Blank ESI Rate plan

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

RATE LIST WITH EFFECT FROM 01/06/2016 ONLY FOR ESIS AND ESIC

TEST CODE	DESCRIPTION	KMIO RATES	CGHS CODE	NOT AVAILABLE	CGHS RATE
	RADIODIAGNOSIS				
101	CHEST X-RAY PA/OTHER SITES/AP/LAT	150.00	1608		60.00
102	BARIUM SWALLOW	400.00	1618		510.00
103	BARIUM MEAL	800.00	1621		935.00
104	BARIUM MEAL FOLLOW THROUGH (6 FILMS)	800.00	1621		935.00
105	BARIUM ENEMA (6 FILMS)	800.00	1622		850.00
106	X-RAY REVIEW / FILM	50.00	106	KMIO	50.00
107	IVP WITH CONTRAST	1,200.00	1627		1,190.00
108	BEDSIDE X -RAY	300.00	108	KMIO	300.00
109	MAMMOGRAPHY (BILATERAL)	2,000.00	1635		315+315
110	MAMMOGRAPHY (SINGLE)	1,000.00	1635		315.00
112	ULTRASOUND	550.00	112	KMIO	550.00
113	ULTRASOUND FNAC	250.00	1316		575.00
114	BILATERAL ARTERY/VENOUS DOPPLER	1,200.00	1600		700+700
115	SINGLE ARTERY/VENOUS DOPPLER	750.00	1600		700.00
116	TRANSCRANIAL DOPPLER	1,200.00	116	KMIO	1,200.00
117	CAROTIDS & VERTERBERAL DOPPLER	1,000.00	1600		765.00
118	PORTAL VENOUS SYSTEM DOPPLER	1,000.00	1601		700.00
119	PELVIS DOPPLER	1,000.00	119	KMIO	1,000.00
120	RENAL DOPPLER	1,000.00	1602		720.00
121	SINGLE ORGAN DOPPLER	1,000.00	121	KMIO	1,000.00
122	PENIS DOPPLER	1,000.00	122	KMIO	1,000.00
123	SCROTOL DOPPLER	1,000.00	123		1,000.00
124	DOPPLER STUDY FOLL. ULTRASOUND	500.00	124	KMIO	500.00
125	ANGIO ABDOMEN (CT SCAN 1.5 mm CUT)	4,250.00	125	KMIO	4,250.00
126	ANGIO BRAIN (CT SCAN 1.5 mm CUT)	4,250.00	126	KMIO	4,250.00
127	CT SCAN - BRAIN WITH CONTRAST	3,000.00	1638		1,215.00
128	CT SCAN - NECK WITH CONTRAST	3,400.00	1648		1,870.00
129	CT SCAN - PNS (AXIAL CRANIAL) WITH CONTRAST	4,500.00	1652		1,600.00
130	CT SCAN - THORAX WITH CONTRAST	5,000.00	1639		1,700.00

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131	CT SCAN - ABDOMEN WITH CONTRAST	5,000.00	1643		4,050.00
132	CT SCAN - PELVIS WITH CONTRAST	5,000.00	1640		1,700.00
133	CT SCAN - EXTREMITIES WITH CONTRAST	5,000.00	133	KMIO	5,000.00
134	CT SCAN - CERVICAL SPINE	4,000.00	1653		1,488.00
135	CT SCAN - DORSAL SPINE	4,000.00	1653		1,488.00
136	CT SCAN - LUMBAR SPINE	4,000.00	1653		1,488.00
137	CT SCAN - WHOLE SPINE	12,000.00	1653		4,464.00
138	CT GUIDED FNAC	2,500.00	1658		1,200.00
139	HRCT - LUNG	5,000.00	139	KMIO	5,000.00
140	HRCT - HEAD / TEMPORAL BONE	3,000.00	140	KMIO	3,000.00
141	RT PLANNING (CT GUIDED 3SECTIONS)(CT/TIPS)	2,000.00	141	KMIO	2,000.00
142	RT PLANNING (ADDITIONAL SECTION)	800.00	142	KMIO	800.00
143	COELIC BLOCK	1,500.00	143	KMIO	1,500.00
144	CT SCAN REVIEW FILMS - PER SET	400.00	144	KMIO	400.00
145	MRI REVIEW FILMS - PER SET	400.00	145	KMIO	400.00
146	X-RAY LATERAL	150.00	146	KMIO	150.00
147	X-RAY AP & LATERAL	300.00	147	KMIO	300.00
148	X-RAY SKULL AP & LATERAL	300.00	1615		230.00
149	X-RAY CHEST AP & LATERAL	300.00	1609		60.00
150	X-RAY SPINE AP & LATERAL	300.00	1616		225.00
151	X-RAY NECK AP & LATERAL	300.00	1611		230.00
152	X-RAY PELVIS AP & LATERAL	300.00	1612		110.00
153	X-RAY ABDOMEN AP & LATERAL	300.00	1607		119.00
154	X-RAY FORE ARM AP & LATERAL	300.00	1611		230.00
155	X-RAY HAND AP & LATERAL	300.00	1611		230.00
156	X-RAY LEG AP & LATERAL	300.00	1611		230.00
157	X-RAY THIGH AP & LATERAL	300.00	1611		230.00
158	X-RAY FOOT AP & LATERAL	300.00	1611		230.00
160	CT SCAN CD	300.00	160	KMIO	300.00
161	REGULAR MRI - PLAIN	3,500.00	161	KMIO	3,500.00
162	MRI WITH CONTRAST	5,500.00	162	KMIO	5,500.00
163	SPL. INV WITH MRI	7,000.00	163	KMIO	7,000.00
164	EMERGENCY ULTRASOUND	1,000.00	164	KMIO	1,000.00
165	MRI CD REVIEW	300.00	165	KMIO	300.00
166	MRI - BRAIN (PLAIN)	3,500.00	1661		1,998.00
167	MRI- CERVICAL SPINE (PLAIN)	3,500.00	1703		2,125.00
168	MRI - THORACIC SPINE (PLAIN)	3,500.00	1703		2,125.00
169	MRI - LUMBAR SPINE (PLAIN)	3,500.00	1708		4,500.00
170	MRI -BRAIN (PLAIN & CONTRAST)	4,500.00	1662		2,848.00
171	MRI - PNS (WITH CONTRAST)	4,500.00	1690		4,600.00
172	MRI - SELLA (WITH CONTRAST)	4,500.00	1690		4,600.00
173	MRI -ORBITS (WITH CONTRAST)	4,500.00	1664		2,000.00

