNCTION FUSION
886	SYRINGOMYELIA
887	CORPECTOMY (ANTERIOR /ANTEROLATERAL) AT ALL SPINAL LEVELS
888	SPINAL FIXATION RODS ,SCREWS,PLATES, ARTIFICIAL DISCS
889	RADIOFREQUENCY ABLATION FOR TRIGEMINAL NEURALGIA
890	EMBOLISATION OF ANEURYSM/ ANEURYSM COILING BALLOON ASSISTED
891	EMBOLISATION OF ANEURYSM / STENT ASSISTED COILING OF INTRACRANIAL ANEURYSM
892	CAROTID ENDARTERECTOMY
893	PELVIC FLOOR RECONSTRUCTION WITH MESH

894	LAPAROSCOPIC / LAPROTOMY - ECTOPIC RESECTION
895	LAPAROSCOPIC ADHESOLYSIS
896	THALASSEMIA MAJOR/HAEMOGLOBINOPATHIES/ CHELATION THERAPY/SICKLE CELL ANAEMIA
897	INTERSTITIAL LUNG DISEASE
898	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - BANDING
899	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - SCLEROTHERAPY
900	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - DEVASCULARISATION
901	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - GLUE INJECTION
902	END STAGE RENAL DISEASE
903	GULLAIN BARRE SYNDROME
904	OPTIC NEURITIS
905	MYOPATHY / MUSCULAR DYSTROPHY (INCLUDING EVALUATION & PHYSIOTHERAPY AT CHC)
906	MYASTHENIA GRAVIS
907	MANAGEMENT OF COMA
908	CAVERNOUS SINUS THROMBOSIS
909	RHINOCEREBRAL MUCORMYCOSIS
910	HYPER OSMOLAR NON-KETOTIC COMA
911	OPERATION FOR HYDATID CYST OF LIVER
912	HEPATO CELLULAR CARCINOMA (ADVANCED) RADIO FREQUENCY ABLATION
913	COLONIC PULL THOROUGH /COLOPLASTY/ ABDOMINAL RESECTION
914	OESOPHAGECTOMY ANY TYPE INCLUDING (TRANS HIATAL / TRANS THORACIC WITH GASTRIC PULL UP)
915	OESOPHAGO- GASTRECTOMY
916	ACHALASIA CARDIA -SURGICAL CORRECTION
917	ACHALASIA CARDIA - LAP SURGICAL CORRECTION (INCLUDING HELLERS MYOTOMY)
918	ACHALASIA CARDIA -PNEUMATIC DILATATION
919	LAP FUNDOPLICATIONS
920	CYST EXCISION WITH OR WITHOUT HEPATIC JEJUNOSTOMY/ BILIARY DRAINAGE
921	CHOLEDOCHODUODENOSTOMY /CHOLEDOCHO JEJUNOSTOMY
922	ENUCLEATION OF CYST
923	TRIPLE BYPASS /OTHER BYPASS PANCREAS
924	LATERAL PANCREATICO JEJUNOSTOMY(NON- MALIGNANT)
925	PANCREATIC NECROSECTOMY OPEN
926	PANCREATIC NECROSECTOMY LAP
927	CYSTO JEJUNOSTOMY/ CYSTO GASTROSTOMY/ PSEUDOCYST OF PANCREAS
928	SCLEROSING CHOLANGITIS
929	DIAPHRAGMATIC EVENTERATION

930	THORACOTOMY/EXPLORATIVE THOROCOTOMY/ THORACO ABDOMINAL APPROACH
931	AV FISTULA (INCLUDING PRE TRANSPLANTATION)
932	COMPLEX AV ACCESS WITH GRAFT FOR HEMODIALYSIS
933	URETEROSCOPY AND DJ STENTING U/L OR B/L
934	URETEROSCOPY AND DJ STENT REMOVAL
935	TRANSURETHRAL RESECTION OF BLADDER TUMOR /RE-TURBT
936	EPIGASTRIC HERNIA /FEMORAL /HIATUS HERNIA REPAIR ABDOMINAL / UMBILICAL HERNIA/ SPIGELIAN/OBTURATOR/SCIATIC/VENTRAL AND SCAR HERNIA- WITH / WITHOUT MESH - OPEN
937	EPIGASTRIC HERNIA /FEMORAL /HIATUS HERNIA REPAIR ABDOMINAL / UMBILICAL HERNIA/ SPIGELIAN/ OBTURATOR/SCIATIC/VENTRAL AND SCAR HERNIA- WITH / WITHOUT MESH - LAP
938	LAP. APPENDICECTOMY
939	APPENDICULAR PERFORATION
940	VAGOTOMY ANY TYPE WITH OR WITHOUT DRAINAGE PROCEDURES
941	OPERATION FOR BLEEDING PEPTIC ULCER
942	PYLOROMYOTOMY
943	OPERATIONS FOR RECURRENT INTESTINAL OBSTRUCTION (NOBLE PLICATION /OTHER)
944	OPERATION FOR ACUTE INTESTINAL PERFORATION / PERFORATION PERITONITIS (INTESTINAL/GASTRIC/BILIARY)/ DUODENAL PERFORATION
945	OPERATION FOR ACUTE INTESTINAL OBSTRUCTION (INCLUDING VOLVULUS / MALROTATION/INTUSUSCEPTION)
946	INVESTIGATION AND MANAGEMENT CHRONIC HEPATITIS B / C
947	CIRRHOSIS OF LIVER WITH COMPLICATIONS
948	TRACHEAL RESECTION WITH RECONSTRUCTION
949	TRACHEAL RESECTION WITHOUT RECONSTRUCTION
950	STAY IN GENERAL WARD - OBSERVATION FOR TRAUMA
951	STAY IN ICU - MILD/MODERATE/SEVERE WITH OR WITHOUT VENTILATION (FOR TRAUMA/POST OP COMPLICATIONS)
952	PYELOLITHOTOMY - OPEN/LAP
953	NEPHROLITHOTOMY - OPEN/LAP
954	OPEN CYSTOLITHOTOMY
955	URETEROLITHOTOMY - OPEN/LAP
956	VESICOLITHOTOMY - OPEN/LAP
957	POSTERIOR FOSSA ENDOSCOPIC SURGERY
958	ENDOSCOPIC RESECTION OF ANTERIOR SKULL BASE LESIONS
959	LARYNGOTRACHEAL/ TRACHEAL STENOSIS - POST CRICO TRACHEAL / POST TRAUMATIC (INTUBATION) – RESECTION ANASTAMOSIS
960	LARYNGOTRACHEAL/ TRACHEAL STENOSIS - POST CRICO TRACHEAL /POST TRAUMATIC (INTUBATION) – STENTING
961	SPINAL FRACTURE - CONSERVATIVE MANAGEMENT

962	SPINAL DEFORMITY STABILISATION/CORRECTION PROCEDURES /VERTERBROPLASTY
963	SPINAL EPIDURAL ABSCESS/HEMATOMA - LAMINECTOMY / EVACUATION
964	PYOGENIC ARTHRITIS REQUIRING IV ANTIBIOTIC
965	OSTEOMYELITIS REQUIRING IV ANTIBIOTIC
966	TRANSVERSE MYELITIS WITH OR WITHOUT CENTRAL DEMYELINATION
967	ACUTE MYELOID LEUKEMIA
968	CML
969	ACUTE LYMPHOBLASTIC LEUKEMIA
970	CLL
971	MYELOYDYSPLASTIC SYNDROME
972	MULTIPLE MYELOMA
973	LYMPHOMA HODGKIN DISEASE
974	LYMPHOMA NON HODGKINS DISEASES
975	ALL LYMPHOMA SALVAGE CHEMO
976	CHILDHOOD B CELL LYMPHOMA VARIABLE REGIMEN
977	BUDD CHIARI SYNDROME
978	CYSTIC FIBROSIS
979	SEPTIC SHOCK (ICU MANAGEMENT)
980	WILSON'S DISEASE
981	NEPHROTIC SYNDROME
982	NEPHROTIC SYNDROME WITH COMPLICATIONS
983	ACUTE DISSEMINATED ENCEPHALOMYELITIS
984	MULTIPLE SCLEROSIS (INCLUDING RELAPSE)
985	PLEURAL BIOPSY OPEN / VATS
986	TOXIC/DRUG INDUCED LIVER INJURY
987	MALIGNANT ASCITES
988	SACROSPINOUS FIXATION (VAGINAL ROUTE)
989	SLEEVE RESECTION CA EAR
990	SLEEVE RESECTION CA LUNG
991	TOXIC EPIDERMAL NECROLYSIS
992	ENDOSCOPIC PARATHYROIDECTOMY
993	IVC FILTER REMOVAL
994	IJV CATHETER INSERTION
995	CT / USG / C-ARM GUIDED DISC OZONE NUCLEOLYSIS (CERVICAL / THORACIC / LUMBAR DISC)
996	USG GUIDED INTRA ARTICULAR INJECTIONS (SHOULDER / ELBOW / WRIST / HIP / KNEE / ANKLE / JOINTS OF FOOT AND HAND
997	C-ARM GUIDED INTRA ARTICULAR INJECTIONS (SHOULDER / ELBOW / WRIST / HIP / KNEE / ANKLE / JOINTS OF FOOT AND HAND
998	CHEMO EMBOLIZATION FOR LIVER TUMORS USING DRUG AND PVA OR DC BEADS
999	TRANS JUGULAR INTRAHEPATIC PORTO SYSTEMIC SHUNT (TIPSS)
1000	LUDWIGS ANGINA AND OTHER NECK ABSCESS DRAINAGE

