

Rates of Hospital/Diagnostic Center Recognized under CGHS Delhi

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|-----------|---|----------------------------------|
| 1. | OUT PATIENT | |
| 1.1.1 | First Visit | 40/- |
| 1.1.2 | Revisit or each subsequent visit | 30/- |
| 1.2 | Private if any | |
| 1.2.1 | First Visit | 61/- |
| 1.2.2 | Revisit or each subsequent visit | 61/- |
| 1.3 | By Medical Officers/Resident Doctors | |
| 1.3.1. | First Visit | 40/- |
| 1.3.2 | Revisit or each subsequent visit | 30/- |
| 1.4 | By Specialists | |
| 1.4.1 | First Visit | 61/- |
| 1.4.2 | Revisit or each subsequent visit | 61/- |
| 1.5 | Out patient procedure | |
| 1.5.1 | Injections - SC | 20/- |
| | IM | 20/- |
| | IV | 20/- |
| | (Chemotherapy) IV | 252/- |
| 1.5.2 | Dressings Small | 40/- |
| | Medium | 81/- |
| | Large | 162/- |
| 1.5.3 | Suturing without local anesthesia | 323/- |
| | Suturing with local anesthesia | 505/- |
| 1.5.4 | Removal of | |
| 1.5.4.1 | Foreign body | 485/- |
| 1.5.4.2 | Cyst | 909/- |
| 1.5.4.3 | Benign Tumor | 909/- |
| 1.5.5 | Aspiration | |
| 1.5.5.1 | Plural Effusion | |
| 1.5.5.1.1 | Diagnostic | 485/- |
| 1.5.5.1.2 | Therapeutic | 808/- |
| 1.5.5.2 | Abdominal | |
| 1.5.5.2.1 | Diagnostic | 808/- |
| 1.5.5.2.2 | Therapeutic | 1131/- |
| 1.5.5.3 | Pericardial | 303/- |
| 1.5.5.4 | Bone Marrow | 566/- |
| 1.5.5.5 | Joints | 485/- |
| 1.6 | Biopsy | |
| 1.6.1 | Skin except Hensens | 252/- |
| 1.6.2 | Lymphnode | 909/- |
| 1.6.3 | Liver | 909/- |
| 1.7 | Strapping | 81/- |
| 1.8 | Removal of Stitches | 50/- |
| 1.9 | Venesection | 242/- |
| 1.10 | Phimosis Under LA | 1212/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 1.11 | Lumber puncture | 646/- |
| 1.12 | Sternal puncture | 566/- |
| 1.13 | Injection for | |
| 1.13.1 | Haemorrhoids | 1010/- |
| 1.13.2 | Varicose Veins | 1212/- |
| 1.14 | Catheterisation | 97/- |
| 1.15 | Dilatation of Urethra | 970/- |
| 1.16 | Incision & Drainage | 485/- |
| 1.17 | Intercostal Drainage | 808/- |
| 1.18 | Lung function test | 566/- |
| 1.19 | E.C.G. | 100/- |
| 1.20 | E.E.G. | 707/- |
| 1.21 | Inclubation (per day) | 606/- |
| 1.22 | Stress test | 1212/- |
| 1.23 | Peritoneal dialysis | 1515/- |
| 2. | SKIN | |
| 2.1 | Skin Biopsy | 353/- |
| 2.2 | Excision | |
| 2.2.1 | Moles | 505/- |
| 2.2.2 | Warts | 505/- |
| 2.2.3 | Sela cysts | 505/- |
| 2.2.4 | Mollus cum contrabiosum | 505/- |
| 2.2.5 | Veneral Warts | 505/- |
| 2.2.6 | Corns | 505/- |
| 2.2.7 | I/D Injection Keloid of Acne | 252/- |
| 2.2.8 | Chemical Cautery (per sittings) | 101/- |
| 3. | E.N.T. | |
| 3.1 | Pure Tone Audiogram | 252/- |
| 3.2 | Impedence & other tests | 252/- |
| 3.3 | SISI, Tone Decay & Difference times | 252/- |
| 3.4 | Multiple hearing assessment test to Adults | 404/- |
| 3.5 | Hearing Aid Selection | 353/- |
| 3.6 | Hearing Aid Analysis | 151/- |
| 3.7 | Speech Discrimination Score | 81/- |
| 3.8 | Speech Assessment | 162/- |
| 3.9 | Speech therapy per session of 30-40 minutes | 121/- |
| 3.10 | Cold Calorie Test for Vestibular function | 161/- |
| 3.11 | Removal of foreign body | |
| 3.11.1 | From Nose | 303/- |
| 3.11.2 | From Ear | 303/- |
| 3.12 | Repair ear lobe | 970/- |
| 3.13 | Syringing | 303/- |
| 3.14 | Polyp removal under LA | 646/- |
| 3.15 | Peritonsillar abscess drainage under LA | 1293/- |
| 3.16 | EAR | |
| 3.16.1 | Ear lobule stitching | 1350/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 3.16.2 | Ear Piercing | 450/- |
| 3.16.3 | Myringoplasty | 10000/- |
| 3.16.4 | Stapedectomy | 12000/- |
| 3.16.5 | Myringotomy | 4550/- |
| 3.16.6 | Grommet Insertion | 5670/- |
| 3.16.7 | Tympanotomy | 8800/- |
| 3.16.8 | Paracentesis | 2900/- |
| 3.16.9 | Tympanoplasty | 13400/- |
| 3.16.10 | Mastoidectomy | 14800/- |
| 3.16.11 | Pinna Excision | 15100/- |
| 3.16.12 | Otoplasty | 15300/- |
| 3.16.13 | Labyrinthectomy | 13300/- |
| 3.16.14 | Skull Base surgery | 26500/- |
| 3.16.15 | Facial N Decompression | 18900/- |
| 3.17 | NOSE | |
| 3.17.1 | Septoplasty | 8500/- |
| 3.17.2 | Submucous Resection | 6600/- |
| 3.17.3 | Septo-rhinoplasty | 15400/- |
| 3.17.4 | Rhinoplasty | 15100/- |
| 3.17.5 | Fracture Reduction | 7500/- |
| 3.17.6 | Intra Nasal Diathermy | 2800/- |
| 3.17.7 | Turbinectomy | 5480/- |
| 3.17.8 | Endoscopic DCR | 12000/- |
| 3.17.9 | Endoscopic Surgery | 12600/- |
| 3.17.10 | Septal Perf. Repair | 12600/- |
| 3.17.11 | Antrum Puncture | 1500/- |
| 3.17.12 | Lateral Rhinotomy | 1100/- |
| 3.17.13 | Cranio-facial resection | 28000/- |
| 3.17.14 | Maxillectomy | 21200/- |
| 3.17.15 | Ethamoidectomy | 14100/- |
| 3.17.16 | Caldwell Luc Surgery | 9600/- |
| 3.17.17 | Angiofibroma Excision | 18900/- |
| 3.17.18 | Endoscopic Hypophysectomy | 25680/- |
| 3.17.19 | Endoscopic Optic Nerve | 25000/- |
| 3.17.20 | Decompression | 22000/- |
| 3.18 | THROAT | |
| 3.18.1 | Ranula Excision | 10300/- |
| 3.18.2 | Cyst Excision | 7000/- |
| 3.18.3 | Tongue Tie excision | 3000/- |
| 3.18.4 | Sub Mand Duct Lithotomy | 6200/- |
| 3.18.5 | Adendidectomy | 5864/- |
| 3.18.6 | Palatopharyngoplasty | 17000/- |
| 3.18.7 | Cleft Palate repair | 15750/- |
| 3.18.8 | Pharyngoplasty | 15900/- |
| 3.18.9 | Styloidectomy | 12000/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 4. | EYE | |
| 4.1 | Cauterisation of ulcer/subconjunctival injection | |
| 4.1.1 | One eye | 162/- |
| 4.1.2 | Both eyes | 242/- |
| 4.2 | Retrobulbar Injection | |
| 4.2.1 | One Eye | 162/- |
| 4.2.2 | Both Eyes | 242/- |
| 4.2 | Syringing of Lacrimal Sac | |
| 4.3.1 | For oen eye | 162/- |
| 4.3.2 | For both eyes | 242/- |
| 4.4 | Paracentesis | 808/- |
| 4.5 | Foreign body removal | 323/- |
| 4.6 | Refraction/Fundoscopy | 81/- |
| 4.7 | Ortho-optic check up | 81/- |
| 4.8 | Ortho-optic exercises | 81/- |
| 4.9 | Pleoptic Exercises | 81/- |
| 4.10 | Perimetry/field test | 323/- |
| 4.11 | Chalazion operation | |
| 4.11.1 | One Eye | 707/- |
| 4.11.2 | Both Eyes | 808/- |
| 4.11.3 | Dressing | 81/- |
| 4.12 | Clinical Photography | 600/- |
| 4.13 | Pterygium | 1440/- |
| 4.14 | Orbitotomy | 21510/- |
| 4.15 | Ptosis | 12000/- |
| 4.16 | Ectropion | 4640/- |
| 4.17 | Xenon Arc Laser | 1850/- |
| 4.18 | D C R | 9700/- |
| 4.19 | ECCE/ICCE | 8200/- |
| 4.20 | Epicantuhus | 4800/- |
| 4.21 | DCY | 6300/- |
| 4.22 | Squint Correction | 11500/- |
| 4.23 | Keratoplasty | 18600/- |
| 4.24 | Trabeculectomy | 8300/- |
| 4.25 | Trabeculectomy | 9700/- |
| 4.26 | Iridectomy | 3200/- |
| 4.27 | Goniotomy | 9700/- |
| 4.28 | Scalral Bukling (Retinal Detachment Surgery) | 16500/- |
| 4.29 | Electrooculogram | ---- |
| 4.30 | ERG | 700/- |
| 4.31 | Flouresein Angioraphy | 1300/- |
| 4.32 | A-Scan | 300/- |
| 4.33 | Tono Graphy | 500/- |
| 4.34 | VER | 1000/- |
| 4.35 | Goldmen Perimetry | 500/- |
| 4.36 | Specular microscopy | ---- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 4.37 | Syringing & Probing | 3000/- |
| 4.38 | Vitreotomy | 10900/- |
| 4.39 | Enucleation | 7300/- |
| 4.40 | Eviseration | 6900/- |
| 4.41 | Entropion | 3200/- |
| 4.42 | Fluroseince | 800/- |
| 4.43 | Irdo cynagreen | ---- |
| 4.44 | Angiography of Retina | 1400/- |
| 4.45 | IRIS | 700/- |
| 4.46 | Automated Perimetry | 1350/- |
| 4.47 | Orbital | ---- |
| 4.48 | MRI | 4500/- |
| 4.49 | C.T. Scan | 2400/- |
| 4.50 | Corneal endothelial cell count | 300/- |
| 4.51 | Corneal topography | 300/- |
| 4.52 | Corneal pachymetry | 275/- |
| 4.53 | Retinal nerve film analyzer studies | ---- |
| 4.54 | Auto Refractometry | 45/- |
| 4.55 | Biometry | 315/- |
| 4.56 | Ultrasound studies | ---- |
| 4.57 | A Scan | 200/- |
| 4.58 | B Scan | 400/- |
| 4.59 | Retinal/Meter function studies | 170/- |
| 4.60 | VER | 1050/- |
| 4.61 | PAN ACUITY METER | --- |
| 4.62 | Laser inter ferometry | --- |
| 4.63 | EKG, EOG | --- |
| 4.64 | Dacryocystography (DGC) | 1500/- |
| 4.65 | Orbital Angio studies | --- |
| 4.66 | Cateract with IOL | 9300/- + Lens |
| 5. | ORTHOPAEDIC AND PLASTER WORK | |
| 5.1 | Fingers (post, slab) | 242/- |
| 5.2 | Fingers full plaster | 242/- |
| 5.3 | Colles fracture | |
| 5.3.1 | Below elbow | 1111/- |
| 5.3.2 | Full plaster | 1818/- |
| 5.4 | Colles fracture Ant. Or post slab | 909/- |
| 5.5 | Above elbow full plaster | 1010/- |
| 5.6 | Above post-slab | 646/- |
| 5.7 | Below knee full plaster | 1010/- |
| 5.8 | Below post-slab | 646/- |
| 5.9 | Tube Plaster (or plaster cylinder) | 1515/- |
| 5.10 | Above knee full plaster | 2626/- |
| 5.11 | Above full slab | 2222/- |
| 5.12 | Minerva Jacket | 4040/- |
| 5.13 | Plaster Jacket | 3030/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 5.14 | Shoulder spika | 3030/- |
| 5.15 | Single hip spika | 3030/- |
| 5.16 | Double hip spika | 3636/- |
| 5.17 | STRAPPING | |
| 5.17.1 | Finger | 162/- |
| 5.17.2 | Toes | 162/- |
| 5.17.3 | Wrist | 323/- |
| 5.17.4 | Elbow | 323/- |
| 5.17.5 | Knee | 323/- |
| 5.17.6 | Ankle | 323/- |
| 5.17.7 | Chest | 485/- |
| 5.17.8 | Shoulder | 485/- |
| 5.17.9 | Nasal bone fracture | 485/- |
| 5.17.10 | Figure of 8 bandage | 485/- |
| 5.17.11 | Collar and cuff sling | 485/- |
| 5.17.12 | Ball bandage | 485/- |
| 6. | PHYSIOTHERAPY | |
| 6.1 | Electro therapy | |
| 6.1.1 | Ultrasonic therapy | 71/- |
| 6.1.2 | S.W. Diathermy | 71/- |
| 6.1.3 | Electrical stimulation (therapeutic) | 71/- |
| 6.1.4 | Muscle testing and diagnostic | 71/- |
| 6.1.5 | Infra red | 71/- |
| 6.1.6 | U.V. Therapeutic does | 71/- |
| 6.1.7 | Electric vibrator | 71/- |
| 6.1.8 | Vibrator belt massage | 71/- |
| 6.2 | Electric/Mechanical Traction | |
| 6.2.1 | Intra Lumbar Traction | 71/- |
| 6.2.2 | Intermittent Cervical traction | 71/- |
| 6.2.3 | Combined Lumbar & Cervical | 71/- |
| 6.3 | Hydrotherapy | |
| 6.3.1 | Wax bath | 71/- |
| 6.3.2 | Hot pack | 71/- |
| 6.3.3 | Whirl pool bath | 71/- |
| 6.4 | Miscellaneous | |
| 6.4.1 | Obesity Exercises | 71/- |
| 6.4.2 | Breathing Exercises & Postural Drainage | 71/- |
| 6.4.3 | Cerebral Palsy – Massage | 71/- |
| 6.4.4 | Post – polio exercise | 71/- |
| 7. | DENTAL | |
| 7.1 | Extraction of tooth including LA | 101/- |
| 7.2 | Complicated Ext. per Tooth including LA | 202/- |
| 7.3 | Flap Operation per Tooth | 404/- |
| 7.4 | Gingivectomy per tooth | 242/- |
| 7.5 | Cyst under LA (small) | 242/- |
| 7.5.1 | Cyst under LA (large) | 404/- |

