No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date: 11.02.2019

CIRCULAR

The User charges were last revised in the year 2012. As per the proceeding of the 61st meeting of Finance Committee of Institute held on 15.03.2018 , the committee has approved for the enhancement of user charges by 25%. (twenty five percent)

As per the above approval of the Finance Committee the revised user charges under single rate plan is enclosed. Please note that the department wise percentage concession has been maintained as approved in the year 2012.

The above revised user charges shall be effective from 13/02/2019 and until further orders.

DIRECTOR

Copy to:

1. Medical Superintend 2. Chief Administrative Officer 3. Financial Advisor
4. Resident Medical Officer 5. All the Head of the Departments/Units
6. All the Cash Counter/Credit Counters 7. File Copy

Dr. M.H. Marigowda
Bangalore-29

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

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

REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
	RADIODIAGNOSIS	
101	CHEST X-RAY PA/OTHER SITES/AP/LAT	190.00
102	BARIUM SWALLOW	500.00
103	BARIUM MEAL	1000.00
104	BARIUM MEAL FOLLOW THROUGH (6 FILMS)	1000.00
105	BARIUM ENEMA (6 FILMS)	1000.00
106	X-RAY REVIEW / FILM	65.00
107	IVP WITH CONTRAST	1500.00
108	BEDSIDE X -RAY	375.00
109	MAMMOGRAPHY (BILATERAL)	2500.00
110	MAMMOGRAPHY (SINGLE)	1250.00
112	ULTRASOUND	690.00
113	ULTRASOUND FNAC	315.00
114	BILATERAL ARTERY/VENOUS DOPPLER	1500.00
115	SINGLE ARTERY/VENOUS DOPPLER	940.00
116	TRANSCRANIAL DOPPLER	1500.00
117	CAROTIDS & VERTERBERAL DOPPLER	1250.00
118	PORTAL VENOUS SYSTEM DOPPLER	1250.00
119	PELVIS DOPPLER	1250.00
120	RENAL DOPPLER	1250.00
121	SINGLE ORGAN DOPPLER	1250.00
122	PENIS DOPPLER	1250.00
123	SCROTOL DOPPLER	1250.00
124	DOPPLER STUDY FOLL. ULTRASOUND	625.00
125	ANGIO ABDOMEN (CT SCAN 1.5 mm CUT)	5315.00
126	ANGIO BRAIN (CT SCAN 1.5 mm CUT)	5315.00

FINANCIAL ADVISOR

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TEST CODE	DESCRIPTION	CHARGES
127	CT SCAN - BRAIN WITH CONTRAST	3750.00
128	CT SCAN - NECK WITH CONTRAST	4250.00
129	CT SCAN - PNS (AXIAL CRANIAL) WITH CONTRAST	5625.00
130	CT SCAN - THORAX WITH CONTRAST	6250.00
131	CT SCAN - ABDOMEN WITH CONTRAST	6250.00
132	CT SCAN - PELVIS WITH CONTRAST	6250.00
133	CT SCAN - EXTREMITIES WITH CONTRAST	6250.00
134	CT SCAN - CERVICAL SPINE	5000.00
135	CT SCAN - DORSAL SPINE	5000.00
136	CT SCAN - LUMBAR SPINE	5000.00
137	CT SCAN - WHOLE SPINE	15000.00
138	CT GUIDED FNAC	3125.00
139	HRCT - LUNG	6250.00
140	HRCT - HEAD / TEMPORAL BONE	3750.00
141	RT PLANNING (CT GUIDED 3SECTIONS)(CT/TIPS)	2500.00
142	RT PLANNING (ADDITIONAL SECTION)	1000.00
143	COELIC BLOCK	1875.00
144	CT SCAN REVIEW FILMS - PER SET	500.00
145	MRI REVIEW FILMS - PER SET	500.00
146	X-RAY LATERAL	190.00
147	X-RAY AP & LATERAL	375.00
148	X-RAY SKULL AP & LATERAL	375.00
149	X-RAY CHEST AP & LATERAL	375.00
150	X-RAY SPINE AP & LATERAL	375.00
151	X-RAY NECK AP & LATERAL	375.00
152	X-RAY PELVIS AP & LATERAL	375.00
153	X-RAY ABDOMEN AP & LATERAL	375.00

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TEST CODE	DESCRIPTION	CHARGES
154	X-RAY FORE ARM AP & LATERAL	375.00
155	X-RAY HAND AP & LATERAL	375.00
156	X-RAY LEG AP & LATERAL	375.00
157	X-RAY THIGH AP & LATERAL	375.00
158	X-RAY FOOT AP & LATERAL	375.00
160	CT SCAN CD	375.00
161	REGULAR MRI - PLAIN	4375.00
162	MRI WITH CONTRAST	6875.00
163	SPL. INV WITH MRI	8750.00
164	EMERGENCY ULTRASOUND	1250.00
165	MRI CD REVIEW	375.00
166	MRI - BRAIN (PLAIN)	4375.00
167	MRI- CERVICAL SPINE (PLAIN)	4375.00
168	MRI - THORACIC SPINE (PLAIN)	4375.00
169	MRI - LUMBAR SPINE (PLAIN)	4375.00
170	MRI -BRAIN (PLAIN & CONTRAST)	5625.00
171	MRI - PNS (WITH CONTRAST)	5625.00
172	MRI - SELLA (WITH CONTRAST)	5625.00
173	MRI -ORBITS (WITH CONTRAST)	5625.00
174	MRI - IAC/TEMPORAL BONE (WITH CONTRAST)	5625.00
175	MRI - TEMPERO MANDIBULAR JOINT (WITH CONTRAST)	5625.00
176	MRI - NECK (WITH CONTRAST)	5625.00
177	MRI - BRACHIAL PLEXUS(WITH CONTRAST)	5625.00
178	MRI - THORAX (WITH CONTRAST)	5625.00
179	MRI -BREAST (WITH CONTRAST)	5625.00
180	MRI - ABDOMEN(WITH CONTRAST)	5625.00
181	MRI - PELVIS (WITH CONTRAST)	5625.00
182	MRI - JOINT (SINGLE WITH CONTRAST)	5625.00