1001	OP /ANY POISONING - CONSERVATIVE MANAGEMENT OR WITHOUT VENTILATORY SUPPORT (ONLY WITH FIR)
1002	MAXILLECTOMY WITH ORBITAL EXENTERATION
1003	MAXILLECTOMY WITH SKULL BASE RESECTION
1004	CRANIOFACIAL RESECTION
1005	POSTERIOR DECOMPRESSION /STABILISATION AT ANY LEVEL
1006	ACUTE SEVERE ASTHMA WITH VENTILATION
1007	CRITICAL CARE ICU MANAGEMENT (RESPIRATORY DISTRESS/ METABOLIC COMA/MULTIORGAN DYSFUNCTION/SEPTIC SHOCK/CRITICAL LIMB ISCHEMIA/OTHERS
DIAGNOSTIC PROCEDURES	
1008	ANGIOGRAM -CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS
1009	MRI ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS-
1010	CT ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS-
1011	ECHO (NOT AVAILABE IN GOVT HOSPITAL)
1012	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS -PLAIN
1013	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS - CONTRAST
1014	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/CONTRAST/FISTULOGAM/UROGRAM/OTHER PARTS - PLAIN
1015	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/FISTULOGAM/UROGRAM/OTHER PARTS - CONTRAST
1016	MAMOGRAM
1017	USG GUIDED BIOPSY
1018	HISTOPATHOLOGY EXAMINATION
1019	COLPOSCOPY WITH OR WITHOUT CRYOTHERAPY
1020	NUCLEAR BONE SCAN
1021	RENAL RADIOISOTOPE SCAN
1022	CARDIAC THALLIUM SCAN
1023	ALPHA FETO PROTEIN & BETA HCG (EACH) /ESTRIOL/PAPP A
1024	BONE MARROW STUDY
1025	THYROID RADIO IODINE SCAN
1026	DIAGNOSTIC LAPROSCOPY
1027	DIAGNOSTIC THORACOSCOPY
1028	DIAGNOSTIC BRONCHOSCOPY
1029	USG AS AN EMERGENCY PROCEDURES IF FACILITY NOT AVAILABLE AT GH/ SPECIAL USG
1030	METABOLIC SCREENING
1031	FUNDUS FLUORESCENCE ANGIOGRAPHY
1032	LIVER FUNCTION TEST (LFT)
1033	RENAL FUNCTION TEST (RFT)
1034	THYROID PROFILE & ANTI THYROID ANTIBODIES
1035	AORTOGRAM

1036	KARYOTYPING AMNIOTIC FLUID/BLOOD/BONE MARROW/ CHORION VILLUS SAMPLING
1037	ENDOCRINE FUNCTION PANEL-GH, ADH, CORTISOL, VMA, , PTH, ACTH, EPO, VIT D, HIAA, ADA, FSH, PROLACTIN LH,TESTOSTERONE (RESTRICTED TO GOVT MEDICAL COLLEGES IF FACILITY NOT AVAILABLE)
1038	MRCP
1039	COLOUR DOPPLER
1040	PET (SHOULD BE SETTLED BY CONCERNED SPECIALIST FROM GOVT MEDICAL COLLEGES)
1041	IMMUNO HISTO CHEMISTRY /RADIO IMMUNO ASSAY TESTS - IRMA /ANY SPECIAL RIA/IRMA
1042	OPTICAL COHERENCE TOMOGRAPHY
1043	OTO ACOUSITC EMISSION TEST AT DELIVERY POINT
1044	DONOR TISSUE MATCHING FOR TRANSPLANTS
1045	CAPSULE ENDOSCOPY

ANNEXURE D**TENTATIVE LIST OF PACKAGES UPTO 2 LAKHS PER ANNUM INCLUDING THE HIGH END PROCEDURE**

1. If more than one procedure is done the second procedure will be paid 50-80% of the second procedure upto sum assured available.

2. For high end procedures listed separately the remaining amount after sum assured will be paid from corpus fund.

SERIAL NO	PACKAGE NAME
1	CORONARY BALLOON ANGIOPLASTY (PPCI)
2	PTCA WITH STENT
3	ADDITIONAL STENT
4	ASD DEVICE CLOSURE
5	VSD DEVICE CLOSURE
6	PDA STENTING
7	DEVICE CLOSURE
8	SINGLE COIL
9	MULTIPLE COILS
10	BALLOON VALVOTOMY(ALL VALVE)
11	PERMANENT PACEMAKER IMPLANTATION (SINGLE / DUAL CHAMBER)
12	TEMPORARY PACEMAKER IMPLANTATION
13	COARCTATION OF AORTA - WITH STENT
14	COARCTATION OF AORTA - WITHOUT STENT
15	COARCTATION OF AORTA - ADDITIONAL STENT ONLY
16	CORONARY BYPASS SURGERY
17	CORONARY BYPASS SURGERY-POST ANGIOPLASTY
18	CABG WITH IABP PUMP
19	CORONARY BYPASS SURGERY OFF PUMP WITH IABP
20	CABG OF PUMP WITHOUT IABP
21	CABG WITH ANEURYSMAL REPAIR
22	CABG WITH VENTRICULAR RUPTURE REPAIR
23	CABG WITH VALVE REPLACEMENT WITH MECHANICAL VALVE
24	CABG WITH VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
25	SINGLE VALVE REPLACEMENT WITH MECHANICAL VALVE
26	SINGLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
27	DOUBLE VALVE REPLACEMENT WITH MECHANICAL VALVE
28	DOUBLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
29	TRIPLE VALVE REPLACEMENT WITH MECHANICAL VALVE
30	TRIPLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
31	COARCTATION-AORTA REPAIR WITH GRAFT
32	ANEURYSM RESECTION & GRAFTING
33	INTRATHORACIC ANEURYSM -REQUIRING BYPASS (WITH GRAFT)
34	ANNULUS AORTIC ECTASIA WITH VALVED CONDUITS
35	ARTERIAL SWITCH
36	SENNINGS PROCEDURE
37	TOTAL CORRECTION OF TETRALOGY OF FALLOT - ANY TYPE
38	WITH SPECIAL CONDUITS
39	WITH PROSTHETIC RING
40	HEART TRANSPLANTATION
41	HEART & LUNG TRANSPLANTATION
42	LUNG TRANSPLANTATION
43	PRIMARY ANGIOPLASTY FOR ACUTE MI +DRUG ELUTING STENT
44	PRIMARY ANGIOPLASTY - ADDITIONAL STENT ONLY
45	AMPUTATION OF ANY SITE / ANY CAUSE WITH CUSTOM MADE PROSTHESIS

46	OESOPHAGECTOMY WITH TWO FIELD LYMPADENECTOMY / THREE FIELD LYMPADENECTOMY
47	ALL
48	CML
49	CLL
50	MYELOYDYSPLASTIC SYNDROME
51	LYMPHOMA HODGKIN DISEASE
52	LYMPHOMA NON HODGKINS DISEASES
53	SPECIALIZED RADIATION THERAPY - 3DCRT PACKAGE ADJUVANT PACKAGE 28-33 FRACTIONS(INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUTOURING, RT PLANNING & EXECUTION)
54	SPECIALIZED RADIATION THERAPY 3D CRT- RADICAL PACKAGE 34-37 FRACTIONS
55	SPECIALIZED RADIATION THERAPY - IMRT ADJUVANT PACKAGE 28-33 FRACTIONS (INCLUDES AQUAPLAST MOULD,PLANNING CT FOR IMRT, CONTOURING, RT PLANNING, QA, EXECUTION)
56	SPECIALIZED RADIATION THERAPY - IMRT - RADICAL PACKAGE 34-40 FRACTIONS
57	SPECIALIZED RADIATION THERAPY - IMRT WITH IGRT
58	SPECIALIZED RADIATION THERAPY - RAPID ARC THERAPY
59	TOTAL BODY RADIATION
60	UPTO-60% WITH SCALDS (CONSERVATIVE)
61	UP TO-60% MIXED BURNS (WITH SURGERIES)
62	ABOVE 60% MIXED BURNS (WITH SURGERIES)
63	TOTAL ELBOW REPLACEMENT
64	SHOULDER REPLACEMENT
65	TOTAL HIP REPLACEMENT
66	REVISION HIP REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL)
67	REVISION KNEE REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL)
68	TOTAL KNEE REPLACEMENT
69	INBORN ERROR OF METABOLISM
70	PRIMARY IMMUNO DEFICIENCY DISORDERS
71	HYPOPLASTIC/APLASTIC ANEMIA (FANCONI ANEMIA)
72	PRETERM BABY RDS WITH OR WITHOUT SURFACTANT WITH MECHANICAL VENTILATION/CPAP
73	TERM BABY-CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE/ WITH VENTILATION
74	TERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE/ WITHOUT VENTILATION
75	ECMO-EXTRACORPOREAL MEMBRANE OXYGENATION
76	MULTI SYSTEM ORGAN FAILURE- WITH OR WITHOUT /ARDS/DIC(BLOOD PRODUCTS)
77	MULTI SYSTEM ORGAN FAILURE- WITH OR WITHOUT /ARDS/DIC(BLOOD PRODUCTS)
78	TUMORS (NEONATES/PAEDIATRIC)
79	CONGENITAL LUNG LESIONS (CLE, CCAM)
80	EXCISION OF BRAIN TUMORS - [PRIMARY /BENIGN) (BOTH INTRA AXIAL AND EXTRA AXIAL - INCLUDESSUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/TEMPORAL /PARIETAL SELLAR/SUPRASSELLAR/CRANIOPHARYNGIOMA)
81	EXCISION OF BRAIN TUMORS - [MALIGNANT) (BOTH INTRA AXIAL AND EXTRA AXIAL - INCLUDESSUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/TEMPORAL /PARIETAL SELLAR/SUPRASSELLAR/CRANIOPHARYNGIOMA)
82	EXCISION OF BRAIN TUMORS - [SECONDARIES) (BOTH INTRA AXIAL AND EXTRA AXIAL - INCLUDESSUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/TEMPORAL /PARIETAL SELLAR/SUPRASSELLAR/CRANIOPHARYNGIOMA)
83	ANEURYSM CLIPPING
84	STEREOTACTIC PROCEDURES- SURGICAL PROCEDURE
85	TRANS SPHENOIDAL SURGERY (SELLAR/SUPRASSELLAR/SKULL BASAL LESION)