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|--------|---|----------------------------------|
| 7.6 | Apiscectomy including LA | 646/- |
| 7.7 | Fracture wiring including LA | 808/- |
| 7.8 | Intra oral X-ray | 81/- |
| 8. | OTHERS | |
| 8.1 | Upper G.I. Endoscopy | 1616/- |
| 8.2 | Upper G.I. with Biopsy | 1818/- |
| 8.3 | Esophageal sclerotherapy for varices | |
| 8.3.1 | First sitting | 2020/- |
| 8.3.2 | Subsequent sitting | 1616/- |
| 8.4 | Sigmoidoscopy (rigid) | 1616/- |
| 8.4.1 | Sigmoidoscopy (flexible) | 1212/- |
| 8.5 | Oesophagoscopy | 1212/- |
| 8.6 | Colonoscopy | 2020/- |
| 8.7 | Fibroptic bronchoscopy | 2121/- |
| 9. | X-RAY | |
| 9.1 | Fluroscopy chest | 125/- |
| 9.2 | Dental | 81/- |
| 9.3 | Occlusal | 109/- |
| 9.4 | Abdomen AP or Erect (one film) | 125/- |
| 9.5 | Abdomen Lateral view (one film) | 125/- |
| 9.6 | Abdomen for Pregnancy | 125/- |
| 9.7 | Chest PA view (one film) | 125/- |
| 9.8 | Chest Oblique or Lateral (One film) | 125/- |
| 9.9 | Mastoids | 125/- |
| 9.10 | Extremities, bones & Joints (one film) | 125/- |
| 9.11 | Pelvis (One film) | 125/- |
| 9.12 | Paranasal sinuses (One film) | 125/- |
| 9.13 | T.M. Joints (One film) | 125/- |
| 9.14 | Abdomen & pelvis for K.U.B. | 250/- |
| 9.15 | Skull A.P. & Lateral | 250/- |
| 9.16 | Spine A.P. & Lateral | 250/- |
| 9.17 | Barium Swallow | 702/- |
| 9.18 | Sinography/ Sialography | 624/- |
| 9.19 | Cystography/ Unrethrography | 936/- |
| 9.20 | Hysto-Salpaingography | 936/- |
| 9.21 | Arthrography | 702/- |
| 9.22 | Retrograde Pyelography | 936/- |
| 9.23 | Oral or I.V. Cholecystography | 780/- |
| 9.24 | Barium Enema | 1092/- |
| 9.25 | Barium Meal Upper or Lower | 1092/- |
| 9.26 | Bronchography | 1092/- |
| 9.27 | I.V. Urography | 1170/- |
| 9.28 | Myelography | 1248/- |
| 9.29 | Pneumo Encephalography | 936/- |
| 9.30 | Barium meal Complete | 1404/- |
| 9.31 | Cerebral/Gemoral Angiography | 1404/- |

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|---------|--|----------------------------------|
| 10. | ULTRASOUND INVESTIGATIONS | |
| 10.1 | Obstetric | |
| 10.1.1 | First Scan | 375/- |
| 10.1.2 | Follow up (2nd visit) | 375/- |
| 10.1 | Upper abdomen | |
| 10.2.1 | First Scan | 500/- |
| 10.2.2 | Follow up (2nd visit) | 500/- |
| 10.2 | OTHERS | |
| 10.3.1 | Quick look check-up for IUCD & Infants | 500/- |
| 10.3.2 | Total Abdominal survey or Multiple study | 1000/- |
| 10.3.3 | Special procedures & Aspiration etc. | 1125/- |
| 10.3.4 | Image Intensifiers | ---- |
| 10.3.5 | Stress test (treadmill) | 1500/- |
| 11. | CLINICAL PATHOLOGY | |
| 11.1 | Urine routine | 40/- |
| 11.2 | Quantitative Albumin/Sugar | 40/- |
| 11.3 | Urine Bile Pigment and Salt | 40/- |
| 11.4 | Urine Urobilinogen | 40/- |
| 11.5 | Urine Ketones | 40/- |
| 11.6 | Urine Occult Blood | 40/- |
| 11.7 | Urine total proteins | 81/- |
| 11.8 | Urine Sodium | 81/- |
| 11.9 | Urine Chloride | 81/- |
| 11.10 | Bence Jones protein | 81/- |
| 11.11 | Stool routine | 40/- |
| 11.12 | Stool occult blood | 40/- |
| 11.13 | Post coital smear examination | 71/- |
| 11.14 | Smear analysis | 71/- |
| 11.15 | Body fluids – C.S.F/Ascitic etc. | ---- |
| 11.15.1 | Chemistry, Sugar, Protein etc. | 242/- |
| 11.15.2 | Malignant cells | 162/- |
| 12. | HAEMATOLOGY | |
| 12.1 | Haemoglobin (Hb) | 30/- |
| 12.2 | Total Leucocytic Count (TLC) | 30/- |
| 12.3 | Differential Leucocytic Count (DLC) | 30/- |
| 12.4 | E.S.R. | 30/- |
| 12.5 | Total Red Cell count | 40/- |
| 12.6 | Platelet count | 50/- |
| 12.7 | Reticulocyte count | 50/- |
| 12.8 | Absolute Eosinophil count | 40/- |
| 12.9 | Packed Cell Volume (PCV) | 30/- |
| 12.10 | Haemoglobin, total & Differential Leucocyte count (Hb, TLC, DLC) | |
| 12.11 | Peripheral Smear Examination | 40/- |
| 12.12 | Smear for Malaria parasite | 40/- |
| 12.13 | Bleeding & Clotting Time | 40/- |
| 12.14 | Clot Retraction Time | 40/- |
| 12.15 | R.B.C. Fragility Test | 61/- |

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|--------|---|----------------------------------|
| 12.16 | L.E. Cell | 101/- |
| 12.17 | Foetal Haemoglobin (Hb-F) | 162/- |
| 12.18 | Prothrombin Time (P.T.) | 127/- |
| 12.19 | Hb, TLC, DLC, ESR | 101/- |
| 12.20 | Haemogram | 101/- |
| 12.21 | Bone Marrow Smear Examination | 252/- |
| 12.22 | Partial Thromboplastin | 162/- |
| 12.23 | Glucose Phosphate Dehydrogenase (G, 6PD) | 162/- |
| 13. | BLOOD BANK | |
| 13.1 | Blood Group & RHO Type | 81/- |
| 13.2 | Cross match | 40/- |
| 13.3 | Packed cell preparation | 40/- |
| 13.4 | Coomb's Test | |
| 13.4.1 | Direct | 121/- |
| 13.4.2 | Indirect | 121/- |
| 13.5 | Australia Antigen | 162/- |
| 13.6 | RHO, Antibody titer | 141/- |
| 13.7 | Blood Bank bag and solution | |
| 14. | BIO-CHEMISTRY | |
| 14.1 | Glucose | 50/- |
| 14.2 | Blood Urea Nitrogen | 61/- |
| 14.3 | Serum Creatinine | 71/- |
| 14.4 | Serum Uric Acid | 81/- |
| 14.5 | Serum Bilirubin total & direct | 141/- |
| 14.6 | Serum Iron | 162/- |
| 14.7 | Serum Cholesterol | 81/- |
| 14.8 | Total Iron Binding Capacity | 202/- |
| 14.9 | Glucose (Fasting & PP) | 101/- |
| 14.10 | Serum Calcium | 81/- |
| 14.11 | Serum Phosphorus | 81/- |
| 14.12 | Total Protein Alb/Glo Ratio | 101/- |
| 14.13 | S.G.P.T. | 81/- |
| 14.14 | S.G.O.T. | 81/- |
| 14.15 | Serum amylase | 162/- |
| 14.16 | Serum Electrolyte | 202/- |
| 14.17 | Triglyceride | 162/- |
| 14.18 | Glucose Tolerance Test (GTT) | 242/- |
| 14.19 | C.P.K. | 202/- |
| 14.20 | L.D.H. | 151/- |
| 14.21 | L.D.-1 | 151/- |
| 14.22 | LDH &LD-1 | 252/- |
| 14.23 | Alkaline Phosphatase | 81/- |
| 14.24 | Acid Phosphatase | 101/- |
| 14.25 | CK MB | 323/- |
| 14.26 | T3 T4 TSH | 550/- |
| 14.27 | HDL Cholestrol | 121/- |
| 14.28 | L.H. | 505/- |

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|--------|---|----------------------------------|
| 14.29 | FSH | 505/- |
| 14.30 | Prolactin | 505/- |
| 15. | HISTOPATHOLOGY | |
| 15.1 | Pap Smear | 162/- |
| 15.2 | Smear for Malignant cells | 162/- |
| 15.3 | Hostopath | 303/- |
| 15.4 | Frozen section & Paraffin section | 242/- |
| 15.5 | Blood gas analysis | 283/- |
| 15.6 | Blood gas analysis with electrotypes | 364/- |
| 15.7 | Vaginal Cytology for Hormonal evaluation | 323/- |
| 16. | BACTRIOLOGY & SEROLOGY | |
| 16.1 | Smear gram-strain examination | 61/- |
| 16.2 | Sputum smear A.F.B. stain | 61/- |
| 16.3 | Vaginal Smear Examination | 61/- |
| 16.4 | V.D.R.L. | 101/- |
| 16.5 | Widal test | 101/- |
| 16.6 | R.A. test | 141/- |
| 16.7 | Culture & Sensitivity (other specimens) | 141/- |
| 16.8 | Urine pregnancy test | 162/- |
| 16.9 | C.R.P. | 141/- |
| 16.10 | ASO Titer | 162/- |
| 16.11 | Quantitative H.C.G. | 252/- |
| 16.12 | Blood culture & sensitivity | 162/- |
| 16.13 | Vibro cholera culture | 141/- |
| 17. | ICU/CCU CHARGES (Special Care Cases) | |
| 17.1 | Coronary Care with Cardiac Monitoring including ECG & Diet | 1515/- |
| 17.2 | Respirator & Compressed air | 1313/- |
| 17.3 | Respirator with Piped Oxygen | 1313/- |
| 17.4 | Internal Pace-maker | ---- |
| 17.5 | Post operative care (ICU) with Diet | 1414/- |
| 17.6 | Child care in children | 970/- |
| 17.7 | Paediatric care for New born (7 to 12 days) | 555/- |
| 17.8 | General Nursery Care | 303/- |
| 17.9 | Incubator charges (Per day) | 505/- |
| 17.10 | Intensive care in Nursery (Per day) | 1313/- |
| 17.11 | Phototherapy | 303/- |
| 17.12 | Resuscitation | 303/- |
| 17.13 | Resuscitation with Incubator attended by Specialist | 808/- |
| 17.14 | Exchange Transfusion | 1010/- |
| 17.15 | O.T. Charges for Exchange transfusion | 303/- |
| 17.16 | Pneupack ventilator in Nursery (Per day) | 707/- |