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TEST CODE	DESCRIPTION	CHARGES
183	MRI - CERVICAL SPINE (WITH CONTRAST)	5625.00
184	MRI - THORACIC SPINE (with Contrast)	5625.00
185	MRI - LUMBAR SPINE (WITH CONTRAST)	5625.00
186	MRI - BRAIN (SPL. INVESTIGATION)	6875.00
187	MRI - CARDIA (SPL. INVESTIGATION)	6875.00
188	MRI - BREAST (SPL. INVESTIGATION)	6875.00
189	MRI - ABDOMEN (LIVER - SPL. INVESTIGATION)	6875.00
190	MRI - PELVIS(PROSTRATE - SPL. INVESTIGATION)	6875.00
191	MRI CONTRAST 10 ML	995.00
192	MRI CONTRAST 20 ML	1520.00
193	CT CONTRAST IONIC 20 ML	125.00
194	CT CONTRAST IONIC 50 ML	280.00
195	CT CONTRAST NON IONIC 50 ML	595.00
196	CT CONTRAST NON IONIC 100ML	1115.00
1601	ORTHOPENTOMAGRAPHY (OPG)	250.00
1602	INTERVENTIONAL RADIOLOGY -PTBD	3750.00
1603	FNAC	1875.00
1604	INTERVENTIONAL RADIOLOGY -CT GUIDED BIOPSY (TRUE CUT)	2500.00
1605	INTERVENTIONAL RADIOLOGY - ULTRASOUND GUIDED FNAC	940.00
1606	INTERVENTIONAL RADIOLOGY - ULTRASOUND GUIDED BIOPSY (TRUE CUT)	1250.00
1607	ECHOCARDIOGRAM	1250.00
	NUCLEAR MEDICINE	
201	THYROID UPTAKE	1500.00
202	LIVER SCAN	1500.00
203	RENOGRAM (PAEDIATRIC)	1500.00

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TEST CODE	DESCRIPTION	CHARGES
204	SALAIVARY	1500.00
205	GFR	1500.00
206	TECHNITIUM -99M SCAN	1500.00
211	BONE SCAN	2500.00
212	HEPATOBILLIARY	2500.00
213	RENOGRAM (ADULTS)	2500.00
214	MUGA (HEART) SCAN	2500.00
215	BRAIN SCAN	2500.00
216	LARGE DOSE SCAN	2500.00
217	TOXIC THERAPY	4375.00
218	CA. THYROID UPTO 30 MILLICURIES	13750.00
219	CA-THYROID 30-50 MILLICURIES	13750.00
220	CA. THYROID 100 MILLICURIES	18750.00
221	CA. THYROID 150 MILLICURIES	25000.00
222	CA.THYROID 200 MILLICURIES	31250.00
223	PHOSPHOROUS 32 TREATMENT	16250.00
224	RBC - LABELLING	1875.00
225	MIBI (Cardiac Scan)	8750.00
226	MIBG (Adrenal Scan)	15000.00
227	RENAL SCAN	1500.00
228	Sm - 153 TREATMENT	17500.00
229	EXTRA FILM CHARGES	375.00
230	131 M I B G THERAPY	50000.00
231	200MCI LU 177-DOTANOC	125000.00
232	100MCI LU 177-DOTANOC	87500.00
233	75MCI of 1131 - LIPOIDOL	87500.00

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	PATHOLOGY	
301	Hb&PCV	80.00
302	Hb/WBC/PLATELETS/ESR/DC	240.00
303	HAEMOGRAM+PERIPHERAL SMEAR	240.00
304	CSF CELL COUNT AND TYPE	150.00
304A	PT/ATT	150.00
305	BONE MARROW ASPIRATION/BIOPSY	755.00
306	ABSOLUTE ESOPHINAL COUNT	150.00
307	LE CELL PHENOMENON	150.00
308	BENCE JONES PROTEIN	150.00
309	BT/CT	75.00
310	CYTOCHEMISTRY / LAP	305.00
311	URINE- ROUTINE	45.00
312	STOOL	45.00
313	KETONE BODIES	45.00
314	BILE SALT AND BILE PIGMENT	45.00
315	UROBILINOGEN	45.00
316	CYTOGENETICS	750.00
317	F N A C - ROUTINE	315.00
318	ULTRA SOUND GUIDED FNAC	500.00
320	REVIEW SLIDE (CYTOLOGY)	250.00
321	SMALL BIOPSY	625.00
322	BIG SPECIMEN	1250.00
323	REVIEW SLIDE (HISTOPATHOLGY)	750.00
324	FROZEN SECTION	750.00
325	ER/PR	2500.00
326	HER2	1250.00

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TEST CODE	DESCRIPTION	CHARGES
327	ISSUE OF DUPLICATE SLIDES	250.00
328	IHC 1 ANTIBODY	1000.00
329	IHC UPTO 2 ANTIBODIES	2000.00
330	IHC UPTO 4 ANTIBODIES	3125.00
331	IHC UPTO 6 ANTIBODIES	6000.00
332	IHC UPTO 8 ANTIBODIES	8000.00
333	IHC UPTO 10 ANTIBODIES & ABOVE	10000.00
334	LYMPHOMA PANEL	3125.00
335	GYNAEC CYTOLOGY	315.00
336	CSF- CYTOLOGY	150.00
337	NIPPLE SECRETION	315.00
338	IMPRINT SMEAR	315.00
339	PLEURAL FLUIDS	315.00
340	PERITONEAL FLUIDS	315.00
341	PERICARDIAL FLUIDS	315.00
342	SYNOVIAL	315.00
343	SPUTUM SERIES - NO 1, 2,3	500.00
344	BRONCHIAL ASPIRATE	315.00
345	OESOPHEGAL BRUSH	315.00
346	STOMACH WASH	315.00
347	BLADDER WASH	315.00
348	URINE	315.00
349	BRONCHIAL BRUSH	315.00
350	LEUKAEMIA PACKAGE - Hb, TC,DC, Platelets / month	1125.00
351	FLOW CYTOMETRY	7500.00
352	CLPD PANEL	3750.00
353	HER2 BY FISH	7500.00
354	BCR-ABL	5000.00

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TEST CODE	DESCRIPTION	CHARGES
355	PML-RARA	5000.00
356	EWSRI by FISH	7500.00
357	EBV by RISH	3750.00
	BIOCHEMISTRY	
401	GLUCOSE FASTING	70.00
402	GLUCOSE PP	70.00
403	GLUCOSE RANDOM	70.00
404	UREA NITROGEN	100.00
405	CREATININE	100.00
406	URIC ACID	100.00
407	TOTAL PROTEIN	80.00
408	ALBUMIN	80.00
409	ALKALINE PHOSPHATASE	115.00
410	AST	115.00
411	ALT	115.00
412	BILIRUBIN	115.00
413	LDH	150.00
414	SODIUM	80.00
415	POTASSIUM	80.00
416	CALCIUM	100.00
417	CHOLESTEROL	115.00
418	GLUCOSE TOLERANCE TEST (GTT)	315.00
419	RFT (UREA, CREATININE)	190.00
420	LFT(TP, ALB,ALP,BIL,AST, ALT)	625.00
421	CREATININE CLEARANCE(2Hrs)	150.00