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174	MRI - IAC/TEMPORAL BONE (WITH CONTRAST)	4,500.00	1690		4,600.00
175	MRI - TEMPERO MANDIBULAR JOINT (WITH CONTRAST)	4,500.00	1692		4,000.00
176	MRI - NECK (WITH CONTRAST)	4,500.00	1669		4,500.00
177	MRI - BRACHIAL PLEXUS(WITH CONTRAST)	4,500.00	1690		4,600.00
178	MRI - THORAX (WITH CONTRAST)	4,500.00	1702		4,000.00
179	MRI -BREAST (WITH CONTRAST)	4,500.00	1698		4,250.00
180	MRI - ABDOMEN(WITH CONTRAST)	4,500.00	1697		4,500.00
181	MRI - PELVIS (WITH CONTRAST)	4,500.00	1689		4,600.00
182	MRI - JOINT (SINGLE WITH CONTRAST)	4,500.00	1690		4,600.00
183	MRI - CERVICAL SPINE (WITH CONTRAST)	4,500.00	1704		4,000.00
184	MRI - THORACIC SPINE (with Contrast)	4,500.00	1704		4,000.00
185	MRI - LUMBAR SPINE (WITH CONTRAST)	4,500.00	1708		4,500.00
186	MRI - BRAIN (SPL. INVESTIGATION)	5,500.00	1662		2,848.00
187	MRI - CARDIA (SPL. INVESTIGATION)	5,500.00	1690		4,600.00
188	MRI - BREAST (SPL. INVESTIGATION)	5,500.00	1698		4,250.00
189	MRI - ABDOMEN (LIVER - SPL. INVESTIGATION)	5,500.00	1697		4,500.00
190	MRI - PELVIS(PROSTRATE - SPL. INVESTIGATION)	5,500.00	1689		4,600.00
1601	ORTHOPENTOMAGRAPHY (OPG)	200.00	1341		176.00
TEST CODE	**DESCRIPTION**	**CHARGES**			
	NUCLEAR MEDICINE				
201	THYROID UPTAKE	1,200.00	1359		1,408.00
202	LIVER SCAN	1,200.00	202	KMIO	1,200.00
203	RENOGRAM (PAEDIATRIC)	1,200.00	203	KMIO	1,200.00
204	SALAIVARY	1,200.00	204	KMIO	1,200.00
205	GFR	1,200.00	205	KMIO	1,200.00
206	TECHNITIUM -99M SCAN	1,200.00	206	KMIO	1,200.00
211	BONE SCAN	2,000.00	211	KMIO	2,000.00
212	HEPATOBILLIARY	2,000.00	212	KMIO	2,000.00
213	RENOGRAM (ADULTS)	2,000.00	213	KMIO	2,000.00
214	MUGA (HEART) SCAN	2,000.00	214	KMIO	2,000.00
215	BRAIN SCAN	2,000.00	215	KMIO	2,000.00
216	LARGE DOSE SCAN	2,000.00	216	KMIO	2,000.00
217	TOXIC THERAPY	3,500.00	217	KMIO	3,500.00