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|--------|---|----------------------------------|
| 18. | OXYGEN CHARGES | |
| 18.1 | Operation theatre (including supply of Nitrous Oxide) | 808/- |
| 18.2 | Casualty ICU | 81/- |
| 18.3 | General Ward | 81/- |
| 18.4 | Semi-private wards | 81/- |
| 19. | BURN DRESSING | |
| 19.1 | 15% to 30% 1st Dressing | 303/- |
| 19.2 | Subsequent Dressing | 151/- |
| 19.3 | 30% to 50% 1st Dressing | 505/- |
| 19.4 | Subsequent Dressing | 252/- |
| 19.5 | Extensive Burn above 50% | 808/- |
| 19.6 | Subsequent dressing | 303/- |
| 20. | OBSTETRIC CASES | |
| 20.1 | Normal delivery or with Episiotomy & P. repair | 8080/- |
| 20.2 | Low Forceps | 9090/- |
| 20.3 | Low midcavity forceps | 9090/- |
| 20.4 | Cesarean Section | 15000/- |
| 20.5 | Cesarean Hysterectomy | 17170/- |
| 20.6 | Rupture Uterus, closure & repair with Tubal Ligation | 17170/- |
| 20.7 | Perforation of Uterus after D/E Laparotomy & Closure | 12120/- |
| 20.8 | Laparotomy for Ectopic Rupture | 12120/- |
| 20.9 | Laparotomy-peritonitis Lavage and Drainage | 10100/- |
| 20.10 | Laparotomy-failed laparoscopy to explore | 5050/- |
| 20.11 | Salpingectomy | 9696/- |
| 20.12 | Salphingo-oophrectomy | 13130/- |
| 20.13 | Ovarean Cystectomy | 13130/- |
| 20.14 | Oopherctomy | 10100/- |
| 20.15 | Broad Ligment Haematoma Drainage | 8484/- |
| 20.16 | Exploration of perineal Haematoma & Resuturing of Episiotor | 8080/- |
| 20.17 | Exploration of abdominal Haematoma (after laparotomy + LUCS) | 11110/- |
| 20.18 | Internal podalic version and extraction | 9090/- |
| 20.19 | Manual Removal of Placenta | 3030/- |
| 20.20 | 3rd stage Complication MRP for outside delivery etc. | 4040/- |
| 20.21 | Examination under anaesthesia | 2020/- |
| 20.22 | Burst-abdomen Repair | 10100/- |
| 20.23 | Gaping Pareneal Wound Secondary Suturing | 2020/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 20.24 | Gaping abdominal wound Secondary Suturing | 3030/- |
| 20.25 | Complete perineal tear-repair | 2020/- |
| 20.26 | Exploration of PPH-tear repair | 3434/- |
| 20.27 | Destructive Operation | 9090/- |
| 20.28 | Suction evacuation vesicular mole, Missed abortion D/E | 4848/- |
| 20.29 | Colpotomy-drainage P/V needling EUA | 3434/- |
| 20.30 | Repair of post-coital tear, perineal injury | 3434/- |
| 20.31 | Excision of urethral caruncle | 3030/- |
| 20.32 | Laparoscopy | 5050/- |
| 20.33 | Shirodhkar, Mc. Donalds stich | 3030/- |
| 20.34 | Abortion | 4040/- |
| 21. | GENERAL SURGERY | |
| 21.1 | Drainage of Abscess | 1414/- |
| 21.2 | Dressing under G.A. | 2020/- |
| 21.3 | Aspiration of cold Abscess of Lymphnode | 2626/- |
| 21.4 | Aspiration of Empyema | 2020/- |
| 21.5 | Aspiration of Liver Abscess | 2020/- |
| 21.6 | Open Drainage of Liver Abscess | 8080/- |
| 21.7 | Drainage of Pelvic Abscess | 8080/- |
| 21.8 | Drainage of Ischiorectal Abscess | 5500/- |
| 21.9 | Drainage of Subdiaphragmatic Abscess | 10100/- |
| 21.10 | Open Drainage of Perinephric Abscess | 10100/- |
| 21.11 | Drainage of Perigastric Abscess | 8080/- |
| 21.12 | Drainage of Perotid Abscess | 5500/- |
| 21.13 | Drainage of peritonsillar Abscess | 5500/- |
| 21.14 | Drainage of Retropharyngeal Abscess | 5500/- |
| 21.15 | Open Drainage of Psoas Abscess | 5500/- |
| 21.16 | Open Drainage of Perivertebral Abscess | 7676/- |
| | INJURY OF SUPERFICIAL SOFT TISSUES | |
| 21.17 | Suturing of small wounds | 242/- |
| 21.18 | Secondary suture of wounds | 1010/- |
| 21.19 | Delayed primary suture | 1414/- |
| 21.20 | Debridement of wounds | 1010/- |
| | REMOVAL OF FOREIGN BODIES | |
| 21.21 | Removal of F.B. Superficial | 1010/- |
| 21.22 | Removal of F.B. Deep | 2020/- |
| | BIOPSIES | |
| 21.23 | Cervical Lymph Node | 1616/- |
| 21.24 | Auxillary Lymph Node | 2020/- |
| 21.25 | Inguinal Lymph Node | 2020/- |
| 21.26 | Excision/Biopsy of Large Lymph Nodes | 2020/- |
| 21.27 | Excision Biopsy of Ulcers | 3030/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------------------------------------|--|----------------------------------|
| 21.28 | Excision Biopsy of Superficial Lumps | 3030/- |
| 21.29 | Incision Biopsy of Growths/Ulcers | 1616/- |
| 21.30 | Trucut Needle Biopsy | 1616/- |
| 21.31 | Percutaneous Liver Biopsy | 1616/- |
| 21.32 | Percutaneous Kidney Biopsy | 1616/- |
| 21.33 | Spleen Aspiration | 1616/- |
| 21.34 | Marrow Aspiration (Needle) | 1616/- |
| 21.35 | Marrow Biopsy (Open) | 1616/- |
| 21.36 | Muscle Biopsy | 1616/- |
| 21.37 | Scalene Node Biopsy | 1212/- |
| EXCISION OF CYST/SMALL TUMOURS | | |
| 21.38 | Excision of Sebaceous Cysts | 1414/- |
| 21.39 | Excision of Superficial Lipoma | 2020/- |
| 21.40 | Excision of Superficial Neurofibroma | 2424/- |
| 21.41 | Excision of Dermoid Cysts | 2020/- |
| 21.42 | Excision of Ganglion | 2424/- |
| 21.43 | Haemorrhoids | 7070/- |
| 21.44 | Keloids | 4444/- |
| 21.45 | Superficial Varicosity | 4040/- |
| 22. | HEAD & NECK | |
| 22.1 | Ear Lobe Repair one side | 505/- |
| 22.2 | Excision of Pinna for Growth (Squamous/Basal) Injuries | |
| 22.2.1 | Skin Only | 3030/- |
| 22.2.2 | Skin and Cartilage | 4444/- |
| 22.2.3 | Partial Amputation | 4848/- |
| 22.2.4 | total Amputation | 5858/- |
| 22.2.5 | Total Amputation & Excision of External Auditory Meatus | 9090/- |
| 22.3 | Excision of Cystic Hygroma | |
| 22.3.1 | Minor | 4444/- |
| 22.3.2 | Major | 6666/- |
| 22.3.3 | Extensive | 10908/- |
| 22.4 | Excision of Branchial Cyst | 10100/- |
| 22.5 | Excision of Branchial Sinus | 8080/- |
| 22.6 | Excision of Pharyngeal Diverticulum | 10100/- |
| 22.7 | Excision of Carotid Body-Tumours | 30300/- |
| 22.8 | Operation for Cervical Rib | 19594/- |
| 22.9 | Scalene Node Biopsy | 10100/- |
| 22.10 | Block Dissection of Cervical Lymph Nodes | 20200/- |
| 22.11 | Pharyngectomy & Reconstruction | 31310/- |
| 22.12 | Operation for Carcinoma Lip | ---- |
| 22.12.1 | Wedge-Excision | 6464/- |
| 22.12.2 | Vermilionectomy | 6060/- |
| 22.12.3 | Wedge Excision and Vermilionectomy | 7070/- |
| 22.14.4 | Hstinders Operation | 8080/- |
| 22.12.5 | Abbe Operation | 9090/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 22.12.6 | Check Advancement | 9090/- |
| 22.12.7 | Subcutaneous Pedicle Flap | 9090/- |
| 22.13 | Excision of the Maxilla | 19392/- |
| 22.14 | Excision of the Mandible | |
| 22.14.1 | Segmental | 15150/- |
| 22.14.2 | Hemimandibulectomy | 22624/- |
| 22.15 | Glossectomy | |
| 22.15.1 | Partial | 5050/- |
| 22.15.2 | Hemiglossectomy | 11312/- |
| 22.15.3 | Total Glossectomy | 22624/- |
| 22.15.4 | The Commodo Operation | 22624/- |
| 22.16 | Parotidectomy | ---- |
| 22.17.1 | Superficial | 17372/- |
| 22.17.2 | Conservative | 10504/- |
| 22.17.3 | Radical Total | 22624/- |
| 22.18 | Repair of Parotid Duct | 19190/- |
| 22.19 | Removal of Submandibular Salivary gland | 8282/- |
| 22.20 | Excision/Enucleation of Dental Cysts | 6464/- |
| 22.21 | Thyroidectomy | |
| 22.21.1 | Hemithyroidectomy | 12120/- |
| 22.21.2 | Partial Thyroidectomy | 11312/- |
| 22.21.3 | Subtotal Thyroidectomy (Toxic Goitre) | 17372/- |
| 22.21.4 | Total Thyroidectomy (Cancer) | 19796/- |
| 22.21.5 | Resection Enucleation of Adenoma | 10504/- |
| 22.21.6 | Isthmectomy | 10504/- |
| 22.21.7 | Total Thyroidectomy and Block Dissection | 27270/- |
| 22.22 | Excision of Lingual Thyroid | 22624/- |
| 22.23 | Excision of Thyroglossal Cyst/Fistula | 10100/- |
| 22.24 | Excision of Parathyroid Adenoma/Carcinoma | 22220/- |
| 22.25 | Laryngectomy | 31916/- |
| 22.26 | Laryngo Pharyngectomy | 37370/- |
| 22.27 | Cyst Excision | 7500/- |
| 22.28 | Sinus & Fistula repair | 10900/- |
| 22.29 | Lymph Node Excision | 4500/- |
| 22.30 | Sub-Mandibular gland excision | 9800/- |
| 22.31 | Hyoid Suspension | 13200/- |
| 22.32 | Genioplasty | 17200/- |
| 22.33 | Thyroidectomy | 16700/- |
| 22.34 | Direct Laryngoscopy | 4250/- |
| 22.35 | Phonosurgery | 14100/- |
| 22.36 | Fibroptic Laryngoscopy | 3250/- |
| 22.37 | Microlaryngeal Surgery | 9400/- |
| 22.38 | Laryngofissure | 17200/- |
| 22.39 | Stenosis Excision | 21200/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|----------|---|----------------------------------|
| 22.40 | HEAD AND NECK CANCER | |
| 22.40.1 | Excisional Biopsies | 6600/- |
| 22.40.2 | Benign Tumour Excisions | 15500/- |
| 22.40.3 | Temporal Bone resection | 28350/- |
| 22.40.4 | Mandibulectomy | 25200/- |
| 22.40.5 | Glossectomy | 22800/- |
| 22.40.6 | Commando Surgery | 35600/- |
| 22.40.7 | Radical Neck Dissection | 25200/- |
| 22.40.8 | Carotid Body Excision | 35600/- |
| 22.40.9 | Total Laryngectomy | 35500/- |
| 22.40.10 | Laryngopharyngectomy | 38000/- |
| 22.40.11 | Flap Reconstructive Surgery | 35600/- |
| 22.40.12 | Parapharyngeal Tumour Excision | 35600/- |
| 22.40.13 | Parotidectomy | 34000/- |
| 23 | BREAST | |
| 23.1 | Drainage of Abscess | 6060/- |
| 23.2 | Excision of Lumps | 9090/- |
| 23.3 | Local Mastectomy (Simple) | 12275/- |
| 23.4 | Radical Mastectomy (Formal or Modified) | 30000/- |
| 23.5 | Excision of Mammary Fistula | 15150/- |
| 23.6 | Segment Resection of Breast | 16160/- |
| 24. | CARDIO RESPIRATORY PROCEDURES | |
| 24.1. | Direct Laryngoscopy | 5050/- |
| 24.2 | Bronchoscopy | 2424/- |
| 24.3 | Scalene Node Biopsy | 1212/- |
| 24.4 | Mediastinoscopy | 2424/- |
| 24.5 | Aspiration of Pleural Cavity | 1414/- |
| 24.6 | Aspiration of Pericardial Cavity | 1414/- |
| 24.7 | Pleural Biopsy | 3030/- |
| 24.8 | Thoracoscopy | 6060/- |
| 24.9 | Tracheostomy | 3030/- |
| 24.10 | Thoracotomy (Penetrating Wounds) | 14544/- |
| 24.11 | Intercostal Drainage of empyeme | 4646/- |
| 24.12 | Rib Resection for empyeme | 11312/- |
| 24.13 | Decortication (Pleurectomy) | 24864/- |
| 24.14 | Thoracoplasty | 33936/- |
| 24.15 | Pneumonectomy | 27876/- |
| 24.16 | Lobectomy | 24846/- |
| 24.17 | Segmental Resection | 24846/- |
| 24.18 | Hydatid Cyst | 24846/- |
| 24.19 | Thymectomy | 28078/- |
| 24.20 | Mediastinoscopy of pericardial cavity | --- |
| 24.21 | Pulmonary function test BMR | 585/- |
| 24.22 | Spirometry | 585/- |
| 24.23 | Spirometry with Helium Dilution | 1350/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|--|----------------------------------|
| 24.24 | Spirometry with a Helium Dilution with diffusion capacity studies | 1350/- |
| 24.25 | Pulmonary exercise testing | 780/- |
| 24.26 | Decortication | 40000/- |
| 24.27 | Segmental resection | 40000/- |
| 24.28 | Mediastinal Tumour | 39600/- |
| 24.29 | Partial pericardectomy | 47250/- |
| 24.30 | Removal tumours of chest wall | 40000/- |
| 24.31 | Oesophago gactectomy for mid 1/3 lesions | 35500/- |
| 24.32 | Hiatus hernia repair | 32500/- |
| 24.33 | Heller's operation | 33000/- |
| 24.34 | ColonInter position or replacement of Oesophagus | 43700/- |
| 24.35 | Open Lung Biopsy | 17750/- |
| 24.36 | Anterior medicistotomy | 32400/- |
| 24.37 | Oesophago gastrectomy for lower Corringers procedure | 43400/- |
| 24.38 | Medicistinoscopy(cervical) | 25250/- |
| 24.39 | Video-assested thoracoscopy (VATS) | 18000/- |
| 24.40 | Video-assested thoracoscopic lung Surgeries | 40000/- |
| 24.41 | Lung volume reduction surgery | 44000/- |
| 24.42 | Aortogram | 9000/- |
| 25. | ABDOMEN | |
| 25.1 | Gastroscopy | 1616/- |
| 25.2 | Gastric & Duodenal Biopsy (Endoscopic) | 2424/- |
| 25.3 | Pyloromyotomy | 6868/- |
| 25.4 | Gastrostomy | 10100/- |
| 25.5 | Simple Closure of Perforated peptic Ulcer | 10100/- |