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TEST CODE	DESCRIPTION	CHARGES
422	FLUID ANALYSIS (SUGAR, PROTEIN)	150.00
423	CEA	565.00
424	AFP	565.00
425	CA 125	815.00
426	PSA	565.00
427	BETA hCG	565.00
428	CREATININE CLEARANCE(24Hrs)	150.00
429	LEUKAEMIA PACKAGE- LFT,RFT,SUGAR,URICACID/month	2500.00
430	GRBS	30.00
431	T3	155.00
432	T4	155.00
433	TSH	155.00
434	T3, T4,TSH	375.00
435	THYROGLOBULIN (TG)	1000.00
436	ANTI- THYROGLOBULIN (ANTI TG)	750.00
437	ANTI TPO	750.00
438	FREE T3	375.00
439	FREE T4	375.00
440	CA 19.9	875.00
441	CA 15.3	875.00
442	NSE	625.00
443	FERRITIN	500.00
	SURGERY	
501	PARTIAL GASTRECTOMY	15000.00
502	TOTAL GASTRECTOMY	17500.00

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TEST CODE	DESCRIPTION	CHARGES
503	ESOPHAGOGASTRECTOMY /THE	17500.00
504	GASTROJEJUNOSTOMY	15000.00
505	CHOLECYSTECTOMY	15000.00
506	RESECTIONAND ANASTOMOSIS - INTESTINE	15000.00
507	OBSTRUCTION - INTESTINE	15000.00
508	COLECTOMY	17500.00
509	ABDOMINAL PERINEAL RESECTION	17500.00
510	ANTERIOR RESECTION	15000.00
511	INCISIONAL HERNIA	15000.00
512	HEPATIC RESECTION	17500.00
513	MAJOR BONE TUMOUR - EXCISION	15000.00
514	BONE TUMOUR EXCISION - MINOR	10000.00
515	BONE TUMOUR EXCISION - PHALYNGES	10000.00
516	BONE TUMOUR EXCISION & RECONSTRUCTION	15000.00
517	BONE GRAFT - MAJOR	15000.00
518	BONE GRAFT - MINOR	10000.00
519	DISARTICULATION - MAJOR	17500.00
520	DISARTICULATION MINOR	10000.00
521	AMPUTATION - MAJOR	15000.00
522	AMPUTATION - MINOR	10000.00
523	SOFT TISSUE TUMOUR EXCISION	15000.00
524	NEPHRECTOMY - SIMPLE	15000.00
525	NEPHRECTOMY - RADICAL	17500.00
526	REIMPLANTATION OF URETER	15000.00
527	URETEROCOLIC - ANASTAMOSIS	15000.00
528	CYSTECTOMY	17500.00
529	OPEN PROSTATECTOMY	15000.00

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TEST CODE	DESCRIPTION	CHARGES
530	PARTIAL AMPUTATION - PENIS	10000.00
531	TOTAL AMPUTATION - PENIS	15000.00
532	PENIS WITH INGUINAL NODE DISSECTION	15000.00
533	ORCHIDECTOMY - BILATERAL	15000.00
534	ORCHIDECTOMY - UNILATERAL	10000.00
535	INGUINAL NODE DISSECTION - UNILATERAL	10000.00
536	INGUINAL NODE DISSECTION - BILATERAL	15000.00
537	THORAX - LOBECTOMY	17500.00
538	THORAX - PNEUMONECTOMY	17500.00
539	THORAX - SEGMENTAL RESECTION	17500.00
540	BREAST - LUMPECTOMY	10000.00
541	BREAST - RADICAL MASTECTOMY	15000.00
542	HYSTRECTOMY - WARTHIEMS	17500.00
543	HYSTRECTOMY- ABDOMINAL	15000.00
544	HYSTRECTOMY - VAGINAL	15000.00
545	REMOVAL OVARIAN TUMOUR/CYST	15000.00
546	BILATERAL - SALPHINGO OOPHRECTOMY	15000.00
547	SPLEENECTOMY	15000.00
548	PANCREACTECTOMY / WHIPPLES	17500.00
549	REMOVAL OF CYST / TUM./ GRO. UNDER G.A	6250.00
550	REMOVAL OF CYST/TUM./GROWTH UNDER L.A	6250.00
551	SKIN GRAFT	6250.00
552	FLAPS SURGERY	15000.00
553	FREE MICROVASCULAR FLAPS	18750.00
554	LAPROSCOPY SURGERY	17500.00

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555	LARYGECTOMY	15000.00
556	LARYNGECTOMY WITH RND	20000.00
557	LARYNGECTOMY WITH PMMCF	20000.00
558	LARYNGECTOMY WITH GASTRIC PULLUP	25000.00
559	COMMANDO SURGERY	18750.00
560	PAROTIDECTOMY- SUPERFICIAL	10000.00
561	PAROTIDECTOMY - TOTAL	15000.00
562	THYROIDECTOMY - HEMITHYROIDECTOMY	10000.00
563	THYROIDECTOMY - TOTAL THYROIDECTOMY	15000.00
564	TOTAL THYROIDECTOMY WITH RND /FND	17500.00
565	SUBMANDIBULAR GLAND EXCISION	7500.00
566	PARTIAL - MAXILECTOMY	10000.00
567	TOTAL MAXILECTOMY	15000.00
568	HEMI MANDIBULECTOMY	15000.00
569	MANDIBULECTOMY - SEGMENTAL	10000.00
570	HEMI GLOSSECTOMY	10000.00
571	PARTIAL GLOSSECTOMY	10000.00
572	TOTAL GLOSSECTOMY	15000.00
573	HEMI / PARTIAL NECK DISSECTION	15000.00
574	RADICAL NECK DISSECTION	15000.00
575	FUNCTIONAL NECK DISSECTION	15000.00
576	EXCISION OF CAROTID BODY TUMOUR	15000.00
577	ORBITAL EXENTRATION	10000.00
578	TRACHEOSTOMY	3750.00
579	COLOSTOMY	3750.00
580	GASTROSTOMY	3750.00

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581	FEEDING JEJUNOSTOMY	3750.00
582	SUPRAPUBIC CYSTOSTOMY	3750.00
583	CUTANEOUS URETEROSTOMY	15000.00
584	UPPER GI SCOPY	940.00
585	UPPER GI SCOPYWITH DILATATION	2500.00
586	BRONCHOSCOPY	1625.00
587	COLONOSCOPY / LOWER GI SCOPY	940.00
588	CYSTOSCOPY	940.00
589	COLPOSCOPY	750.00
590	DIRECT LARYNGOSCOPY	1125.00
591	CERVICAL LYMPH NODE BIOPSY	1125.00
592	INGUINAL LYMPH NODE BIOPSY	1125.00
593	EXCISION BIOPSY / WIDE EXCISION	1125.00
594	WIDE EXCISION WITH RECONSTRUCTION	10000.00
595	EXAMINATION UNDER ANAESTHESIA	1250.00
596	RETROPERITONIAL TUMOUR EXCISION	15000.00
597	URETHRAL DILATATION	940.00
598	MICROLARYNGEAL EXCISION	5000.00
599	LASER SURGERY	13750.00
	MICROBIOLOGY	
601	AFB CULTURE - SPUTUM/SAMPLE	315.00
602	AFB CULTURE - PUS /SAMPLE	315.00
603	AFB CULTURE - URINE/SAMPLE	315.00
604	BACTERIAL C & S - BLOOD AUTOMATED	500.00
605	BACTERIAL C & S - URINE	500.00
606	BACTERIAL C & S - SPUTUM	500.00