86	TRANS ORAL SURGERY
87	PROSTHETIC VALVE THROMBOSIS- THROMBOLYSIS
88	CORPECTOMY (ANTERIOR /ANTEROLATERAL) AT ALL SPINAL LEVELS
89	SPINAL FIXATION RODS ,SCREWS,PLATES, ARTIFICIAL DISCS
90	EMBOLISATION OF ANEURYSM / STENT ASSISTED COILING OF INTRACRANIAL ANEURYSM
91	TEMPORAL LOBECTOMY
92	LESIONECTOMY
93	EMBOLISATION OF ANEURYSM/ ANEURYSM COILING BALLOON ASSISTED
94	DEEP BRAIN STIMULATION
95	D V T - IVC FILTER
96	AORTO - BILLIAC - BIFEMORAL BYPASS WITH VEIN / SYNTHETIC GRAFT
97	AXILLO BIFEMORAL BYPASS WITH SYNTHETIC GRAFT
98	CAROTID ARTERY BYPASS WITH SYNTHETIC GRAFT
99	NECK VASCULAR INJURY - CAROTID VESSELS
100	ABDOMINAL VASCULAR INJURIES - AORTA, ILLAC ARTERIES, IVC, ILIAC VEINS
101	THORACIC VASCULAR INJURIES
102	COCHLEAR IMPLANT SURGERY < 6YEARS
103	AUDITORY BRAIN STEM IMPLANT <6YEARS
104	PPH SURGICAL MANAGEMENT - HYSTERECTOMY/LIGATION/EMBOLIZATION
105	REQUIRING VENTILATORY SUPPORT -OP POISONING / METABOLIC COMA/ SCORPION STING / SNAKE BITE / BITES & STINGS (PER DAY)
106	THALASSEMIA MAJOR / HAEMOGLOBINOPATHIES / CHELATION THERAPY / SICKLE CELL ANAEMIA
107	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION- INCLUDING TOTAL BODY RADIATION
108	ACUTE RESPIRATORY FAILURE (WITH VENTILATOR - FOR MINIMUM 5 DAYS)
109	ACUTE PANCREATITIS - CONSERVATIVE MANAGEMENT / MILD / MODERATE / SEVERE MEDICAL / IMAGE GUIDED DRAINAGE OF PANCREATIC COLLECTIONS
110	ACUTE MI REQUIRING IABP PUMP
111	IMMUNOGLOBULIN THERAPY - HEREDITARY MOTOR SENSORY NEUROPATHIES/HEREDITARY SENSORY AND AUTONOMIC NEUROPATHY/PLEXOPATHY (LUMBOSACRAL/ BRACHIAL)/PERIPHERAL NEUROPATHY (WITH NERVE BIOPSY) (HANSEN, NUTRITIONAL, TOXIC, INFECTIVE, IMMUNE)/CARPAL TUNNEL SYNDROME/ACUTE ENTRAPMENT/ COMPRESSIVE NEUROPATHY / GBS/DOG BITE CATEGORY III/OTHERS
112	GROWTH HORMONE FOR HYPOPITUITARISM
113	LIVER TRANSPLANTATION
114	RT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
115	LT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
116	PORTOCAVAL ANASTOMOSIS
117	SLEEVE GASTRECTOMY FOR MORBID OBESITY
118	ROUXEN Y GASTRIC BYPASS FOR MORBID OBESITY
119	DEVASCULARISATION WITH OESOPHAGEAL TRANSECTION
120	PANCREATECTOMY ANY TYPE - OPEN / LAP
121	THORACO ABDOMINAL ANEURYSM REPAIR WITH RENO / MESENTRIC REVASCULARISATION
122	RENAL TRANSPLANTATION SURGERY INCLUDES --POST RENAL TRANSPLANT REJECTION A.STEROID RESISTANT B.STEROID SENSITIVE/ POST RENAL TRANSPLANT INFECTION - LIFE TREATENING TREATMENT FOR FUNGAL INFECTIONS (LIPOSOMAL AMP –B OR EICHNOCANDINS) ,
123	INVESTIGATION AND MANAGEMENT CHRONIC HEPATITIS B / C
124	INFERIOR VENA CAVA STENTING SINGLE STENT
125	ACUTE STROKE THROMBOLYSIS (R TPA)
126	RENAL ARTERY EMBOLIZATION WITH MULTIPLE COILS AND MICROCATHETER
127	CORTICAL VENOUS SINUS THROMBOLYSIS

128	INFERIOR VENA CAVA FILTER PLACEMENT
129	SUBCLAVIAN, ILIAC, SUPERFICIAL FEMORAL ARTERY STENTING EACH WITH ONE STENT
130	TIBIAL ANGIOPLASTY IN CRITICAL LIMB ISCHEMIA
131	MESENTERIC ARTERY ANGIOPLASTY & STENTING IN ACUTE & CHRONIC MESENTERIC ISCHEMIA - SINGLE STENT
132	BILIARY DRAINAGE PROCEDURES/ERCP - EXTERNAL DRAINAGE AND STENT PLACEMENT - METALLIC BILIARY STENT / POST OP BILIARY STRICTURE/LEAK/CHOLANGITIS/BILIARY PANCREATITIS/CHOLEDOCHAL CYST/BILE DUCT STONES
133	INTRA-ARTERIAL THROMBOLYSIS FOR ACUTE ISCHEMIC LIMBS
134	CENTRAL VENOUS STENTING FOR CENTRAL VENOUS OCCLUSION (BRACHIOCEPHALIC, SUBCLAVIAN VEIN AND SUP VENA CAVA) SINGLE METALLIC STENT
135	ENDOVASCULAR INTERVENTION FOR SALVAGING HEMODIALYSIS AV FISTULA
136	BALLOON RETROGRADE TRANSVENOUS OBLITERATION OF BLEEDING GASTRIC VARICES (BRTO)
137	PREOPERATIVE PORTAL VEIN EMBOLIZATION FOR LIVER TUMORS
138	CHEMO EMBOLIZATION FOR LIVER TUMORS USING DRUG AND PVA OR DC BEADS
139	TRANS JUGULAR INTRAHEPATIC PORTO SYSTEMIC SHUNT (TIPSS)
140	EMBOIZATION OF PULMONARY AV MALFORMATION
141	PREOPERATIVE PROPHYLACTIC TUMOR EMBOLISATION
142	EMBOIZATION OF AV MALFORMATION OF BRAIN PER SITTING WITH ONYX
143	CAROTID STENTING SINGLE STENT WITH EMBOLIC PROTECTION DEVICE
144	INTRACRANIAL VENOUS STENTING
145	INTRACRANIAL ARTERIAL STENTING
146	PERIPHERAL STENT GRAFT FOR PERIPHERAL ANEURYSMS AND AV FISTULAE
147	EMBOIZATION OF CARATICO-CAVERNOUS FISTULA
148	PLAIN SIMPLE COILING OF ANEURYSM
149	ILIAC / IVC STENTING / HIGH END VASCULAR REVASCULARISATION PROCEDURE
150	VENOUS / POLY TETRA FLUORO ETHYLENE PATCH ANGIOPLASTY
151	HEPATIC VEIN ANGIOPLASTY AND STENTING
152	MINIMAL ACCESS SURGERY- VALVE REPLACEMENT
153	MINIMAL ACCESS SURGERY- CABG
154	MULTI ORGAN RESECTION FOR ANY GI CANCERS
155	VISCERAL ARTERY ANEURYSM REPAIR / RENAL ARTERY ANEURYSM REPAIR
156	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - UNILATERAL
157	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - BILATERAL

ANNEXURE E
FOLLOW UP PROCEDURES

All the procedures listed below are eligible for followup. In addition any other specific

SERIAL NO	PACKAGE NAME
1	CORONARY BALLOON ANGIOPLASTY (PPCI)
2	PTCA WITH STENT
3	ADDITIONAL STENT
4	ASD DEVICE CLOSURE
5	VSD DEVICE CLOSURE
6	PDA STENTING
7	DEVICE CLOSURE
8	SINGLE COIL
9	MULTIPLE COILS
10	BALLOON VALVOTOMY(ALL VALVE)
11	PERMANENT PACEMAKER IMPLANTATION (SINGLE / DUAL CHAMBER)
12	TEMPORARY PACEMAKER IMPLANTATION
13	COARCTATION OF AORTA - WITH STENT
14	COARCTATION OF AORTA - WITHOUT STENT
15	COARCTATION OF AORTA - ADDITIONAL STENT ONLY
16	CORONARY BYPASS SURGERY
17	CORONARY BYPASS SURGERY-POST ANGIOPLASTY
18	CABG WITH IABP PUMP
19	CORONARY BYPASS SURGERY OFF PUMP WITH IABP
20	CABG OF PUMP WITHOUT IABP
21	CABG WITH ANEURYSMAL REPAIR
22	CABG WITH VENTRICULAR RUPTURE REPAIR
23	CABG WITH VALVE REPLACEMENT WITH MECHANICAL VALVE
24	CABG WITH VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
25	SINGLE VALVE REPLACEMENT WITH MECHANICAL VALVE
26	SINGLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
27	DOUBLE VALVE REPLACEMENT WITH MECHANICAL VALVE
28	DOUBLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
29	TRIPLE VALVE REPLACEMENT WITH MECHANICAL VALVE
30	TRIPLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
31	COARCTATION-AORTA REPAIR WITH GRAFT
32	ANEURYSM RESECTION & GRAFTING
33	INTRATHORACIC ANEURYSM -REQUIRING BYPASS (WITH GRAFT)
34	ANNULUS AORTIC ECTASIA WITH VALVED CONDUITS
35	ARTERIAL SWITCH
36	SENNINGS PROCEDURE
37	TOTAL CORRECTION OF TETRALOGY OF FALLOT - ANY TYPE
38	WITH SPECIAL CONDUITS
39	WITH PROSTHETIC RING
40	HEART TRANSPLANTATION
41	HEART & LUNG TRANSPLANTATION