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218	CA. THYROID UPTO 30 MILLICURIES	11,000.00	218	KMIO	11,000.00
219	CA-THYROID 30-50 MILLICURIES	11,000.00	219	KMIO	11,000.00
220	CA. THYROID 100 MILLICURIES	15,000.00	220	KMIO	15,000.00
221	CA. THYROID 150 MILLICURIES	20,000.00	221	KMIO	20,000.00
222	CA.THYROID 200 MILLICURIES	25,000.00	222	KMIO	25,000.00
223	PHOSPHOROUS 32 TREATMENT	13,000.00	223	KMIO	13,000.00
224	RBC - LABELLING	1,500.00	224	KMIO	1,500.00
225	MIBI (Cardiac Scan)	7,000.00	225	KMIO	7,000.00
226	MIBG (Adrenal Scan)	12,000.00	226	KMIO	12,000.00
227	RENAL SCAN	1,200.00	227	KMIO	1,200.00
228	Sm - 153 TREATMENT	14,000.00	228	KMIO	14,000.00
229	EXTRA FILM CHARGES	300.00	229	KMIO	300.00
230	131 M I B G THERAPY	40,000.00	230	KMIO	40,000.00
TEST CODE	**DESCRIPTION**	**CHARGES**			
	PATHOLOGY				
301	Hb&PCV	65.00	1389+1398		16+13 29
302	Hb/WBC/PLATELETS/ESR/DC	190.00	1389+1391+1395+1392+1391		16+30+43+25+30 114
303	HAEMOGRAM+PERIPHERAL SMEAR	190.00	1394+1398		122+39 161
304	CSF CELL COUNT AND TYPE	120.00	304	KMIO	120.00
305	BONE MARROW ASPIRATION/BIOPSY	605.00	305	KMIO	605.00
306	ABSOLUTE ESOPHINAL COUNT	120.00	1397		43.00
307	LE CELL PHENOMENON	120.00	307	KMIO	120.00
308	BENCE JONES PROTEIN	120.00	1454		42.00
309	BT/CT	60.00	1401		35\35
310	CYTOCHEMISTRY / LAP	245.00	310	KMIO	245.00
311	URINE- ROUTINE	35.00	1383		33.00
312	STOOL	35.00	1385		33.00
313	KETONE BODIES	35.00	1450		27.00
314	BILE SALT AND BILE PIGMENT	35.00	1448		25.00
315	UROBILINOGEN	35.00	1449		20.00
316	CYTOGENETICS	600.00	316	KMIO	600.00
317	F N A C - ROUTINE	250.00	1439		200.00
318	ULTRA SOUND GUIDED FNAC	400.00	1316		575.00
320	REVIEW SLIDE (CYTOLOGY)	200.00	320	KMIO	200.00
321	SMALL BIOPSY	500.00	164		460.00
322	BIG SPECIMEN	1,000.00	165		460.00
323	REVIEW SLIDE (HISTOPATHOLGY)	600.00	323	KMIO	600.00
324	FROZEN SECTION	600.00	1435		702.00

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325	ER/PR	2,000.00	325	KMIO	2,000.00
326	HER2	1,000.00	326	KMIO	1,000.00
327	ISSUE OF DUPLICATE SLIDES	200.00	327	KMIO	200.00
328	IHC 1 ANTIBODY	800.00	328	KMIO	800.00
329	IHC UPTO 2 ANTIBODIES	1,600.00	329	KMIO	1,600.00
330	IHC UPTO 4 ANTIBODIES	2,500.00	330	KMIO	2,500.00
331	IHC UPTO 6 ANTIBODIES	4,800.00	331	KMIO	4,800.00
332	IHC UPTO 8 ANTIBODIES	6,400.00	332	KMIO	6,400.00
333	IHC UPTO 10 ANTIBODIES & ABOVE	8,000.00	333	KMIO	8,000.00
334	LYMPHOMA PANEL	2,500.00	334	KMIO	2,500.00
335	GYNAEC CYTOLOGY	250.00	335	KMIO	250.00
336	CSF- CYTOLOGY	120.00	336	KMIO	120.00
337	NIPPLE SECRETION	250.00	337	KMIO	250.00
338	IMPRINT SMEAR	250.00	338	KMIO	250.00
339	PLEURAL FLUIDS	250.00	339	KMIO	250.00
340	PERITONEAL FLUIDS	250.00	340	KMIO	250.00
341	PERICARDIAL FLUIDS	250.00	341	KMIO	250.00
342	SYNOVIAL	250.00	342	KMIO	250.00
343	SPUTUM SERIES - NO 1, 2,3	400.00	343	KMIO	400.00
344	BRONCHIAL ASPIRATE	250.00	344	KMIO	250.00
345	OESOPHEGAL BRUSH	250.00	345	KMIO	250.00
346	STOMACH WASH	250.00	346	KMIO	250.00
347	BLADDER WASH	250.00	347	KMIO	250.00
348	URINE	250.00	348	KMIO	250.00
349	BRONCHIAL BRUSH	250.00	349	KMIO	250.00
350	LEUKAEMIA PACKAGE - Hb, TC,DC, Platelets / month	900.00	350	KMIO	900.00
351	FLOW CYTOMETRY	6,000.00	351	KMIO	6,000.00
352	CLPD PANEL	3,000.00	352	KMIO	3,000.00
353	HER2 BY FISH	6,000.00	353	KMIO	6,000.00
354	BCR-ABL	4,000.00	354	KMIO	4,000.00
355	PML-RARA	4,000.00	355	KMIO	4,000.00
356	EWSRI by FISH	6,000.00	356	KMIO	6,000.00
357	EBV by RISH	3,000.00	357	KMIO	3,000.00
TEST CODE	**DESCRIPTION**	CHARGES			
	BIOCHEMISTRY				
401	GLUCOSE FASTING	55.00	1465		42.00
402	GLUCOSE PP	55.00	1465		42.00
403	GLUCOSE RANDOM	55.00	1444		22.00
404	UREA NITROGEN	80.00	1446		50.00
405	CREATININE	80.00	1447		50.00
406	URIC ACID	80.00	1455		50.00
407	TOTAL PROTEIN	65.00	1469		50.00
408	ALBUMIN	65.00	1461		18.00
409	ALKALINE PHOSPHATASE	90.00	1494		54.00
410	AST	90.00	1476		50.00
411	ALT	90.00	1476		50.00
412	BILIRUBIN	90.00	1456		80.00

