

**Government of Tamil Nadu**  
**TENDER DOCUMENT TO SELECT INSURANCE COMPANY TO**  
**IMPLEMENT**  
**The "Chief Minister's Comprehensive Health Insurance Scheme"**

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**Government of Tamil Nadu**  
**TENDER DOCUMENT TO SELECT INSURANCE COMPANY TO IMPLEMENT**  
**The "Chief Minister's Comprehensive Health Insurance Scheme"**

**Invitation of Bid -**

The Government of Tamil Nadu has decided through G.O. (Ms)No.169,H&FW (EAP-II(2)) Department, Dated 11.07.2011 to launch the "Chief Minister's Comprehensive Health Insurance Scheme" to achieve the objective of providing quality health care to the people of Tamil Nadu. This tender document is for selecting the insurance partner for implementing the scheme.

**1. DEFINITIONS:**

In this tender document unless the context otherwise provides

- (a) "Scheme" means, the "Chief Minister's Comprehensive Health Insurance Scheme" as per G.O. (Ms) No.169 H&FW (EAP-II (2)) Department, Dated 11.07.2011 and amendments thereto (Enclosure -1)
- (b) "Guidelines" means the "Chief Minister's Comprehensive Health Insurance Scheme" Guidelines, 2011, which is given in Enclosure -2.
- (c) "Tender Accepting Authority" means, the State Empowered Committee constituted by the Government of Tamil Nadu as per G.O. (Ms)No.169 H&FW (EAP-II (2)) Department, Dated 11.07.2011 and amendments thereto (Enclosure -1).
- (d) "Tender Inviting Authority" means, Project Director, Tamil Nadu Health Systems Society, Chennai 600 006.
- (e) Words and expressions used but not defined in this document, but defined in the Tamil Nadu Transparency in Tenders Act, 1998 & Rules, 2000 framed there under (Tamil Nadu Act Number 43 of 1998), the Scheme or the Guidelines shall have the same meanings respectively assigned to them in that Act, the Scheme or the Guidelines, as the case may be.

## **2. SUBMISSION OF BIDS**

By virtue of the provisions contained in the Tamil Nadu Transparency in Tenders Act, 1998 (Tamil Nadu Act Number 43 of 1998) and the Rules, 2000, framed there under, the Project Director, Tamil Nadu Health Systems Society seeks detailed bids from Insurance Companies interested in implementing the Scheme, as detailed in the Scheme and the Guidelines. The proposed document should include the following:

### **SECTION A – TECHNICAL BID:**

#### **QUALIFYING CRITERIA:**

- (i) The bidder should be an Insurance Company authorized to conduct the business of Health Insurance by the Insurance Regulatory and Development Authority (IRDA). Copy of IRDA license to conduct health insurance business, attested by a Notary Public or by a Group A or B Officer of the Central Government or State Government shall be enclosed.
- (ii) The Bidder should have been licensed for doing Health Insurance for at least one year as on the last date for submission of bid and should have at any one point of time in last three years, reckoned from the last date for bid submission, live health insurance policies covering at least 2.5 lakhs families / individual policies in aggregate.
- (iii) The Bidder should not have been banned or debarred by any State Government / Central Government or its Agencies or not qualified in participating the Government Schemes as per the IRDA Guidelines for any issue, and the ban or debarment should not be in currency on the last date for submission of bid. The Bidder should give an undertaking on this. The Bidder who has been banned or debarred

even after submission of bids but before entering in to the agreement, shall not be considered.

Explanation: It is clarified that a ban which is not in currency on the last date for submission of bid would not be deemed to be a bar on the company from bidding.

- (iv) Bidders eligible as per above conditions, are not permitted to bid by forming consortium with other insurance companies.
- (v) The successful bidder should complete the performance obligations listed out in the activity chart as per Annexure - A of the Guidelines.
- (vi) The Third Party Administrator, if any, implementing the scheme on behalf of the successful bidder should also be an agency approved by the Insurance Regulatory and Development Authority. The successful bidder would be required to establish the offices, within one month of signing the agreement, for processing claims in all districts of Tamil Nadu. The details of Third party Administrator(s), if any, or branches of the successful bidder shall be furnished within one month from the date of signing the agreement.
- (vii) The successful Bidder would be required to have, within one month of signing of the Agreement, an accredited hospital network in all districts of the State of Tamil Nadu and other places as may be designated by The Project Director, Tamil Nadu Health Systems Society. The yardstick prescribed under Clause 8 of the Guidelines shall be adhered to by the successful Bidder while accrediting the hospitals. The details of the Hospitals covered under the Scheme shall be furnished in the format in Annexure - B to the Guidelines within one month of the execution of agreement and to be updated on monthly basis.

## **SECTION B – FINANCIAL BID**

- i. The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary as defined in the Scope of the Scheme under clause 5 of the Guidelines.
- ii. The coverage will be up to Rs. 1 lakh per family per year as per Annexure C, E and F with provision to pay upto Rs 1.5 lakhs per year per family for certain specified procedures as per Annexure D to the Guidelines in any of the empanelled hospitals subject to package rates on cashless basis through Health insurance card or Ration Card.
- iii. The benefit will be on floater basis and can be availed of individually or collectively by members of the family during the policy year with no restriction on the number of times the benefit is availed. The unutilized Entitlement will lapse at the end of every policy year.
- iv. The service tax due on the total premium from time to time will be borne by the Tamil Nadu Health Systems Society.
- v. The details of the financial bid shall be furnished in the format prescribed in Enclosure-3.

## **3. CONTENT OF BID**

- i. Technical bid shall contain the following documents:
  - a. Attested Copy of IRDA License
  - b. Proof of covering a minimum 2.5 lakhs families / individual policies in aggregate at any point of time in the last three years.
  - c. Declaration from the insurer that the Insurance Agency has not been banned /debarred by any State Government/Central Government or its Agencies or not disqualified in participating the Government schemes as per IRDA guidelines.
  - d. An undertaking that they have submitted their Bid as a single entity only and have not formed a Consortium for the scheme.



extension of the period of validity. The request and the responses thereto shall be made in writing.

vii. The bid may be rejected.

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

#### **4. SIGNATURE ON EACH PAGE OF DOCUMENT:**

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

#### **5. AMENDMENTS TO TENDER DOCUMENTS:-**

- (a) At any time after the issue of tender documents and before the opening of the tender, the Tender Inviting Authority may make any changes, modifications or amendments to the tender documents and shall sent intimation of such changes to all those who have purchased the original tender documents and upload corrigendum for the information of those who have downloaded the tender documents from the website.
- (b) In case any one Bidder asks for a clarification to the tender documents before 48 hours of the opening of the tender, the tender inviting authority shall ensure that a reply is sent and copies of the replies to the clarifications sought shall be

communicated to all those who have purchased the tender documents without identifying the source of the query and upload such clarification to the designated website for the information of those who have downloaded the tender documents from the website, without identifying the source of the query.

- (c) The amendments will be notified through corrigendum posted on the website [www.tenders.tn.gov.in](http://www.tenders.tn.gov.in) . Such amendments will form part of the tender document. Bidders are advised to constantly watch for any corrigendum at the above mentioned web address.
- (d) The Tender Inviting Authority reserves the right to extend the deadline for submission of tender for any reason, and the same shall be notified through corrigendum posted on the website [www.tenders.tn.gov.in](http://www.tenders.tn.gov.in)

## **6. PRE-BID MEETING**

- i. A Pre-Bid meeting of the prospective bidders will be held at 11 AM **on 8<sup>th</sup> August 2011(08.08.2011)** in the Conference Hall of Health Department in the 4<sup>th</sup> floor of the Secretariat, Fort St George, Chennai-9 to clarify any queries the Bidders may have, and for providing additional information if any. No separate intimation of the Pre-Bid meeting will be sent to the prospective Bidders unless there is a change in the time, date or venue of the Pre-Bid meeting, which will be posted on the website- [www.tenders.tn.gov.in](http://www.tenders.tn.gov.in). Maximum two authorized representative of each interested Bidder will be allowed to attend the pre bid meeting.
- ii. A copy of the minutes of the Pre Bid meeting will be sent to all the prospective Bidders who attended the meeting and will be posted on the website: [www.tenders.tn.gov.in](http://www.tenders.tn.gov.in).

## **7. DEADLINE FOR SUBMISSION OF BID :**

Completed Tender documents shall be received in the office of the Project Director, Tamil Nadu Health Systems Society, DMS Annexe Building, DMS Complex, Teynampet, Chennai-6 **not later than 3 p.m. on 22<sup>nd</sup> August 2011**. Tender documents received later than the prescribed date and time shall not be opened and shall be returned unopened to the concerned Bidder. Delay due to postal or any other reason will not be condoned

## **8. PROCEDURE FOR EVALUATION OF BIDS AND AWARD OF CONTRACT.**

- (i) The bids will be evaluated by a panel of officials nominated by Tender Inviting Authority.
- (ii) The technical bids will be opened on 22.08.2011 at 3.30 PM in the office of Project Director ,Tamil Nadu Health Systems Society, DMS Annexe building, DMS campus, Chennai-6. Only one authorized representative of each Bidder will be allowed to attend.
- (iii) Once the technical bids have been evaluated, only the qualified Bidders will be informed about the date of opening of financial tenders and such financial tenders will be opened in the presence of **the authorized representative of each qualified Insurance Company who chooses to be present.**
- (iv) The lowest evaluated bidder will be eligible for the award of tender.

## **9. RIGHT TO NEGOTIATE AT THE TIME OF AWARD :**

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

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

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

#### **11. NOTIFICATION OF AWARD AND SIGNING OF AGREEMENT:**

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

#### **12. CONFIDENTIALITY:**

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

#### **13. CANVASSING, FRAUDULENT AND CORRUPT PRACTICES:**

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

#### **14. PERIOD OF AGREEMENT:**

- (a) The agreement will be in force for a period of 4 years from the date of commencement of the Scheme, subject to annual renewal and

extendable by one more year beyond 4 years with mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.

(b) The Tamil Nadu Health Systems society shall have the right to cancel the agreement, if at any time during the period of the Scheme, the insurance company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract of Agreement .

Chennai-6

Date:

Project Director  
Tamil Nadu Health Systems Society  
Chennai -6.

**Enclosure - 1**



### **ABSTRACT**

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

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

G.O. Ms) No.169

Dated : 11.7.2011

Thiruvalluvar Aandu – 2042

Aani - 26

Read :

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

### **ORDER:-**

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

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

2. In the G.O 3<sup>rd</sup> read above, orders were issued terminating the Chief Minister's Insurance Scheme for Life Saving Treatments introduced in the G.O 1<sup>st</sup> and 2<sup>nd</sup> read above and it was also ordered that the Government would launch a new Comprehensive Health Insurance Scheme shortly to achieve the objective of universal health care.
3. Accordingly, the Government direct that a new "Comprehensive Health Insurance Scheme" be launched to achieve the objective of universal health care to the people of Tamil Nadu.
4. The new "Comprehensive Health Insurance Scheme" shall be implemented on the following pattern :-

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

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

- (vii) A new health insurance card for identification of beneficiary will be generated using the existing database and distributed through district administration / Insurance Company. For new enrolment, district level kiosk will be established at each district collectorate.
- (ix) Under the new Insurance Scheme, the performance of Government Hospitals will be improved as follows:-
  - a. Full package cost will be given to the Government hospitals along with incentive to the operating team. The sharing of funds for the cost of consumables, institutional development and incentive to operating team, shall be in the ratio of 60:25:15 respectively. This will be facilitated through the Tamil Nadu Health Systems Society, Directorate of Medical Education and Directorate of Medical and Rural Health Services.
  - b. The capacity of the participating hospitals shall be strengthened to handle the fund management under insurance.
  - c. The Government / Tamil Nadu Health Systems Society / Directorate of Medical Education should ensure creation of separate ward for patients covered under this scheme in the medical colleges with additional logistics and specific and trained manpower on the lines of the pay wards in Stanley Medical College Gastro Intestinal Department and Institute of Obstetrics and Gynaecology, Egmore, Chennai.
  - d. Initial advance shall be given to Government institutions to create such facilities which can be adjusted later from the claim amount.
  - e. Some procedures will be reserved for Government hospitals which will be decided by the Government / Tamil Nadu Health Systems Society.
- (x) An open tender will be floated as per the provisions of Tamil Nadu Transparency in Tender Act 1998 and the rules made thereunder to select an IRDA approved insurance company for implementing the new insurance scheme in all the districts of Tamil Nadu. The tender will be valid for 3 years subject to renewal of the contract on yearly basis based on the performance indicators like claim ratio of more than 80% and annual IRDA renewal, with a provision for refund as per guidelines.
- (xi) The Project Director, Tamil Nadu Health System Society is permitted to float the tender as per Tamil Nadu Transparency in Tenders Act 1998 and the rules framed thereunder.