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607	BACTERIAL C & S -PUS	500.00
608	BACTERIAL C & S - STOOL	500.00
609	BACTERIAL C & S-THROAT/ORAL/EAR/EYE SWAB	500.00
610	BACTERIAL C & S- FLUIDS	500.00
611	FUNGAL CULTURE - SPUTUM	500.00
612	FUNGAL CULTURE -PUS	500.00
613	FUNGAL CULTURE - STOOL	500.00
614	FUNGAL CULTURE -THROAT/ORAL/EAR/EYE SWAB	500.00
615	FUNGAL CULTURE - FLUIDS	500.00
616	SMEAR EXAMINATION	150.00
617	ASPERGILLUS AG SEROLOGY	500.00
618	HIV ANTIBODIES - SERUM	315.00
619	HBsAg - SERUM	315.00
620	HCV ANTIBODIES - SERUM	315.00
621	CMV ANTIBODIES - SERUM	315.00
622	TOXOPLASMA ANTIBODIES - SERUM	315.00
623	EBV ANTIBODIES - SERUM	315.00
624	PAN FUNGAL PCR	1250.00
625	EBV QUANTIATION BY REAL TIME PCR	1875.00
626	BLOOD CULTURE CENTRAL LINE	500.00
	MEDICINE	
701	ECG	150.00
702	BONE MARROW AND OTHERS	625.00
703	CHEMOTHERAPY SINGLE DAY	315.00
704	CHEMOTHERAPY CONSULTATION	750.00

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TEST CODE	DESCRIPTION	CHARGES
705	CHEMOTHERAPY SERVICE CHARGES >= 2DAYS	625.00
706	TRANSPLANT CHARGES	31250.00
707	CENTRAL CATHETAR INSERTION PROCEDURE	1500.00
708	CENTRAL CATHETAR DRESSING AND FLUSHING PROCEDURE	125.00
709	CHEMOPORT FLUSHING	125.00
710	CHEMOPORT INSERTION	5000.00
	CANCER DETECTION CLINIC	
808	Cl. Exam. , PAP Smear and Haemogram+Fnac	190.00
809	Cl. Exam, PAP smear, Haemogram,U/S(breast, pel.&abd),FNAC	500.00
810	Cl .Exam., PAP, Haemogram, U/S (Breast , pel & abd) , Fnac, X-Ray Chest, ECG, Stool for Occcult blood, Urine Analysis	1000.00
	BLOOD BANK	
901	WHOLE BLOOD (1 UNIT)	500.00
902	STOCKED BLOOD (1 UNIT)	500.00
903	PACKED CELLS	625.00
904	PLATELETS	625.00
905	FRESH FROZEN PLASMA	625.00
906	BLOOD GROUP & RH FACTOR	125.00
907	COOMBS TEST (DCT &ICT)	250.00

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KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

DR.M.H.MARIGOWDA ROAD, BANGALORE - 29 13

REVISED @ 25% RATE LIST WITH EFFECT FROM 11/02/2019

TEST CODE	DESCRIPTION	CHARGES
705	CHEMOTHERAPY SERVICE CHARGES >= 2DAYS	625.00
706	TRANSPLANT CHARGES	31250.00
707	CENTRAL CATHETAR INSERTION PROCEDURE	1500.00
708	CENTRAL CATHETAR DRESSING AND FLUSHING PROCEDURE	125.00
709	CHEMOPORT FLUSHING	125.00
710	CHEMOPORT INSERTION	5000.00
	CANCER DETECTION CLINIC	
808	Cl. Exam. , PAP Smear and Haemogram+Fnac	190.00
809	Cl. Exam, PAP smear, Haemogram,U/S(breast, pel.&abd),FNAC	500.00
810	Cl .Exam., PAP, Haemogram, U/S (Breast , pel & abd) , Fnac, X-Ray Chest, ECG, Stool for Occcult blood, Urine Analysis	1000.00
	BLOOD BANK	
901	WHOLE BLOOD (1 UNIT)	500.00
902	STOCKED BLOOD (1 UNIT)	500.00
903	PACKED CELLS	625.00
904	PLATELETS	625.00
905	FRESH FROZEN PLASMA	625.00
906	BLOOD GROUP & RH FACTOR	125.00
907	COOMBS TEST (DCT &ICT)	250.00

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

REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
908	SERVICE CHARGE FOR OUTSIDE BLOOD	250.00
909	WHOLE BLOOD (1 UNIT TO OUTSIDE)	625.00
910	PACKED CELLS TO OUTSIDE	625.00
911	PLATELETS TO OUTSIDE (1 UNIT)	625.00
912	FFP PLASMA TO OUTSIDE (1 UNIT)	625.00
	RADIATION ONCOLOGY	
1001	TELE COBALT (RADICAL RT)	18125.00
1002	TELECOBALT - PALLIATIVE RT LESS THAN 1 WEEK	6250.00
1003	TELECOBALT - SINGLE FRACTION RT	3750.00
1004	3D RT PLANNING SYSTEM FOR TELECOBALT	3750.00
1005	SUPERFICIAL X-RAY 100 Kv RT	6250.00
1006	BRACHYTHERAPY -HDR	18750.00
1007	BRACHYTHERAPY -LDR	15000.00
1008	SIMULATION X- RAY (AP/LAT) ROUTINE	500.00
1009	BARIUM SWALLOW SIMULATION X -RAY (AP/LT)	625.00
1010	LINEAR ACCELERATOR - NON MLC SIMPLE TELETHERAPY	62500.00
1011	LINEAR ACCELERATOR - 3 D CRT	87500.00
1012	LINEAR ACCELERATOR - IMRT	120000.00
1013	LINEAR ACCELERATOR - Electron boost (max 10 fractions)	12500.00
1014	LINEAR ACCELERATOR - SINGLE FRACTION (NON MLC)	10000.00
1015	LINEAR ACCELERATOR - (LESS THAN 2 WEEKS) PAEDIATRIC NON - ANESTHESIA	25000.00
1016	LINEAR ACCELERATOR - (LESS THAN 2 WEEKS) PAEDIATRIC WITH ANESTHESIA / SEDATION	31250.00