| 25.6 | Vagotomy Pyloroplasty/Gastro Jejunostomy | 21466/- |
| 25.7 | Duodenojejunostomy | 18988/- |
| 25.8 | Partial/Subtotal Gastrectomy for Carcinoma | 21816/- |
| 25.9 | Partial/Subtotal Gastrectomy for Ulcer | 21816/- |
| 25.10 | Operation for Bleeding Peptic Ulcer | 18988/- |
| 25.10.1 | Gastrojejunostomy & Vagotomy | 18988/- |
| 25.11 | Operation for Gastrojejunal Ulcer | 18988/- |
| 25.12 | Total Gastrectomy for Cancer | 27876/- |
| 25.13 | Highly Selective Vagotomy | 18988/- |
| 25.14 | Selective Vagotomy & Drainage | 18988/- |
| 25.15 | Congenital Diaphragmatic Hernia | 21210/- |
| 25.16 | Hiatus Hernia Repair | |
| 25.16.1 | Abdominal | 21210/- |
| 25.16.2 | Transthoracic | 21210/- |
| 25.17 | Exploratory Laparotomy | 11110/- |
| 25.18 | Epigastric Hernia | 10504/- |
| 25.19 | Umbilical Hernia | 10504/- |
| 25.20 | Ventral and Scar Hernia | 12928/- |
| 25.21 | Inguinal Hernia | ---- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 25.21.1 | Herniography | 12928/- |
| 25.21.2 | Hernioplasty | 20125/- |
| 25.22 | Femoral Hernia | 18180/- |
| 25.23 | Rare Hernias (Spigalion, Obturator, Lumbar, Sciatic) | 19190/- |
| 25.24 | Splenectomy | ---- |
| 25.24.1 | For Trauma | 19796/- |
| 25.24.2 | For Hypersplenism | 19796/- |
| 25.25 | Splenorenal Anastomosis | 32320/- |
| 25.26 | Portocaval Anastomosis | 32320/- |
| 25.27 | Direct Operation on Oesophagus for Portal Hypertension | 23432/- |
| 25.28 | Mesentericocaval Anastomosis | 30300/- |
| 25.29 | Warren Shunt | 30300/- |
| 25.30 | Pancreato Duodenectomy | 30300/- |
| 25.31 | By Pass Procedure for Inoperable Carcinoma of Pancreas | 22220/- |
| 25.32 | Cystojejunostomy or Cystogastrostomy | 22220/- |
| 25.33 | Cholecystectomy | 12726/- |
| 25.34 | Cholecystectomy & Exploration of CBD | 16564/- |
| 25.35 | Repair of CBD | 16564/- |
| 25.36 | Operation for Hydatid Cyst of Liver | 19797/- |
| 25.37 | Cholecystostomy | 12928/- |
| 25.38 | Hepatic Resections (Lobectomy Hepatectomy) | 20200/- |
| 25.39 | Operation on Adrenal Glands | ---- |
| 25.39.1 | Bilateral | 28280/- |
| 25.39.2 | Unilateral for Tumour | 14800/- |
| 25.40 | Appendicectomy | ---- |
| 25.40.1 | Acute | 14800/- |
| 25.40.2 | Chronic/Internal | 14800/- |
| 25.40.3 | Appendicular Abscess – Drainage | 9292/- |
| 25.41 | Subphrenic Abscess Drainage | 12120/- |
| 25.42 | Mesenteric Cyst-Excision | 12120/- |
| 25.43 | Peritonioscopy/Laparoscopy | 4444/- |
| 25.44 | Jejunostomy | 12928/- |
| 25.45 | Lieostomy | 22624/- |
| 25.46 | Congenital Atresia & Stenosis of Small Intestine | 19796/- |
| 25.47 | Muconium Lieus | 16564/- |
| 25.48 | Mai-rotation & Volvulus of the Midgut | 16564/- |
| 25.49 | Resection & Anastomosis of Small Intestine | 19392/- |
| 25.50 | Excision of Meckle's Deverticulum | 19392/- |
| 25.51 | Inruauaxwprion | 19392/- |
| 25.52 | Duodenal Diverticulum | 19392/- |
| 25.53 | Operation for Intestinal Obstruction | 17776/- |
| 25.54 | Operation for Intestinal perforation | 17776/- |
| 25.55 | Benign Tumours of Small Intestine | 17776/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|--|----------------------------------|
| 25.56 | Excision of Small Intestine Fistual | 17776/- |
| 25.57 | Operations for Haemorrhage of the Small Intestines | 20200/- |
| 25.58 | Operations of the Duplication of the Intestines | 23432/- |
| 25.59 | Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for the Adhesions) | 23432/- |
| 25.60 | Lieosigmoidostomy | 18180/- |
| 25.61 | Lieotransverse Colostomy | 18180/- |
| 25.62 | Sigmoidoscopy | 1818/- |
| 25.63 | Caecostomy | 7676/- |
| 25.64 | Colostomy | ---- |
| 25.64.1 | Loop Colostomy Transverse Sigmoid | 14140/- |
| 25.64.2 | Terminal Colostomy | 17776/- |
| 25.65 | Closure of Colostomy | 17776/- |
| 25.66 | Right Hemi-Colectomy | 17776/- |
| 25.67 | Left Hemi-Colectomy | 17776/- |
| 25.68 | Total Colectomy | 38500/- |
| 25.69 | Operations for Volvulus of Large Bowel | 22624/- |
| 25.70 | Operations for Sigmoid Diverticulitis | 18180/- |
| 25.71 | Injection of Haemorrhoids | 1414/- |
| 25.72 | Fissure in Ano | ---- |
| 25.72.1 | Dilatation | 5656/- |
| 25.72.2 | Fissurectomy | 12928/- |
| 25.73 | Rectal Polyp-Excision | 5050/- |
| 25.74 | Operation of Haemorrhoids | ---- |
| 25.74.1 | Lords procedure | 6060/- |
| 25.74.2 | Ligature and Excision | 7272/- |
| 25.74.3 | Parkso Operation | ---- |
| 25.75 | Fistula in Ano | ---- |
| 25.75.1 | High Fistulectomy | 15150/- |
| 25.75.2 | Low Fistulectomy | 8888/- |
| 25.76 | Imperforat Anus | ---- |
| 25.76.1 | Colostomy | 13130/- |
| 25.76.2 | Cut Back | 12726/- |
| 25.76.3 | Pull Through Operation | 17372/- |
| 25.77 | Prolapse Rectum | ---- |
| 25.77.1 | Theirch Wiring | 12928/- |
| 25.77.2 | Reotopexy | 7070/- |
| 25.77.3 | Grahams Operation | 18180/- |
| 25.78 | Operations for Hirschsprungs Disease | 18180/- |
| 25.79 | Excision of Pilonidal Sinus | 11716/- |
| 25.80 | Abdomino-Perineal Excision of Rectum | 22220/- |
| 25.81 | Anterior Resection of rectum | 22220/- |
| 25.82 | Pull Through Abdominal Resection | 18180/- |
| 25.83 | Operations for Neuroblastoma | 18180/- |
| 25.84 | Coccygeal Teratoma Excision | 18180/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 26. | GENITOURINARY | |
| 26.1 | Nephrectomy | 17900/- |
| 26.2 | Partial Nephrectomy | 17574/- |
| 26.3 | Nephrostomy | 17574/- |
| 26.4 | Nephrolithomy | 17574/- |
| 26.5 | Pyelolithotomy | 17574/- |
| 26.6 | Operations for Hydronephrosis | 17574/- |
| 26.7 | Open Drainage of Perinephric Abscess | 10100/- |
| 26.8 | Convemostomy | 18180/- |
| 26.9 | Operations for Cyst of the Kidney | 12928/- |
| 26.10 | Ureterolithotomy | 12120/- |
| 26.11 | Nephroureterectomy | 12120/- |
| 26.12 | Operations for Ureter for | ---- |
| 26.12.1 | Double Ureters | 20200/- |
| 26.12.2 | Ectopia of Single Ureter | 22624/- |
| 26.13 | Operations for Versicoureteric Reflux | 20200/- |
| 26.14 | ureterostomy | ---- |
| 26.14.1 | Cutaneous | 16160/- |
| 26.14.2 | Uretero Colic anastomosis | 16160/- |
| 26.15 | Formation of an ileal Conduit | 16160/- |
| 26.16 | Cystoscopy | 3838/- |
| 26.17 | Ureteric Catheterisation | 5252/- |
| 26.18 | Dormia Extraction of Calculus | 8484/- |
| 26.19 | Biopsy of Bladder (Cystoscopy) | 5656/- |
| 26.20 | Cystolithotomy | 11312/- |
| 26.21 | Diathermy Destruction of Bladder Neoplasm | 8888/- |
| 26.22 | Litholapexy | 10504/- |
| 26.23 | Operations for Injuries of the Bladder | 17372/- |
| 26.24 | Suprapubic Drainage (Cystostomy) | 10100/- |
| 26.25 | Partial Cystectomy | 23230/- |
| 26.26 | Total Cystectomy | 30300/- |
| 26.27 | Diverticulectomy | 25856/- |
| 26.28 | Open Resection of the Bladder Neck | 19392/- |
| 26.29 | Y-V Plasty of the Bladder Neck | 19392/- |
| 26.30 | Repair Urinary Vaginal Fistula | 23230/- |
| 26.31 | Cystoplasty | 23230/- |
| 26.32 | Operations for Extrophy of the Bladder | 30300/- |
| 26.33 | Repair of Ureterocele | 12928/- |
| 26.34 | Suprapubic Prostatectomy | 20200/- |
| 26.35 | Retropubic Prostatectomy | 19796/- |
| 26.36 | Transurethral Resection of Prostate | 20200/- |
| 26.37 | Urethroscopy | 4040/- |
| 26.38 | Operations for Injury to Urethra | 25452/- |
| 26.39 | Urethral Dilatation | 2323/- |
| 26.40 | Internal urethrotomy | 10100/- |
| 26.41 | Urethral Reconstruction | 25452/- |
| 26.42 | Operation for Congenital Valves of Urethra | 11312/- |
| 26.43 | Operations for Incontinence of Urine | ---- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|--|----------------------------------|
| 26.43.1 | Male | 18988/- |
| 26.43.2 | Female | 18988/- |
| 26.44 | Reduction of Paraphimosis | 2020/- |
| 26.45 | Circumcision | 3636/- |
| 26.46 | Meatotomy | 2020/- |
| 26.47 | Meatoplasty | 5656/- |
| 26.48 | Operations for Hypospadias | ---- |
| 26.48.1 | Chordee Correction | 11312/- |
| 26.48.2 | Second Stage or One Stage Repair | 25452/- |
| 26.49 | Operations for Epispadias | 16160/- |
| 26.50 | Partial Amputation of the Penis | 9696/- |
| 26.51 | Total amputation of the Penis | 17372/- |
| 26.52 | Orchidectomy | 10504/- |
| 26.53 | Epididymectomy | 10504/- |
| 26.54 | Orchidopexy | 14544/- |
| 26.55 | Adrenelectomy Unilateral/Bilateral for Tumour/For Carcinoma | 25452/- |
| 26.56 | Operations for Hydrocele | ---- |
| 26.56.1 | Unilateral | 5252/- |
| 26.56.2 | Bilateral | 7676/- |
| 26.57 | Vasectomy (Should be free for Family Welfare) | |
| 26.58 | Operation for Torsion of Testis | 10504/- |
| 26.59 | Vasovasostomy | 14544/- |
| 26.60 | Operations for Varicocele | 9090/- |
| 26.61 | Block Dissection of Inguinal Nodes | ---- |
| 26.61.1 | One Side | 20200/- |
| 26.61.2 | Both Sides | 28280/- |
| 26.62 | Excision of Filarial Scrotum | 12928/- |
| 27. | OESOPHAGUS | |
| 27.1 | Oesophagoscopy | 1414/- |
| 27.2 | Atresia of Oesophagus and Tracheo Oesophageal Fistula | 25452/- |
| 27.3 | Operations for Replacement of Oesophagus by Colon | 31512/- |
| 27.4 | Transthoracic Repair or Hiatus Hernia | 25452/- |
| 27.5 | Abdominal Repair of Hiatus Hernia | 25452/- |
| 27.6 | Oesophagectomy for Carcinoma Esophagus | 31680/- |
| 27.7 | Oesophageal Intubation (Mausseau Barbin Tube) | 12928/- |
| 27.8 | Achalasia Cardia | |
| 27.8.1 | Transthoracic | 15352/- |
| 27.8.2 | Abdominal | 12120/- |
| 28. | PLASTIC SURGERY | |
| 28.1 | Primary Suture of Wound | 3232/- |
| 28.2 | Excision of Small-Scars, Moles, Small Cysts | 4040/- |
| 28.3 | Injection of Keloids | ---- |
| 28.3.1 | Ganglion | 2262/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|--|----------------------------------|
| 28.3.2 | Haemangioma | 5050/- |
| 28.4 | Excision of Multiple Moles | 6464/- |
| 28.5 | Excision of Multiple Warts | 6464/- |
| 28.6 | Free Grafts | ---- |
| 28.6.1 | Wolfe Grafts | 7070/- |
| 28.6.2 | Theirech-Small Area 5% | 7070/- |
| 28.6.3 | Large Area 10% | 8282/- |
| 28.6.4 | Very Large Area 20% | 10302/- |
| 28.7 | Skin Flaps | ---- |
| 28.7.1 | Rotation Flaps | 7272/- |
| 28.7.2 | Advancement Flaps | 9696/- |
| 28.7.3 | Direct-cross Leg Flaps-Cross Arm Flap | 12928/- |
| 28.7.4 | Cross Finger | 12928/- |
| 28.7.5 | Abdominal | 12928/- |
| 28.7.6 | Thoracic | 12928/- |
| 28.7.7 | Arm Etc. | 12928/- |
| 28.8 | Subcutaneous Pedicle Flaps | |
| 28.8.1 | Raising | 7070/- |
| 28.8.2 | Delay | 6464/- |
| 28.8.3 | Transfer | 7070/- |
| 28.9 | Cartillate Grafting | 8080/- |
| 28.10 | Reduction of Facial Fractures of Nose | 8080/- |
| 28.11 | Reduction of Facial Fractures of Maxilla | 12120/- |
| 28.12 | Reduction of Fractures of Mandible & Maxilla | ---- |
| 28.12.1 | Eye Let Splinting | 7070/- |
| 28.12.2 | Cast Netal Splints | 7070/- |
| 28.12.3 | Gumming Splints | 6464/- |
| 28.13 | Internal Wire Fixation of Mandible & Maxilla | 9696/- |
| 28.14 | Cleft Lip | 11312/- |
| 28.15 | Cleft Palate Repair Severe Degree | 12120/- |
| 28.16 | Primary Bone Grafting of Cleft Lip Palate | 12120/- |
| 28.17 | Secondary Surgery for Cleft Lip Deformity | 10504/- |
| 28.18 | Secondary Surgery for Cleft Palate | 10100/- |
| 28.19 | Reconstruction of Eyelid Defects | ---- |
| 28.19.1 | Minor | 7272/- |
| 28.19.2 | Major | 10100/- |
| 28.20 | Plastic Surgery of Different Regions of the Ear | ---- |
| 28.20.1 | Minor | 7272/- |
| 28.20.2 | Major | 12120/- |
| 28.21 | Plastic Surgery of the Nose | ---- |
| 28.21.1 | Minor | 7272/- |
| 28.21.2 | Major | 12120/- |
| 28.22 | Plastic Surgery for Facial Paralysis (Support with Reanimation) | 18786/- |