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

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

- (i) 2210 Medical and Public Health
  - 80 General
  - 800 Other Expenditure
    - Schemes in the Eleventh Five Year Plan
  - II State Plan
  - JJ Comprehensive Health Scheme Insurance Scheme
  - 10 Contributions
  - 02 Insurance Premium
    - (DPC 2210 80 800 JJ 1020)
- (ii) 2210 Medical and Public Health
  - 80 General
  - 789 Special Component Plan for Scheduled castes
    - Schemes in the Eleventh Five Year Plan
  - II State Plan
  - JC Comprehensive Health Insurance Scheme under Special Component Plan
  - 10 Contributions
  - 02 Insurance Premium
    - (DPC 2210 80 789 JC 1020)
- (iii) 2210 Medical and Public Health
  - 80 General
  - 796 Tribal Area Sub Plan Schemes in the Eleventh Five Year Plan
  - II State Plan
  - JB Comprehensive Health Insurance Scheme under Tribal Sub Plan
  - 10 Contributions
  - 02 Insurance Premium
    - (DPC 2210 80 796 JB 1027)

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

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

Data Processing Code

Receipts	Outgoing
(8443-00-800-DJ-0001)	(8443-00-800-DJ-0002)

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

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

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

9. This order is issued with the concurrence of Finance Department vide its U.O.No. 157/DS(NK)/2011-1, dated 8.7.2011.

**(BY ORDER OF THE GOVERNOR)**

**GIRIJA VAIDYANATHAN**  
**PRINCIPAL SECRETARY TO GOVERNMENT**

To : :-

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

Commissioner of Municipal Administration, Chennai – 10.  
The Director of Public Health and Preventive Medicine, Chennai-6.

The Director of Medical and Rural Health Services, Chennai – 6.

The Director of Medical Education, Chennai – 10.

All District Collectors

All Joint Directors of Medical and Rural

Health Services / Deputy Director of Health Services

Accountant General, Chennai – 6/18

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

Copy to

The Hon'ble Chief Minister's Office, Chennai – 9

The Senior P.A to Hon'ble Minister (Finance) / (Health), Chennai – 8.

The Finance (Health-I) Department, Chennai-9.

SF/SC.

**/ FORWARDED BY ORDER /**

*P. Paenethi* 11/11/11  
**SECTION OFFICER**

*As per  
11/11/11*

## **Enclosure 2**

### **"Chief Minister's Comprehensive Health Insurance Scheme Guidelines", 2011**

#### **1. Title**

These Guidelines may be called the "Chief Minister's Comprehensive Health Insurance Scheme" Guidelines, 2011.

#### **2. Application**

The "Chief Minister's Comprehensive Health Insurance Scheme" is launched to improve access of the poor families of Tamil Nadu, whose annual family income is less than Rs.72,000/- as certified by Village Administrative Officer and all members of Welfare Boards as defined hereunder to provide quality medical care for identified specialty services requiring hospitalization for surgeries and medical procedures as given in annexure C,D,E and F through an identified network of health care providers.

#### **3. Definitions**

In these Guidelines, unless the context otherwise required,-

- (a) **"Eligible person"** means a member of a family whose annual family income is less than Rs.72,000/- as certified by Village Administrative Officer and all members of Welfare Boards as defined hereunder and such other person who may be declared to be eligible for coverage under the "Chief Minister's Comprehensive Health Insurance Scheme" by the Government
- (b) **"Entitlement"** means to provision of coverage up to Rs. 1 lakh per family per year as per annexure C, E and F with provision to pay upto Rs 1.5 lakhs per year per family for certain specified procedures as per Annexure D to the Guidelines in any of the empanelled hospitals subject to package rates.
- (c) **"Family"** includes the eligible member, and the members of his or her family as detailed below:

- (i) legal spouse of the eligible person;
- (ii) Children of the eligible person till they get employed or married or attain the age of 25 years, whichever is earlier, and who are dependent on the eligible person;
- (iii) Dependent parents of the eligible person.

Provided that if any person, in any of the categories at (i), (ii) or (iii) above, finds place in the family ration card, then it shall be presumed that the person is member of the family, and no further confirmation would be required.

- (d) **“Government”** means Government of Tamil Nadu.
- (e) **“Guidelines”** means the “Chief Minister’s Comprehensive Health Insurance Scheme” Guidelines, 2011.
- (f) **“Hospital”** means any institution established for inpatient medical care with sufficient facilities for the disease treatment and surgeries which would fulfill the criteria under Clause 8 of Guidelines below and which has been included, in the approved network of hospital by the successful Bidder.
- (g) **“Scheme”** means the “Chief Minister’s Comprehensive Health Insurance Scheme” ordered in G.O.(Ms) No.169, H&FW (EAP-II(2))Dept., dt.11.07.2011, along with provisions included in the Government Order.
- (h) **“Third Party Administrator”** means an organization, as defined and licensed under the Insurance Regulatory and Development Authority, (Third Party Administrators – Health Services) Regulations, 2001, and is engaged for a fee or remuneration by an insurance company for the provision of health services.
- (i) **“Welfare Board”** means

- (1) Board established under the Tamil Nadu Agricultural Labourers – Farmers (Social Security and Welfare) Act, 2006 (Tamil Nadu Act 29 of 2006)
- (2) Board established under Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982); or
- (3) Any other Welfare Board established by the Government and declared by Government to be eligible under the Scheme.

#### **4. Objectives**

The main objective of the Scheme is to provide free medical and surgical treatment in Government and Private hospitals to the members of any family whose annual family income is less than Rs.72,000/-, as certified by the Village Administrative Officers and members of all Welfare Boards approved by the Government of Tamil Nadu.

#### **5. Scope of the Scheme.**

The Scope of the Scheme shall be to provide coverage as per entitlement for the eligible expenses incurred by the eligible person on behalf of himself or any member of his or her family for the treatment of procedures listed in the Annexure C, D, E and F to the Guidelines. The coverage will include bed charges in General ward, Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to inpatient, transport cost etc. Transport cost restricted to the maximum of Rs.1000 per year.

Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic tests and medicine upto 5 days of the discharge from the hospital for the same ailment/ surgery including transport expenses will also be the part of the package. In instance of death

the carriage of dead body from the networked hospitals to the village / township/City would also be the part of the package.

In addition, for the identified 120 procedures listed in annexure E to the guidelines, and coverage will be provided for the extended period of time as a separate package. The number of procedures covered under the scheme may be modified with mutual consent, with the approval of State Empowered Committee.

Project Director, Tamil Nadu Health System Society reserves the right to reserve certain procedures for the Government Hospitals.

## **6. Diagnostic procedures**

- a) The diagnostic procedures leading to surgery / medical management under this insurance scheme will be part of the package.
- b) For the Patients referred through Government facility/screening camps and require to undergo further diagnostic procedures specified in annexure F to the guidelines, at the empanelled hospitals, the cost for the diagnostic procedures will be reimbursed as a separate package cost, even if those diagnostic procedures do not lead to an approved procedure for surgery/medical management under the Scheme. This facility is not available to the patients who are directly approaching the private hospitals without referral/ screening camps.

**7. Empanelment and Disciplinary Committee-** The committee under the chairmanship of Project Director, Tamil Nadu Health System Society with one member from Insurance company and officials from State Health Insurance Unit in the Tamil Nadu Health System Society to empanel and regulate the functioning of the network hospitals under this scheme.

## **8. Hospitals to be covered under the Scheme.**

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

- (a) It should have at least 30 inpatient beds. Exemption may be given by Empanelment and Disciplinary Committee for single-specialty hospitals and in remote areas.
- (b) It should be equipped and engaged in providing medical and surgical facilities along with diagnostic facilities i.e. Pathological tests, X-ray and other investigations like Electro Cardiograph etc., for the care and treatment of injured or sick persons as in-patients; Provided that hospitals may get diagnostic tests done through established diagnostic centers outside the hospital;
- (c) It should have a fully equipped operation theatre of its own wherever surgical operations are carried out;
- (d) It should have qualified doctor(s) and nurses, physically in charge round the clock; (necessary certificates to be produced during empanelment)
- (e) It should maintain complete records as required on day to day basis and be able to provide necessary records of the insured patient to the successful bidder ,Project Director, Tamil Nadu Health Systems Society or their representatives as and when required;

(2) The successful bidder shall ensure the availability of, excluding Government Hospitals, a minimum of 50 networked hospitals in the district of Chennai, 20 networked hospitals each in the districts of Coimbatore and Madurai, 6 networked hospitals each in other districts of the State and the availability of a minimum 50 networked hospitals in the areas under each district cluster as indicated below:

**(a) Northern Cluster:**

Cuddalore, Kancheepuram, Tiruvallur, Tiruvannamalai, Vellore and Villupuram.

**(b) Central Cluster:**

Ariyalur, Karur, Nagapattinam, Perambalur, Pudukottai, Thanjavur, Tiruchirapalli and Tiruvarur.

**(c) Western Cluster:**

Dharmapuri, Erode, Krishnagiri, Namakkal, Salem, Tiruppur and The Nilgiris

**(d) Southern Cluster:**

Dindigul Kanyakumari, Ramanathapuram, Sivagangai, Theni, Tirunelveli, Tuticorin and Virudhunagar.

(3) The Insurance Company approved by the Government to implement this Insurance Scheme shall do the Empanelment of Hospitals with approval of Empanelment and Disciplinary Committee by following the standard prescribed for the hospitals with regard to the availability of physical facilities, equipments for diagnoses / treatment and the qualified specialists and other staff for the diseases identified for the assistance.

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

(5) Few institutions (excluding Government Hospitals) situated at Puducherry, Bengaluru and Thiruvanthapuram shall also be included in the list of eligible hospitals with the approval of Empanelment and Disciplinary Committee.

(6) The successful bidder, at any time of the implementation of the scheme, may add any hospital to the approved list of hospital, after getting

concurrence of the Empanelment and Disciplinary Committee provided the hospital satisfies the conditions given in Clause 8 of the Guidelines.

(7) Where any fraudulent claim becomes directly attributable to a Hospital included in the networked hospitals, the hospital shall be removed and excluded under the Scheme by Empanelment and Disciplinary Committee.

## **9. Sum insured on Family Floater Basis**

(1) The Scheme shall provide coverage for the treatments as defined in Clause 5, of Guidelines as per Entitlement for 4 years from the date of commencement of the Scheme in any of the empanelled hospitals.

(2) If any member of the family of an eligible person is eligible to have his name included in the family of an another eligible person, he would be eligible to have his name included in one health insurance identity card only and claim assistance under one card only;

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

## **10. Health Insurance identity Card**

(1) A new Health Insurance identity card, a smart card with micro processor chip, containing Bio-Metrics and photographs of all the members for identification of beneficiary shall be generated using the existing data base which has to be compatible with UID and ration cards and distributed through the successful bidder. The new enrollment and issue of cards will be through district kiosk to be established by the insurance company.

(2) Wherever necessary the successful bidder with the concurrence of the Project Director, Tamil Nadu Health System Society can seek the assistance of

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

(3) The health insurance identity cards shall be made available within a period of Sixty days from the date of award or the date of handing over the data of the beneficiaries, whichever is later.

(4) During the interim period of preparation and distribution of the health insurance identity cards, the successful bidder shall authorize pre-authorization for treatment based on the ration card, Identification Certificate issued by the welfare boards and the income certificate issued by the Village Administrative Officers after verifying with the existing database.

(5) The expenditure on the preparation of health insurance identity cards and new enrolments made in the district kiosks, should be borne by the successful bidder and the Government or the Tamil Nadu Health Systems Society would not be liable for separate payment for this activity

(6) The data furnished by the State Government or Project Director, Tamil Nadu Health Systems Society, shall be the property of the State Government / Project Director, Tamil Nadu Health Systems Society, and should not be used for any other purpose without the prior permission of the Government of Tamil Nadu or the Project Director, Tamil Nadu Health Systems Society, as the case may be.

(7) All software utilized and new data generated during the implementation of the scheme will be the property of the Society and shall be handed over to the Society with Source Code.

## **11. Implementation Procedure.**

- (1) The Scheme will be implemented by the State Health Insurance Unit, Tamil Nadu Health Systems Society, Chennai and the premium payable will be released through the Tamil Nadu Health Systems Society.
- (2) The suitable successful bidder for implementation of the scheme will be selected through national competitive bidding.
- (3) The Scheme may also be administered through the Third Party Administrators. The Third Party Administrator, if any, implementing the scheme on behalf of the successful bidder should also be an agency approved by the Insurance Regulatory and Development Authority. The successful bidder would be required to have, within one month of signing the agreement, offices for processing claims in all districts of Tamil Nadu. The details of Third party Administrator(s), if any, or branches of the successful bidder shall be furnished within one month from the date of signing the agreement.
- (4) The selected successful bidder shall sign Agreement with the empanelled hospitals under the scheme (both Government and private hospitals). The successful bidder, at any time of the implementation of the scheme, may add, suspend or remove any hospital to the list of network hospital, after getting concurrence of the Empanelment and Disciplinary Committee, provided the hospital satisfies the conditions given in Clause 8 of Guidelines.
- (5) The Government of Tamil Nadu will provide the basic details of eligible person and his or her family members to be covered under the Scheme, viz. numbering about 1.34 crores families (approximately) with average enrolled family size of 2.7 persons to the selected successful bidder immediately after signing of the agreement.