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

REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
1017	PLANNING CHARGES FOR IMRT (ONLY FOR VAS PATIENTS)	25000.00
1018	PLANNING CHARGES FOR 3DCRT (ONLY FOR VAS PATIENTS)	18750.00
1019	RT CHARGES PER FRACTION	2500.00
1020	LINEAR ACCELERATOR TELETHERAPY - PALLIATIVE CONEVENTIONAL IMRT 3DCRT	25000.00
1021	LINEAR ACCELERATOR TELETHERAPY - CURATIVE/ADJUVANT CONEVENTIONAL IMRT	62500.00
	MEDICAL RECORDS	
1102	LIC CERTIFICATE	375.00
1103	CASE FILE XEROX	250.00
1104	DUPLICATE IDENTITY CARD	125.00
1106	NEW REGISTRATION FEE	375.00
1107		
1108	OPD TICKET (NO CASE FILE)	125.00
	RADIATION PHYSICS	
1201	PLASTER OF PARIS	625.00
1202	ELECTRON CUTOUTS	500.00
1203	IRREGULAR SHIELDS	625.00
1204	WAX BOLUE	190.00
1205	ALUMINIUM TISSUE COMPENSATORS	1250.00
1206	THERMOCOLE IMMOBILIZERS	250.00
1207	ORAL STENT MOULDS	250.00
1208	ORFIT IMMOBILIZATION SHELLS	625.00

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

REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
1209	IRRADIATION OF SAMPLE FOR RESEARCH(PRIVATE) / SITTING	1875.00
1210	IRRADIATION OF SAMPLE FOR RESEARCH(GOVT) / SITTING	940.00
	RMO'S OFFICE	
1301	MEDICAL CERTIFICATE	315.00
	LAPROSCOPY	
1401	LAPROSCOPY DIAGNOSTIC PROCEDURE	2500.00
1402	LAPROSCOPY THERAPEUTIC PROCEDURE	5000.00
	SURGERY	
1501	TRANS THORACIC ESPHOGECTOMY	22500.00
1502	TRANS HIATAL ESPHOGECTOMY	17500.00
1503	OESOPHAGUS - SUBSTERNAL BYPASS	12500.00
1504	STOMACH - SUBTOTAL GASTRECTOMY	17500.00
1505	LIVER - METASTATECTOMY	12500.00
1506	LIVER - OPEN LIVER BIOPSY	12500.00
1507	PANCREAS - DISTAL PANCREATECTOMY	15000.00
1508	PANCREAS- TRIPLE BYPASS	12500.00

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

REVISED @ 25% RATE LIST WITH EFFECT FROM 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
1509	PANCREATICO JEJUNOSTOMY	7500.00
1510	EXTRA HEPATIC BILE DUCT RESECTION	22500.00
1511	RESECTION OF HEPATIC DUCT WITH HEPATECTOMY	22500.00
1512	BILIARY BYPASS	7500.00
1513	ILEOSTOMY	3750.00
1514	HEMICOLECTOMY	15000.00
1515	TOTAL PROCTOCOLECTOMY	22500.00
1516	SUPRALEVATOR EXENTERATION	22500.00
1517	COMPOSITE EXENTERATION	22500.00
1518	EXPLORATORY LAPROTOMY AND PROCEED	12500.00
1519	LAPROTOMY AND BIOPSY	12500.00
1520	PARTIAL NEPHRECTOMY	17500.00
1521	NEPHRO - URETERECTOMY	22500.00
1522	NEPHRO - URETERO- CYSTECTOMY	22500.00
1523	ADRENALECTOMY	22500.00
1524	URETERECTOMY	12500.00
1525	URINARY DIVERSION - ILEAL CONDUIT	22500.00
1526	CUTANEOUS DIVERSION	12500.00
1527	URETERO SIGMOIDOSTOMY	17500.00
1528	RADICAL CYSTECTOMY WITH PLND	22500.00
1529	PARTIAL CYSTECTOMY - ILEAL CONDUIT	22500.00
1530	CONTINENT BLADDER SUBSTITUTION	22500.00
1531	EMASCULATION	5000.00
1532	SCROTECTOMY - COMPLETE , PARTIAL- (UNILATERAL & BILATERAL)	10000.00

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

REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
1533	SCROTAL ORCHIDECTOMY	7500.00
1534	RETRO PERITONEAL LYMPH NODE DISSECTION	22500.00
1535	CHEVASSU'S MAUEVRE	7500.00
1536	INGUINAL BLOCK DISSECTION WITH FLAP	15000.00
1537	METASTATECTOMY - LUNG	12500.00
1538	THORACOTOMY AND BIOPSY	12500.00
1539	ICD INSERTION	3750.00
1540	MEDIASTINAL MASS- THORACOTOMY AND EXCISION	12500.00
1541	PLEURAL TUMOUR - THORACOTOMY AND EXCISION	12500.00
1542	THORACOTOMY AND PROCEED	12500.00
1543	LIMB SPARING SURGERY	12500.00
1544	PROSTHESIS RECONSTRUCTION	17500.00
1545	CURRETTAGE AND BONE GRAFT	7500.00
1546	OPEN BONE BIOPSY	3750.00
1547	INTERNAL FIXATION OF BONE FRACTURE	7500.00
1548	HEMIPELVECTOMY - INTERNAL HEMIPELVECTOMY	15000.00
1549	WIDE LOCAL EXCISION	10000.00
1550	COMPARTMENT EXCISION	10000.00
1551	OPEN BIOPSY	3750.00
1552	LUMPECTOMY	3750.00
1553	MODIFIED RADICAL MASTECTOMY WITH SKIN GRAFT	12500.00
1554	MODIFIED RADICAL MASTECTOMY - UNILATERAL	10000.00
1555	MODIFIED RADICAL MASTECTOMY - BILATERAL	20000.00

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

REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
1556	BREAST CONSERVATION SURGERY	10000.00
1557	AXILLARY DISSECTION	5000.00
1558	COMPLETION MASTECTOMY	5000.00
1559	MICRODOCHECTOMY	5000.00
1560	BREAST RECONSTRUCTION	12500.00
1561	LOBECTOMY AND FS	7500.00
1562	TRACHEOSTOMY	3750.00
1563	COMPLETION - THYROIDECTOMY	7500.00
1564	HERNIA REPAIR - MESH REPAIR	10000.00
1565	ANATOMICAL REPAIR	10000.00
1566	TRUCUT BIOPSY	1250.00
1567	REVISION AND REPEAT PROCEDURE	3750.00
1568	WART REMOVAL	1250.00
1569	LYMPH NODE BIOPSY UNDER L A	1250.00
1570	LYMPH NODE BIOPSY UNDER G A	2500.00
1571	CLOSURE OF COLOSTOMY / ILEOSTOMY	3750.00
1572	PLEURAL TAPPING	1250.00
1573	FISTULA REPAIR	1250.00
1574	SECONDARY SUTURING	1250.00
1575	COMPLETION THYROIDECTOMY	7500.00
1576	COLOSTOMY CLOSURE	10000.00
1577	BURST ABDOMEN	15000.00
1578	PERFORATION LAPROTOMY	10000.00
1579	ROBOTIC SURGERY	218750.00
1580	VAS APR	
1581	VAS AR	
1582	VAS COLECTOMY	
1583	VAS OESOPAHGUS 3D	