| 28.23 | Mamoplasty | 18786/- |
| 28.24 | Pendulous Breast | ---- |
| 28.24.1 | Underdeveloped Breast | 16564/- |
| 28.24.2 | After Mastectomy (Reconstruction) | 16564/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 28.25 | Syndactyly Repair | 16564/- |
| 28.26 | Dermabrasion Face | 13332/- |
| 29. | CARDIAC SURGERY | |
| 29.1 | Patent Ductus Arteriosus | 101000/- |
| 29.2 | Mitral Valvotomy (Open) | 133650/- |
| 30. | ORTHOPAEDIC SURGERY PROCEDURE | |
| 30.1 | Application of P.O.P Casts for Upper & Lower Limbs | 1010/- |
| 30.2 | Application of Functional Cast Brace | 1414/- |
| 30.3 | Application of Skin Traction | 1353/- |
| 30.4 | Application of Skeletal Traction | 4040/- |
| 30.5 | Bandage & Strappings for Fractures | 969/- |
| 30.6 | Aspiration & Intra Articular Injections | 808/- |
| 30.7 | Application of P.O.P Spices & Jackets | 3030/- |
| 30.8 | Close Reduction of Fractures of Limb & P.O.P | 2828/- |
| 30.9 | Reduction of Compound Fractures | 3636/- |
| 30.10 | Open Reduction & Internal Fixation of Fingers & Toes | 8080/- |
| 30.11 | Open Reduction of Long Bones of Upper & Lower Limb | ---- |
| 30.11.1 | Nailing & External Fixation | 12524/- |
| 30.11.2 | A.O. Procedures | 12524/- |
| 30.12 | Tension Band Wirings | 5050/- |
| 30.13 | Bone Grafting | 12928/- |
| 30.14 | Excision of Bone Tumours | ---- |
| 30.14.1 | Superficial | 12524/- |
| 30.14.2 | Deep | 23836/- |
| 30.15 | Excision Ganglions | 4040/- |
| 30.16 | Excision or other Operations for Scaphoid Fractures | 10504/- |
| 30.17 | Sequestrectomy & Sancerizations | ---- |
| 30.17.1 | Superficial | 12120/- |
| 30.17.2 | Deep | 19796/- |
| 30.17.3 | Arthrotomy | 14544/- |
| 30.18 | S.P. Nailing for Fracture Neck Femur | 29492/- |
| 30.19 | Multiple Pinning Fracture Neck Femur | 29492/- |
| 30.20 | Nail Plate Fixations for Fracture Neck Femur | 31512/- |
| 30.21 | A.O. Compression Procedures for Fracture Neck Femure | 32724/- |
| 30.22 | Open Reduction of Fracture Neck Femur, Muscle Pedicle Graft and Internal Fixations | 28280/- |
| 30.23 | Close Reduction of Dislocations | 2828/- |
| 30.24 | Open Reduction of Dislocations | ---- |
| 30.24.1 | Superficial | 9696/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 30.24.2 | Deep | 19190/- |
| 30.25 | Open Reduction of Fracture Dislocation & Internal Fixation | 27068/- |
| 30.26 | Neurolysis/Nerve Suture | 12524/- |
| 30.27 | Nerve Repair with Grafting | 19190/- |
| 30.28 | Tendon with Transplant or Graft | 19190/- |
| 30.29 | Tendon Lengthening/Tendon Sutures | 12524/- |
| 30.30 | Tendon Transfer | 19190/- |
| 30.31 | Laminectomy, Excision Disc and Tumours | 30300/- |
| 30.32 | Spinal Ostectomy and Internal Fixations | 35148/- |
| 30.33 | Anterolateral Clearance for tuberculosis | 23836/- |
| 30.34 | Anterolateral Decompression and Spinal Fusion | 32724/- |
| 30.35 | Costo Transversectomy | 23836/- |
| 30.36 | Corrective Ostectomy & Internal Fixation | ---- |
| 30.36.1 | Minor | 12524/- |
| 30.36.2 | Major | 26260/- |
| 30.37 | Arthrodisis of | ---- |
| 30.37.1 | Minor Joints | 12120/- |
| 30.37.2 | Major Joints | 26260/- |
| 30.38 | Soft Tissue Operations for C.T.E.V. | 15857/- |
| 30.39 | Soft Tissue Operations for Poloi | 15857/- |
| 30.40 | Partial Hip Replacement | 30300/- |
| 30.41 | Total Joint Replacement | ---- |
| 30.42 | Operations for Brachial Plexus & Cervical Rib | 24644/- |
| 30.43 | Amputations | ---- |
| 30.43.1 | Below Knee | 12524/- |
| 30.43.2 | Below Elbow | 12524/- |
| 30.43.3 | Above Knee | 18180/- |
| 30.43.4 | Above Elbow | 18180/- |
| 30.43.5 | Forequarter | 36360/- |
| 30.43.6 | Hind Quarter and Hemipelvectomy | 36360/- |
| 30.44 | Disarticulations | ---- |
| 30.44.1 | Major | 20604/- |
| 30.44.2 | Minor | 12524/- |
| 30.45 | Arthrography & Osteomedullography | 8888/- |
| 30.46 | Arthroscopy | ---- |
| 30.46.1 | Diagnostic | 9292/- |
| 30.46.2 | Operative | 20200/- |
| 30.47 | Soft Tissue Operation on Knee | 24240/- |
| 30.48 | Myocutaneous and Fasciocutaneous Flat Procedures for Limbs | 20604/- |
| 30.49 | Removal of Nails, Wires & Screw | 5656/- |
| 30.50 | Removal of Plates | 7272/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 31. | NEURO-SURGERY | |
| 31.1 | Craniotomy and Evacuation of Haematoma | ---- |
| 31.1.1 | Subdural | 50000/- |
| 31.1.2 | Extradural | 50000/- |
| 31.2 | Cranioplasty | 50000/- |
| 31.3 | Evacuation of Brain Abscess | 50000/- |
| 31.4 | Excision of Lobe (Frontal, Temporal, Cerebellum etc.) | 50000/- |
| 31.5 | Excision of Brain Tumours | ---- |
| 31.5.1 | Supratentorial | 50000/- |
| 31.5.2 | Subtentorial | 50000/- |
| 31.6 | Surgery of Cord Tumours | 50000/- |
| 31.7 | Meningomyelocele | 50000/- |
| 31.8 | Ventriculoatrial Shunt/Ventriculoperitoneal | 25000/- |
| 31.9 | Excision of Cervical Inter-Vertebral Discs | 30000/- |
| 32. | VASCULAR SURGERY | |
| 32.1 | Arterial Embolectomy | 25048/- |
| 32.2 | Patch Graft Angioplasty | 21008/- |
| 32.3 | Femoropopliteal by pass procedure | 29896/- |
| 32.4 | Thrombendarterectomy | 29896/- |
| 32.5 | Surgery for Arterial Aneurysm | ---- |
| 32.5.1 | Distal Abdominal Aorta | 28280/- |
| 32.5.2 | Upper Abdominal Aorta | 37168/- |
| 32.5.3 | Splenic Artery | 35451/- |
| 32.5.4 | Renal Artery | 35451/- |
| 32.5.5 | Carotid | 35451/- |
| 32.5.6 | Vertebral | 35451/- |
| 32.5.7 | Main Arteries of the Limbs | 27876/- |
| 32.6 | Intrathoracic Aneurysm | ---- |
| 32.6.1 | Aneurysm not Requiring Bypass Techniques | 28280/- |
| 32.6.2 | Requiring Bypass Techniques | 35451/- |
| 32.7 | Dissecting Aneurysms | 35451/- |
| 32.8 | Operations for Acquired Arteriovenous Fistula | 24442/- |
| 32.9 | Congenital Arteriovenous Fistula | 26664/- |
| 32.10 | Operations for Stenosis of Renal Arteries | 29896/- |
| 32.11 | Injection of Varicose Veins | 1212/- |
| 32.12 | Trendelenburg Operation | 12928/- |
| 32.13 | Stripping of Short or Long Saphenous Veins | 12928/- |
| 32.14 | Ligation of Ankle Perforators | 16160/- |
| 32.15 | Excision and Skin Graft of Venous Ulcer | 12928/- |
| 32.16 | Venous Thromboectomy | 19392/- |
| 32.17 | Sympatectomy | ---- |
| 32.17.1 | Lumbar | 19392/- |
| 32.17.2 | Cervical | 15352/- |
| 32.18 | Lymphatics Excision of Subcutaneous Tissues In Lymphoedema | 24240/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|---|----------------------------------|
| 33 | PAEDIATRIC SURGERY | |
| 33.1 | Trachostomy | 8080/- |
| 33.2 | Excision of Branchial Cyst | 11312/- |
| 33.3 | Excision of Branchial Sinus | 11312/- |
| 33.4 | Excision of thyroglossal Duct/Cyst | 15756/- |
| 33.5 | Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach) | 20200/- |
| 33.6 | Tracheo Oesophageal Fistula (Correction Surgery) | 29492/- |
| 33.7 | Colon Replacement of Oesophagus | 23432/- |
| 33.8 | Omphalo Mesenteric Cyst Excision | 17372/- |
| 33.9 | Omphalo Mesenteric Duct-Excision | 15756/- |
| 33.10 | Meckels Diverticulectomy | 15756/- |
| 33.11 | Omphalocele 1 st Stage (Hernia Repair) | 14140/- |
| 33.12 | Omphalocele 2 nd Stge (Hernia Repair) | 15756/- |
| 33.13 | Gastrochisis Repair | 15756/- |
| 33.14 | Inguinal Herniotomy | 11312/- |
| 33.15 | Congenital Hydrocele | 11312/- |
| 33.16 | Hydrocele of Cord | 11312/- |
| 33.17 | Umbilical Hernia Repair | 14140/- |
| 33.18 | Orchipexy | 14544/- |
| 33.19 | Torsion Testis Operation | 14544/- |
| 33.20 | Gastrostomy | 12928/- |
| 33.21 | Congenital Pyloric Stenosis-operation | 14140/- |
| 33.22 | Duodenal-Atresia Operation | 19392/- |
| 33.23 | Pancreatic Ring Operation | 29290/- |
| 33.24 | Meconium Ileus Operation | 16160/- |
| 33.25 | Malrotation of Intestines Operation | 17372/- |
| 33.26 | Rectal Biopsy (Megacolon) | 16160/- |
| 33.27 | Colostomy Transverse | 16160/- |
| 33.28 | Colostomy Left ILLAC | 16160/- |
| 33.29 | Abdominal Perineal Pull Through (Hirschsprung Disease) | 20200/- |
| 33.30 | Imperforate Anus Low Anomaly | ---- |
| 33.30.1 | Cut Back Operation | 9696/- |
| 33.30.2 | Perineal Anoplasty | 15750/- |
| 33.31 | Imperforate Anus High Anomaly | ---- |
| 33.31.1 | Transverse Colostomy | 16160/- |
| 33.31.2 | Sacroabdomino Perineal Pull Through | 20200/- |
| 33.31.3 | Closure of Colostomy | 8080/- |
| 33.32 | Intrususception Opertion | 20200/- |
| 33.33 | Atresia of Extra Hepatic Billiary Duct | ---- |
| 33.33.1 | Choledochoduodenstomy | 20200/- |
| 33.34 | Operation of Choledochal Cyst | 20200/- |
| 33.35 | Nephrectomy for | ---- |
| 33.35.1 | Pyonephrosis | 20200/- |
| 33.35.2 | Hydronephrosis | 20200/- |
| 33.35.3 | Wilms Tumour | 20200/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|---------|--|----------------------------------|
| 33.35.4 | Paraortic Lymphadenectomy with Nephrectomy for Wilms Tumour | 23432/- |
| 33.36 | Sacro-Coccygeal Teratoma Excision | 17372/- |
| 33.37 | Neuroblastoma | 4800/- |
| 33.37.1 | Debulking | 17372/- |
| 33.37.2 | Total Excision | 20200/- |
| 33.38 | Rhabdomyosarcoma wide Excision | 23432/- |
| 34. | GYNAE, OPERATION CHARGES | |
| 34.1 | Abdominal Hysterectomy | 16160/- |
| 34.2 | Vaginal Hysterectomy | 16160/- |
| 34.3 | Myomectomy | 14140/- |
| 34.4 | Vaginoplasty | 15756/- |
| 34.5 | Laparotomy (Ectopic Pregnancy) | 14140/- |
| 34.6 | Vulvectomy (Simple/Radical) | 20200/- |
| 34.7 | VVF/RVF | 20200/- |
| 34.8 | Other Major Operations | 20200/- |
| 34.9 | Manchester Operations | 16160/- |
| 34.10 | Perineorrhaphy | 14140/- |
| 34.11 | Colporrhaphy | 14140/- |
| 34.12 | Ovariectomy | 14140/- |
| 34.13 | Modified Gilliam | 14140/- |
| 34.14 | Shirodkar's Operation | 9292/- |
| 34.15 | Diagnostic Curettage | 2222/- |
| 34.16 | Fractional Curettage | 2828/- |
| 34.17 | D & C and Cervical Biopsy | 2828/- |
| 34.18 | Polypectomy | 3232/- |
| 34.19 | Other-Minor Operation | 3232/- |
| 34.20 | Excision Vaginal Cyst/Burtholin Cyst | 3232/- |
| 34.21 | Excision Vaginal Septum | 4848/- |
| 34.22 | Laparoscopy | 4848/- |
| 34.22.1 | Diagnostic | 7690/- |
| 34.22.2 | Sterilisation | 6400/- |
| 34.22.3 | Operative | 15000/- |
| 34.22.4 | LAVH | 26400/- |
| 34.22.5 | Ovanan Cystectomy | 14900/- |
| 34.22.6 | Drilling of Ovary | 14600/- |
| 34.22.7 | Myomectomy | 16200/- |
| 34.22.8 | Adhesiolysis | 15000/- |
| 34.22.9 | Ectopic pregnancy | 16700/- |
| 34.23 | HYSTEROSCOPY | |
| 34.23.1 | ICRE | 15400/- |
| 34.23.2 | Removal of IVCD | 7180/- |
| 34.23.3 | Removal of Seplum | 10260/- |
| 34.23.4 | Diagnostic | 7100/- |
| 34.23.5 | Werthimas Hystrectomy for Cancer cervix | 30780/- |
| 34.23.6 | Sterilisation Post Pertum | 5500/- |
| 34.23.7 | Intervaginal | 3570/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 34.24 | Abortion | 4800/- |
| 34.25 | D & C | 3800/- |
| 34.26 | Evacuation | 3685/- |
| 34.27 | MTP—1 st Trimester | 3600/- |
| 34.28 | MTP---2 nd Trimester | 6000/- |
| 35 | LAPROSCOPIC OPERATIONS IN GEN. SURG. | |
| 35.1 | Laprosopic Cholecystectomy | 21000/- |
| 35.2 | Laprosopic Appenjdicectomy | 19660/- |
| 35.3 | Laaprosopic Hernia Repair | 25100/- |
| 35.4 | Laprosopic Hiatus Hernia Repair | 30500/- |
| 35.5 | Laprosopic Adhesiolysis | 21000/- |
| 35.6 | Laprosopic Adrenalectomy | 36000/- |
| 35.7 | Laprosopic Thyroidectomy | 30500/- |
| 35.8 | Laprosopic Spleenectomy | 30000/- |
| 35.9 | Laprosopic Coliatomus | 37000/- |
| 35.10 | Laprosopic donor Nephroctomy | 36000/- |
| 35.11 | Infra red coagulation in Haemerooids | 8150/- |
| 35.12 | Laprosopic Pyelolithotomy | 25300/- |
| 35.13 | Laprosopic ureterolithotomy | 26000/- |