(6) The successful bidder shall prepare and distribute the health insurance identity cards as per clause 10 of the guidelines.

(7) The successful bidder shall ensure that the members of the family of eligible persons are treated without having to make any cash payment. Successful bidder shall publish, locally and on the website, the likely cost for each procedure in a particular hospital, to enable the enrolled member to choose the appropriate hospital for treatment. Provided further that the Hospital shall give a rough estimate to the patient on the likely expenditure before he is admitted.

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

(9) The Hospital will raise the bill on the successful bidder. The successful bidder shall process the claim and settle the claims expeditiously so as to ensure that the Hospitals provide the services to the beneficiaries without fail. The Tamil Nadu Health Systems Society will reserve the right to monitor the claim processing through software and the facility should be provided by the successful bidder in this regard. In case of any failure in services from the Hospitals due to pending bills, the successful bidder will be held responsible.

(10) The Scheme shall commence on a date to be notified.

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

## **12. Payment of Premium.**

(1) The Project Director, Tamil Nadu Health Systems Society, will pay the insurance premium on behalf of the eligible persons to the successful bidder.

(2) The premium would be paid every year in four quarterly installments on or before the first day of the quarter every year, with the year being reckoned from the date of commencement of the Scheme.

(3) The first premium for the first year of the scheme would be paid on or before the date of commencement of the scheme. The amount of premium would be arrived as twenty-five percent of the premium payable based on the number of eligible persons provided to the successful bidder by the Tamil Nadu Health Systems Society, on or before the date of commencement of the scheme. For the subsequent quarters, insurance premium will be released based on the number of health insurance cards issued.

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

## **13. Refund.**

If there is a surplus after the pure claims experience on the premium (excluding services tax) at the end of the policy period, after providing 20% of the premium paid towards the company's administrative cost, of the balance 80% after providing for claims payment & outstanding claims, 90% of the left over surplus will be refunded to the society within 30 days after the expiry of the policy year.

## **14. Performance monitoring.**

Performance of the Successful bidder will be monitored regularly based on the following Parameters –

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

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

The Insurance Company should post enough dedicated staff, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to society in the desired format on a real-time basis. The company should establish proper networking for quick and error-free processing of pre-authorizations. The pre-authorization has to be done round the clock which will be scrutinized by Tamil Nadu Health Systems Society periodically and preauthorization shall be done within 24 hours. A provision for emergency intimation and approval should also be established. In instance of dispute, the final decision on preauthorization rest with the Project Director of Tamil Nadu Health Systems Society.

The preauthorization team shall have all the specialists concerned with the procedures covered in the scheme on a permanent basis.

There should be inbuilt anonymity of name of network hospital and health card number in the software while giving preauthorization and claim settlement.

## **16. Capacity Building & IEC:**

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

## **17. PUBLICITY:**

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

## **18. Health camps / Screening camps**

Successful bidder shall ensure that, free health camps / screening camps by network hospitals are to be conducted as per the directions given by Project Director of Tamil Nadu Health Systems Society. Minimum of one camp per month per empanelled hospital has to be held in the districts in each policy year. Network hospital shall carry necessary screening equipments along with specialists (as suggested by the Tamil Nadu Health Systems Society) and other Para-medical staff. The empanelled hospital shall work in close liaison with, Dean, Joint Director of Health Services, Deputy Director of Health Services and District coordinator of the Insurance Company in consultation with District Collector

## **19. Liaison Officer**

The successful bidder needs to appoint at least one Liaison Officer at all network hospitals to facilitate admission, treatment and cashless transaction to the patient. The Liaison Officer should also help hospitals in pre-authorization, claim settlement and follow-up. They should also ensure proper

reception and care in the hospitals and send regular MIS to call center. Successful bidder shall provide all Liaison Officer with cell phone having CUG connectivity with SMS based reporting framework for effective and instant communication. The role of Liaison Officer can be modified by State Empowered Committee from time-to-time. The bidder will provide uniform and arrange the workshops/training sessions for the Liaison Officer specified by Project Director, Tamil Nadu Health Systems Society.

## **20. District level co-ordination:**

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

## **21. Settlement of Claims.**

The claims have to be settled within 7 days of receipt of all reports, bills & the satisfaction report of the beneficiary.

## **22. Medical Auditors:**

The successful bidder shall appoint enough number of medical auditors, who scrutinize preauthorization. The bidder shall also recruit specialized doctors for regular inspection of hospitals, attend to complaints from beneficiary families directly or through Liaison Officer or from Project Director, Tamil Nadu Health Systems Society for any deficiency in services by the hospitals and also to ensure proper care and counseling for the patient at network hospital by coordinating with Liaison Officer and hospital authorities.

## **23. Website and Call Centers:**

- (1) The successful bidder shall set up a dedicated website for the Scheme to enable people to have access to information on the scheme.
- (2) The successful bidder shall set up a 24 hour call centre with toll free help line.

## **24. Manual.**

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

## **25. Penalty**

- i) Deficiency in services – Failure to provide services as required by terms of Scheme in the tender document will attract penalty as may be determined by the Project Director, Tamil Nadu Health Systems Society, subject to the minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu / Project Director, Tamil Nadu Health Systems Society, or beneficiary due to non compliance.
- ii) Non adherence of time line - Failure to adhere to Activity Chart as per the Annexure A in Guidelines will attract the Penalty as may be determined by the

Project Director Tamil Nadu Health Systems Society subject to maximum of one percent of premium payable for each occasion.

## **26. Redressal of grievances.**

- (1) Any complaints about any difficulty in availing treatments, non-availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the District Collector, Deputy Director of Health Services and Joint Director of the Medical and Rural Health Services for necessary action.
- (2) The complaints received shall be placed for decision of a District Monitoring and Grievance Committee at District level headed by the District Collector, having the Dean/medical superintendent of the medical college, Joint Director of Medical and Rural Health Services Department, Deputy Director of Health Services and the representative of the Insurance Company as members and Special Deputy Collector (SSS) as member secretary.
- (3) An appeal against the decision of the District Monitoring and Grievance Committee may be preferred to the State Monitoring and Grievance Committee consisting of the Project Director, Tamil Nadu Health Systems Society, as Chairperson, and having the Director of Medical Education, Director of Medical and Rural Health Services, Director of Public Health and official representative nominated by the successful bidder as member.
- (4) Any dispute arising out of the implementation of the Scheme which remain unresolved at the State Monitoring and Grievance Committee shall be referred within fifteen days to a High Level Committee, comprising of the Secretary to Government, Health and Family Welfare Department, Project Director, Tamil Nadu Health Systems Society and the Representative of the successful bidder nominated for the purpose.
- (5) The Civil Courts situated in Tamilnadu shall have exclusive jurisdiction over any disputes, which remain unresolved by the above procedure.

(6) Nothing aforesaid, shall prejudice the rights of the Government of Tamil Nadu or Tamil Nadu Health Systems Society to approach any other forum for dispute resolution permissible under Law.

Chennai-6

Date:

Project Director

Tamil Nadu Health Systems Society

Chennai -6.

**ANNEXURE-A**  
**ACTIVITY CHART**

<b>Activity</b>	<b>Number of days required to complete the activity from the award date</b>	<b>Remarks</b>
Identifying the Project Officer	<b>7 days</b>	
Setting up of Project Office with infrastructure in the area of Municipal Corporation of Chennai	<b>15 days</b>	
Appointment of staff including doctors	<b>20 days</b>	
Empanelment of hospitals, appointment of Liasion officers and identification of DMO (Dedicated medical officer) and MCC (medical camp coordinator)	<b>30 days</b>	
Installation of kiosk, computer and Accessories, CUG connections and 1mbps connectivity in the offices and hospitals.	<b>15 days</b>	
Printing and distribution of publicity Material and workflow	<b>15 days</b>	
Training of Staffs including Doctors	<b>10 days</b>	
IT enabling	<b>20 days</b>	
Establishment of 24 Hrs Call Center	<b>15 days</b>	
Establishment of other infrastructure	<b>25 days</b>	
Establishment of district kiosk and other infrastructure in the districts	<b>20 days</b>	
Preparatory meetings and trainings at district level for inaugural mega camps.	<b>20 days</b>	

**DATE:**

**SIGNATURE**

**Stamp:**

**Name:**

**Designation:**

**Address:**

## **ANNEXURE-B**

Details of the Hospitals covered under the Scheme

	<b>Districts</b>	<b>Name of Hospital With contact details like phone, address and email etc including the contact details of persons like Owner, DMO, MCC</b>	<b>Details of the operating doctors /Physicians with Medical registration number</b>	<b>Empanelled for specialized category/ies and procedures</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				

**DATE:**

**SIGNATURE**

**Stamp:**

**Name:**

**Designation:**

**Address:**

**Annexure : C**

**The List of Surgeries / Therapies to be covered under New Health Insurance Scheme**

**CARDIAC AND CARDIOTHORACIC SURGERY**

<b>S.No</b>	<b>SYSTEM</b>
<b>CARDIAC INTERVENTIONS / PROCEDURES</b>	
1	CORONARY BALLOON ANGIOPLASTY
2	PTCA with baremetal stent
3	Additional Stent
4	ASD Device closure
5	VSD Device closure
6	PDA Stenting
7	Device closure
8	Single coil
9	Multiple coils
10	BALLOON VALVOTOMY
11	Balloon Atrial septostomy
12	PERMANENT PACEMAKER IMPLANTATION
13	TEMPORARY PACEMAKER IMPLANTATION
14	With stent
15	Without stent
16	Additional Stent
17	RENAL ANGIOPLASTY
18	Peripheral Angioplasty

19	VERTEBRAL ANGIOPLASTY
<b>CARDIOTHORACIC AND VASCULAR SURGERIES</b>	
20	CORONARY BYPASS SURGERY
21	CORONARY BYPASS SURGERY-POST ANGIOPLASTY
22	CABG WITH IABP PUMP
23	Coronary bypass Surgery off pump with IABP
24	CABG of pump without IABP
25	CABG WITH ANEURISMAL REPAIR
26	MITRAL VALVE REPLACEMENT (WITH VALVE)
27	AORTIC VALVE REPLACEMENT (WITH VALVE)
28	TRICUSPID VALVE REPLACEMENT
29	DOUBLE VALVE REPLACEMENT (WITH VALVE)
30	COARCTATION-AROTA REPAIR WITH GRAFT
31	COARCTATION-AROTA REPAIR WITHOUT GRAFT
32	ANEURYSM RESECTION & GRAFTING
33	INTRATHORACIC ANEURYSM -ANEURYSM NOT REQUIRING BYPASS
34	INTRATHORACIC ANEURYSM -REQUIRING BYPASS (WITH GRAFT)
35	DISSECTING ANEURYSMS
36	AORTO-AORTO BYPASS WITH GRAFT
37	ANNULUS AORTIC ECTASIA WITH VALVED CONDUITS
38	AORTO-AORTO BYPASS WITHOUT GRAFT
39	FEMORO- POPLITIAL BYPASS WITH GRAFT
40	FEMORO- POPLITIAL BYPASS WITHOUT GRAFT

41	FEMORO-ILEAL BYPASS WITH GRAFT
42	FEMORO -ILEAL BYPASS WITH-OUT GRAFT
43	FEMORO-FEMORAL BYPASS WITH GRAFT
44	FEMORO-FEMORAL BYPASS WITHOUT GRAFT
45	Arterial Switch
46	Sennings Procedure
47	Carotid Embolectomy
48	SURGERY FOR INTRACARDIAC TUMORS
49	RUPTURED SINUS OF VALSULVA CORRECTION
50	TAPVC CORRECTION
51	SYSTEMIC PULMONARY SHUNTS WITH GRAFT
52	SYSTEMIC PULMONARY SHUNTS WITHOUT GRAFT
53	TOTAL CORRECTION OF TETRALOGY OF FALLOT
54	INTRA CARDIAC REPAIR OF ASD
55	Intracardiac Repair of VSD
56	Surgery-PDA
57	WITH SPECIAL CONDUITS
58	WITHOUT SPECIAL CONDUITS
59	WITH PROSTHETIC RING
60	WITHOUT PROSTHETIC RING
61	OPEN PULMONARY VALVOTOMY
62	CLOSED MITRAL VALVOTOMY
63	PERICARDIOSTOMY
64	PERICARDIECTOMY

65	PERICARDIOCENTESIS
66	MITRAL VALVOTOMY (OPEN)
	<b>LUNGS</b>
67	PNEUMONECTOMY (only for abscess)
68	LOBECTOMY (only for abscess)
69	DECORTICATION
70	LUNG CYST
71	SOL MEDIASTINUM
72	Thoracoplasty
73	Myoplasty
74	TRANSPLEURAL BPF CLOSURE
	<b>CARDIAC INJURES</b>
75	SURGERY WITHOUT CPB
76	SURGERY WITH CPB
77	Primary angioplasty for acute MI +Drug Eluting stent
78	Additional Stent required
79	Enhanced External Counter Pulsation Therapy (EECP)
	<b>SURGICAL ONCOLOGY</b>
	<b>HEAD &amp; NECK</b>
80	COMPOSITE RESECTION & RECONSTRUCTION
81	WIDE EXCISION
82	HEMIGLOSSECTOMY
83	MAXILLECTOMY ANY TYPE
84	THYROIDECTOMY ANY TYPE