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413	LDH	120.00	1493		90.00
414	SODIUM	65.00	1481		50.00
415	POTASSIUM	65.00	1482		50.00
416	CALCIUM	80.00	1466		54.00
417	CHOLESTEROL	90.00	1463		56.00
418	GLUCOSE TOLERANCE TEST (GTT)	250.00	1488		81.00
419	RFT (UREA, CREATININE)	150.00	1466+ 1447		50+50
420	LFT(TP, ALB,ALP,BIL,AST, ALT)	500.00	1513		225.00
421	CREATININE CLEARANCE(2Hrs)	120.00	1462		80.00
422	FLUID ANALYSIS (SUGAR, PROTEIN)	120.00	422	KMIO ✓	120.00
423	CEA	450.00	1548		306.00
424	AFP	450.00	1541		293.00
425	CA 125	650.00	1543		352.00
426	PSA	450.00	1539		281.00
		PSA free code /1,540/375			
427	BETA hCG	450.00	427	KMIO ✓	450.00
428	CREATININE CLEARANCE(24Hrs)	120.00	1462		80.00
429	LEUKAEMIA PACKAGE- LFT,RFT,SUGAR,URICACID/month	2,000.00	429	KMIO ✓	2,000.00
430	GRBS	25.00	1444		22.00
431	T3	125.00	1560		64.00
432	T4	125.00	1561		64.00
433	TSH	125.00	1562		81.00
434	T3, T4,TSH	300.00	1559		180.00
435	THYROGLOBULIN (TG)	800.00	1576		300.00
436	ANTI- THYROGLOBULIN (ANTI TG)	600.00	436	KMIO ✓	600.00
437	ANTI TPO	600.00	437	KMIO ✓	600.00
438	FREE T3	300.00	438	KMIO ✓	300.00
439	FREE T4	300.00	439	KMIO ✓	300.00
440	CA 19.9	700.00	1544		554.00
441	CA 15.3	700.00	1545		536.00
442	NSE	500.00	442	KMIO ✓	500.00
443	FERRITIN	400.00	1505		250.00
TEST CODE	**DESCRIPTION**	CHARGES			
	SURGERY				
501	PARTIAL GASTRECTOMY	12,000.00	413		18,630.00
502	TOTAL GASTRECTOMY	14,000.00	417		18,118.00
503	ESOPHAGOGASTRECTOMY /THE	14,000.00	403		19,251.00
504	GASTROJEJUNOSTOMY	12,000.00	411		12,420.00
505	CHOLECYSTECTOMY	12,000.00	441		9,263.00
506	RESECTIONAND ANASTOMOSIS - INTESTINE	12,000.00	455		16,767.00
507	OBSTRUCTION - INTESTINE	12,000.00	464		20,700.00

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508	COLECTOMY	14,000.00	473		15,525.00
509	ABDOMINAL PERINEAL RESECTION	14,000.00	487		16,470.00
510	ANTERIOR RESECTION	12,000.00	488		18,900.00
511	INCISIONAL HERNIA	12,000.00	426		8,338.00
512	HEPATIC RESECTION	14,000.00	446		12,938.00
513	MAJOR BONE TUMOUR - EXCISION	12,000.00	1150		6,210.00
514	BONE TUMOUR EXCISION - MINOR	8,000.00	1150		6,210.00
515	BONE TUMOUR EXCISION - PHALYNGES	8,000.00	1150		6,210.00
516	BONE TUMOUR EXCISION & RECONSTRUCTION	12,000.00	1239		10,270.00
517	BONE GRAFT - MAJOR	12,000.00	1149		5,941.00
518	BONE GRAFT - MINOR	8,000.00	1149		5,941.00
519	DISARTICULATION - MAJOR	14,000.00	1185		18,000.00
520	DISARTICULATION MINOR	8,000.00	1186		11,385.00
521	AMPUTATION - MAJOR	12,000.00	1239		10,270.00
522	AMPUTATION - MINOR	8,000.00	1239		10,270.00
523	SOFT TISSUE TUMOUR EXCISION	12,000.00	1239		10,270.00
524	NEPHRECTOMY - SIMPLE	12,000.00	858		9,067.00
525	NEPHRECTOMY - RADICAL	14,000.00	911		13,500.00
526	REIMPLANTATION OF URETER	12,000.00	912		6,120.00
527	URETEROCOLIC - ANASTAMOSIS	12,000.00	744		12,960.00
528	CYSTECTOMY	14,000.00	528	KMIO ✓	14,000.00
529	OPEN PROSTATECTOMY	12,000.00	762		16,767.00
530	PARTIAL AMPUTATION - PENIS	8,000.00	788		8,719.00
531	TOTAL AMPUTATION - PENIS	12,000.00	789		9,720.00
532	PENIS WITH INGUINAL NODE DISSECTION	12,000.00	911		13,500.00
533	ORCHIDECTOMY - BILATERAL	12,000.00	791		9,781.00
534	ORCHIDECTOMY - UNILATERAL	8,000.00	790		7,918.00
535	INGUINAL NODE DISSECTION - UNILATERAL	8,000.00	428		13,365.00
536	INGUINAL NODE DISSECTION - BILATERAL	12,000.00	428		20,048.00
537	THORAX - LOBECTOMY	14,000.00	446		12,938.00
538	THORAX - PNEUMONECTOMY	14,000.00	509		31,050.00
539	THORAX - SEGMENTAL RESECTION	14,000.00	509		31,050.00
540	BREAST - LUMPECTOMY	8,000.00	363		5,645.00
541	BREAST - RADICAL MASTECTOMY	12,000.00	365		23,288.00
542	HYSTRECTOMY - WARTHIEMS	14,000.00	542	KMIO ✓	14,000.00
543	HYSTRECTOMY- ABDOMINAL	12,000.00	640		13,973.00
544	HYSTRECTOMY - VAGINAL	12,000.00	641		13,973.00
545	REMOVAL OVARIAN TUMOUR/CYST	12,000.00	642		13,973.00
546	BILATERAL - SALPHINGO OOPHRECTOMY	12,000.00	620		13,500.00
547	SPLEENECTOMY	12,000.00	432		13,041.00