SPECIALISED PROCEDURES/INVESTIGATIONS

Rates of Hospital/Diagnostic Centers Recognized under CGHS Delhi.

| Item Code | Name of the Investigation/ Treatment Procedure | CGHS approved rates | |
|-----------|---|---------------------|---------------|
| | | without contrast | With Contrast |
| 1. | CAT SCAN | | |
| 1.1.1 | a) Head | 1400/- | 1900/- |
| 1.1.1 | b) Head Scan Involv. Spl. Investigation | 1940/- | 2560/- |
| 1.1.2 | Chest (HRCT) | 2325/- | 2945/- |
| 1.1.3 | Spine (Cervical, Dorsal, Lumbar, Sacral) | 2325/- | 2945/- |
| 1.1.4 | Cervical C.T. 3D Reconstruction only | ---- | ---- |
| 1.1.5. | C.T. Guided Biopsy | 1550/- | ---- |
| 1.1.6 | C.T. Guided percutaneous cath drainage | 2015/- | ---- |
| 1.1.7 | C.T. Myelogram (Cervical Spine) | 2558/- | 3875/- |
| 1.1.8 | C.T. Myelogram (Lumbar Spine or D/S) | 2558/- | 3875/- |
| 1.1.9 | C.T. Scan Brain | 1400/- | 1900/- |
| 1.1.10 | C.T. Scan Chest | 2325/- | 2945/- |
| 1.1.11 | C.T. Scan Upper Abdomen | 2092/- | 3100/- |
| 1.1.12 | C.T. Scan Lower Abdomen | 2092/- | 3100/- |
| 1.1.13 | C.T. Scan Whole Abdomen | 4185/- | 5580/- |
| 1.1.14 | C.T. Scan Neck (Thyroid Soft Tissue) | 1940/- | 2790/- |
| 1.1.15 | C.T. Scan Orbits with contract | 1940/- | ---- |
| 1.1.16 | C.T. Scan Orbits with contract | ---- | 2325/- |
| 1.1.17 | C.T. Scan Limbs | 2325/- | ---- |
| 1.1.18 | C.T. Scan Whole Body | 9300/- | ---- |
| 1.1.19 | C.T. Scan Thorax | 2325/- | 3410/- |
| 1.1.20 | C.T. Scan of Para Nasal Sinus | 1900/- | 2325/- |
| 2.2.3 | MRI Head | 5000/- | 8000/- |
| 2.2.4 | MRI Orbits | 5000/- | 8000/- |
| 2.2.5 | MRI Nasopharynx and PNS | 5000/- | 8000/- |
| 2.2.6 | MRI Neck | 5000/- | 8000/- |
| 2.2.7 | MRI Shoulder | 5000/- | 8000/- |
| 2.2.8 | MRI Shoulder both Joint | 5000/- | 8000/- |
| 2.2.9 | MRI Wrist Single Joint | 5000/- | 8000/- |
| 2.2.10 | MRI Wrist both Joint | 5000/- | 8000/- |
| 2.2.11 | MRI Knee Single Joint | 5000/- | 8000/- |
| 2.2.12 | MRI Knee both Joint | 5000/- | 8000/- |
| 2.2.13 | MRI Ankle Single | 5000/- | 8000/- |
| 2.2.14 | MRI Ankle Both | 5000/- | 8000/- |
| 2.2.15 | MRI Hip | 5000/- | 8000/- |
| 2.2.16 | MRI Pelvis | 5000/- | 8000/- |
| 2.2.17 | MRI Extremities | 5000/- | 8000/- |
| 2.2.18 | MRI Temporomandibular Single Joint | 5000/- | 8000/- |
| 2.2.19 | MRI Temporomandibular Double Joints | 5000/- | 8000/- |
| 2.2.20 | MRI Abdomen | 5000/- | 8000/- |
| 2.2.21 | MRI Breast | 5000/- | 8000/- |
| 2.2.22 | MRI Spine Screening | 5000/- | 8000/- |
| 2.2.23 | MRI Chest | 5000/- | 8000/- |
| 2.2.24 | MRI Cervical Spine | 5000/- | 8000/- |
| 2.2.25 | MRI Lumber Spine | 5000/- | 8000/- |