85	PAROTIDECTOMY ANY TYPE
86	LARYNGECTOMY ANY TYPE
87	LARYNGOPHARYNGO OESOPHAGECTOMY
<b>GASTROINTESTINAL TRACT</b>	
88	OESOPHAGECTOMY ANY TYPE
89	COLECTOMY ANY TYPE
90	WHIPPLES ANY TYPE
91	TRIPLE BYPASS
92	Other Bypasses-Pancreas
<b>GENITO URINARY SYSTEM</b>	
93	RADICAL NEPHRECTOMY
94	EMASCULATION
95	RADICAL CYSTECTOMY
96	OTHER CYSTECTOMIES
97	INGUINAL BLOCK DISSECTION ONE SIDE
98	RADICAL PROSTATECTOMY
99	HIGH ORCHIDECTOMY
100	BILATERAL ORCHIDECTOMY
<b>GYNAECOLOGICAL ONCOLOGY</b>	
101	HYSTERECTOMY
102	RADICAL HYSTERECTOMY
103	SURGERY FOR CA OVARY EARLY STAGE
104	SURGERY FOR CA OVARY ADVANCE STAGE
105	VULVECTOMY

106	SALPINGO OOPHORECTOMY
<b>TUMORS OF THE FEMALE BREAST</b>	
107	MASTECTOMY ANY TYPE
108	AXILLARY DISSECTION
109	WIDE EXCISION
110	LUMPECTOMY
111	CHEST WALL RESECTION
<b>SKIN TUMORS</b>	
112	SKIN TUMORS WIDE EXCISION
113	SKIN TUMORS WIDE EXCISION + RECONSTRUCTION
114	SKIN TUMORS AMPUTATION
<b>SOFT TISSUE AND BONE TUMORS</b>	
115	SOFT TISSUE AND BONE TUMORS WIDE EXCISION
116	SOFT TISSUE AND BONE TUMORS WIDE EXCISION + RECONSTRUCTION
117	SOFT TISSUE AND BONE TUMORS AMPUTATION
<b>LUNG CANCER</b>	
118	LUNG CANCER PNEUMONECTOMY
119	LUNG CANCER LOBECTOMY
120	Decortication
121	SURGICAL CORRECTION OF BRONCHOPLEURAL FISTULA. THORACOPLASTY
122	SURGICAL CORRECTION OF BRONCHOPLEURAL FISTULA. MYOPLASTY
123	SURGICAL CORRECTION OF BRONCHOPLEURAL FISTULA. TRANSPLEURAL BPF CLOSURE

	<b>Adrenals</b>
124	Operation of Adernal glands, bilateral for tumor
125	Operation on Adrenal glands unilateral for tumour
	<b>Ca.Eye/ Maxilla /Para Nasal Sinus</b>
126	Orbital exenteration
127	Maxillectomy + Orbital exenteration
128	Maxillectomy + Infratemporal Fossa clearance
129	Cranio Facial Resection
	<b>Ca. Nasopharynx</b>
130	Resection of Nasopharyngeal Tumor
	<b>Ca. Soft Palate</b>
131	Palatectomy Any type
	<b>Ca. Ear</b>
132	Sleeve Resection
133	Lateral Temporal bone resection
134	Subtotal Temporal bone resection
135	Total Temporal bone resection
	<b>Ca. Salivary Gland</b>
136	Submandibular Gland Excision
	<b>Ca. Thyroid</b>
137	Tracheal Resection
	<b>Ca. Trachea</b>
138	Sternotomy + Superior Mediastinal Dissection
	<b>Ca. Parathyroid</b>

139	Parathyroidectomy
<b>Ca. Gastro Intestinal Tract</b>	
140	Small bowel resection
141	Closure of Ileostomy
142	Closure of Colostomy
<b>Ca. Rectum</b>	
143	Abdomino Perineal Resection (APR) + Sacrectomy
144	Posterior Exenteration
145	Total Exenteration
<b>Ca. Gall Bladder</b>	
146	Radical Cholecystectomy
<b>Retroperitoneal Tumor</b>	
147	Resection of Retroperitoneal Tumors
<b>Abdominal wall tumor</b>	
148	Abdominal wall tumor Resection
149	Resection with reconstruction
<b>Gynaec Cancers</b>	
150	Bilateral pelvic lymph Node Dissection(BPLND)
151	Radical Trachelectomy
152	Radical vaginectomy
153	Radical vaginectomy + Reconstruction
<b>Ca. Cervix</b>	
154	Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (BPLND) + Bilateral Salpingo Ophorectomy (BSO) / Ovarian transposition

155	Anterior Exenteration
156	Posterior Exenteration
157	Total Pelvic Exenteration
158	Supra Levator Exenteration
	<b>Ca. Endometrium</b>
159	Total Abdominal Hysterectomy(TAH) + Bilateral Salpingo oophorectomy (BSO) + Bilateral pelvic lymph Node Dissection (BPLND) + Omentectomy
	<b>Soft tissue /Bone tumors . Chest wall</b>
160	Chest wall resection
161	Chest wall resection + Reconstruction
	<b>Bone / Soft tissue tumors</b>
162	-Without prosthesis
163	-With Custom made Prosthesis
164	-With Modular Prosthesis
165	Forequarter amputation
166	Hemipelvectomy
167	Internal hemipelvectomy
168	Curettage & bone cement
169	Bone resection
170	Shoulder girdle resection
171	Sacral resection
	<b>Genito urinary Cancer</b>
172	Partial Nephrectomy
173	Nephroureterectomy for Transitional Cell Carcinoma of renal

	pelvis
	<b>Testes cancer</b>
174	Retro Peritoneal Lymph Node Dissection(RPLND) (for Residual Disease)
175	Adrenalectomy
176	Urinary diversion
177	Retro Peritoneal Lymph Node Dissection RPLND as part of staging
178	Ca. Urinary Bladder
179	Anterior Exenteration
180	Total Exenteration
181	Bilateral pelvic lymph Node Dissection(BPLND)
	<b>Thoracic and Mediastinum</b>
182	Mediastinal tumor resection
	<b>Lung</b>
183	Lung metastatectomy . solitary
184	Lung metastatectomy . Multiple
185	Sleeve resection of Lung cancer.
	<b>Esophagus</b>
186	Oesophagectomy with Two field Lymphadenectomy
187	Oesophagectomy with Three field Lymphadenectomy
	<b>Palliative Surgeries</b>
188	Tracheostomy
189	Substernal bypass
190	Gastrostomy

191	Jejunostomy
192	Ileostomy
193	Colostomy
194	Suprapubic Cystostomy
195	Intercostal Drainage(ICD)
196	Gastro Jejunostomy
197	Ileotransverse Colostomy
	<b>Reconstruction</b>
198	Myocutaneous / cutaneous flap
199	Micro vascular reconstruction
	<b>Ca.Oral cavity</b>
200	Marginal Mandibulectomy
201	Segmental Mandibulectomy
202	Total glossectomy + Reconstruction
203	Full thickness Buccal mucosal resection & Reconstruction
	<b>Ca.Lip</b>
204	Abbe Operation
205	Vermilionectomy
206	Wedge Excision& Vermilionectomy
207	Wedge Excision
208	Cryotherapy for treatment of malignancies
	<b>MEDICAL ONCOLOGY</b>
	<b>BREAST CANCER</b>
209	ADRIAMYCIN/CYCLOPHOSPHAMIDE (AC)

210	5- FLUOROURACIL A-C (FAC)
211	AC (AC THEN T)
212	PACLITAXEL
213	CYCLOPHOSPHAMIDE/ METHOTREXATE / 5FLUOROURACIL (CMF)
214	TAMOXIFEN TABS
215	AROMATASE INHIBITORS
	<b>BLADDER CANCER</b>
216	BLADDER CANCER WEEKLY CISPLATIN
217	METHOTREXATE VINBLASTINE ADRIAMYCIN CYCLOPHOSPHAMIDE (MVAC) (Outdated) CDDP + Gemcitabine
	<b>LUNG CANCER</b>
218	CISPLATIN/ETOPOSIDE (IIIB) or PI + Taxol
	<b>OESOPHAGEAL CANCER</b>
219	CISPLATIN- 5FU
	<b>GASTRIC CANCER</b>
220	5-FU LEUCOVORIN (MCDONALD REGIMEN)
	<b>COLORECTAL CANCER</b>
221	MONTHLY 5-FU
222	5-FLUOROURACIL-OXALIPLATIN LEUCOVORIN (FOLFOX) (STAGE III ONLY)
	<b>OSTEOSARCOMA/ BONE TUMORS</b>
223	CISPLATIN/ADRIAMYCIN
	<b>Lymphoma i) Hodgkin Disease</b>
224	ADRIAMYCIN BLEOMYCIN VINBLASTINE DACARBAZINE (ABVD)

	<b>Lymphoma ii) NHL</b>
225	CYCLOPHOSPHAMIDE ADRIAMYCIN VINCRISTINE PREDNISONE (CHOP) +INJ.RITUXIMAB for CD20+NHL
	<b>MULTIPLE MYELOMA</b>
226	VINCRISTINE, ADRIAMYCIN,DEXAMETHASONE(VAD)
227	Thalidomide+Dexamethasone(oral) / + or - Lenalidomide 25mg
228	MELPHALAN, PREDNISONE (ORAL)
	<b>WILM'S TUMOR</b>
229	SIOP/NWTS REGIMEN(STAGES I III)
	<b>HEPATOBLASTOMA- OPERABLE</b>
230	CISPLATIN ADRIAMYCIN
	<b>CERVICAL CANCER</b>
231	CERVICAL CANCER WEEKLY CISPLATIN
	<b>CHILDHOOD B CELL LYMPHOMAS</b>
232	VARIABLE REGIMEN
	<b>NEUROBLASTOMA ( STAGES I-III )</b>
233	NEUROBLASTOMA ( STAGES I-III ) VARIABLE REGIMEN
	<b>RETINOBLASTOMA</b>
234	CARBO/ETOPOSIDE/VINCRISTINE
	<b>HISTIOCYTOSIS</b>
235	HISTIOCYTOSIS VARIABLE REGIMEN MTX+ETOPOSIDE VCR
	<b>RHABDOMYOSARCOMA</b>
236	VINCRISTINE-ACTINOMYCIN-CYCLOPHOSPHAMIDE(VACTC) BASED CHEMO
	<b>EWINGS SARCOMA</b>

237	EWINGS SARCOMA VARIABLE REGIMEN
<b>ACUTE MYELOID LEUKEMIA</b>	
238	INDUCTION PHASE
239	CONSOLIDATION PHASE
240	MAINTENANCE
<b>ACUTE LYMPHOBLASTIC LEUKEMIA</b>	
241	INDUCTION 1ST AND 2ND MONTHS
242	INDUCTION 3RD, 4TH, 5TH
243	INDUCTION MAINTENANCE
<b>FOR UNLISTED REGIMEN</b>	
244	PALLIATIVE CHEMOTHERAPY
	<b>Acute Lymphoblastic Leukemia - For Terminally ill Cancer Patient</b>
245	PALLIATIVE AND SUPPORTIVE THERAPY
<b>VULVAL CANCER</b>	
246	VULVAL CANCER CISPLATIN/5-FU
<b>VAGINAL CANCER</b>	
247	VAGINAL CANCER CISPLATIN/5-FU
<b>OVARIAN CANCER</b>	
248	CARBOPLATIN/ PACLITAXEL
<b>OVARY- GERM CELL TUMOR</b>	
249	OVARY- GERM CELL TUMOR BLEOMYCIN-ETOPOSIDE-CISPLATIN (BEP)
<b>Gestational Trophoblast Ds.</b>	
250	WEEKLY METHOTREXATE

251	ACTINOMYCIN
	<b>High risk</b>
252	ETOPOSIDE-METHOTREXATE-ACTINOMYCIN / CYCLOPHOSPHAMIDE ÂVINCRISTINE (EMA-CO)
	<b>TESTICULAR CANCER</b>
253	TESTICULAR CANCER BLEOMYCIN-ETOPOSIDE-CISPLATIN (BEP)
	<b>PROSTATE CANCER</b>
254	HORMONAL THERAPY
	<b>Colo Rectal Cancer Stage 2 and 3</b>
255	XELOX along with Adjuvant chemotherapy of AS-I
	<b>FEBRILE NEUTROPENIA</b>
256	1ST Line iv antibiotics And other supportive therapy ( third generation cephalosporin, aminoglycoside etc.,), ANTI FUNGAL,inj. G-CSF 300micro gm till blood count returns to normal
257	2nd line iv antibiotics and other supportive therapy(Carbapenems, Fourth generation cephalosporins, Piperacillin, anti-fungal . azoles etc.,)
	<b>MULTIPLE MYELOMA</b>
258	Zoledronic acid along with Adjuvant Chemotherapy of AS-I
259	CML curable T. imatinib
260	CLL - bendamustine 90mg per meter sq D1 & D2, T.chlorambucil, T.fludarabine
261	MDS T.Lenalidomide, Azacytidine
262	CD 20+ve Lymphomas Inj.Rituximab 500microgram ( 6injections once in 3 weeks)
<b>RADIATION ONCOLOGY</b>	