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548	PANCREACTECTOMY / WHIPPLES	14,000.00	438		19,561.00
549	REMOVAL OF CYST / TUM./ GRO. UNDER G.A	5,000.00	549	KMIO	5,000.00
550	REMOVAL OF CYST/TUM./GROWTH UNDER L.A	5,000.00	550	KMIO	5,000.00
551	SKIN GRAFT	5,000.00	1066		8,384.00
552	FLAPS SURGERY	12,000.00	1068		11,250.00
553	FREE MICROVASCULAR FLAPS	15,000.00	553	KMIO	15,000.00
554	LAPROSCOPY SURGERY	14,000.00	554	KMIO	14,000.00
555	LARYGECTOMY	12,000.00	342		14,439.00
556	LARYNGECTOMY WITH RND	16,000.00	360		19,125.00
557	LARYNGECTOMY WITH PMMCF	16,000.00	360		19,125.00
558	LARYNGECTOMY WITH GASTRIC PULLUP	20,000.00	360		19,125.00
559	COMMANDO SURGERY	15,000.00	360		19,125.00
560	PAROTIDECTOMY- SUPERFICIAL	8,000.00	328		10,868.00
561	PAROTIDECTOMY - TOTAL	12,000.00	329		12,150.00
562	THYROIDECTOMY - HEMITHYROIDECTOMY	8,000.00	333		8,550.00
563	THYROIDECTOMY - TOTAL THYROIDECTOMY	12,000.00	336		15,390.00
564	TOTAL THYROIDECTOMY WITH RND /FND	14,000.00	338		21,425.00
565	SUBMANDIBULAR GLAND EXCISION	6,000.00	290		269.00
566	PARTIAL - MAXILECTOMY	8,000.00	201		2,250.00
567	TOTAL MAXILECTOMY	12,000.00	199		1,755.00
568	HEMI MANDIBULECTOMY	12,000.00	195		17,010.00
569	MANDIBULECTOMY - SEGMENTAL	8,000.00	323		17,010.00
570	HEMI GLOSSECTOMY	8,000.00	325		6,300.00
571	PARTIAL GLOSSECTOMY	8,000.00	324		4,968.00
572	TOTAL GLOSSECTOMY	12,000.00	326		18,537.00
573	HEMI / PARTIAL NECK DISSECTION	12,000.00	355		20,493.00
574	RADICAL NECK DISSECTION	12,000.00	355		20,493.00
575	FUNCTIONAL NECK DISSECTION	12,000.00	360		19,125.00
576	EXCISION OF CAROTID BODY TUMOUR	12,000.00	311		10,454.00
577	ORBITAL EXENTRATION	8,000.00	116		5,175.00
578	TRACHEOSTOMY	3,000.00	510		5,400.00
579	COLOSTOMY	3,000.00	1037		12,150.00
580	GASTROSTOMY	3,000.00	409		6,987.00
581	FEEDING JEJUNOSTOMY	3,000.00	453		5,175.00
582	SUPRAPUBIC CYSTOSTOMY	3,000.00	750		4,860.00
583	CUTANEOUS URETEROSTOMY	12,000.00	743		10,800.00
584	UPPER GI SCOPY	750.00	1281		1,398.00
585	UPPER GI SCOPYWITH DILATATION	2,000.00	585	KMIO	2,000.00

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586	BRONCHOSCOPY	1,300.00	297		2,438.00
587	COLONOSCOPY / LOWER GI SCOPY	750.00	587	KMIO	750.00
588	CYSTOSCOPY	750.00	893		3,381.00
589	COLPOSCOPY	600.00	669		958.00
590	DIRECT LARYNGOSCOPY	900.00	295		4,500.00
591	CERVICAL LYMPH NODE BIOPSY	900.00	375		1,725.00
592	INGUINAL LYMPH NODE BIOPSY	900.00	377		2,277.00
593	EXCISION BIOPSY / WIDE EXCISION	900.00	379		2,898.00
594	WIDE EXCISION WITH RECONSTRUCTION	8,000.00	594	KMIO	8,000.00
595	EXAMINATION UNDER ANAESTHESIA	1,000.00	628		900.00
596	RETROPERITONIAL TUMOUR EXCISION	12,000.00	490		14,588.00
597	URETHRAL DILATATION	750.00	19		450.00
598	MICROLARYNGEAL EXCISION	4,000.00	349		9,315.00
599	LASER SURGERY	11,000.00	492		15,525.00
TEST CODE	**DESCRIPTION**	CHARGES			
	MICROBIOLOGY				
601	AFB CULTURE - SPUTUM/SAMPLE	250.00	601	KMIO	250.00
602	AFB CULTURE - PUS /SAMPLE	250.00	602	KMIO	250.00
603	AFB CULTURE - URINE/SAMPLE	250.00	603	KMIO	250.00
604	BACTERIAL C & S - BLOOD AUTOMATED	400.00	1739		180.00
605	BACTERIAL C & S - URINE	400.00	1739		180.00
606	BACTERIAL C & S - SPUTUM	400.00	1739		180.00
607	BACTERIAL C & S -PUS	400.00	1739		180.00
608	BACTERIAL C & S - STOOL	400.00	1739		180.00
609	BACTERIAL C & S- THROAT/ORAL/EAR/EYE SWAB	400.00	1739		180.00
610	BACTERIAL C & S- FLUIDS	400.00	1739		180.00
611	FUNGAL CULTURE - SPUTUM	400.00	611	KMIO	400.00
612	FUNGAL CULTURE -PUS	400.00	612	KMIO	400.00
613	FUNGAL CULTURE - STOOL	400.00	613	KMIO	400.00
614	FUNGAL CULTURE - THROAT/ORAL/EAR/EYE SWAB	400.00	614	KMIO	400.00
615	FUNGAL CULTURE - FLUIDS	400.00	615	KMIO	400.00
616	SMEAR EXAMINATION	120.00	616	KMIO	120.00
617	ASPERGILLUS AG SEROLOGY	400.00	617	KMIO	400.00
618	HIV ANTIBODIES - SERUM	250.00	1426		150.00
619	HBsAg - SERUM	250.00	1424		102.00
620	HCV ANTIBODIES - SERUM	250.00	1425		128.00
621	CMV ANTIBODIES - SERUM	250.00	621	KMIO	250.00