42	LUNG TRANSPLANTATION
43	PRIMARY ANGIOPLASTY FOR ACUTE MI +DRUG ELUTING STENT
44	PRIMARY ANGIOPLASTY - ADDITIONAL STENT ONLY
45	AMPUTATION OF ANY SITE / ANY CAUSE WITH CUSTOM MADE PROSTHESIS
46	OESOPHAGECTOMY WITH TWO FIELD LYMPHADENECTOMY / THREE FIELD LYMPHADENECTOMY
47	ALL
48	CML
49	CLL
50	MYELOYDYSPLASTIC SYNDROME
51	LYMPHOMA HODGKIN DISEASE
52	LYMPHOMA NON HODGKINS DISEASES
53	SPECIALIZED RADIATION THERAPY - 3DCRT PACKAGE ADJUVANT PACKAGE 28-33 FRACTIONS(INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION)
54	SPECIALIZED RADIATION THERAPY 3D CRT- RADICAL PACKAGE 34-37 FRACTIONS
55	SPECIALIZED RADIATION THERAPY - IMRT ADJUVANT PACKAGE 28-33 FRACTIONS (INCLUDES AQUAPLAST MOULD,PLANNING CT FOR IMRT, CONTOURING, RT PLANNING, QA, EXECUTION)
56	SPECIALIZED RADIATION THERAPY - IMRT - RADICAL PACKAGE 34-40 FRACTIONS
57	SPECIALIZED RADIATION THERAPY - IMRT WITH IGRT
58	SPECIALIZED RADIATION THERAPY - RAPID ARC THERAPY
59	TOTAL BODY RADIATION
60	UPTO-60% WITH SCALDS (CONSERVATIVE)
61	UP TO-60% MIXED BURNS (WITH SURGERIES)
62	ABOVE 60% MIXED BURNS (WITH SURGERIES)
63	TOTAL ELBOW REPLACEMENT
64	SHOULDER REPLACEMENT
65	TOTAL HIP REPLACEMENT
66	REVISION HIP REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL)
67	REVISION KNEE REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL)
68	TOTAL KNEE REPLACEMENT
69	INBORN ERROR OF METABOLISM
70	PRIMARY IMMUNO DEFICIENCY DISORDERS
71	HYPOPLASTIC/APLASTIC ANEMIA (FANCONI ANEMIA)
72	PRETERM BABY RDS WITH OR WITHOUT SURFACTANT WITH MECHANICAL VENTILATION/CPAP
73	TERM BABY-CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE/ WITH VENTILATION
74	TERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE/ WITHOUT VENTILATION
75	ECMO-EXTRACORPOREAL MEMBRANE OXYGENATION

76	MULTI SYSTEM ORGAN FAILURE- WITH OR WITHOUT /ARDS/DIC(BLOOD PRODUCTS)
77	MULTI SYSTEM ORGAN FAILURE- WITH OR WITHOUT /ARDS/DIC(BLOOD PRODUCTS)
78	TUMORS (NEONATES/PAEDIATRIC)
79	CONGENITAL LUNG LESIONS (CLE, CCAM)
80	EXCISION OF BRAIN TUMORS - [PRIMARY /BENIGN] (BOTH INTRA AXIAL AND EXTRA AXIAL -INCLUDESSUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/TEMPORAL /PARIETAL SELLAR/SUPRASELLAR/CRANIOPHARYNGIOMA)
81	EXCISION OF BRAIN TUMORS - [MALIGNANT] (BOTH INTRA AXIAL AND EXTRA AXIAL -INCLUDESSUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/TEMPORAL /PARIETAL SELLAR/SUPRASELLAR/CRANIOPHARYNGIOMA)
82	EXCISION OF BRAIN TUMORS - [SECONDARIES] (BOTH INTRA AXIAL AND EXTRA AXIAL -INCLUDESSUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL- FRONTAL/TEMPORAL /PARIETAL SELLAR/SUPRASELLAR/CRANIOPHARYNGIOMA)
83	ANEURYSM CLIPPING
84	STEREOTACTIC PROCEDURES- SURGICAL PROCEDURE
85	TRANS SPHENOIDAL SURGERY (SELLAR/SUPRASELLAR/SKULL BASAL LESION)
86	TRANS ORAL SURGERY
87	PROSTHETIC VALVE THROMBOSIS- THROMBOLYSIS
88	CORPECTOMY (ANTERIOR /ANTEROLATERAL) AT ALL SPINAL LEVELS
89	SPINAL FIXATION RODS ,SCREWS,PLATES, ARTIFICIAL DISCS
90	EMBOLISATION OF ANEURYSM / STENT ASSISTED COILING OF INTRACRANIAL ANEURYSM
91	TEMPORAL LOBECTOMY
92	LESIONECTOMY
93	EMBOLISATION OF ANEURYSM/ ANEURYSM COILING BALLOON ASSISTED
94	DEEP BRAIN STIMULATION
95	D V T - IVC FILTER
96	AORTO - BILLIAC - BIFEMORAL BYPASS WITH VEIN / SYNTHETIC GRAFT
97	AXILLO BIFEMORAL BYPASS WITH SYNTHETIC GRAFT
98	CAROTID ARTERY BYPASS WITH SYNTHETIC GRAFT
99	NECK VASCULAR INJURY - CAROTID VESSELS
100	ABDOMINAL VASCULAR INJURIES - AORTA, ILLAC ARTERIES, IVC, ILIAC VEINS
101	THORACIC VASCULAR INJURIES
102	COCHLEAR IMPLANT SURGERY < 6YEARS
103	AUDITORY BRAIN STEM IMPLANT <6YEARS
104	PPH SURGICAL MANAGEMENT - HYSTERECTOMY/LIGATION/EMBOLIZATION
105	REQUIRING VENTILATORY SUPPORT -OP POISONING / METABOLIC COMA/SCORPION STING/ SNAKE BITE / BITES & STINGS (PER DAY)

106	THALASSEMIA MAJOR/HAEMOGLOBINOPATHIES/ CHELATION THERAPY/SICKLE CELL ANAEMIA
107	BONE MARROW TRANSPLANTATION/STEM TRANSPLANTATION- INCLUDING TOTAL BODY RADIATION
108	ACUTE RESPIRATORY FAILURE (WITH VENTILATOR - FOR MINIMUM 5 DAYS)
109	ACUTE PANCREATITIS - CONSERVATIVE MANAGEMENT / MILD / MODERATE / SEVERE/ MEDICAL MANAGEMENT / IMAGE GUIDED DRAINAGE OF PANCREATIC COLLECTIONS
110	ACUTE MI REQUIRING IABP PUMP
111	IMMUNOGLOBULIN THERAPY - HEREDITARY MOTOR SENSORY NEUROPATHIES/HEREDITARY SENSORY AND AUTONOMIC NEUROPATHY/PLEXOPATHY (LUMBOSACRAL/ BRACHIAL)/PERIPHERAL NEUROPATHY (WITH NERVE BIOPSY) (HANSEN, NUTRITIONAL, TOXIC, INFECTIVE, IMMUNE)/CARPAL TUNNEL SYNDROME/ACUTE ENTRAPMENT/ COMPRESSIVE NEUROPATHY / GBS/DOG BITE CATEGORY III/OTHERS
112	GROWTH HORMONE FOR HYPOPITUITARISM
113	LIVER TRANSPLANTATION
114	RT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
115	LT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
116	PORTOCAVAL ANASTOMOSIS
117	SLEEVE GASTRECTOMY FOR MORBID OBESITY
118	ROUXEN Y GASTRIC BYPASS FOR MORBID OBESITY
119	DEVASCULARISATION WITH OESOPHAGEAL TRANSECTION
120	PANCREATECTOMY ANY TYPE - OPEN / LAP
121	THORACO ABDOMINAL ANEURYSM REPAIR WITH RENO / MESENTERIC REVASCULARISATION
122	RENAL TRANSPLANTATION SURGERY INCLUDES -POST RENAL TRANSPLANT REJECTION A.STEROID RESISTANT B.STEROID SENSITIVE/ POST RENAL TRANSPLANT INFECTION - LIFE TREATENING TREATMENT FOR FUNGAL INFECTIONS (LIPOSOMAL AMP –B OR EICHNOCANDINS) ,
123	INVESTIGATION AND MANAGEMENT CHRONIC HEPATITIS B / C
124	INFERIOR VENA CAVA STENTING SINGLE STENT
125	ACUTE STROKE THROMBOLYSIS (R TPA)
126	RENAL ARTERY EMBOLIZATION WITH MULTIPLE COILS AND MICROCATHETER
127	CORTICAL VENOUS SINUS THROMBOLYSIS
128	INFERIOR VENA CAVA FILTER PLACEMENT
129	SUBCLAVIAN, ILIAC, SUPERFICIAL FEMORAL ARTERY STENTING EACH WITH ONE STENT
130	TIBIAL ANGIOPLASTY IN CRITICAL LIMB ISCHEMIA
131	MESENTERIC ARTERY ANGIOPLASTY & STENTING IN ACUTE & CHRONIC MESENTERIC ISCHEMIA - SINGLE STENT