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REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
1584	VAS HYSTERECTOMY	
1585	VAS ROBOTIC SURGERY	
1586	VAS NEPRECTOMY PARTIAL LAPROSCOPY	
1587	VAS PROSTATECTOMY	
	GYNAEC ONCOLOGY	
1701	HPV DNA	1125.00
2007	MEDICAL ICU	625.00
2008	PAEDIATRIC ICU	625.00
2009	STEP 1 ICU	625.00
2010	VENTILLATOR CHARGES	1875.00
2011	CT DAYCARE	315.00
2012	ICU CHARGES	940.00
	DHARMASHALA CHARGES	
7008	DHARMASHALA SPL. WARD- 200 /DAY	250.00
7009	DHARMASHALA SPL. WARD-300 /DAY	375.00
7010	DHARMASHALA DORMITORY / WEEK	250.00

To continue old Rates for Timebeing

DIRECTOR
KIDWAI CANCER INSTITUTE
Dr. M.H. Marigowda Road
Bengaluru-29

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

REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
SL.NO	DESCRIPTION	INCREASED BY 25% GENERAL
	WARD CHARGES	
1	ANIKETANA SECOND FLOOR CT SPECIAL WARD	250.00
2	ANIKETHANA FIRST FLOOR	125.00
3	ANIKETHANA SECOND FLOOR SPECIAL WARD	940.00
4	ANIKETHANA THIRD FLOOR SPECIAL WARD	940.00
5	VALTHSALYA WARD	40.00
6	KARUNYA WARD	40.00
7	MANJUSHREE WARD	40.00
8	SOUKYA WARD	40.00
9	VYSHALYA WARD	40.00
10	ROENTGEN WARD	40.00
11	NUCLEAR MEDICINE WARD	40.00
12	SELECTRON WARD	40.00
13	CURIE WARD	40.00
14	A.K. WARD	40.00
15	A. K. ANNEX	40.00
16	PENSIONER WARD	40.00
17	ASWINI WARD	40.00
18	SHANTHIDHAMA G FLOOR WARD	1250.00
19	SHANTHIDHAMA FIRST FLOOR WARD	1250.00
20	SHANTHIDHAMA AYESHA BEE WARD	940.00
21	KAPUR GN WARD	40.00
22	PRC GEN WARD	40.00
23	BUFFER WARD	40.00

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REVISED @ 25% RATE LIST WITH EFFECT FROM ~~11~~ 13/02/2019

TEST CODE	DESCRIPTION	CHARGES
24	ANIKETHANA THIRD FLOOR SPECIAL WARD	500.00
25	ANIKETHANA THIRD FLOOR LEUKEMIA WARD	125.00
26	ANIKETHANA SECOND FLOOR GENERAL	40.00
27	TREATMENT ROOM WARD CHARGE	125.00
28	DIET CHARGES	45.00
29	PAIN RELIEF CHARGE	125.00
30	BI BI AYESHA WARD	40.00
31	SOUKYA SPECIAL WARD	125.00
32	ASHWINI WARD	125.00
33	PAEDIATRIC EMERGENCY WARD	40.00

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KIDWAI CANCER INSTITUTE
Marigowda Road,

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

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

REVISED RATE LIST FOR DHARMASHALA WITH EFFECT FROM 14/02/2019

CODE NO	DESCRIPTION	CHARGES IN RS
	DHARMASHALA CHARGES	
7008	DHARMASHALA SPL. WARD- 200 /DAY	200.00
7009	DHARMASHALA SPL. WARD-300 /DAY	300.00
7010	DHARMASHALA DORMITORY / WEEK	200.00

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KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

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

REVISED RATE LIST FOR DHARMASHALA WITH EFFECT FROM 14/02/2019

CODE	DESCRIPTION	CHARGES IN RS
	DHARMASHALA CHARGES	
7008	DHARMASHALA SPL. WARD- 200 /DAY	200.00
7009	DHARMASHALA SPL. WARD-300 /DAY	300.00
7010	DHARMASHALA DORMITORY / WEEK	200.00

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DEPARTMENT WISE PERCENTAGE CONCESSION LIST
WITH EFFECT FROM 01/04/2012

DEPARTMENT	PERCENTAGE CONCESSION
RADIODIAGNOSIS	50
NUCLEAR MEDICINE	35
PATHOLOGY	60
BIOCHEMISTRY	40
SURGERY	75
MICROBIOLOGY	50
MEDICINE	60
CANCER DETECTION CLINIC	NIL
BLOOD BANK	60
RADIOTHERAPY	50
MEDICAL RECORDS	15
RADIATION PHYSICS	35
RMO'S OFFICE	NIL
LAPROSCOPY	50

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DR.M.H.MARIGOWDA ROAD, BANGALORE - 29
DEPARTMENT OF RADIODIAGNOSIS

The Test Codes 113 and 138 is deleted and is replaced by code No 1603 and 1605 respectively .

IN Rs

Code No	Description	Class-I	Class-II
113	ULTRASOUND FNAC	DELETED	DELETED
138	CT GUIDED FNAC	DELETED	DELETED
1603	INTER VENTIONAL RADIOLOGY-CT GUIDED FNAC	1875	940
1605	INTERVENTIONAL RADIOLOGY-ULTRASOUND GUIDED FNAC	940	470

The Following new Categories will be included

IN Rs

Code No	Description	Class-I	Class-II
1608	PIG TAIL CATHETAR	3000	1500
1609	THERAPEUTIC DRAINAGE	2500	1250
1610	CELIAC GANGALION BLOCK	3000	1500
1611	TRUS GUIDED BIOPSY	3000	1500

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

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4. Resident Medical Officer 5. All the Head of the Departments/Units
6. All the Cash Counter/Credit Counters 7. File Copy

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

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

The following new procedures have been included in the departments of Blood bank and Pathology

BLOOD BANK

Code No	Description	Class-I	Class-II
913	SINGLE DONOR PLATELETS	7000	7000

DEPARTMENT OF PATHOLOGY

Code No	Description	Class-I	Class-II
358	SS18 TEST BY FISH	7500	7500
359	N-MYC TEST BY FISH	7500	7500
360	C-MYC TEST BY FISH	7500	7500

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

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

The following new procedures have been included in the departments of Blood bank and Pathology

BLOOD BANK

Code No	Description	Class-I	Class-II
913	SINGLE DONOR PLATELETS	7000	7000

DEPARTMENT OF PATHOLOGY

Code No	Description	Class-I	Class-II
358	SS18 TEST BY FISH	7500	7500
359	N-MYC TEST BY FISH	7500	7500
360	C-MYC TEST BY FISH	7500	7500

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

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KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