| Item Code | Name of the Investigation/ Treatment Procedure | CGHS approved rates | |
|-----------|---|---------------------|---------------|
| | | without contrast | With Contrast |
| 2.2.26 | MRI Thorax | 5000/- | 8000/- |
| 2.2.27 | MRI Screening | 5000/- | 8000/- |
| 2.2.28 | MRI Angiography | 5000/- | 8000/- |
| 2.2.29 | Mammography (Single side – Both side) | 540/- | 810/- |
| 2.2.30 | Bone Densitometry | | |
| 2.2.30.1 | Single sites | 1200/- | |
| 2.2.30.2 | Two sites | 2000/- | |
| 2.2.30.3 | Three sites | 3000/- | |
| 2.2.30.4 | Whole body | 3500/- | |
| 2.3.1 | 2D Echo with colour Doppler | 1400/- | |
| 2.3.2 | Trans Oesophaedral Echo (Tee) | 3030/- | |
| 2.3.3 | Treadmil Test (TMT) | 1212/- | |
| 2.3.4 | Holter Analysis | 1616/- | |
| 2.3.5 | Fluoroscopic Screening | 204/- | |
| 2.3.6 | Holter Report (with Prd. Specification) | 1616/- | |
| 2.3.7 | Test of Pacemaker | 606/- | |
| 2.3.8 | Oxygen Saturation | 303/- | |
| 2.3.9 | PKG Charges for Cardiovascular Investigation | 3636/- | |
| 2.3.10 | Cardiac Cath Angiography (W/o Coronary Angio) | 14160/- | |
| 2.3.11 | Aortogram | 4040/- | |
| 2.3.12 | Pulmonary function test | 450/- | |
| 2.3.12.1 | Test for Pacemaker | 403/- | |
| 2.3.12.2 | Oxygen Saturation | 303/- | |
| 2.3.12.3 | Package charges for | ---- | |
| 2.3.12.4 | Cardiovascular investigation | 707/- | |
| 2.3.13 | Fibroptic Bronchoscopy with Washing/Biopsy | 2828/- | |
| 2.4.1 | Uroflow Study (Micturomatry) | 404/- | |
| 2.4.2 | Urodynamic Study (Cystometry) | 404/- | |
| 2.5 | Cystoscopy with Retrograde Catheter | 909/- | |
| 2.5.1 | Unilateral | 4040/- | |
| 2.5.2 | Bilateral | 5050/- | |
| 2.5.3 | Cystoscopy Diagnostic | 2424/- | |
| 2.5.4 | Cystoscopy with Bladder Biopsy | 3030/- | |
| 2.6 | Diagnostic Laproscopy | 6060/- | |
| 2.7.1 | T-3 | 303/- | |
| 2.7.2 | T-4 | 303/- | |
| 2.7.3 | TSH | 303/- | |
| 2.7.4 | Cortisol | 505/- | |
| 2.7.5 | Voiding-cysto-urethrogram | 1010/- | |
| 2.7.6 | Renal Transplant Evaluation | 1616/- | |
| 2.7.7 | Whole body scan | 2424/- | |
| 2.7.8 | Spect bone Scan | 2400/- | |
| 2.7.9 | Bone Marrow Scan | 2424/- | |
| 2.7.10 | Scan (Spect) | 3000/- | |
| 2.7.11 | Stress Thallium | 6000/- | |

| Item Code | Name of the Investigation/ Treatment Procedure | CGHS approved rates | |
|-----------|---|----------------------|---------------|
| | | without contrast | With Contrast |
| 2.7.12 | Muga (Resting) | 2424/- | |
| 2.7.13 | Muga (Stress) | 3030/- | |
| 3. | A.V. Fistula | 4444/- | |
| 3.1 | Coronary Angiography | 14160/- | |
| 3.2 | Coronary Bypass Surgery | 133650/- | |
| 3.3 | Coronary Bypass Surgery-post Angioplasty | 133650/- | |
| 3.4 | Coronary Baloon Angioplasty | 87500/- | |
| 3.5 | Balloon Angioplastus with Valvotomy | 105000/- | |
| 3.6 | Open Heart Procedures | 133650/- | |
| 3.7 | Patent Ductus Arterious | 101000/- | |
| 3.8 | Total Correxion of Tetralogy of Fallot | 133650/- | |
| 3.9 | RSUV Correction | 133650/- | |
| 3.10 | TAPVC Correction | 133650/- | |
| 3.11 | Open ASD VSD | 133650/- | |
| 3.12 | Open Pulmonary Valvotomy | 133650/- | |
| 3.13 | Open Aortic Valvotomy | 133650/- | |
| 3.14 | Coarctation of Aorta | ---- | |
| 3.15 | Balock Taussing Operation | 115140/- | |
| 3.16 | Mitral Valvotomy | ---- | |
| 3.17 | Open Mitral Valvotomy | 133650/- | |
| 3.18 | Mitral Valve Replacement | 133650/- | |
| 3.19 | Aortic ValveReplacement | 133650/- | |
| 3.20 | Double Valve Replacement | 180000+cost of Valve | |
| 3.21 | Closed Valvotomy | 116150/- | |
| 3.22 | Coarctation-Arota Repair of Block Taussing Shunt | 116150/- | |
| 3.23 | B.T. Shunt | 116150/- | |
| 3.24 | Pericardiostomy | 116150/- | |
| 3.25 | Pericardiectomy | 116150/- | |
| 3.26 | Pericardio Centrosis | 3232/- | |
| 3.27 | Permanent Pacemaker Implantation | 16160/- | |
| | | + Cost of Pacemaker | |
| 3.28 | Temporary Pacemaker Implantation | 12120/- | |
| | | + Cost of Pacemaker | |
| 3.29 | Test of Pacemaker | ---- | |
| 3.30 | Embolectomy | 17372/- | |
| 3.31 | Aneurysm Resection & Grafting | ---- | |
| 3.32 | Thoraco Centesisi | 1616/- | |
| 3.33 | Thorachostomy | 12322/- | |
| 3.34 | Exploratory Thorocotomy | 36360/- | |
| 3.35 | Aorta-Femoral Bypass | 50500/- | |
| 3.36 | Node Biopsy | 2020/- | |
| 3.37 | Pleural Biopsy | 3030/- | |
| 3.38 | Open Lung Biopsy | 32320/- | |
| 3.40 | Removal of Foreign Body from Trachea or Oesophagus | 4040/- | |
| 3.41 | RBI Resection & Drainage | 10100/- | |
| 3.42 | Pulmonary function test (BMR) | 606/- | |