132	BILIARY DRAINAGE PROCEDURES/ERCP - EXTERNAL DRAINAGE AND STENT PLACEMENT - METALLIC BILIARY STENT / POST OP BILIARY STRICTURE/LEAK/CHOLANGITIS/BILIARY PANCREATITIS/CHOLEDOCHAL CYST/BILE DUCT STONES
133	INTRA-ARTERIAL THROMBOLYSIS FOR ACUTE ISCHEMIC LIMBS
134	CENTRAL VENOUS STENTING FOR CENTRAL VENOUS OCCLUSION (BRACHIOCEPHALIC, SUBCLAVIAN VEIN AND SUP VENA CAVA) SINGLE METALLIC STENT
135	ENDOVASCULAR INTERVENTION FOR SALVAGING HEMODIALYSIS AV FISTULA
136	BALLOON RETROGRADE TRANSVENOUS OBLITERATION OF BLEEDING GASTRIC VARICES (BRTO)
137	PREOPERATIVE PORTAL VEIN EMBOLIZATION FOR LIVER TUMORS
138	CHEMO EMBOLIZATION FOR LIVER TUMORS USING DRUG AND PVA OR DC BEADS
139	TRANS JUGULAR INTRAHEPATIC PORTO SYSTEMIC SHUNT (TIPSS)
140	EMBOIZATION OF PULMONARY AV MALFORMATION
141	PREOPERATIVE PROPHYLACTIC TUMOR EMBOLISATION
142	EMBOIZATION OF AV MALFORMATION OF BRAIN PER SITTING WITH ONYX
143	CAROTID STENTING SINGLE STENT WITH EMBOLIC PROTECTION DEVICE
144	INTRACRANIAL VENOUS STENTING
145	INTRACRANIAL ARTERIAL STENTING
146	PERIPHERAL STENT GRAFT FOR PERIPHERAL ANEURYSMS AND AV FISTULAE
147	EMBOIZATION OF CARATICO-CAVERNOUS FISTULA
148	PLAIN SIMPLE COILING OF ANEURYSM
149	ILIAC / IVC STENTING / HIGH END VASCULAR REVASCULARISATION PROCEDURE
150	VENOUS / POLY TETRA FLUORO ETHYLENE PATCH ANGIOPLASTY
151	HEPATIC VEIN ANGIOPLASTY AND STENTING
152	MINIMAL ACCESS SURGERY- VALVE REPLACEMENT
153	MINIMAL ACCESS SURGERY- CABG
154	MULTI ORGAN RESECTION FOR ANY GI CANCERS
155	VISCERAL ARTERY ANEURYSM REPAIR / RENAL ARTERY ANEURYSM REPAIR
156	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - UNILATERAL
157	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - BILATERAL

ANNEXURE F
DIAGNOSTIC PROCEDURES

1. The reports of the Government institutions should be accepted as evidence by the Empanelled hospitals.
2. The diagnostic procedure listed below may be undertaken by the empanelled hospital if needed and will be covered as a separate package cost. This is addition to the diagnostic tests included in the package.
3. The patient who is referred through Government institution are alone eligible under this category.
4. This facility is not available to the patients who are directly approaching the empanelled hospitals without referral from Govt Institutions.
5. If any other diagnostic test needed as per protocol in Government Hospital over and above listed below, the Government hospitals are authorized to get the test done outside at the rate approved by the local committee and the amount incurred will be paid from the claims amount available with the hospitals.

S.NO	PACKAGE NAME
1	ANGIOGRAM -CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS
2	MRI ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS
3	CT ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS
4	ECHO (NOT AVAILABE IN GOVT HOSPITAL)
5	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS -PLAIN
6	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS -CONTRAST
7	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/CONTRAST/FISTULOGRAM/UROGRAM/OTHER PARTS - PLAIN
8	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/FISTULOGRAM/UROGRAM/OTHER PARTS - CONTRAST
9	MAMMOGRAM (INCLUDING USG MAMMOGRAM)
10	USG GUIDED BIOPSY
11	HISTOPATHOLOGY EXAMINATION
12	COLPOSCOPY WITH OR WITHOUT CRYOTHERAPY
13	NUCLEAR BONE SCAN
14	RENAL RADIOISOTOPE SCAN
15	CARDIAC THALLIUM SCAN
16	ALPHA FETO PROTEIN & BETA HCG (EACH) /ESTRIOL/PAPP A
17	BONE MARROW STUDY
18	THYROID RADIO IODINE SCAN
19	DIAGNOSTIC LAPROSCOPY
20	DIAGNOSTIC THORACOSCOPY
21	DIAGNOSTIC BRONCHOSCOPY
22	USG AS AN EMERGENCY PROCEDURES IF FACILITY NOT AVAILABLE AT GH/ SPECIAL USG
23	METABOLIC SCREENING
24	FUNDUS FLORESCENCE ANGIOGRAPHY
25	LIVER FUNCTION TEST (LFT)
26	RENAL FUNCTION TEST (RFT)
27	THYROID PROFILE & ANTI THYROID ANTIBODIES
28	AORTOGRAM
29	KARYOTYPING AMINIOTIC FLUID/BLOOD/BONE MARROW/CHORION VILLUS
30	ENDOCRINE FUNCTION PANEL-GH, ADH, CORTISOL, VMA, , PTH, ACTH, EPO , VIT D, HIAA, ADA, FSH, PROLACTIN LH,TESTOSTERONE (RESTRICTED TO GOVT MEDICAL COLLEGES IF FACILITY NOT AVAILABLE)
31	MRCP

32	COLOUR DOPPLER
33	PET (SHOULD BE REFERRED BY CONCERNED SPECIALIST FROM GOVT MEDICAL COLLEGES)
34	IMMUNOHISTOCHEMISTRY / RADIO IMMUNO ASSAY TESTS - IRMA /ANY SPECIAL RIA/IRMA/
35	OPTICAL COHERENCE TOMOGRAPHY
36	OTO ACOUSTIC EMISSION TEST AT DELIVERY POINT
37	DONOR TISSUE MATCHING FOR TRANSPLANTS
38	CAPSULE ENDOSCOPY

ANNEXURE - G

THE TENTATIVE ILLUSTRATIVE LIST OF SURGERIES/ THERAPIES TO BE RESERVED FOR GOVERNMENT HOSPITALS

S.No	PACKAGE NAME
1	SURGERY-PDA
2	CLOSED MITRAL VALVOTOMY
3	PERICARDIECTOMY/ PERICARDIOSTOMY
4	PERICARDIOCENTESIS
LUNGS	
5	THORACOSCOPIC DECORTICATION
SURGICAL ONCOLOGY	
6	HEAD & NECK CANCER COMPOSITE RESECTION
7	NECK DISSECTION ANY TYPE -WITH OR WITHOUT WIDE EXCISION (INCLUDING MALIGNANCY)
8	NECK DISSECTION ANY TYPE - WITH OR WITHOUT RECONSTRUCTION (INCLUDING MALIGNANCY)
9	PAROTIDECTOMY ANY TYPE- FOR CA
10	LARYNGO PARYNGO OESOPHAGECTOMY
11	WHIPPLES ANY TYPE
12	WERTHEIMS HYSTERECTOMY
13	SALPINGO OOPHORECTOMY U/L OR B/L- FOR CA
14	MASTECTOMY ANY TYPE
15	MASTECTOMY ANY TYPE WITH AXILLARY DISSECTION /SENTINAL NODE EXPLORATION
16	SKIN TUMOR/SOFT TISSUE/BONE TUMORS - EXCISION / AMPUTATION/RESECTION WITH RECONSTRUCTION
17	ORBITAL EXENTERATION/ EVISCERATION WITH IMPLANT
18	ABDOMNO PERINEAL RESECTION
19	ANTERIOR EXENTERATION /POSTERIOR EXENTERATION- ANY SITE
20	TOTAL PELVIC EXENTERATION - ANY SITE
21	AMPUTATIONS - FORE QUARTER / HIND QUARTER WITH OR WITHOUT HEMIPELVECTOMY
22	ABDOMNO PERINEAL RESECTION (APR) + SACRECTOMY
23	RADICAL HYSTERECTOMY+BILATERAL PELVIC LYMPH NODE DISSECTION+BILATERAL SALPHINGO OOPHERECTOMY/OVARIAN TRANSPOSITION
ORTHOPEDIC TRAUMA	
24	SURGICAL CORRECTION OF LONGBONE FRACTURE-FRACTURE NECK/ SHAFT OF FEMUR/ FRACTURE SHAFT OF OTHER LONG BONES (HUMERUS,BOTH BONES OF FORARM, BOTH BONES OF LEG)
25	AMPUTATION OF ANY SITE / ANY CAUSE WITHOUT PROSTHESIS
26	AMPUTATION OF ANY SITE / ANY CAUSE WITH CUSTOM MADE PROSTHESIS
27	CORRECTION OF NON-UNION FRACTURES - NON-UNION OF FRACTURE OF FEMUR/BOTH BONE OF LEG/ /NON-UNION OF OTHER LONG BONES -HUMERUS/ BOTH BONES OF FORARM WITH OR WITHOUT BONE GRAFTING
28	OPEN REDUCTION & INTERNAL FIXATION OF FINGERS & TOES
29	REDUCTION OF COMPOUND FRACTURES & EXTERNAL FIXATION
30	OPEN REDUCTION OF DISLOCATIONS - DEEP/SHOULDER/ACROMIO – CLAVICULAR/HIP/ELBOW