	<b>COBALT 60 EXTERNAL BEAM RADIOTHERAPY</b>
263	RADICAL TREATMENT
264	PALLIATIVE TREATMENT
265	ADJUVANT TREATMENT
	<b>EXTERNAL BEAM RADIOTHERAPY (ON LINEAR ACCELERATOR)</b>
266	RADICAL TREATMENT WITH PHOTONS
267	PALLIATIVE TREATMENT WITH PHOTONS
268	ADJUVANT TREATMENT WITH PHOTONS/ELECTRONS
	<b>Brachytherapy A) Intracavitary</b>
269	A) INTRACAVITARY I. LDR PER APPLICATION
270	A) INTRACAVITARY II. HDR PER APPLICATION
	<b>Brachytherapy B) Interstitial</b>
271	B) INTERSTITIAL I. LDR PER APPLICATION
272	B) INTERSTITIAL II. HDR ONE APPLICATION AND MULTIPLE DOSE FRACTIONS
	<b>RADIATION ONCOLOGY</b>
	<b>SPECIALIZED RADIATION THERAPY - IMRT (Intensity modulated radiotherapy)</b>
273	Upto 40 fractions in 8 weeks
	<b>SPECIALIZED RADIATION THERAPY - 3DCRT(3-D conformational radiotherapy)</b>
274	Upto 30 fractions in 6 weeks
	<b>SPECIALIZED RADIATION THERAPY - SRS/SRT</b>
275	Upto 30 fractions in 6 weeks
	<b>SPECIALIZED RADIATION THERAPY - IMRT with IGRT</b>

276	Up to 40 fractions in 8 weeks
	<b>SPECIALIZED RADIATION THERAPY - Rapid Ax Therapy</b>
277	Up to 40 fractions in 8 weeks
<b>PLASTIC SURGERY</b>	
	<b>BURNS</b>
278	UPTO-40% WITH SCALDS( CONSERVATIVE)
279	UPTO-40% MIXED BURNS(WITH SURGERIES)
280	UPTO-50% WITH SCALDS (CONSERVATIVE)
281	UPTO-50% MIXED BURNS( WITH SURGERIES)
282	UPTO-60% WITH SCALDS (CONSERVATIVE)
283	UP TO-60% MIXED BURNS (WITH SURGERIES)
284	ABOVE 60% MIXED BURNS (WITH SURGERIES)
	<b>POST BURN CONTRACTURE SURGERIES FOR FUNCTIONAL IMPROVEMENT(PACKAGE INCLUDING SPLINTS, PRESSURE GARMENTS AND PHYSIOTHERAPY)</b>
285	MILD
286	MODERATE
287	SEVERE
	<b>PLASTIC Repair</b>
288	Ptosis
289	Cup and Bat ears
290	Reduction surgery for Filarial lymphoedema
291	Hemifacial atrophy
292	Hemifacial Microsmia
293	Leprosy reconstructive surgeroy

294	Nerve and tendon repair + Vascular repair
295	Tumour of mandible and maxilla
296	Vaginal atresia
297	Vascular malformations
298	Corrective Surgery for Congenital deformity of hand (per hand)
299	Corrective Surgery for Craniosynostosis
300	Flapcover for Electrical burns with vitals exposed
301	Reconstructive lower limb surgery following infection, Trauma, Tumors / Malignancy, Developmental including diabetic foot - MILD
302	Reconstructive lower limb surgery following infection, Trauma, Tumors / Malignancy, Developmental including diabetic foot - MODERATE
303	Reconstructive lower limb surgery following infection, Trauma, Tumors / Malignancy, Developmental including diabetic foot - SEVERE
304	Pressure Sore Reconstructive Surgery
305	Abdominal wall reconstruction including post cancer excision.
306	Reconstructive Micro surgery A) replantation of hand, finger, thumb, arm, scalp etc
307	Reconstructive Micro surgery B) free tissue transfer
308	Reconstructive hand and upper limb surgery following trauma, infection, malignancy -Mild
309	Reconstructive hand and upper limb surgery following trauma, infection, malignancy -Moderate
310	Reconstructive hand and upper limb surgery following trauma, infection, malignancy -Severe
311	Flap surgeries a)cutaneous flap

312	Flap surgeries b) myocutaneous flap
313	Flap surgeries c) osteo myocutaneous flap
<b>ORTHOPEDIC TRAUMA</b>	
314	SURGICAL CORRECTION OF LONGBONE FRACTURE
315	Correction of Non Union Fractures
316	AMPUTATION SURGERY
317	SOFT TISSUE INJURY
	<b>Bone and Joint Surgery/Procedures</b>
318	Arthrodesis of - Major Joints
319	Arthroscopy - Diagnostic
320	Arthroscopy . Operative Meniscectomy
	<b>Fracture Correction Surgeries/Procedures</b>
321	Bone Grafting as exclusive procedure
322	Excision or other Operations for Scaphoid Fractures
323	Open Reduction & Internal Fixation of Fingers & Toes
324	Reduction of Compound Fractures & External fixation
325	ILIZAROV Ring Fixator Application
326	CTEV Neglected . JESS Fixator
	<b>Dislocations</b>
327	Open Reduction of Dislocations - Deep
	<b>Amputations (Non-Traumatic)</b>
328	Amputations - Forequarter
329	Amputations - Hind Quarter and Hemipelvectomy
	<b>Bone and Joint Surgery/Procedures</b>

330	Arthroscopy - ACL Repair
331	Avascular Necrosis of Femoral Head (core decompression)
332	Soft Tissue reconstruction Procedures for Joints/Osteotomy
	<b>Spine Surgery</b>
333	Anterolateral Clearance for Tuberculosis
334	Costo Transversectomy
335	Spinal Ostectomy and Internal Fixations
	<b>Soft Tissue Surgery</b>
336	Nerve Repair with Grafting
337	Neurolysis/Nerve Suture
338	Operations for Brachial Plexus & Cervical Rib
	<b>TUMOR SURGERY</b>
339	Excision of Bone Tumours . Deep with re-construction with conventional prosthesis
	<b>POLY TRAUMA</b>
	<b>WOUND MANAGEMENT FOR COMPOUND FRACTURES</b>
340	GRADE-I& II
341	GRADE-III
342	FLAP COVER SURGERY FOR WOUND IN COMPOUND FRACTURE
	<b>OTHER SMALL BONE FRACTURES-K-WIRING (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)</b>
343	SURGERY FOR PATELLA FRACTURE (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE PROCEDURE)
344	SMALL BONE FRACTURES-K-WIRING (TO BE COVERED ALONG WITH OTHER INJURIES ONLY AND NOT AS EXCLUSIVE

	PROCEDURE)
	<b>PELVIC BONE FRACTURE</b>
345	SURGICAL CORRECTION OF PELVIC BONE FRACTURES.
	<b>PROSTHESES</b>
	<b>Symes Prostheses</b>
346	HDP/PP
347	Fibre
348	Modular
	<b>Below Knee(BK/PTB) Prostheses</b>
349	HDP/PP
350	Fibre
351	Modular
	<b>Through Knee Prostheses</b>
352	HDP/PP
353	Fibre
354	Modular
	<b>Above Knee(AK) Prostheses</b>
355	HDP/PP
356	Fibre
357	Modular
358	HDP/PP
359	Fibre
360	Modular
361	Partial foot prostheses

	<b>UPPERLIMB</b>
362	HDP/PP
363	Fibre
364	Modular
365	HDP/PP
366	Fibre
367	Modular
368	HDP/PP
369	Fibre
370	Modular
	<b>REPLACEMENT</b>
371	Toal Knee Replacement
372	Total Hip Replacement
	<b>GENERAL PEDIATRICS</b>
373	Acquired heart disease with congestive cardiac failure
374	Inborn error of metabolism
375	Kerosene Ingestion
376	Immuno Deficiency
377	Interstitial lung disease
378	Hemophagocytic lympho histiocytosis
379	Hypoplastic/Aplastic anemia (Fanconi anemia)
380	Wilsons Disease
381	Neonatal Cholestasis
382	End Stage Renal Disease (Per-Patient)

383	Guillian - Barre Syndrome
384	Thalassemia major requiring chelation Therapy
<b>NEONATOLOGY</b>	
<b>NEONATAL INTENSIVE CARE</b>	
385	Term baby /culture positive sepsis/ Non ventilated/ Hyperbilirubinemia
386	preterm Baby/ Clinical sepsis/ Hyperbilirubinemia (Non ventilated)
387	preterm Baby/ Hyaline membrane disease Clinical/Culture positive sepsis/Hyperbilirubinemia Mechanical ventilation
388	Term baby with severe perinatal asphyxia - Non ventilated Clinical sepsis with or without-Hyperbilirubinemia
389	Term baby with persistent pulmonary hypertension/Meconium Aspiration Syndrome/Mechanical Ventilation/with or without- Clinical Sepsis/with or without-Hyperbilirubinemia/ with or without perinatal asphyxia
390	Term baby with seizures ventilated
391	Term baby, septic shock, Ventilated, Hyperbilirubinemia,with or without Renal failure
<b>PEDIATRIC INTENSIVE CARE</b>	
392	severe Bronchiolitis/severe Broncho pneumonia/Severe Aspiration Pneumonia (Non Ventilated)
393	severe Bronchiolitis/severe Broncho pneumonia/Severe Aspiration Pneumonia (Ventilated)
394	Acute Severe Asthma (Ventilated)
395	severe Myocarditis/Congenital heart disease with infection and/or Cardiogenic Shock/Cardiogenic Shock/Infective Endocarditis(non Ventilated)
396	severe Myocarditis/Congenital heart disease with infection/failure and/or Cardiogenic Shock/Cardiogenic Shock/

	septic shock/Infective Endocarditis( Ventilated)
397	Febrile Seizures (Mechanical Ventilated)
398	Meningitis/Encephalitis(Non Ventilated)
399	Meningitis/Encephalitis/Status Epilepticus(Ventilated)
400	Intra Cranial Bleed
401	Acute Gastro intestinal bleed
402	Acute Pancreatitis/Acute Hepatitis
403	Acute hepatitis with hepatic encephalopathy
404	Severe pancreatitis requiring surgery as add on
405	Acute renal Failure
406	Diabetic Ketoacidosis
407	Dengue Shock syndrome
408	Snake Bite Requiring Ventilator Assistance
409	Scorpion sting with myocarditis and cardiogenic shock requiring ventilatory Assistance
410	Poison ingestion/ aspiration requiring ventilatory assistance
411	Acute Broncho/ lobarpneumonia with empyema/ pleural effusion/PyoPneumothorax
412	Acute stridor/Foreign body obstruction
413	Nephrotic syndrome/Acute Glomerulo nephritis
414	Recurrent Urinary tract infection with complications like pyelonephritis and renal failure
415	Acute Renal Failure with or without dialysis
416	Haemophillia including Von Willibrands
417	Pyogenic meningitis

418	Neuro Tuberculosis/Neurocysticercosis
419	Idiopathic Thrombocytopenic purpura
<b>COMMON TO PEADIATRIC &amp; NEONATES</b>	
420	ECMO-Extracorporeal membrane oxygenation
421	Adverse Events following Immunisation
422	Multi System Organ Failure
423	Necrotising enterocolitis, Clinical sepsis Non ventilated Hyperbilirubinemia
<b>PEDIATRIC SURGERIES</b>	
	<b>PAEDIATRIC CONGENITAL MALFORMATIONS</b>
424	OESOPHAGEAL ATRESIA
425	INTESTINAL ATRESIAS & OBSTRUCTIONS
426	BILIARY ATRESIA & CHOLEDOCHAL CYST
427	ANORECTAL MALFORMATIONS STAGE 1
428	ANORECTAL MALFORMATIONS STAGE 2
429	ANORECTAL MALFORMATION STAGE 3
430	HIRSCHPRUNGS DISEASE STAGE1
431	HIRSCHPRUNGS DISEASE STAGE 2
432	CONGENITAL HYDRONEPHROSIS
433	EXTROPHY BLADDER STAGE 1
434	EXTROPHY BLADDER STAGE 2
435	POSTERIOR URETHRAL VALVES
	<b>CONGENITAL MALFORMATIONS</b>
436	Hamartoma Excision
437	Hemangioma Excision