| Item Code | Name of the Investigation/ Treatment Procedure | CGHS approved rates | |
|-----------|---|---------------------|---------------|
| | | without contrast | With Contrast |
| 3.43 | Mediastinal Tumour | 30300/- | |
| 3.44 | Thymectomy | 25350/- | |
| 3.45 | Partial Pericardectomy | 18180/- | |
| 3.46 | Removal Tumours of Chest Wall | 18180/- | |
| 3.47 | Oesophago Gactectomy for mid 1/3 lesion | 25351/- | |
| 3.48 | Hiatus Hernia Repair | 20200/- | |
| 3.49 | Heller's Operation | 20200/- | |
| 3.50 | Colon-Inter position or Replacement of Oesophagus | 23230/- | |
| 3.51 | Oesophago Gastrectomy – Lower Corringers procedure | 18180/- | |
| 4.1 | Vascular Precedure – Major | ---- | |
| 4.2 | Vascular Precedure – Minor | 26462/- | |
| 4.3 | Arterial Embolectomy | ---- | |
| 4.4 | Removal of Foreign body from | ---- | |
| 4.5 | Trachea of Oesophagus | ---- | |
| 4.6 | Patch Graft Angioplasty | 25351/- | |
| 4.7 | Femoro-Popliteal bypass procedure | 30300/- | |
| 4.8 | Thrombo-Endarterectomy | 25351/- | |
| 4.9 | Surgery for Arterial Aneurysm | ---- | |
| 4.9.1 | Distal Abdominal Aorta | 40400/- | |
| 4.9.2 | Upper Abdominal Aorta | 40400/- | |
| 4.9.3 | Spleen Artery | 20200/- | |
| 4.9.4 | Renal Artery | 20200/- | |
| 4.9.5 | Carotid | 23230/- | |
| 4.9.6 | Vertebral | ---- | |
| 4.9.7 | Main Arteries of the Limb | 20604/- | |
| 4.10 | Intra-Thoracic Aneurysm | ---- | |
| 4.11 | Aneurysm not requiring bypass techq. | ---- | |
| 4.12 | Requiring bypass techniques | ---- | |
| 4.13 | Dissecting Aneurysm | 49490/- | |
| 4.14 | Operations for Acquired Arteriovenous Fistual | 23230/- | |
| 4.15 | Congenital Arterio Venous Fistula | 20200/- | |
| 4.16 | Operations for Stenosis of Renal Arteries | 23230/- | |
| 4.17 | Injection of Varicose Veins | 1818/- | |
| 4.18 | Trendelenburg Operations | 12827/- | |
| 4.19 | Stripping of Short/long Sephaneous Veins | 15150/- | |
| 4.20 | Excision & Skin Graft of Venous Ulcer | 15554/- | |
| 4.21 | Venous Thrombectomy | 30400/- | |
| 4.22 | Sympathetectomy | ---- | |
| 4.22.1 | Lumbar | 14140/- | |
| 4.22.2 | Cervical | 3030/- | |
| 5.2.1 | Emergency Dialysis | | |
| 5.2.2 | Femoral Puncture | 1010/- | |
| 5.2.3 | Subclavian Puncture | 1717/- | |
| 5.2.4 | Peritoneal Dialysis | 2020/- | |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 5.2.5 | Kidney Biopsy | 4040/- |
| 5.2.6 | Fistula/Shunt | 6262/- |
| 5.2.7 | Carotid | ---- |
| 5.2.8 | Dialysis Femoral Catheterisation Bilateral | 3232/- |
| 5.2.9 | Haemo Dialysis | 1200/- |
| 5.2.10 | Intra-Thoracic Aneurysm | ---- |
| 5.2.11 | Double Lumen Sub Clavian Catheter | 4040/- |
| 5.2.12 | Continuous Arterio Venus Dialysis (CAVD) | 15150/- |
| 5.2.13 | Subclavian Access | 1616/- |
| 5.2.14 | Femoral Access | 1616/- |
| 5.2.15 | Plasma Exchange | ---- |
| 5.3.1 | Donor Nephrectomy | 48000/- |
| 5.3.2 | Renal Transplantation | 160000/- |
| 5.3.3 | Perfusion | ---- |
| 5.3.4 | Ureteric Reimplant | ---- |
| 5.3.5 | Lymphocoel | 12120/- |
| 5.3.6 | Transplant Nephrectomy | 17170/- |
| 5.3.7 | Bilateral Nephrourectomy (Native) | 17170/- |
| 5.3.8 | Vascular Prosthetic Graft | 20200/- |
| 5.3.9 | CAPD | 6060/- |
| 6.1 | PCNL | --- |
| 6.1.1 | Unilateral | 20200/- |
| 6.1.2 | Bilateral | 30300/- |
| 6.2 | Meatotomy | 3636/- |
| 6.3 | Meatoplasty | 6060/- |
| 6.4.1 | Palomo's Unilateral | 6060/- |
| 6.4.2 | Palomo's Bilateral | 12120/- |
| 6.5 | Emdoscopic Teflon Inject | 5050/- |
| 6.6 | Testicular Biopsy | 3737/- |
| 6.7 | Gil-Verner's Extended Pyelolithotomy | 17970/- |
| 6.8 | Nephrectomy Complicated Tumour or Adhesions | 20200/- |
| 6.9 | Anderson Hynes Pyeloplasty | 16160/- |
| 6.10 | Unilateral Implantation | 14140/- |
| 6.11 | Vasico Vaginal Fistula | 16160/- |
| 6.12 | Urethroplastic one stage procedure | 16500/- |
| 6.13 | Radical Cystectomy | 24240/- |
| 6.14 | Epispadias/Extroply Repair | 20200/- |
| 6.15 | Caeco Cystoplasty | 18180/- |
| 6.16 | Pyelolithotomy | 16160/- |
| 6.17 | Nephrectomy Simple | 16160/- |
| 6.18 | Nephrostomy | 9090/- |
| 6.19 | Ureteric Reimplant | 9090/- |
| 6.20 | Partial Cystectomy | 16160/- |
| 6.21.1 | TURP & TUR Bladder Tumour | 20200/- |
| 6.21.2 | TURP Cystolitho Tripsy | 19392/- |
| 6.22 | Open Prostectomy | 17372/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 6.23 | Closure of Urethral Fistula | 10100/- |
| 6.24.1 | Orchidopexy Unilateral | 8882/- |
| 6.24.2 | Orchidopexy Bilateral | 11110/- |
| 6.25 | Cystolithotomy Suprapubic | 9898/- |
| 6.26 | Endoscopic Removal of Stone in Bladder | 9696/- |
| 6.27 | Resection Bladder Neck Endoscopic | 10504/- |
| 6.28 | Ureteroscopic Removal | 13130/- |
| 6.29 | Cystoscopic Basketing of urethra | 10100/- |
| 6.30 | Urethroplasty 1 st Stage | 10100/- |
| 6.31 | Optical Urethrotomy | 9696/- |
| 6.32 | Exploratory Scrototomy | 7676/- |
| 6.33 | Perineal Urethrostomy | 6060/- |
| 6.34 | Dilatation of Stricture Urethra under G.A. | 2525/- |
| 6.35 | Dilatation of Stricture Urethra without Anesthesia | 1818/- |
| 7.1 | Cholecystectomy Laparoscopic Surgery | 20000/- |
| 7.2 | Hernia Repair | 18180/- |
| 7.3 | Diagnostic Laparoscopy | 4040/- |
| 7.4 | Thoracoscopic Decortication | 40000/- |
| 7.5 | Thoracoscopic Pneumonectomy | 50000/- |
| 7.6 | Thoracoscopic Lebectomy | 50000/- |
| 7.7 | Thoracoscopic Segmental Resection | 51700/- |
| 7.8 | Thoracoscopic Hydatid Cyst excision | 42750/- |
| 7.9 | Thoracoscopic Sympathectomy | 30000/- |
| 7.10 | Laprosopic Pyloromyotomy | 20000/- |
| 7.11 | Laprosopic Gastrostomy | 18900/- |
| 7.12 | Laprosopic Closure of Perforated peptic ulcer | 24800/- |
| 7.13 | Laprosopic Vagotomy Pyloroplasty/ gastro jejunostomy | 29500/- |
| 7.14 | Laprosopic hiatus hernia repair | 30700/- |
| 7.15 | Laprosopic umbilical hernia repair | 28000/- |
| 7.16 | Laprosopic ventral hernia repair | 28000/- |
| 7.17 | Laprosopic hernia repair | 25100/- |
| 7.18 | Laprosopic splenectomy | 30000/- |
| 7.19 | Laprosopic cystogastrostomy | 25600/- |
| 7.20 | Laprosopic cholecystectomy | 20500/- |
| 7.21 | Lap. Cholecystectomy & CBD exploration | 28800/- |
| 7.22 | Lap. Hydatid of liver surgery | 30000/- |
| 7.23 | Lap. Hepatic resection | 37800/- |
| 7.24 | Lap. Adrenalectomy | 37800/- |
| 7.25 | Lap. Appendicectomy | 20250/- |
| 7.26 | Lap. Assisted small bowel resection | 27600/- |
| 7.27 | Lap. For intestinal obstruction | 26000/- |
| 7.28 | Lap. For intestinal perforation | 26000/- |
| 7.29 | Lap. Assisted Right Hemicolectomy | 29000/- |
| 7.30 | Lap. Assisted left Hemicolectomy | 29000/- |
| 7.31 | Lap. Assisted Total Colectomy | 40090/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 7.32 | Laprosopic Rectopexy | 30000/- |
| 7.33 | Lap. Asisted Abdominoperineal Resection of rectum | 40090/- |
| 7.34 | Lap. Assisted anterior resection | 36560/- |
| 7.35 | Retroperitoneoscopy Nephrectomy | 35000/- |
| 7.36 | Retroperitoneoscopy partial Nephrectomy | 34020/- |
| 7.37 | Retroperitoneoscopic nephrolithotomy | 31700/- |
| 7.38 | Retroperitoneoscopic pyelolithotomy | 31500/- |
| 7.39 | Retroperitoneoscopic operation for Hyderonenphyrosis | 31200/- |
| 7.40 | Retroperitoneoscopic surgery for Renal cyst | 24550/- |
| 7.41 | Retroperitoneoscopic ureterolithotomy | 29830/- |
| 7.42 | Retroperitoneoscopic Nephroureteroectomy | 33640/- |
| 7.43 | Laprosopy aassisted orchidopexy | 21875/- |
| 7.44 | Laprosopic operation for varicocele | 18060/- |
| 8. | Liver Transplantatation Receipt | ---- |
| 8.1 | Liver Transplantatation Donor | ---- |
| 9. | IOL Implementation | 9300/- + Lens |
| 10. | Total Hip Replacement | 91350/- |
| 10.1 | Total Ankle Joint Replacement | 132000/- |
| 10.2 | Total Knee Joint Replacement | 115000/- |
| 10.3 | Total Shoulder Joint Replacement | 110000/- |
| 10.4 | Total Elbow Joint Replacement | 100000/- |
| 10.5 | Toral Wrist Joint Replacement | 100000/- |
| 10.1 | Orchidopexy Unilateral | 50000/- |
| 10.2 | Ventriculoatrial Shunt/Ventriculo Peritoneal | 40000/- |
| 10.3 | Excision of Cervical Intervertebral Discs | 50000/- |
| 10.4 | Twist Drill Craniostomy | 25000/- |
| 10.5 | Subdural Tapping | 2222/- |
| 10.6 | Ventricular Tapping | 2666/- |
| 10.7 | Abscess Tapping | 2626/- |
| 10.8 | Placement of ICP Monitor | ---- |
| 10.9 | Urokinase Therepy for ICH | ---- |
| 10.10 | Skull Traction Application | 5050/- |
| 10.11 | Lumber Pressure Monitoring | 6060/- |
| 10.12 | Vascular Malformations | 22220/- |
| 10.13 | Peritoneal Shunt | 12120/- |
| 10.14 | Atrial Shunt | 12120/- |
| 10.15 | Meningo Encephalocoel | 40000/- |
| 10.16 | Meningomyelocoel | 40000/- |
| 10.17 | C.S.F. Rhinorrhaea | 40000/- |
| 10.18 | Cranioplasty | 40000/- |
| 10.19 | Posterior Cervical Dissectomy | 24240/- |
| 10.20 | Anterior Cervical Dissectomy | 20200/- |
| 10.21 | Brachial Plexus Exploration Microsuturing | 20200/- |
| 10.22 | Median Nerve Decompression | 11312/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 10.23 | Periphrale Neurectomy (Tirgeminal) | 11312/- |
| 10.33 | Cranieotomy | ---- |
| 10.34 | Trigeminal Rhiotomy | 26260/- |
| 10.35 | Cranial Nerve Anastomosis | 14140/- |
| 10.36 | Meningocoele Excision | 10908/- |
| 10.37 | Peripheral Nerve Surgery – Major | 14140/- |
| 10.38 | Minor | 6464/- |
| 10.39 | Ventriculo-Atrial Shunt (Exclud. Cost of valve) | 12120/- |
| 10.40 | Nerve Biopsy or Brain Biopsy | 6868 or 14140/- |
| 10.41 | Anterior Cervical Spine Surgery with fusion | 30300/- |
| 10.42 | Anterior Lateral Decompression | 26967/- |
| 10.43 | Brain Mapping | 3600/- |
| 10.44 | Cervical or Dorsal Laminectomy | 23230/- |
| 10.45 | Combined Trans-oral Surgery & CV Junction Fusion | ---- |
| 10.46 | C.V. Junction Fusion | 30300/- |
| 10.47 | Depressed Fracture | 28280/- |
| 10.48 | Dissectomy | 26967/- |
| 10.49 | Endarterectomy | 20806/- |
| 10.50 | Endoscopic Surgery | ---- |
| 10.51 | R.F. Lesion for Trigeminal Neuralgia | ---- |
| 10.52 | Shunt Procedures (VA/VP/TP/Shunt) | ---- |
| 10.53 | Skull Base Surgery | 31613/- |
| 10.54 | Spasticity Surgery | ---- |
| 10.55 | Spinal Fusion Procedure | 31613/- |
| 10.56 | Spinal Intra Medullary Tumours | 31613/- |
| 10.57 | Spinal Bifida Surgery Major | 17271/- |
| 10.58 | Spina Bifida Surgery Minor | 17271/- |
| 10.59 | Stereotaxic Procedures | 17270/- |
| 10.60 | Trans Sphenoidal Surgery | 31613/- |
| 10.61 | Trans Oral Surgery | 31613/- |
| 10.62 | Trans Cranial Doppler | ---- |
| 11.1 | Radiation Source Charges per Fraction | 303/- |
| 11.2 | Consul. Fee per Fraction Phys. Chrg. & Oth. Chrgs. | 303/- |
| 11.3 | Renal Transplant (including donor work) | 208000/- |
| 11.4 | Lithotripsy | 20000/- |
| 12. | COBALT 60 THERAPY | |
| 12.1 | Radical Treatment | 20200/- |
| 12.2 | Palliative Treatment | 10100/- |
| 12.3 | Adjustment Therapy | 16160/- |
| 13. | LINER ACCELERATORS | |
| 13.1 | Radical Radiotherapy Liner | 51500/- |
| 13.2 | Palliative Radiotherapy Liner | 25250/- |

| S. No. | Name of the Treatment Procedure/ Investigation | CGHS Approved Rates in Rupees |
|--------|---|----------------------------------|
| 14. | BRACHY THERAPY | |
| 14.1 | Intracavitary | 1000/- |
| 14.2 | Interstitial (Implant) | |
| | i) Head & Neck | 11110/- |
| | ii) Breast | 10100/- |
| | iii) Soft Tissue Sarcome | 12120/- |
| 15. | CHEMOTHERAPY CHARGES | |
| 15.1 | Single Drug Therapy per day | 500/- |
| 15.2 | Multiple Drug Therapy per day | 808/- |
| 15.3 | Infusional Chemotherapy | 909/- |

I am to inform you that 55 private hospitals and diagnostic centers were recognized vide Ministry OM No.Rec-24/ 2001/ JD(M)/ CGHS/ Delhi/ CGHS(P) dated 7th September, 2001.

The beneficiary can take treatment in the following hospitals and reimbursement will be restricted to the package rates approved in the Ministry OM No.S11011/16/94/-CGHS Desk-II/CMO(D)/CGHS(P) dated 18th September, 1996.

1. Sir Ganga Ram Hospital Rajendra Nagar, New Delhi
General /Specialized purpose, Diagnostic (including Cardiac & Vascular Surgeries)
2. Sunder Lal Jain Hospital Ashok Vihar, Phase-III, Delhi
General & Specialized Purpose, Diagnostic except Cardiac Surgery
3. Escorts Heart Institute & Research Centre Okhla Road, New Delhi-25
Specialized Purpose- Cardiology, Cardiac & Vascular Surgery & related diagnostic procedures
4. Indraprastha Apollo Hospitals Sarita Vihar, New Delhi
General/ all super specialty/ Diagnostic Purpose (except Radio Therapy)
5. Batra Hospital & Med. Research Centre Tughlakabad Indst. Area, M.B. Road, New Delhi
General/ Specialized/ Diagnostic Purpose (including Cardiac & Vascular Surgeries & Radiotherapy)
6. Dharamshila Cancer Hospital & Research Center Vasundhara Enclave, New Delhi
Specialized Purpose-Cancer & Cancer related surgeries & Investigations

All Additional Directors are advised to inform CMO I/c of the dispensaries under their administrative control to issue permission to the beneficiaries if they desired to avail treatment in above mentioned private hospitals. CMO I/c may also be instructed to issue medicines to the beneficiary on their prescription as per rules.

DIRECTOR(CGHS)