31	ARTHROSCOPY PROCEDURES WITHOUT IMPLANT-ARTHROSCOPIC MENISCAL REPAIR/ KNEE MULTI LIGAMENT RECONSTRUCTION/TWO OR MORE LIGAMENT RECONSTRUCTION
32	AVASCULAR NECROSIS OF FEMORAL HEAD (CORE DECOMPRESSION)
33	SOFT TISSUE RECONSTRUCTION PROCEDURES AROUND JOINTS-PLC RECONSTRUCTION/ELBOW PLRI LIGAMENT RECONSTRUCTION/ANKLE ATFL RECONSTRUCTION/HIGH TIBIAL OSTEOTOMY/TENDON TRANSFER
34	ANTEROLATERAL CLEARANCE FOR TUBERCULOSIS
35	COSTO TRANSVERSECTOMY
36	POLYTRAUMA/HEAD INJURY MINOR
37	POLYTRAUMA/HEAD INJURY MAJOR
38	SURGERY FOR PATELLA FRACTURE -EXCLUSIVE /ALONG WITH OTHER INJURIES
39	SMALL BONE FRACTURES-K-WIRING -EXCLUSIVE/ALONG WITH OTHER INJURIES
40	EXCISION OR OTHER OPERATIONS FOR SCAPHOID FRACTURES
41	EXCISION ARTHROPLASTY OF VARIOUS JOINT
GENERAL PAEDIATRICS	
42	ACQUIRED HEART DISEASE WITH CONGESTIVE CARDIAC FAILURE
NEONATOLOGY	
43	TERM/PRETERM NEONATAL CHOLESTASIS WITH OR WITHOUT SEPSIS
44	TERM BABY WITH / CULTURE POSITIVE SEPSIS / CLINICAL SEPSIS WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
45	TERM BABY HYPERBILIRUBINEMIA - PHOTOTHERAPY WITH OR WITHOUT EXCHANGE TRANSFUSION WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
46	TERM BABY PERSISTENT PULMONARY HYPERTENSION / MECONIUM ASPIRATION SYNDROME / PERINATAL ASPHYXIA / WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
47	PRETERM BABY CULTURE POSITIVE/CLINICAL SEPSIS WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
48	PRETERM BABY HYPERBILIRUBINEMIA /PHOTOTHERAPY WITH OR WITHOUT EXCHANGE TRANSFUSION / WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
49	TERM BABY - PNEUMONIA/BRONCHIOLITIS /TRANSIENT TACHYPNEA OF NEW BORN
50	PRETERM BABY - PNEUMONIA/BRONCHIOLITIS /TRANSIENT TACHYPNEA OF NEW BORN
51	TERM - WITH OR WITHOUT /SEVERE PERINATAL ASPHYXIA /SEPTIC SHOCK /SEIZURES /RENAL FAILURE/ - VENTILATED OR NON VENTILATED
52	PRETERM - WITH OR WITHOUT /SEVERE PERINATAL ASPHYXIA /SEPTIC SHOCK /SEIZURES /RENAL FAILURE/ - VENTILATED OR NON VENTILATED
53	TERM / PRETERM - PERSISTENT NEONATAL HYPOGLYCEMIA
54	PRETERM BABY RDS WITH OR WITHOUT SURFACTANT WITH MECHANICAL VENTILATION/CPAP
PAEDIATRIC SURGERY	
55	OESOPHAGEAL ATRESIA/INTESTINAL ATRESIA WITH OBSTRUCTION
56	OESOPHAGEAL ATRESIA/INTESTINAL ATRESIA WITHOUT OBSTRUCTION
57	DIAPHRAGMATIC HERNIA
58	EXTROPHY BLADDER - STAGE 1/2
59	POSTERIOR URETHRAL VALVES (VESICOSTOMY / URETEROSTOMY)
60	POSTERIOR URETHRAL VALVES (CYSTOSCOPIC FULGRATION)
61	POSTERIOR URETHRAL VALVES (VESICOSTOMY / URETEROSTOMY CLOSURE)
62	TUMORS (NEONATES/ PAEDIATRICS)
63	NEUROBLASTOMA
64	CYSTIC LESIONS OF THE NECK- (INCLUDING BRANCHIAL CYST / DERMOID / SEBACEOUS CYST / LIPOMA/NEUROFIBROMA/CYSTIC HYGROMA)

65	SINUSES & FISTULA OF THE NECK - (INCLUDING CONGENITAL DERMAL / BRACHAL SINUS/PREAUICULAR SINUS /FISTULA /THYROGLOSSAL CYST FISTULA /RANULA (INCLUDES DEEP EXPLORATION)
66	BRONCHOSCOPY FOREIGN BODY REMOVAL
67	THORACOSCOPIC CYST EXCISION
68	OPEN ORCHIDOPEXY
69	LAPAROSCOPIC ORCHIDOPEXY
70	OPEN NEPHRECTOMY SIMPLE/HEMI/PARTIAL/RADICAL
71	LAP NEPHRECTOMY SIMPLE/HEMI/PARTIAL/RADICAL
72	EPISPADIASIS
73	ANORECTAL MALFORMATIONS - STAGE 1 /COLOSTOMY
74	ANORECTAL MALFORMATIONS - STAGE 2/PULLTHROUGH
75	ANORECTAL MALFORMATION - STAGE 3/CLOSURE
76	BLADDER AUGMENTATION AND SUBSTITUTION
77	URETEROSTOMY AND URETEROSTOMY CLOSURE
78	CONGENITAL LUNG LESIONS (CLE, CCAM)
ENT	
79	HEARING AID - PREFERABLY RESERVED TO GOVT
80	FACIAL NERVE DECOMPRESSION
81	MICROLARYNGEAL SURGERY - SOFT TISSUE SWELLINGS OF LARYNX- BENIGN
82	MICROLARYNGEAL SURGERY - SOFT TISSUE SWELLINGS OF LARYNX- MALIGNANT
83	PHONO SURGERY FOR VOCAL CORD PARALYSIS
84	LARYNGO FISSURECTOMY
85	ADENOIDECTOMY - GROMET INSERTION
86	EXCISION OF TUMOR NASAL CAVITY (BENIGN OR MALIGNANT)
87	ENDOSCOPIC SINUS SURGERY-SINO NASAL POLYPOSIS
88	ENDOSCOPIC SINUS SURGERY-FUNGAL SINUSITIS
89	ENDOSCOPIC SINUS SURGERY-ENDOSCOPIC ORBITAL DECOMPRESSION
90	ENDOSCOPIC SINUS SURGERY-VIDIAN NEURECTOMY
91	ENDOSCOPIC SINUS SURGERY-INTERNAL MAXILLARY ARTERY LIGATION/SPHENO PALATINE ARTERY LIGATION
92	MASTOIDECTOMY - CORTICAL
93	MASTOIDECTOMY - RADICAL
94	MASTOIDECTOMY - MODIFIED RADICAL
95	MASTOIDECTOMY WITH TYMPANOPLASTY
96	STAPEDECTOMY
97	FB OESOPHAGUS
OPHTHALMOLOGY	
98	DOUBLE Z-PLASTY
99	AMNIOTIC MEMBRANE GRAFT / AUTOGRAFT (FOR PTERYGIUM)
100	MONTHLY INTRAVITREAL ANTI-VEGF FOR MACULAR DEGENERATION - PER INJECTION (MAXIMUM - 6)
101	PHOTOCOAGULATION FOR DIABETIC RETINOPATHY /INDICATION OTHER THAN DIABETIC RETINOPATHY - PER SITTING
102	SOCKET RECONSTRUCTION
103	ENUCLEATION WITH ORBITAL IMPLANT
104	RECTUS MUSCLE SURGERY (SINGLE)
105	RECTUS MUSCLE SURGERY (TWO/THREE)
106	LID RECONSTRUCTION SURGERY /BLEPHEROPLASTY
107	PAEDIATRIC CATRACT SURGERY (PHACOEMULSIFICATION IOL/SICS IOL)
108	GLAUCOMA FILTERING SURGERY FOR PAEDIATRIC GLAUCOMA
109	ADULT GLAUCOMA SURGERY/TRABECULECTOMY/ IMPLANT SURGERY
110	COLLAGEN CROSS LINKING FOR KERATOCONUS

111	LAMELLAR KERATOPLASTY
112	SCLERAL PATCH GRAFT
OBSTETRICS AND GYNAECOLOGY	
113	CAESAREAN HYSTERECTOMY WITH BLADDER REPAIR
114	RUPTURE UTERUS WITH TUBECTOMY
115	VAGINAL HYSTERECTOMY WITH PELVIC FLOOR REPAIR/WITH MESH REPAIR
116	CYSTOCELE, RECTOCELE & PERINEORRAPHY
117	LAPAROSCOPIC OVARIAN DRILLING
118	STAGING LAPROTOMY FOR OVARIAN AND UTERINE CA
119	DIAGNOSTIC HYSTERO- LAPROSCOPY
120	PPH SURGICAL MANAGEMENT - HYSTERECTOMY/LIGATION/EMBOLIZATION
121	VAGINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
122	ABDOMINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
SURGICAL GASTRO ENTEROLOGY	
123	STAGE 1-SUB TOTAL COLECTOMY + ILEOSTOMY
COMMON FOR RELEVANT SPECIALITIES	
124	PANCREATECTOMY ANY TYPE - OPEN / LAP
125	TRIPLE BYPASS /OTHER BYPASS PANCREAS
126	OPERATION FOR HYDATID CYST OF LIVER
127	VAGOTOMY ANY TYPE WITH OR WITHOUT DRAINAGE PROCEDURES
128	GASTRECTOMY ANY TYPE - ANY CAUSE
129	COLECTOMY ANY TYPE/ LAPROSCOPIC COLOECTOMY-ANY CAUSE
130	ANTERIOR RESECTION
131	HARTMANNS PROCEDURE WITH COLOSTOMY- ANY CAUSE
132	OPEN CHOLECYSTECTOMY- RADICAL /ANY TYPE/ CBD EXPLORATION
133	LAP CHOLECYSTECTOMY- RADICAL /ANY TYPE/ CBD EXPLORATION
134	CHOLEDOCHODUODENOSTOMY /CHOLEDOCHO JEJUNOSTOMY
135	SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION -TRAUMATIC
136	SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION- NON TRAUMATIC
137	LAP SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION
138	LATERAL PANCREATICOJEJUNOSTOMY(NON- MALIGNANT)
139	CYSTO JEJUNOSTOMY/ CYSTO GASTROSTOMY/PSEUDOCYST OF PANCREAS
140	SUBMANDIBULAR GLAND EXCISION- ANY CAUSE
141	TOTAL/SUBTOTAL/PARTIAL THYROIDECTOMY WITH OR WITHOUT EXPLORATION- ANY CAUSE
142	HEMITHYROIDECTOMY WITH OR WITHOUT EXPLORATION - ANY CAUSE
143	COMPLETION THYROIDECTOMY WITH OR WITHOUT EXPLORATION - ANY CAUSE
144	ISTHMECTOMY
145	RESECTION & ENUCLEATION OF THYROID NODULE
146	MASTECTOMY ANY TYPE
147	MASTECTOMY ANY TYPE WITH AXILLARY DISSECTION /SENTINAL NODE EXPLORATION
148	EPIGASTRIC HERNIA /FEMORAL /HIATUS HERNIA REPAIR ABDOMINAL / UMBILICAL HERNIA/ SPIGILION/OBTURATOR/SCIATIC/VENTRAL AND SCAR HERNIA- WITH / WITHOUT MESH - OPEN
149	LAP. APPENDICECTOMY
150	APPENDICULAR PERFORATION
151	OPERATION FOR ACUTE INTESTINAL OBSTRUCTION (INCLUDING VOLVULUS/MALROTATION/INTUSUSCEPTION)
152	RESECTION AND ANASTOMOSIS /SEGMENTAL RESECTION - SMALL INTESTINE- ANY CAUSE
153	RESECTION AND ANASTOMOSIS /SEGMENTAL RESECTION - LARGE INTESTINE- ANY CAUSE