The following new procedures have been included in the department of Pathology

Charges in Rs

Code No	Description	Class-I	Class-II
361	ISH Kappa	3000	3000
362	ISH Lambda	3000	3000
363	ISH EBER	4000	4000

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

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KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

The following new procedures have been included in the department of Pathology

Charges in Rs

Code No	Description	Class-I	Class-II
361	ISH Kappa	3000	3000
362	ISH Lambda	3000	3000
363	ISH EBER	4000	4000

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

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No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date: 04.12.2019

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

DEPARTMENT OF CENTRAL MEDICAL STORES

The following Anti Cancer Drugs codes have been included under Central Medical Stores

IN Rs

Code No	Description	Charges
1901	Inj RITUXIMAB 100mg	2109.00
1902	Inj RITUXIMAB 500mg	9350.00
1903	Inj RASBURICASE 1.5.mg	5407.00
1904	Cap ESTRAMUSTINE 140 mg	76.00

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

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4. Resident Medical Officer 5. All the Head of the Departments/Units
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No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date: 07.02.2020

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

DEPARTMENT OF DIETARY SERVICES

The following Dietary charges have been included for Special ward patients

IN Rs

Code No	Description	Charges
1801	SPECIAL WARD BREAKFAST LUNCH DINNER PER DAY	100.00

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

11/02

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No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date: 07.02.2020

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

DEPARTMENT OF DIETARY SERVICES

The following Dietary charges have been included for Special ward patients

IN Rs

Code No	Description	Charges
1801	SPECIAL WARD BREAKFAST LUNCH DINNER PER DAY	100.00

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

11/02

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No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date: 07.02.2020

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

DEPARTMENT OF SURGICAL ONCOLOGY

The following test has been included in the department of surgical Oncology

IN Rs

CODE NO	DESCRIPTION	CLASS I	CLASS II
1588	PULMONARY FUNCTION TEST	500.00	300.00

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

FINANCIAL ADVISOR 19/02 DIRECTOR

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No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date: 07.02.2020

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD, BANGALORE - 29

DEPARTMENT OF SURGICAL ONCOLOGY

The following test has been included in the department of surgical Oncology

IN Rs

Code No	Description	CLASS I	CLASS II
1588	PULMONARY FUNCTION TEST	500.00	300.00

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

FINANCIAL ADVISOR 19/02 DIRECTOR

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No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date:23.04.2020

DEPARTMENT OF PATHOLOGY

The following new procedures have been included in the department of Pathology

Charges in Rs

Code	Description	Class-I	Class-II
364	BCL2 rearrangement by FISH	7500	7500
365	BCL6 rearrangement by FISH	7500	7500
366	Fox01 rearrangement by FISH	7500	7500

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

FINANCIAL ADVISOR 24/04

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No: KMIO/Hospital Charges/2019

Office of the Director
Kidwai Memorial Institute of Oncology
Dr.M.H.Marigowda Road, Bangalore-29
Date:23.04.2020

DEPARTMENT OF PATHOLOGY

The following new procedures have been included in the department of Pathology

Charges in Rs

Code No	Description	Class-I	Class-II
364	BCL2 rearrangement by FISH	7500	7500
365	BCL6 rearrangement by FISH	7500	7500
366	Fox01 rearrangement by FISH	7500	7500

THIS COMES INTO IMMEDIATE EFFECT AND UNTIL FURTHER ORDERS

FINANCIAL ADVISOR 24/04.

DIRECTOR

Copy to:

1. Medical Superintendent 2. Chief Administrative Officer 3. Financial Advisor
4. Resident Medical Officer 5. All the Head of the Departments/Units
6. All the Cash Counter/Credit Counters 7. File Copy

c/s

No: KMIO/DPT/Store/124/2020

From
Dr. C. S. Premalata
Prof. and HOD,
Dept. of Pathology
KMIO, Bangalore

11.09.20

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR. M.H. MARIGOWDA ROAD
BENGALURU
11 SEP 2020
740/2020
TAPPAL INWARD NO:
B.N.P/- 14/9/2020
A.O C.A.O. DIRECTOR

To,
The Director,
KMIO, Bangalore

Respected sir,

Sub: Request to create and provide new computer code number for new IHC panel tests done in the Dept. of Pathology

...

With reference to the above the Pathology Dept. is going to start MMR IHC PANEL from 1st September 2020. Therefore, kindly make arrangements for the creation of new computer code for billing/payment purpose.

The details of the new IHC panel to be started in the Pathology Department (IHC Lab. unit) are as follows:

Sl. No.	Test Name	Category	Cost per test
1 367	MMR PANEL	CLASS-1	Rs 8000/-
2 367	MMR PANEL	CLASS-2	Rs 5000/-

Thanking you,

Yours sincerely

C. S. Premalata

Dr. C.S. Premalata
Prof. and HOD,
Dept. of Pathology

3268
21/9/20

No:PER/Cab-1/D-2-36/2020

Office of the Director
Kidwai Memorial Institute
Of Oncology, Bangalore.
Dt: 28.10.2020

CIRCULAR

The rate of COVID-19 test at Kidwai Memorial Institute of Oncology is reduced to Rs.1,500(Rupees one thousand five hundred only) for Class I and Class II and free for BPL patients with immediate effect and until further orders. The Computer Section is hereby instructed to make the necessary changes.

DIRECTOR

Copy to:

1.Medical Superintendent 2.Chief Administrative Officer 3.Financial Adviser 4.Resident Medical Officer 5.All the Heads of the Depts/Units 6.Nursing Superintendents Gr.I and Gr.II 6.Medical Record Officer 7. Social Welfare Officer 8. Computer Section 9.Office copy

No:PER/Cab-1/D-2-36/2020

Office of the Director
Kidwai Memorial Institute
Of Oncology, Bangalore.
Dt: 20.11.2020

CIRCULAR

The rate of COVID-19 test at Kidwai Memorial Institute of Oncology is reduced to Rs.1,000/- (Rupees one thousand only) for Class I and Class II and free for BPL patients with immediate effect and until further orders. The Computer Section is hereby instructed to make the necessary changes.

DIRECTOR

Copy to:

1.Medical Superintendent 2.Chief Administrative Officer 3.Financial Adviser 4.Resident Medical Officer 5.All the Heads of the Depts/Units 6.Nursing Superintendents Gr.I and Gr.II 6.Medical Record Officer 7. Social Welfare Officer 8. Computer Section 9.Office copy

No:PER/Cab-1/D-2-36/2020

Office of the Director
Kidwai Memorial Institute
Of Oncology, Bangalore.
Dt: 11.12.2020

CIRCULAR

As per the Government Order No: ಆಕುಕ 432 ಅಮುಕಾ 2020 the rate of COVID-19 test at Kidwai Memorial Institute of Oncology is reduced to Rs.500/- (Rupees five hundred only) for Class I and Class II and free for BPL patients with immediate effect and until further orders. The Computer Section is hereby instructed to make the necessary changes.