438	Lymphangioma Excision
<b>HEAD AND NECK</b>	
439	Neuroblastoma
440	Congenital Dermal Sinus
441	Cystic Lesions of the Neck
442	Encephalocele
443	Sinuses & Fistula of the Neck
<b>CHEST</b>	
444	Paediatric Esophageal obstructions-Surgical correction
445	Paediatric Esophageal Substitutions
446	Thoracoscopic cysts excision
447	Thoracoscopic decortication
448	Thoracic Duplications
449	Thoracic Wall defects- Correction
<b>ABDOMEN</b>	
450	Laparoscopic pull through surgeries for HD
451	Gastro Esophageal Reflux Correction
452	Intestinal Polyposis Surgical correction
453	Laparoscopic pull through for Ano Rectal Anomalies
454	Gastric outlet obstructions
455	Surgeries on adrenal gland in Children
456	Paediatric Splenectomy (Non Traumatic)
457	Hydatid cysts in Paediatric patient
458	Paediatric Acute Intestinal Obstruction

<b>GENITOURINARY SYSTEM</b>	
459	Laparoscopic Orchidopexy
460	Laparoscopic Varicocele ligation
461	Scrotal transposition repair
462	Undescended Testis
463	Intersex
464	Congenital Urogenital Anomaly staged correction
465	Bladder augmentation and substitution
466	Ureterostomy and Ureterostomy closure
467	Tumors (Neonates)
<b>Thoracic</b>	
468	Congenital lung lesions (CLE,CCAM)
<b>NEUROSURGERY</b>	
	<b>BRAIN</b>
469	CRANIOTOMY AND EVACUATION OF HAEMATOMA SUBDURAL
470	OTHERS
471	EXCISION OF BRAIN TUMORS SUBTENTORIAL
472	VENTRICULOATRIAL / VENTRICULOPERITONEAL SHUNT
473	TWIST DRILL CRANIOSTOMY
474	SUBDURAL TAPPING
475	VENTRICULAR TAPPING
476	ABSCESS TAPPING
477	VASCULAR MALFORMATIONS
478	CRANIOTOMY AND EVACUATION OF HAEMATOMA EXTRADURAL

479	C.S.F. RHINORRHOEA
480	CRANIOPLASTY
481	Excision of Brain Abcess
482	Aneurysm Clipping
483	External Ventricular Drainage (EVD)
484	EVACUATION OF BRAIN ABSCESS-BURR HOLE
485	EXCISION OF LOBE (FRONTAL,TEMPORAL,CEREBELLUM ETC.)
486	Parasagittal
487	Basal
488	Brain Stem
489	C P Angle
	<b>SPINAL SURGERIES</b>
490	SURGERY OF CORD TUMOURS
491	SPINAL INTRA MEDULLARY TUMOURS
492	SPINA BIFIDA SURGERY MAJOR
493	SPINA BIFIDA SURGERY MINOR
494	EXCISION OF CERVICAL INTER-VERTEBRAL DISCS
495	POSTERIOR CERVICAL DISCECTOMY
496	ANTERIOR CERVICAL DISCECTOMY
497	ANTERIOR CERVICAL SPINE SURGERY WITH FUSION
498	ANTERIOR LATERAL DECOMPRESSION
499	LAMINECTOMY
500	DISCECTOMY
501	SPINAL FUSION PROCEDURE

<b>OTHER SURGERIES/PROCEDURES</b>	
502	STEREOTACTIC PROCEDURES
503	TRANS SPHENOIDAL SURGERY
504	TRANS ORAL SURGERY
505	COMBINED TRANS-ORAL SURGERY & CV JUNCTION FUSION
506	C.V. JUNCTION FUSION
	<b>BRAIN</b>
507	Endoscopy procedures
508	De-compressive Craniectomy(Non Traumatic)
509	Intra-Cerebral Hematoma evacuation
510	Endoscopic Third Ventriculostomy
	<b>SPINE</b>
511	Syringomyelia
512	Anterior discectomy & bone grafting
513	Discectomy with Implants
514	Corpectomy for Spinal Fixation
515	Spinal Fixation Rods and Plates, Artificial discs
	<b>SOFT TISSUE and VASCULAR SURGERIES</b>
516	Cervical Sympathectomy
517	Lumbar sympathectomy
518	Decompression/Excision of Optic nerve lesions
519	Proptosis
520	Peripheral nerve injury repair
	<b>EPILEPSY Surgery</b>

521	Temporal Lobectomy
522	Lesionectomy type 1
523	Lesionectomy type 2
524	Temporal lobectomy plus Depth Electrodes
<b>MANAGEMENT OF TRIGEMINAL NEURALGIA</b>	
525	RADIOFREQUENCY ABLATION FOR TRIGEMINAL NEURALGIA
526	MICROVASCULAR DECOMPRESSION FOR TRIGEMINAL NEURALGIA
<b>MANAGEMENT OF ANEYRISMS</b>	
527	EMBOLIZATION OF ANEURYSM
528	COST OF EACH COIL
<b>Head and Neck</b>	
529	Meningo encephalocele
530	Meningo Myelocele
531	Meningocele excision
<b>VASCULAR SURGERIES</b>	
532	A V FISTULA AT WRIST
533	A. V FISTULA AT ELBOW
534	D V T - IVC FILTER
535	PERIPHERAL EMBOLECTOMY WITHOUT GRAFT
536	EXCISION OF ARTERIO VENOUS MALFORMATION - LARGE
537	EXCISION OF ARTERIO VENOUS MALFORMATION - SMALL
538	ARTERIAL EMBOLECTOMY
539	VASCULAR TUMORS
540	SMALL ARTERIAL ANEURYSMS - REPAIR

541	MEDIUM SIZE ARTERIAL ANEURYSMS - REPAIR
542	MEDIUM SIZE ARTERIAL ANEURYSMS WITH SYNTHETIC GRAFT
543	AORTO BILLIAC - BIFEMORAL BYPASS WITH SYNTHETIC GRAFT
544	AXILLO BIFEMORAL BYPASS WITH SYNTHETIC GRAFT
545	FEMORO DISTAL BYPASS WITH VEIN GRAFT
546	FEMORO DISTAL BYPASS WITH SYNTHETIC GRAFT
547	AXILLO BRACHIAL BYPASS USING WITH SYNTHETIC GRAFT
548	BRACHIO - RADIAL BYPASS WITH SYNTHETIC GRAFT
549	CAROTID BODY TUMOR - EXCISION
550	CAROTID ARTERY BYPASS WITH SYNTHETIC GRAFT
	<b>VASCULAR INJURY</b>
551	SURGERY WITHOUT GRAFT for ARTERIAL INJURIES VENOUS INJURIES
552	Vascular Injury in upper limbs - Axillary,branchial, Radial and Ulnar - Repair with Vein Graft
553	Major Vascular Injury -in lower limbs-Repair
554	Major Vascular Injury Repair- Tibial vessels in leg
555	Major Vascular Injury Repair -vessels in Foot
556	SURGERY WITH VEIN GRAFT
557	WITH PROSTHETIC GRAFT
558	NECK VASCULAR INJURY - CAROTID VESSELS
559	ABDOMINAL VASCULAR INJURIES - AORTA, ILLAC ARTERIES, IVC, ILIAC VEINS
560	THORACIC VASCULAR INJURIES
	<b>Vascular</b>

561	Minor vascular injury repair vessels in foot
562	Carotid Endarterectomy
563	Varicose veins RFA
<b>E.N.T</b>	
<b>COCHLEAR IMPLANT SURGERY</b>	
<b>COCHLEAR IMPLANT SURGERY FOR CHILDREN BELOW 6 YEARS</b>	
564	COCHLEAR IMPLANT SURGERY
<b>HEARING IMPAIRED</b>	
565	HEARING AID
<b>AUDITORY-VERBAL THERAPY</b>	
566	INITIAL MAPPING/SWITCH ON
567	POST SWITCH ON MAPPING/INITIATION OF AVP AND TRAINING OF CHILD AND MOTHER - FIRST INSTALLMENT
568	POST SWITCH ON MAPPING/INITIATION OF AVP AND TRAINING OF CHILD AND MOTHER - SECOND INSTALLMENT
569	POST SWITCH ON MAPPING/INITIATION OF AVP AND TRAINING OF CHILD AND MOTHER - THIRD INSTALLMENT
570	POST SWITCH ON MAPPING/INITIATION OF AVP AND TRAINING OF CHILD AND MOTHER - FOURTH INSTALLMENT
<b>EAR</b>	
571	Mastoidectomy
572	STAPEDECTOMY - VEINGRAFT
573	TYMPANOPLASTY
574	Labyrinthectomy
575	Facial Nerve Decompression

576	Temporal Bone Excision
<b>THROAT</b>	
577	Microlaryngeal Surgery
578	Phono Surgery for Vocal cord paralysis
579	Laryngo Fissurectomy
580	ADENOIDECTOMY - GROMET INSERTION
581	UVULO-PALATO-PHARYNGOPLASTY.
582	Exision of Tumors in Pharynx
583	Parapharyngeal tumour Excision
<b>NOSE</b>	
584	EXCISION OF BENIGN TUMOUR NOSE
585	ANGIOFIBROMA NOSE
586	ENDOSCOPIC DCR
587	ENDOSCOPIC Sinus Surgery
<b>OPHTHALMOLOGY SURGERY</b>	
<b>CORNEA and SCLERA</b>	
588	THERAPEUTIC PENETRATING KERATOPLASTY
589	LAMELLAR KERATOPLASTY
590	CORNEAL PATCH GRAFT
591	SCLERAL PATCH GRAFT
592	PENETRATING KERATOPLASTY
593	DOUBLE Z-PLASTY
594	AMNIOTIC MEMBRANE GRAFT
595	Collagen cross Linking for Keratoconus

<b>VITREO-RETINA</b>	
596	Removal Of Silicon Oil Or Gas
597	VITRECTOMY
598	VITRECTOMY - MEMBRANE PEELING- ENDOLASER
599	MONTHLY INTRAVITREAL ANTI-VEGF FOR MACULAR DEGENERATION - PER INJECTION (MAXIMUM - 6)
600	VITRECTOMY - MEMBRANE PEELING- ENDOLASER , SILICON OIL OR GAS
601	SCLERAL BUCKLE FOR RETINAL DETACHMENT
602	PHOTOCOAGULATION FOR DIABETIC RETINOPATHY PER SITTING
603	VITRECTOMY PLUS SILICON OIL OR GAS
<b>ORBIT</b>	
604	SOCKET RECONSTRUCTION
605	DERMIS FAT GRAFT
606	ORBITOTOMY
607	ENUCLEATION WITH ORBITAL IMPLANT
<b>SCUINT CORRECTION SURGERY</b>	
608	RECTUS MUSCLE SURGERY(SINGLE)
609	RECTUS MUSCLE SURGERY(TWO/THREE)
610	OBLIQUE MUSCLE
<b>LID SURGERY</b>	
611	LID RECONSTRUCTION SURGERY-
<b>PEDIATRIC OPHTHALMIC SURGERY</b>	
612	PAEDIATRIC CATRACT SURGERY(PHACOEMULSIFICATION-IOL)

613	PHOTOCOAGULATION FOR RETINOPATHY OF PREMATURITY
614	GLAUCOMA FILTERING SURGERY FOR PAEDIATRIC GLAUCOMA
<b>GLAUCOMA</b>	
615	Adult Glaucoma Surgery, Trabeculectomy,Implant surgery
<b>GYNAECOLOGY AND OBSTETRICS SURGERY</b>	
	<b>Obstetrics</b>
616	Caesarean Hysterectomy with Bladder Repair
617	Rupture Uterus with Tubectomy
618	ECLAMPSIA WITH COMPLICATIONS REQUIRING VENTILATORY SUPPORT
619	ABRUPTIO-PLACENTA WITH COAGULATION DEFECTS(DIC)
	<b>Gynaecology</b>
620	Laparoscopic Assisted Vaginal Hysterectomy (LAVH)
621	Vaginal Hysterectomy with pelvic floor repair
622	Vaginal Hysterectomy with Mesh repair
623	Cystocele ,Rectocele & Perineorraphy
624	Pelvic floor Reconstruction with mesh
625	Mc Indo-s repair for Vaginal Atresia
626	Slings with mesh repair for prolapse
627	Vault prolapse abdominal repair
628	Vault prolapse abdominal repair with mesh
629	Laparoscopic Cystectomy
630	Laparoscopic Ectopic Resection
631	Laparoscopic ovarian drilling
632	Laparoscopic Myomectomy

633	Laparoscopic recanalisation
634	Laparoscopic Sling operations
635	Laparoscopic adhesolysis
636	Vaginal Hysterectomy
637	Abdominal Hystrectomy for benign conditions
638	Staging Laprotomy for Ovarian and Uterine CA
639	Wertheims Hystrectomy for Carcinoma Cervix
640	Diagnostic Hystero- Laproscopy
<b>General Medicine</b>	
	<b>CRITICAL CARE</b>
641	Acute severe asthma with Acute respiratory failure
642	COPD Respiratory Failure (infective exacerbation)
643	Acute Bronchitis and Pneumonia with Respiratory failure
644	ARDS
645	ARDS with Multi Organ failure
646	ARDS plus DIC (Blood & Blood products)
647	OP poisioning requiring ventilatory assistance
648	Septic Shock(ICU Management)
649	Metabolic Coma requiring Ventilatory Support
	<b>HAEMATOLOGY</b>
650	Thrombocytopenia with bleeding diathesis
651	Hemophilia
652	Other Coagulation disorders
653	Chelation Therapy for Thalassemia Major