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622	TOXOPLASMA ANTIBODIES - SERUM	250.00	622	KMIO	250.00
623	EBV ANTIBODIES - SERUM	250.00	623	KMIO	250.00
624	PAN FUNGAL PCR	1,000.00	624	KMIO	1,000.00
625	BACTERIAL C & S - CONVENTIONAL	250.00	1739		180.00
TEST CODE	**DESCRIPTION**	CHARGES			
	MEDICINE				
701	ECG	120.00	590		50.00
702	BONE MARROW AND OTHERS	500.00	702	KMIO	500.00
703	CHEMOTHERAPY SINGLE DAY	250.00	1276		497.00
704	CHEMOTHERAPY CONSULTATION	600.00	704	KMIO	600.00
705	CHEMOTHERAPY SERVICE CHARGES >= 2DAYS	500.00	705	KMIO	500.00
706	TRANSPLANT CHARGES	25,000.00	706	KMIO	25,000.00
707	CENTRAL CATHETAR INSERTION PROCEDURE	1,200.00	707	KMIO	1,200.00
708	CENTRAL CATHETAR DRESSING AND FLUSHING PROCEDURE	100.00	708	KMIO	100.00
709	CHEMOPORT FLUSHING	100.00	709	KMIO	100.00
710	CHEMOPORT INSERTION	4,000.00	1279		828.00
TEST CODE	**DESCRIPTION**	CHARGES			
	CANCER DETECTION CLINIC				
808	Cl. Exam. , PAP Smear and Haemogram+Fnac	150.00	1437+1394+1439		136+122+200
809	Cl. Exam, PAP smear, Haemogram,U/S(breast, pel.&abd),FNAC	400.00	1437+1394+1597		136+122+349
810	Cl .Exam., PAP, Haemogram, U/S (Breast , pel & abd) , Fnac, X-Ray Chest, ECG, Stool for Occcult blood, Urine Analysis	800.00	810	KMIO	800.00
TEST CODE	**DESCRIPTION**	CHARGES			
	BLOOD BANK				
901	WHOLE BLOOD (1 UNIT)	400.00	901	KMIO	400.00
902	STOCKED BLOOD (1 UNIT)	400.00	902	KMIO	400.00
903	PACKED CELLS	500.00	903	KMIO	500.00
904	PLATELETS	500.00	904	KMIO	500.00
905	FRESH FROZEN PLASMA	500.00	905	KMIO	500.00
906	BLOOD GROUP & RH FACTOR	100.00	1418		30.00

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907	COOMBS TEST (DCT &ICT)	200.00	DCT 1420 & ICT 1421		85\100
908	SERVICE CHARGE FOR OUTSIDE BLOOD	200.00	908	KMIO	200.00
909	WHOLE BLOOD (1 UNIT TO OUTSIDE)	500.00	909	KMIO	500.00
910	PACKED CELLS TO OUTSIDE	500.00	910	KMIO	500.00
911	PLATELETS TO OUTSIDE (1 UNIT)	500.00	911	KMIO	500.00
912	FFP PLASMA TO OUTSIDE (1 UNIT)	500.00	912	KMIO	500.00
TEST CODE	**DESCRIPTION**	CHARGES			
	RADIATION ONCOLOGY				
1001	TELE COBALT (RADICAL RT)	14,500.00	1254		55,425.00
1002	TELECOBALT - PALLIATIVE RT LESS THAN 1 WEEK	5,000.00	1255		19,795.00
1003	TELECOBALT - SINGLE FRACTION RT	3,000.00	1003	KMIO	3,000.00
1004	3D RT PLANNING SYSTEM FOR TELECOBALT	3,000.00	1259		3,959.00
1005	SUPERFICIAL X-RAY 100 Kv RT	5,000.00	1005	KMIO	5,000.00
1006	BRACHYTHERAPY -HDR	15,000.00	1006	KMIO	15,000.00
1007	BRACHYTHERAPY -LDR	12,000.00	1007	KMIO	12,000.00
1008	SIMULATION X- RAY (AP/LAT) ROUTINE	400.00	1008	KMIO	400.00
1009	BARIUM SWALLOW SIMULATION X -RAY (AP/LT)	500.00	1618		510.00
1010	LINEAR ACCELERATOR - NON MLC SIMPLE TELETHERAPY	50,000.00	1256		24,098.00
1011	LINEAR ACCELERATOR - 3 D CRT	70,000.00	1011	KMIO	70,000.00
1012	LINEAR ACCELERATOR - IMRT	96,000.00	1261		81,711.00
1013	LINEAR ACCELERATOR - Electron boost (max 10 fractions)	10,000.00	1013	KMIO	10,000.00
1014	LINEAR ACCELERATOR - SINGLE FRACTION (NON MLC)	8,000.00	1014	KMIO	8,000.00
1015	LINEAR ACCELERATOR - (LESS THAN 2 WEEKS) PAEDIATRIC NON - ANESTHESIA	20,000.00	1015	KMIO	20,000.00
1016	LINEAR ACCELERATOR - (LESS THAN 2 WEEKS) PAEDIATRIC WITH ANESTHESIA / SEDATION	25,000.00	1016	KMIO	25,000.00
TEST CODE	**DESCRIPTION**	CHARGES			
	MEDICAL RECORDS				