DIRECTOR

Copy to:

1.Medical Superintendent 2.Chief Administrative Officer 3.Financial Adviser 4.Resident Medical Officer 5.All the Heads of the Depts/Units 6.Nursing Superintendents Gr.I and Gr.II 6.Medical Record Officer 7. Social Welfare Officer 8. Computer Section 9.Office copy

No:PER/Cab-1/D-4-58/2020

Office of the Director
Kidwai Memorial Institute
Of Oncology, Bangalore-29.
Dt:25.2.2021

CIRCULAR

This is to inform that the new tests are added in the Molecular Oncology Department (list enclosed). The treating doctors are hereby informed to make use of the facility for better patient care and instructed not to send the samples outside. The Computer Section is herewith instructed to do necessary addition in the rate list. This order will come into immediate effect and until further orders.

DIRECTOR

Copy to:1.Medical Superintendent 2.Chief Administrative Officer 3.Financial Adviser 4.Resident Medical Officer 5.All the Heads of the Depts/ Units 6.Computer Section 7. Medical Records 8. Kitchen 9.Nursing Superintendent Gr. I 10.Nursing Superintendent Gr.II 11. All Special Wards 12.Office copy

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY
DR.M.H.MARIGOWDA ROAD
BANGALORE - 560029
DEPARTMENT OF PATHOLOGY (MOLECULAR ONCOLOGY)

SL.NO	TEST CODE	TEST DESCRIPTION	CLASS I	CLASS II
1	2101	KRAS Mutation detection - RTPCR	7,200.00	4500.00
2	2102	NRAS Mutation detection - RTPCR	7,200.00	4500.00
3	2103	PIK3CA Mutation detection - RTPCR	7,200.00	4500.00
4	2104	BRAF Mutation detection - RTPCR	5,600.00	3500.00
5	2105	EGFR Mutation detection - RTPCR	7,200.00	4500.00
6	2106	PML-RARA gene fusion analysis, Qualitative	4,700.00	2940.00
7	2107	BCR-ABL quantitative-(With Breakpoint Analysis)	5,120.00	3200.00
8	2108	BCR-ABL quantitative- (Without Breakpoint Analysis)	5,120.00	3200.00
9	2109	JAK2 mutation (V617F) detection	5,120.00	3200.00
10	2110	Cervical (HPV) detection and genotyping	2,400.00	1500.00
11	2111	BCR/ABL1	7,200.00	4500.00
12	2112	t(12;21) ETV6/RUNX1	7,200.00	4500.00
13	2113	KMT2A	7,200.00	4500.00
14	2114	Del(20q)	7,200.00	4500.00
15	2115	FGFR3/IGH	7,200.00	4500.00
16	2116	CCND3/IGH	7,200.00	4500.00
17	2117	MYEOV/IGH	7,200.00	4500.00
18	2118	IGH/MAF	7,200.00	4500.00
19	2119	IGH/MAFB	7,200.00	4500.00
20	2120	CDKN2A	7,200.00	4500.00
21	2121	ERBB2 HER2/NEU amp	7,200.00	4500.00
22	2122	TP53 NF1	7,200.00	4500.00
23	2123	TET2	7,200.00	4500.00
24	2124	SS18	7,200.00	4500.00
25	2125	FOXO1	7,200.00	4500.00
26	2126	ROS1 AGOPC	7,200.00	4500.00
27	2127	ALK	7,200.00	4500.00
28	2128	EWSR1B	7,200.00	4500.00
29	2129	ATM TP53	7,200.00	4500.00
30	2130	ABL2	7,200.00	4500.00
31	2131	DDIT3	7,200.00	4500.00
32	2132	FUS	7,200.00	4500.00
33	2133	MDM2	7,200.00	4500.00
34	2134	KMT2A PLUS	7,200.00	4500.00
35	2135	IGH	7,200.00	4500.00
36	2136	MDS	7,200.00	4500.00
37	2137	BRCA Basic Panel (Unknown family history)	12,960.00	8100.00
38	2138	Lung/Colon Cancer Panel	16,000.00	10000.00
39	2139	Lung RNA Fusion Panel	12,960.00	8100.00
40	2140	Hotspot Panel	16,000.00	10000.00
41	2141	Acute Leukemia Basic Panel	8,000.00	5000.00
42	2142	Acute Leukemia Basic Panel with Additional Markers	8,000.00	5000.00
43	2143	Lymphoma Basic Panel	8,000.00	5000.00
44	2144	Lymphoma Basic panel with Additional Markers	8,000.00	5000.00
45	2145	MDS Panel	10,400.00	6500.00
46	2146	Myeloma Panel	10,400.00	6500.00
47	2147	AML MRD	8,000.00	5000.00

verified
C.S. 2/3/21

SL.NO	TEST CODE	TEST DESCRIPTION	CLASS I	CLASS II
48	2148	B-ALL MRD	8,000.00	5000.00
49	2149	T-ALL MRD	8,000.00	5000.00
50	2150	Myeloma- MRD	8,000.00	5000.00
51	2151	Primary Immunodefeciency Panel	16,000.00	10000.00
52	2152	CD4, CD8(HIV Multi Test)	2,400.00	1500.00
53	2153	HLA B27 Flow Cytometry	5,120.00	3200.00
54	2154	CD34 ENUMERATION	2,400.00	1500.00
55	2155	PNH Flow Cytometry	11,200.00	7000.00
56	2156	KRAS Mutation detection - Sanger sequencing	8,000.00	5000.00
57	2157	NRAS Mutation detection - Sanger sequencing	8,000.00	5000.00
58	2158	PIK3CA Mutation detection - Sanger sequencing	8,000.00	5000.00
59	2159	BRAF Mutation detection - Sanger sequencing	8,000.00	5000.00
60	2160	EGFR Mutation detection - Sanger sequencing	8,000.00	5000.00
61	2161	AML Comprhensive panel	12,800.00	8000.00
62	2162	ALL Comprhensive panel	12,800.00	8000.00
63	2163	Myeloproliferative Neoplasm (MPN) reflex Panel	12,800.00	8000.00
64	2164	PEDIATRIC LEUKEMIA PANEL	12,800.00	8000.00
65	2165	Lung Cancer Panel- PCR & FISH	16,000.00	10000.00
66	2166	Myeloma Panel-FISH	11,200.00	7000.00
67	2167	ALL Panel-FISH	14,400.00	9000.00
68	2168	Multiple Myeloma Panel: if IGH is positive- FISH	14,400.00	9000.00
69	2169	Lung Cancer Panel- FISH	11,200.00	7000.00
70	2170	CLL Panel-FISH	14,400.00	9000.00
71	2171	Additional Markers - Flow Cytometry	4,000.00	2500.00

Varified
C.S. Anuradha 2/3/21