154	CLOSURE OF GASTROSTOMY/ILEOSTOMY/COLOSTOMY / JEJUNOSTOMY / GASTROJEJUNOSTOMY / ILEOTRANSVERSE COLOSTOMY / OESOPHAGOSTOMY
155	SKIN TUMOR/SOFT TISSUE/BONE TUMORS - EXCISION /AMPUTATION/ RESECTION - WITHOUT RECONSTRUCTION
156	INCISIONAL HERNIA REPAIR WITHOUT MESH
157	INCISIONAL HERNIA REPAIR WITH MESH
158	SPINAL OSTECTOMY AND INTERNAL FIXATIONS
PSYCHIATRY	
159	ACUTE PSYCHOSIS (MINIMUM 10-15 DAYS OF ADMISSION)
160	ANY ACUTE/ RELAPSE BIPOLAR EPISODE (ONLY IP CASES)
161	ECT (PER SITTING) (MAX 6 SITTING)
162	AUTISM WITH OR WITHOUT DISRUPTIVE BEHAVIOR
163	ACUTE SCHIZOPHRENIA

ANNEXURE H

**THE PROCEDURES LISTED BELOW WILL BE APPROVED ON SPECIFIC
GOVERNMENT / COMMITTEE APPROVAL WHERE PUBLIC SECTOR
INSURANCE COMPANY LIABILITY IS RESTRICTED TO 2 LAKHS ONLY AND
PREAUTH/CLAIM PROCESSING**

S.NO	PACKAGE NAME
1	COCHLEAR IMPLANT SURGERY LESS THAN 6 YEARS
2	RENAL TRANSPLANTATION
3	LIVER TRANSPLANTATION
4	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION
5	HEART TRANSPLANTATION
6	LUNG TRANSPLANTATION
7	HEART LUNG TRANSPLANTATION
8	AUDITORY BRAIN STEM IMPLANT

Enclosure 3

“Chief Minister’s Comprehensive Health Insurance Scheme”

SECTION B– FINANCIAL BID

For the eligible persons and their families for an insurance coverage of Rs.1 lakh per year per family and provision to pay upto Rs.2 lakhs per year per family for certain procedures as per entitlement defined (Annexure C, D, E, F, G and H) in the clause 3 (b) of Guidelines in Enclosure 2.

Annual premium per family for health insurance coverage of the eligible person is **Rs._____** and covering all his or her family members covered under the scheme **excluding service tax** (valid for 4 years from the date of commencement of the scheme renewable every year and extendable by one more year beyond 4 years)

Date:

Signature of the Authorized

Place:

Representative of Public Sector Insurance

Company

Note:

(1) The premium per eligible family per annum alone should be filled up in financial bid in the above format. Furnishing of any other details in the financial bid shall be construed as violation of tender conditions and the said bid will be rejected.

(2) The Health Insurance Identity Card cost is paid separately as per clause 10(2) of Enclosure -2.

Enclosure 4

AGREEMENT

This Deed of Agreement made on the day ofbetween the State Health Insurance Unit under Tamil Nadu Health Systems Project a Project registered under the provisions of the Tamil Nadu Societies Registration Act , 1975 represented herein by its Project Director,..... having registered office at DMS complex, 359, Anna Salai, Teynampet, Chennai- 600 006 (hereinafter referred to as the “Project”) which expression shall where the context so permits, include his successors in office and assigns of the one part and other part represented by Chairman and Managing Director of insurance company, having its registered Office at

(hereinafter referred to as the Public Sector Insurance Company, which expression shall include any of its representative successors in interest and assigns and Third Party Administrators, if any, contracted by the Public Sector Insurance Company of the other part:

WHEREAS the Government of Tamil Nadu, have issued orders in G.O.(Ms) No 169 Health and Family Welfare (EAP-II(2) Department, dated: 11.07.2011 for introduction of a “Chief Minister’s Comprehensive Health Insurance Scheme” (hereinafter referred to as the “Scheme”) to provide cashless health insurance cover to the family of the eligible residents of the State of Tamil Nadu (hereinafter be referred to as the “Eligible person”). It was extended one more year as per G.O.(Ms) No.4/H&FW (EAP-II(2)) Department, dated:06.01.2016 up to 10.1.2017.

AND WHEREAS as per the administrative sanction and financial sanction given in the GO.(Ms) No 268 H&FW (EAP I/1) Department dated 17.11.16 for continuance of the scheme from 11.1.2017

AND WHEREAS the Public Sector Insurance Company has been selected by the Project to implement the scheme through a national level competitive bidding, conducted with reference to the Tender Notification Number.DIPR/4433/2016

AND WHEREAS the selected Public Sector Insurance Company is required to execute an agreement for implementing the scheme.

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

(1) The Public Sector Insurance Company covenants with the Project to implement the scheme as per the orders issued in G.O.(Ms) No. 169 Health and Family Welfare (EAP-II(2) Department, dated: 11.07.2011, subsequent orders issued under the scheme, and the Chief Minister’s Comprehensive Health Insurance scheme guidelines,2017 (hereafter called the guidelines) including the amendments, wherever made to guidelines and incorporated therein, to achieve the objectives of the Scheme including the following:

- i. To provide free medical and surgical treatment including diagnostic services in empanelled Government and Private hospitals to all the “eligible persons” as defined and described in the guidelines.
- ii. To provide coverage up to Rs.1 lakh per family per year for the procedures in **Annexure C**, follow up services as per **Annexure E** (All the procedures listed in **Annexure E** are eligible for follow up in addition any other specific procedure listed in **Annexure C** is also eligible for follow up in consultation with Public Sector Insurance Company), Diagnostic services as per **Annexure F**(if any other diagnostic test needed as per protocol in GH over and above listed in **Annexure F**, the Government hospitals are authorized to

get the test done outside at the rate approved by the local committee and the amount incurred will be paid from the claims amount available with the hospital), tentative reservation list as per **Annexure G** and High end procedure as per **Annexure H** (the procedures will be approved on specific Government / committee approval where Public Sector Insurance Company liability is restricted to 2 lakhs only and Preauth/Claim processing) to the Guidelines with provision to pay up to Rs.2 lakhs per year per family for certain specified procedures as per **Annexure D**, in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card issued for CMCHISTN or any other identification mechanism agreed.

- iii. The Project Director, Tamil Nadu Health Systems Project reserves the right to reserve certain procedures for the Government Hospitals from the **Annexure G** with the approval of Government.
- iv. To have the whole assistance package as a cashless model.

(2) The annual premium payable to the Public Sector Insurance Company by the Project shall be Rs.....(Rupees only) per eligible family for providing health insurance to the eligible persons and members of his or her family irrespective of the size of the family. The above said annual premium to the Public Sector Insurance Company shall be paid by the Project as per the provisions of the scheme and the Guidelines annexed hereto.

(3) The agreement will be in force for a period of 4 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 4 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.

(4) Implementation procedure

- (a) The scheme will be implemented through State Health Insurance Unit under the Project Director, Tamil Nadu Health Systems Project, Chennai and the premium payable will be released by the Project.
- (b) The successful Public Sector Insurance Company shall complete the insurance performance obligations listed out in the Activity Chart as per **Annexure A** of the Guidelines. The Third Party Administrator, if any, implementing the scheme on behalf of the Public Sector Insurance Company should also be an agency approved by the Insurance Regulatory and Development Authority. The successful Public Sector Insurance Company or/and the Third Party Administrator would be required to have, within one month of signing the agreement, establish offices for processing claims and implementation of the scheme. The details of Third party Administrator(s), if any, or branches of the Public Sector insurance company shall be furnished within one month from the date of signing the agreement.
- (c) Hospital Network: The successful Public Sector Insurance Company would be required to have, within one month of signing of the Agreement, an accredited hospital network in all districts of the State of Tamil Nadu duly approved by the Empanelment and Disciplinary Committee. The successful Public Sector Insurance Company while accrediting the hospitals shall adhere to the yardstick prescribed under clause 8 of the Guidelines. The details of the hospitals covered under the scheme shall be furnished in

the format in **Annexure B** to the guidelines within one month of the execution of agreement and to be updated on monthly basis.

- (d) Enrolment: The Government of Tamil Nadu will provide the basic details of eligible person and his or her family members to be covered under the Scheme, viz. numbering about 1.58 crores families (approximately) to the selected Public Sector insurance company immediately after award of tender. The names of eligible persons and his or her families not included in the lists shall be enrolled and health insurance identity card issued to them by establishing kiosks by the Public Sector insurance company as defined in the guidelines. The data furnished by the State Government or Project Director, Tamil Nadu Health Systems Project, shall be the property of the State Government / Project Director, Tamil Nadu Health Systems Project, and should not be used for any other purpose without the prior permission of the Government of Tamil Nadu or the Project Director, Tamil Nadu Health Systems Project, as the case may be. All the existing and newly enrolled beneficiaries details to be uploaded in the website District, Taluk and Village wise.
- (e) Issue of Health Insurance Identity Cards: The Public Sector insurance company shall prepare and distribute the health insurance identity cards for fresh enrolment and also enable e-health insurance card provision as per clause 10 of the guidelines.
- (f) The Public Sector Insurance Company shall ensure that the eligible person and members of his or her family are given treatment as described in the guidelines in the empaneled hospitals without

having to make any cash or credit payment towards eligible expenditure for the treatments availed by them within the scope of the scheme. The Public Sector Insurance Company shall publish, locally and on the website, the likely cost for each procedure in a particular hospital, to enable the enrolled member to choose the appropriate hospital for treatment. Further, the hospital shall give a rough estimate to the patient on the likely expenditure before he is admitted. No advance payment of any kind shall be insisted upon by the hospitals accredited to the scheme for any eligible person. The bidder should ensure cashless treatment to the beneficiary in the empanelled hospital. If the empanelled hospital denies treatment to the beneficiary or collects money from the eligible beneficiary then the insurance company is also liable for penalty, which will be credited to corpus fund as described in the guidelines.