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1102	LIC CERTIFICATE	300.00	1102	KMIO	300.00
1103	CASE FILE XEROX	200.00	1103	KMIO	200.00
1104	DUPLICATE IDENTITY CARD	100.00	1104	KMIO	100.00
1106	NEW REGISTRATION FEE	300.00	1106	KMIO	NA
1107					
1108	OPD TICKET (NO CASE FILE)	100.00	1108	KMIO	100.00
TEST CODE	**DESCRIPTION**	CHARGES			
	RADIATION PHYSICS				
1201	PLASTER OF PARIS	500.00	1201	KMIO	500.00
1202	ELECTRON CUTOUTS	400.00	1202	KMIO	400.00
1203	IRREGULAR SHIELDS	500.00	1203	KMIO	500.00
1204	WAX BOLUE	150.00	1204	KMIO	150.00
1205	ALUMINIUM TISSUE COMPENSATORS	1,000.00	1205	KMIO	1,000.00
1206	THERMOCOLE IMMOBILIZERS	200.00	1206	KMIO	200.00
1207	ORAL STENT MOULDS	200.00	1207	KMIO	200.00
1208	ORFIT IMMOBILIZATION SHELLS	500.00	1208	KMIO	500.00
1209	IRRADIATION OF SAMPLE FOR RESEARCH(PRIVATE) / SITTING	1,500.00	1209	KMIO	1,500.00
1210	IRRADIATION OF SAMPLE FOR RESEARCH(GOVT) / SITTING	750.00	1210	KMIO	750.00
1211	PRECUT FOR HEAD	1,045.00	1211	KMIO	1,045.00
1212	PRECUT FOR HEAD AND NECK	2,328.00	1212	KMIO	2,328.00
1213	PRECUT FOR HIP AND PELVIS-4 CLAMPS	2,993.00	1213	KMIO	2,993.00
1214	PRECUT FOR HIP AND PELVIS-6 CLAMPS	3,230.00	1214	KMIO	3,230.00
TEST CODE	**DESCRIPTION**	CHARGES			
	RMO'S OFFICE				
1301	MEDICAL CERTIFICATE	250.00	1301	KMIO	250.00
TEST CODE	**DESCRIPTION**	CHARGES			
	LAPROSCOPY				
1401	LAPROSCOPY DIAGNOSTIC PROCEDURE	2,000.00	658		4,025.00
1402	LAPROSCOPY THERAPEUTIC PROCEDURE	4,000.00	1402	KMIO	4,000.00
TEST CODE	**DESCRIPTION**	CHARGES			
	SURGERY				
1501	TRANS THORACIC ESPHOGECTOMY	18,000.00	396		22,500.00

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1502	OESOPHAGUS - SUBSTERNAL BYPASS	10,000.00	510		5,400.00
1503	STOMACH - SUBTOTAL GASTRECTOMY	14,000.00	414		20,183.00
1504	LIVER - METASTATECTOMY	10,000.00	509		31,050.00
1505	LIVER - OPEN LIVER BIOPSY	10,000.00	1338		1,242.00
1506	PANCREAS - DISTAL PANCREATECTOMY	12,000.00	509		31,050.00
1507	PANCREAS- TRIPLE BYPASS	10,000.00	509		31,050.00
1508	PANCREATICO JEJUNOSTOMY	6,000.00	509		31,050.00
1509	EXTRA HEPATIC BILE DUCT RESECTION	18,000.00	510		5,400.00
1510	RESECTION OF HEPATIC DUCT WITH HEPATECTOMY	18,000.00	510		5,400.00
1511	BILIARY BYPASS	6,000.00	510		5,400.00
1512	ILEOSTOMY	3,000.00	454		12,482.00
1513	HEMICOLECTOMY	12,000.00	471		12,420.00
1514	TOTAL PROCTOCOLECTOMY	18,000.00	473		15,525.00
1515	SUPRALEVATOR EXENTERATION	18,000.00	509		31,050.00
1516	COMPOSITE EXENTERATION	18,000.00	510		5,400.00
1517	EXPLORATORY LAPROTOMY AND PROCEED	10,000.00	423		10,247.00
1518	LAPROTOMY AND BIOPSY	10,000.00	510		5,400.00
1519	PARTIAL NEPHRECTOMY	14,000.00	717		13,135.00
1520	NEPHRO - URETERECTOMY	18,000.00	736		13,041.00
1521	NEPHRO - URETERO-CYSTECTOMY	18,000.00	911		13,500.00
1522	ADRENALECTOMY	18,000.00	794		20,493.00
1523	URETERECTOMY	10,000.00	911		13,500.00
1524	URINARY DIVERSION - ILEAL CONDUIT	18,000.00	911		13,500.00
1525	CUTANEOUS DIVERSION	10,000.00	911		13,500.00
1526	URETERO SIGMOIDOSTOMY	14,000.00	1526	KMIO	14,000.00
1527	RADICAL CYSTECTOMY WITH PLND	18,000.00	857		16,200.00
1528	PARTIAL CYSTECTOMY - ILEAL CONDUIT	18,000.00	864		11,178.00
1529	CONTINENT BLADDER SUBSTITUTION	18,000.00	1529	KMIO	18,000.00
* 1530	EMASCULATION	4,000.00	1530	KMIO	4,000.00
1531	SCROTECTOMY - COMPLETE , PARTIAL- (UNILATERAL & BILATERAL)	8,000.00	806		9,315.00
1532	SCROTAL ORCHIDECTOMY	6,000.00	790		7,918.00
1533	RETRO PERITONEAL LYMPH NODE DISSECTION	18,000.00	313		12,150.00
* 1534	CHEVASSU'S MAUEVRE	6,000.00	1534	KMIO	6,000.00
* 1535	INGUINAL BLOCK DISSECTION WITH FLAP	12,000.00	1535	KMIO	12,000.00
1536	METASTATECTOMY - LUNG	10,000.00	1536	KMIO	10,000.00
1537	THORACOTOMY AND BIOPSY	10,000.00	510		5,400.00
1538	ICD INSERTION	3,000.00	1538	KMIO	3,000.00