654	Snake bite requiring ventilator support
655	Scorpion Sting requiring ventilator support
656	Treatment for Sickle cell anemia
<b>INFECTIOUS DISEASES</b>	
657	Tetanus severe
658	Diphtheria Complicated
659	Cryptococcal Meningitis
660	Cerebral Malaria
<b>PULMONOLOGY</b>	
661	Bronchiectasis with repeated hospitalisation>6per year
662	Interstitial Lung diseases
663	Pneumoconiosis
664	Acute Respiratory Failure ( without ventilator)
665	Acute Respiratory Failure ( with ventilator-for minimum 5days)
666	Lung Abscess ,non resolving
667	Pneumothorax ( Large/Recurrent)
668	Malignant Pleural effusion
669	Massive Hemoptysis
<b>GASTROENTEROLOGY</b>	
670	Acute pancreatitis (Mild)
671	Acute pancreatitis (severe)
672	Obscure GI bleed
673	Cirrhosis with Hepatic Encephalopathy
674	Cirrhosis with hepato renal syndrome

675	Oesophageal Fistula
676	Corrosive Oesophageal injury
677	Acute Pancreatitis with pseudocyst (infected)
678	Chronic pancreatitis with severe pain
679	1)Post op stent
680	2)Post op leaks
681	3)Sclerosing cholangitis
682	Oesophageal perforation
683	Achalasia cardia
684	Oesophageal Varices, variceal banding
685	Oesophageal Varices, sclerotherapy
686	GAVE (Gastric Antral Vascular Ectasia)
687	Gastric varices
<b>CARDIOLOGY</b>	
688	Acute MI (Conservative Management without Angiogram)
689	Acute MI (Conservative Management with Angiogram)
690	Acute MI with Cardiogenic Shock
691	Acute MI requiring IABP Pump
692	Refractory Cardiac Failure
693	Infective Endocarditis
694	Pulmonary, Embolism
695	Complex Arrhythmias
696	Simple Arrhythmias
697	Pericardial Effusion, Tamponade

<b>NEPHROLOGY</b>	
698	Acute Renal Failure-(ARF)
699	Nephrotic Syndrome
700	Rapidly progressive Renal Failure (RPRF)
701	Chronic Renal Failure 1 (CRF )
702	Maintenance Haemodialysis for CRF
703	ESRD
704	kidney biopsy
<b>NEUROLOGY</b>	
705	ADEM or Relapse in Multiple sclerosis
706	Neuropathies (GBS)
707	Optic neuritis
708	Immunoglobulin Therapy - IV
709	Chronic Inflammatory Demyelinating Poly Neuropathy (CIDP)
710	Hemorrhagic Stroke/Strokes
711	Ischemic Strokes
712	Myopathies - Acquired
713	Neuromuscular (myasthenia gravis)
714	NEUROINFECTIONS -Pyogenic Meningitis
715	Tb Meningitis
716	NEUROINFECTIONS -Viral Meningoencephalitis ( Including Herpes encephalitis)
717	Fungal Meningitis (Min 20 days in ICU)
718	Management of COMA
<b>DERMATOLOGY</b>	

719	Pemphigus /Pemphigoid
720	Toxic epidermal necrolysis
721	Stevens- Johnson Syndrome
<b>RHEUMATOLOGY</b>	
722	SLE (SYSTEMIC LUPUS ERYTHEMATOSIS)
723	SLE with Sepsis
724	SCLERODERMA
725	MCTD MIXED CONNECTIVE TISSUE DISORDER
726	VASCULITIS
727	PRIMARY SJOGEN'S SYNDROME (7days stay)
<b>ENDOCRINOLOGY</b>	
	<b>Uncontrolled Diabetes mellitus with infectious emergencies</b>
728	Cavernous sinus thrombosis
729	Rhinocerebral mucormycosis
730	Hyper Osmolar Non Ketotic Coma
	<b>OTHER ENDOCRINAL DISORDERS</b>
731	Hypopituitarism
732	Pituitary - Acromegaly
733	CUSHINGs Syndrome
734	Delayed Puberty Hypogonadism(ex.Turners synd, Kleinfelter synd)
<b>SURGICAL GASTRO ENTEROLOGY</b>	
	<b>LIVER SURGERIES</b>
735	RT.HEPATECTOMY

736	LT.HEPATECTOMY
737	SEGMENTECTOMY
738	Operation for Hydatid cyst of liver
739	Portocaval Anastomosis
740	Hepato Cellular Carcinoma(Advanced) Radio Frequency Ablation
741	Haemangioma SOL Liver Hepatectomy + Wedge Resection
742	Lienorenal shunt
743	Devascularisation with Oesophageal Transection
	<b>Spleen</b>
744	Splenorenal Anastomosis
745	Warren shunt
746	Splenectomy + Devascularisation + Spleno Renal Shunt
747	Splenectomy for Space occupying lesion
	<b>Emergency</b>
748	Surgery for Bleeding Ulcers
749	Surgery for Obscure GI Bleed
	<b>Oesophagus</b>
750	Colonic Pull up
751	Oesophagectomy
752	Oesophago-Gastrectomy
753	Lap Heller.s myotomy
754	Lap Fundoplications
	<b>Stomach</b>
755	Distal Gastrectomy for Gastric Outlet obstruction

756	Surgery for Corrosive injury Stomach
<b>Small Intestine</b>	
757	Lap Adhesiolysis
<b>Large Intestine</b>	
758	I Stage-Sub Total Colectomy + Ileostomy
759	II Stage-J - Pouch
760	III Stage-Ileostomy Closure
761	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch
762	II Stage- Ileostomy Closure
763	Extended Right Hemicolectomy
764	Anterior Resection with Ileostomy
765	Hartman.s Procedure with Colostomy
<b>Gall Bladder</b>	
766	Cyst excision + Hepatic Jejunostomy
767	Hepatico Jejunostomy
768	GB+ Calculi CBD Stones or Dilated CBD
769	Choledochoduodenostomy Or Choledocho jejunostomy
770	Lap Cholecystostomy with Exploration CBD
771	Cholecystostomy
772	Repair of CBD
<b>Pancreas</b>	
773	DISTAL PANCREATECTOMY
774	ENUCLEATION OF CYST
775	WHIPPLES ANY TYPE

776	TRIPLE BYPASS
777	Other Bypasses, Frey's Pancreatic Head & DJ
778	Lap- Pancreatic Necrosectomy
779	Lateral PancreaticoJejunostomy(Non- Malignant)
780	Pancreatic Necrosectomy (open)
781	Distal Pancreatectomy + Splenectomy
782	Central Pancreatectomy
783	Cysto Jejunostomy
784	Cysto Gastrostomy
<b>Biliary/ Pancreatic - Therapeutic Endoscopy</b>	
785	Pancreatitis – CBD Caluculi
786	Pseudocust of Pancras
787	Choledochal Cyst – Jaundice
788	Pancreas Divisum
789	Sclerosing choloangitis
	<b>CHEST SURGERY</b>
790	Diaphragmatic Eventeration
791	OESOPHAGEAL DIVERTICULA /ACHALASIA CARDIA
	<b>DIAPHRAGMATIC INJURIES</b>
792	THORACOTOMY, THORACO ABDOMINAL APPROACH
	<b>BRONCHIAL INJURIES/FB</b>
793	REPAIR SURGERY FOR INJURIES DUE TO FB
	<b>OESOPHAGEAL INJURY/FB</b>
794	GASTRO STUDY FOLLOWED BY THORACOTOMY & REPAIRS for OESOPHAGEAL INJURY for Corrosive Injuries/FB

<b>Genito-Urinary Surgery</b>	
	<b>RENAL TRANSPLANTATION</b>
795	A.V. FISTULA(PRE-TRANSPLANT PROCEDURE ONLY)
796	RENAL TRANSPLANTATION SURGERY
797	POST TRANSPLANT IMMUNOSUPPRESSIVE TREATMENT FROM 1ST TO 6TH MONTH AFTER TRANSPLANTATION
798	Post Transplant immunosuppressive Treatment from 7th to 12th Month after transplantation
	<b>SURGERY FOR RENAL CALCULI</b>
799	OPEN PYEOLITHOTOMY
800	OPEN NEPHROLITHOTOMY
801	OPEN CYSTOLITHOTOMY
802	LAPAROSCOPIC PYEOLITHOTOMY
	<b>LITHOTRIPSY PROCEDURES</b>
803	Cystolithotripsy
804	PCNL
805	ESWL
806	URSL
807	NEPHROSTOMY
808	DJ STENT (ONE SIDE)
	<b>Other Corrective Surgeries/Procedures</b>
809	TURBT
810	Single stage Urethroplasty for stricture urethra
811	Double stage Urethroplasty for stricture urethra - stage I
812	Double stage Urethroplasty for stricture urethra - stage II

813	Double stage Urethroplasty for stricture urethra - Reconstruction Procedure
<b>RENAL STONE SURGERY/THERAPIES</b>	
814	ANATROPHIC PEYLOLITHOTOMY FOR STAGHORN CALICULUS
<b>TESTIS AND PENIS</b>	
815	Torsion testis
816	Orchidopexy Bilateral
817	Chordee correction
<b>RENAL</b>	
818	Renal Cyst Excision
819	Nephrectomy Pyonephrosis/XGP
820	Simple Nephrectomy
821	Lap. Nephrectomy Simple
822	Lap. Nephrectomy Radical
823	Lap. Partial Nephrectomy
824	Nephroureterectomy
<b>RENAL STONE SURGERY/THERAPIES</b>	
825	Endoscope Removal of stone in Bladder
<b>CORRECTIVE SURGERIES</b>	
826	Vesico Vaginal Fistula
827	Closure of Urethral Fistula
828	Optical Urethrotomy
829	Perineal Urethrostomy
830	Radical Cystectomy Ileal Conduit formation
831	Anderson Hynes Pyeloplasty

<b>BLADDER and PROSTATE</b>	
832	Caecocystoplasty
833	Diverticulectomy
834	Incontinence Urine (Female)
835	Incontinence Urine (male)
836	Transurethral resection of prostate (TURP)
837	TURP Cyst lithotripsy
838	Open prostatectomy
839	Total cystectomy
<b>General Surgery</b>	
<b>HEAD &amp; NECK</b>	
840	Branchial Cyst Excision
841	Branchial Sinus Excision
842	Cystic Hygroma Excision-Extensive
843	Cystic Hygroma Excision-Minor
844	Cervical Rib excision
845	Excision of Lingual Thyroid
846	Removal of Submandibular Salivary gland
847	Parotid Duct Repair
848	Parathyroidectomy
849	Excision of Thyroglossal Cyst Fistula
850	Parotidectomy
<b>MANDIBLE</b>	
851	Segmental Mandible Excision

	<b>TONGUE</b>
852	Partial glossectomy
	<b>THYROID (Non Malignant)</b>
853	Hemithyroidectomy
854	Isthmectomy
855	Partial Thyroidectomy
856	Resection Enucleation
857	Subtotal Thyroidectomy
858	Total Thyroidectomy
	<b>BREAST</b>
859	Simple Mastectomy(NM)
860	Modified Radical Mastectomy
	<b>ABDOMEN - Hernia</b>
861	Epigastric Hernia without Mesh
862	Epigastric Hernia with Mesh
863	Femoral Hernia
864	Hiatus Hernia Repair Abdominal
865	Rare Hernias (Spigelian,obuturator,sciatic)
866	Umbilical Hernia without mesh
867	Umbilical Hernia with mesh
868	Ventral and Scar Hernia without mesh
869	Ventral and Scar Hernia with mesh
	<b>APPENDIX</b>
870	Lap. Appendectomy

871	APPENDICULAR PERFORATION
<b>STOMACH, DUODENUM &amp; JEJUNUM</b>	
872	Highly Selective Vagotomy
873	Selective Vagotomy Drainage
874	Vagotomy Pyloroplasty
875	Operation for bleeding peptic ulcer
876	Partial/subtotal Gastrectomy for ulcer
877	Pyloromyotomy
878	DUODENAL PERFORATION
879	Gastrostomy
880	Gastrostomy Closure
<b>SMALL INTESTINE</b>	
881	Operation for Haemorrhage of the small intestine
882	Operations for Recurrent intestinal obstruction (Noble plication other)
883	Resection & Anastomosis of small intestine
884	Ileostomy
885	Ileostomy Closure
<b>LARGE INTESTINE</b>	
886	Total Colectomy
887	Colostomy
888	Colostomy Closure
889	Operation for Acute intestinal obstruction
890	Operation for Acute intestinal perforation
891	Operation of the Duplication of the intestines