- (g) The Public Sector Insurance Company shall furnish a daily report on the pre authorization given, claims approved, amount disbursed, procedure/speciality wise and district wise etc. to the Project Director, Tamil Nadu Health Systems Project in addition to the specific reports as and when required.
- (h) The hospital including government hospitals will raise the bill on the Public Sector Insurance Company. The Public Sector Insurance Company shall process the claim and settle the claims expeditiously so as to ensure that the hospitals provide the services to the beneficiaries without fail. The Tamil Nadu Health Systems Project will reserve the right to monitor the claim processing through software and the Public Sector Insurance

Company should provide the facility in this regard. In case of any failure in services from the hospitals due to pending bills, the Public Sector Insurance Company will be held responsible.

- (i) The scheme shall commence on a date to be notified.

(5) Payment of Premium

(a) The Project Director, Tamil Nadu Health Systems Project, will pay the insurance premium on behalf of the eligible persons to the Public Sector Insurance Company as per the terms and conditions described under clause 12 and 13 of the guidelines. The premium for Migrants will be paid by the Labour department. For the first year, premium will be paid for 1.34 crores. Of the total premium amount eligible for 1.34 crores, 50% will be paid as the first installment on signing the agreement, and 25% on commencement of the scheme. During the implementation, the actual premium will be arrived at based on the number of identity cards distributed. The remaining 25% will be calculated as per the premium amount and 20% will be paid after the successful completion of six months of the scheme and the balance 5% will be paid before end of the first year. During the 2nd, 3rd and 4th years, 95% of the annual premium will be paid at the commencement of that year itself and the balance 5% will be paid at the end of the year on satisfactory implementation of the scheme. The payment of premium will be based on the data made available by the insurance company.

(b) The Health Insurance Identity card cost shall be separated from the premium amount and the card cost as described under clause 10 of the guidelines will be paid to the Public Sector Insurance Company on receipt of acknowledgment and verification of the distribution of the cards to the beneficiaries.

(6) Period of Agreement

The agreement will be in force for a period of 4 years from the date of commencement of the scheme, subject to annual renewal and extendable by one more year beyond 4 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance. The Tamil Nadu Health Systems Project shall have the right to cancel the agreement, at any time during the period of the scheme, if the Public Sector Insurance Company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract agreement/guidelines. Refund and/or cancellation clause described in the guidelines/agreement are applicable as and when required in this situation.

7) Performance Monitoring

Performance of the insurers will be monitored regularly based on parameters such as timely preauthorization, timely claim settlement, complaints redressed, claim ratio, number of health camps conducted in a month and any other parameters prescribed/agreed upon.

(8) Cancellation

Either of the parties to the agreement can cancel this agreement for breach of terms and conditions under this agreement at any time during its currency with thirty days advance written notice to the effect. In the event of such cancellation, the Public Sector Insurance Company will be liable to

- (i) Pay back the unutilized amount of premium after settlement plus service tax on prorata basis within one week.
- (ii) Pay back total package cost for all the preauthorized cases but not claimed.

- (iii) Pay interest at the rate of 12% per annum on the amount refundable for the period extending from the due date till the date of receipt of refund.

(9) Modification or Alteration of the Agreement

Either of the parties to the agreement by giving advance notice of at least three months, may propose modification or alteration of any or all the terms of this agreement and in the event that such modification or alteration is accepted in writing by the other party, the agreement shall stand modified or altered to that extent.

(10) Capacity Building

The successful Public Sector Insurance Company shall arrange workshops and carry out publicity satisfying the need for the capacity building of the insured, providers and implementers, at state or district level according to the need as decided by Project Director of Tamil Nadu Health Systems Project. With regard to publicity, the Public Sector Insurance Company on its part should ensure that proper publicity is given to the scheme in all possible ways. This will include publicity on electronic and print media including social media, distribution of brochures, banners, display boards etc. in public at appropriate places in consultation with Project Director, Tamil Nadu Health Systems Project. They shall also effectively use services of Insurance coordinators and District coordinators for this purpose.

(11) Penalty clause

- (i) Deficiency in services – Failure to provide services as required by terms of scheme in the tender document along with other guidelines, will attract penalty as may be determined by the Project Director, Tamil Nadu Health Systems Project, subject to the minimum of five times the

amount of the expenditure incurred by the Government of Tamil Nadu / Project Director, Tamil Nadu Health Systems Project, or beneficiary due to non compliance.

(ii) Non adherence of time line - Failure to adhere to Activity Chart as per the **Annexure A** in guidelines will attract the penalty as may be determined by the Project Director, Tamil Nadu Health Systems Project subject to maximum of one percent of premium payable for each occasion/activity.

(iii) In addition to that, fine will be levied by the Project director, Tamil Nadu Health Systems Project to the insurance company and/or the hospital, minimum of 5 times the package amount on each occasion for failure of processing pre-authorization and claims settlement within the stipulated time, for denial of treatment, for not ensuring cashless treatment or providing poor quality treatment etc. to the “eligible person”.

(12) Warning/Banning /Suspension/Removal of Hospitals

The hospital may be Warned/Banned/Suspended/Removed etc. from CMCHIS based on the following situations:

- a) Violation of conditions in the agreement with the insurer
- b) Collection of money from the beneficiaries for the treatment under CMCHIS. The hospital should refund the money collected from the patients.
- c) Where any fraudulent claim becomes directly attributable to a hospital included in the networked hospitals, the said hospitals shall be removed and excluded under the scheme by the Empanelment and Disciplinary Committee. The Public Sector Insurance Company shall include the

below clause in their agreement with the Hospitals empanelled – “If any fraudulent claim by the hospital is proved, necessary criminal prosecution apart from civil proceedings for the recovery of such fraudulent amount shall be initiated”.

(13) Website and Call Centers

- (i) The successful bidder shall set up a dedicated website and call center for the scheme to enable people to have access to information on the scheme and correspond as described in the clause 23 of guidelines.
- (ii) The successful bidder shall set up a 24 hour call center at Tamil Nadu Health Systems Project office with sufficient manpower as per Project Director, Tamil Nadu Health Systems Project directions for facilitating patient treatment and addressing the patient grievances with a provision to record all the telephonic conversation and submit it for the scrutiny by the Tamil Nadu Health Systems Project.
- (iii) The existing relevant content in the present website to be kept as such. Any other information as and when needed to be uploaded in the website. This should be periodically updated so as to ensure maximum transparency in implementing the scheme.

(14) Redressal of Grievances

- (i) Any complaints about any difficulty in availing treatments, non-availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the District Collector or any other health department officials related to the scheme, or to the call center established at Tamil Nadu Health Systems Project, insurance companies, TPAs and also can be submitted directly to the Project Director, Tamil Nadu Health Systems Project. This is in addition to the regular grievances mechanism available in the Government.

- (ii) The complaints received in district level shall be placed for decision of a District Monitoring and Grievance Committee at District level headed by the District Collector, having the Dean/Medical superintendent of the medical college, Joint Director of Medical and Rural Health Services Department, Deputy Director of Health Services and the representative of the Public Sector Insurance Company as members and Special Deputy Collector (SSS) as Member Secretary.
- (iii) Any grievances and appeal against the decision of the District Monitoring and Grievance Committee may be preferred to the State Monitoring and Grievance Committee consisting of the Project Director, Tamil Nadu Health Systems Project, as Chairperson, and having the Director of Medical Education, Director of Medical and Rural Health Services, Director of Public Health and official representative nominated by the successful bidder as member. The other grievances addressed to the call center and to the Project Director, Tamil Nadu Health Systems Project may also be directly discussed in the State Monitoring and Grievance Committee. The decision of the State Monitoring and Grievance Committee is final.
- (iv) Any dispute arising out of the implementation of the scheme which remains unresolved at the State Monitoring and Grievance Committee shall be referred within fifteen days to a High Level Committee, comprising of the Secretary to Government, Health and Family Welfare Department, Project Director, Tamil Nadu Health Systems Project and the Representative of the Insurance Company nominated for the purpose.
- (v) All grievances should be acknowledged immediately and updated within 3-7 working days. Individual grievance tracking to be made available in the website including the complaints against the empaneled hospitals.

- (vi) A message that “collection of money and provision of incomplete or improper and poor quality treatment etc., to any CMCHISTN patient is unlawful” should be publicized suitably in every empanelled hospital.
- (vii) Any other irregularities found out by the Public Sector Insurance Company/TPA will be addressed to Tamil Nadu Health Systems Project for further action.
- (viii) The Project Director, Tamil Nadu Health Systems Project is authorized to dispose directly the grievances received in Tamil Nadu Health Systems Project in certain circumstances.
- (ix) The Civil Courts situated in Tamil Nadu shall have exclusive jurisdiction over any disputes, which remain unresolved by the above procedure.
- (x) Nothing aforesaid shall prejudice the rights of the Government of Tamil Nadu or Tamil Nadu Health Systems Project to approach any other forum for dispute resolution permissible under Law.

(15) General

The Public Sector Insurance Company shall follow and implement all conditions specified in the Government orders and its subsequent amendments, the guidelines prescribed as a part of this tender document including the terms and conditions of this agreement.

IN WITNESS WHEREOF both parties have signed this Agreement on the day, month and year first above written.

For and on Behalf of

Tamil Nadu Health Systems Project
In the Presence of
Witness: 1
Witness: 2

Public Sector Insurance Company
In the Presence of
Witness: 1
Witness: 2