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1539	MEDIASTINAL MASS-THORACOTOMY AND EXCISION	10,000.00	609		18,000.00
1540	PLEURAL TUMOUR - THORACOTOMY AND EXCISON	10,000.00	609		18,000.00
1541	THORACOTOMY AND PROCEED	10,000.00	609		18,000.00
1542	LIMB SPARING SURGERY	18,000.00	1542	KMIO	18,000.00
1543	PROSTHESIS RECONSTRUCTION	14,000.00	1543	KMIO	14,000.00
1544	CURRETTAGE AND BONE GRAFT	6,000.00	1149		5,941.00
1545	OPEN BONE BIOPSY	3,000.00	1545	KMIO	3,000.00
1546	INTERNAL FIXATION OF BONE FRACTURE	6,000.00	1160		12,150.00
1547	HEMIPELVECTOMY - INTERNAL HEMIPELVECTOMY	12,000.00	1547	KMIO	12,000.00
1548	WIDE LOCAL EXCISION	8,000.00	1548	KMIO	8,000.00
1549	COMPARTMENT EXCISION	8,000.00	1549	KMIO	8,000.00
1550	OPEN BIOPSY	3,000.00	1550	KMIO	3,000.00
1551	LUMPECTOMY	3,000.00	363		5,645.00
1552	MODIFIED RADICAL MASTECTOMY WITH SKIN GRAFT	10,000.00	365		23,288.00
1553	MODIFIED RADICAL MASTECTOMY - UNILATERAL	8,000.00	365		23,288.00
1554	MODIFIED RADICAL MASTECTOMY - BILATERAL	16,000.00	365		34,932.00
1555	BREAST CONSERVATION SURGERY	8,000.00	368		20,250.00
1556	AXILLARY DISSECTION	4,000.00	369		4,500.00
1557	COMPLETION MASTECTOMY	4,000.00	368		20,250.00
1558	MICRODOCHECTOMY	4,000.00	1558	KMIO	4,000.00
1559	BREAST RECONSTRUCTION	10,000.00	368		20,250.00
1560	LOBECTOMY AND FS	6,000.00	446		12,938.00
1561	COMPLETION - THYROIDECTOMY	6,000.00	1561	KMIO	6,000.00
1562	HERNIA REPAIR - MESH REPAIR	8,000.00	426		8,338.00
1563	ANATOMICAL REPAIR	8,000.00	1563	KMIO	8,000.00
1564	TRUCUT BIOPSY	1,000.00	381		1,395.00
1565	REVISION AND REPEAT PROCEDURE	3,000.00	1565	KMIO	3,000.00
1566	WART REMOVAL	1,000.00	1566	KMIO	1,000.00
1567	LYMPH NODE BIOPSY UNDER L A	1,000.00	377		2,277.00
1568	LYMPH NODE BIOPSY UNDER G A	2,000.00	377		2,277.00
1569	CLOSURE OF COLOSTOMY / ILEOSTOMY	3,000.00	470		14,159.00
1570	PLEURAL TAPPING	1,000.00	1570	KMIO	1,000.00
1571	FISTULA REPAIR	1,000.00	510		5,400.00
1572	SECONDARY SUTURING	1,000.00	372		290.00
1573	BURST ABDOMEN	12,000.00	510		5,400.00
1574	PERFORATION LAPROTOMY	8,000.00	458		30,780.00

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	ICU CHARGES				
2007	MEDICAL ICU	500.00	511		750 cost of general ward
2008	PAEDIATRIC ICU	500.00	514		186.00

TEST CODE	DESCRIPTION	CHARGES			
	RADIODIAGNOSIS				
1602	INTERVENTIONAL RADIOLOGY - PT	3,000.00	1602	KMIO	3,000.00
1603	INTERVENTIONAL RADIOLOGY - CT GUIDED FNAC	1,500.00	1603	KMIO	1,500.00
1604	INTERVENTIONAL RADIOLOGY - CT GUIDED BIOPSY (TRUE CUT)	2,000.00	1604	KMIO	2,000.00
1605	INTERVENTIONAL RADIOLOGY - ULTRASOUND GUIDED FNAC	750.00	1605	KMIO	750.00
1606	INTERVENTIONAL RADIOLOGY - ULTRASOUND GUIDED BIOPSY (TRUE CUT)	1,000.00	1606	KMIO	1,000.00
1607	ECHOCARDIOGRAM	1,000.00	1607	KMIO	1,000.00

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