	<b>RECTUM &amp; ANUS</b>
892	Pull through abdominal resection
<b>Hepatology</b>	
893	Cirrhosis of liver
894	Budd chiari syndrome
895	Chronic Hepatitis B
896	Chronic Hepatitis C
897	Cirrhosis with spontaneous bacterial peritonitis
898	Fulminant Hepatic failure
<b>POLYTRAUMA</b>	
<b>CHEST INJURIES</b>	
899	CHEST INJURIES CONSERVATIVE STAY IN GENERAL WARD@RS.500/DAY
900	STAY IN RESPIRATORY ICU@RS.4000/DAY
901	SURGICAL TREATMENT
	<b>NEURO-SURGICAL TRAUMA</b>
902	STAY IN GENERAL WARD@RS.500/DAY
903	STAY IN NEURO ICU@RS.4000/DAY
904	SURGICAL TREATMENT (UP TO)
	<b>ABDOMINAL INJURIES</b>
905	ABDOMINAL INJURIES CONSERVATIVE STAY IN GENERAL WARD@RS.500/DAY
906	STAY IN SURGICAL ICU@RS.1000/DAY
907	ABDOMINAL INJURIES CONSERVATIVE SURGICAL TREATMENT
<b>Interventional Radiology</b>	

908	Embolization of AV malformation of peripheral extremity, craniofascial and visceral per sitting
909	Inferior vena cava stenting single stent
910	Acute stroke thrombolysis with rTPA
911	Renal artery embolization with multiple coils and Microcatheter
912	Cortical venous sinus thrombolysis
913	Inferior vena cava filter placement
914	Subclavian, Iliac, Superficial Femoral artery stenting each with one stent
915	Tibial angioplasty in critical limb ischemia
916	Mesenteric artery angioplasty & stenting in acute & chronic mesenteric ischemia - Single stent
917	Gastrointestinal visceral arterial embolization in upper and lower gastrointestinal bleeding with microcatheter
918	Bronchial Artery Embolization in hemoptysis using PVA and micro catheter
919	Embolization of postoperative and post traumatic bleeding
920	Biliary drainage procedures - External drainage and stent placement - Single metallic stent
921	Nephrostomy tube and nephroureteral stent placement
922	Uterine artery embolization in severe Menorrhagia secondary to PPH, uterine fibroids and AVM
923	Intra-arterial thrombolysis for acute ischemic limbs
924	Permanent tunneled catheter placement as substitute for AV Fistula in long term dialysis
925	Central Venous stenting for Central venous occlusion (Brachiocephalic, subclavian vein and sup Vena cava) single metallic stent

926	Endovascular intervention for salvaging hemodialysis AV fistula
927	Balloon Retrograde Transvenous obliteration of bleeding gastric varices (BRTO)
928	Preoperative portal vein embolization for liver tumors
929	Chemo embolization for liver tumors using drug and PVA or DC beads
930	Percutaneous vertebro plasty/ cementoplasty (for each level)
931	Trans jugular intrahepatic portosystemic shunt (TIPSS)
932	Embolization of Pulmonary AV Malformation
933	Preoperative Prophylactic tumor embolization
934	Embolization of AV malformation of brain per sitting with Onyx
935	Carotid stenting single stent with protection device
936	Intracranial arterial and venous stenting
937	Peripheral stent graft for peripheral aneurysms and AV Fistulae
938	Embolization of Caratico-Cavernous Fistula
939	Guided Nerve Block
940	Guided ablation technique (RFA)
941	CT Scan guided FNAC/BIOPSY procedures.(lung,bone,abdomen etc)
942	USG guided abscess drainage( Eg. Liver abscess, Post op collections
943	Stereotactic Mammographic Biopsy Procedures

**Common Procedures -May be done by more than one Speciality**

	<b>FOREIGN BODY REMOVAL (BRONCHUS-OESOPHAGUS)</b>
944	BRONCHOSCOPY FOREIGN BODY REMOVAL
945	FB Cricopharynx,esophagus

<b>EMERGENCY ROOM PROCEDURES</b>	
946	TRACHEOSTOMY
947	THORACOSTOMY
<b>PLASTIC REPAIR</b>	
948	Cleft lip
949	Cleft Palate
950	Syndactyly of Hand for each hand
951	Microtia/Anotia
952	TM joint ankylosis
953	Velo-Pharyngial Incompetence
954	Reconstructive Micro surgery C) brachial plexus surgery
955	Reconstructive breast surgery following cancer excision, reduction, augmentation
956	Reconstructive surgery following facio maxillary trauma, fracture mandible, maxilla
957	Head & Neck Cancer resection and reconstruction
958	Cutaneous tumor resection and reconstruction
959	Tracheo Oesophageal Fistula
960	DIAPHRAGMATIC HERNIA
961	URETERIC REIMPLANTATIONS
962	HYPOSPADIAS SINGLE STAGE
963	HYPOSPADIAS STAGE 2
964	PAEDIATRIC TUMORS
965	HYPOSPADIAS STAGE1
966	Epispadiasis - Correction

967	Intussusception
968	Volvulus
969	Malrotation
970	Torsion Testis
971	Nephrectomy
972	Ureterocele surgery
973	Cholecystectomy
974	Lap.Cholecystectomy
975	Cholecystectomy + CBD exploration
976	GASTRECTOMY ANY TYPE
977	Gastrojejunostomy & Vagotomy
978	Partial Gastrectomy
979	Total Gastrectomy
980	TOTAL PENECTOMY
981	PARTIAL PENECTOMY
982	ANTERIOR RESECTION
983	ABDOMINOPERINIAL RESECTION
984	Right Hemicolectomy
985	Left Hemicolectomy
986	Splenectomy
987	NECK DISSECTION ANY TYPE
988	HEMIMANDIBULECTOMY
989	Soft tissue tumors wide excision

**Annexure : D****List of Specialised Procedures upto Rs. 1.5 Lakhs Per annum**

<b>S.No</b>	<b>SYSTEM</b>
1	Investigation and Management of Chronic Hepatitis B
2	Investigation and Management of Chronic Hepatitis C
3	RENAL TRANSPLANTATION SURGERY
4	Complicated Pancreatic surgery
5	Devascularisation with Oesophageal Transection
6	Investigation and Management of Hypopituitarism
7	Immunoglobulin Therapy - IV
8	ARDS with Multi Organ failure
9	ARDS plus DIC (Blood & Blood products)
10	COCHLEAR IMPLANT SURGERY
11	D V T - IVC FILTER
12	AORTO BILLIAC - BIFEMORAL BYPASS WITH SYNTHETIC GRAFT
13	AXILLO BIFEMORAL BYPASS WITH SYNTHETIC GRAFT
14	CAROTID ARTERY BYPASS WITH SYNTHETIC GRAFT
15	NECK VASCULAR INJURY - CAROTID VESSELS
16	ABDOMINAL VASCULAR INJURIES - AORTA, ILLAC ARTERIES, IVC, ILIAC VEINS
17	THORACIC VASCULAR INJURIES

18	Aneurysm Clipping
19	Lesionectomy type 1
20	Lesionectomy type 2
21	Temporal lobectomy plus Depth Electrodes
22	Immuno Deficiency in childrens
23	Hypoplastic/Aplastic anemia (Fanconi anemia)
24	Wilsons Disease
25	End Stage Renal Disease (Per-Patient)
26	ECMO-Extracorporeal membrane oxygenation
27	Multi System Organ Failure
28	Inferior vena cava stenting single stent
29	Acute stroke thrombolysis with rTPA
30	Renal artery embolization with multiple coils and Microcatheter
31	Cortical venous sinus thrombolysis
32	Subclavian, Iliac, Superficial Femoral artery stenting each with one stent
33	Tibial angioplasty in critical limb ischemia
34	Mesenteric artery angioplasty & stenting in acute & chronic mesenteric ischemia - Single stent
35	Gastrointestinal visceral arterial embolization in upper and lower gastrointestinal bleeding with microcatheter
36	Embolization of postoperative and post traumatic bleeding
37	Inferior Vena Cava Filter placement

38	Biliary drainage procedures - External drainage and stent placement - Single metallic stent
39	Intra-arterial thrombolysis for acute ischemic limbs
40	Central Venous stenting for Central venous occlusion (Brachiocephalic, subclavian vein and sup Vena cava) single metallic stent
41	Endovascular intervention for salvaging hemodialysis AV fistula
42	Balloon Retrograde Transvenous obliteration of bleeding gastric varices (BRTO)
43	Preoperative portal vein embolization for liver tumors
44	Chemo embolization for liver tumors using drug and PVA or DC beads
45	Trans jugular intrahepatic portosystemic shunt (TIPSS)
46	Embolization of Pulmonary AV Malformation
47	Preoperative Prophylactic tumor embolization
48	Embolization of AV malformation of brain per sitting with Onyx
49	Carotid stenting single stent with protection device
50	Intracranial arterial and venous stenting
51	Peripheral stent graft for peripheral aneurysms and AV Fistulae
52	Embolization of Caratico-Cavernous Fistula
53	UP TO-60% MIXED BURNS (WITH SURGERIES)
54	ABOVE 60% MIXED BURNS (WITH SURGERIES)
55	Reconstructive Micro surgery A) replantation of hand, finger, thumb, arm, scalp etc

56	Reconstructive Micro surgery B) free tissue transfer
57	Upto 40 fractions in 8 weeks IMRT
58	Up to 40 fractions in 8 weeks Radiation Therapy IMRT with IGRT
59	Up to 40 fractions in 8 weeks Radiation Therapy Rapid Ax Therapy
60	Oesophagectomy with Three field Lymphadenectomy
61	CORONARY BYPASS SURGERY-POST ANGIOPLASTY
62	CABG WITH IABP PUMP
63	Coronary bypass Surgery off pump with IABP
64	CABG of pump without IABP
65	CABG WITH ANEURISMAL REPAIR
66	DOUBLE VALVE REPLACEMENT (WITH VALVE)
67	ANEURYSM RESECTION & GRAFTING
68	INTRATHORACIC ANEURYSM -REQUIRING BYPASS (WITH GRAFT)
69	ANNULUS AORTIC ECTASIA WITH VALVED CONDUITS
70	Arterial Switch
71	Sennings Procedure
72	WITH SPECIAL CONDUITS
73	WITH PROSTHETIC RING
74	Neuro Surgical Trauma - Surgical treatment upto

<b>Annexure : E</b>	
<b>Followup Procedures</b>	
<b>Followup Package - Surgical</b>	
<b>S.No</b>	<b>System</b>
1	Total Thyroidectomy
2	Portocaval Anastomosis Operation of Adrenal
	Operation of Adrenal
3	Glands bilateral
	Splenorenal
4	Anastomosis
5	Warren Shunt
6	Spleenectomy + Devascularisation + Spleno Renal Shunt
7	Lap - Pancreatic Necrosectomy
8	Pancreatic Necrosectomy (open)
9	Coronary Balloon Angioplasty
10	Renal Angioplasty
11	Peripheral Angioplasty
12	Vertebral Angioplasty
13	Coronary Bypass Surgery
14	Coronary Bypass Surgery - post Angioplasty
15	CABG with IABP Pump
16	CABG with aneurismal repair
17	With prosthetic Ring

18	Without prosthetic Ring
19	Open Pulmonary Valvotomy
20	Closed mitral Valvotomy
21	Mitral Valvotomy (open)
22	Mitral Valve Replacement (with valve)
23	Aortic Valve Replacement (with valve)
24	Tricuspid Valve Replacement
25	Double Valve Replacement (with valve)
26	Carotid Embolectomy
27	Encephalocele
28	Surgeries On adrenal gland in children
29	Open pylolithotomy
30	Open Nephrolithotomy
31	Open Cystolithotomy
32	Laparoscopic Pylolithotomy
33	Cystolithotripsy
34	PCNL
35	ESWL
36	URSL
37	Endoscope Removal of Stone in Bladder
38	Transurethral resection of prostate (TURP)
39	TURP Cyst lithotripsy
40	Open prostatectomy
41	Craniotomy and Evacuation of Haematoma Subdural

42	Craniotomy and Evacuation of Haematoma Extradural
43	Evacuation of Brain Abscess-burr hole
44	Excision of Lobe (Frontal,Temporal, Cerebellum etc.)
45	Excision of Brain Tumour Supratentorial
46	Parasagittal
47	Basal
48	Brain Stem
49	C P Angle Tumour
50	other tumors
51	Excision of Brain Tumour Subtentorial
52	Ventriculoatrial/Ventriculoperitoneal Shunt
53	Subdural Tapping
54	Ventricular Malformations
55	Abscess Tapping
56	Vascular Malformations
57	Peritoneal Shunt
58	Atrial Shunt
59	Meningo Encephalocele
60	Meningo myelocele
61	Ventriculo-Atrial Shunt
62	Excision of Brain Abscess
63	Aneurysm Clipping
64	External Ventricular Drainage (EVD)
65	Trans Sphenoidal Surgery

66	Trans Oral Surgery
67	Endoscopy Procedures
68	Intra-cerebral Hematoma Evacuation
69	Temporal Lobectomy
70	Lesionectomy Type - 1
71	Lesionectomy Type - 2
72	Temporal Lobectomy Plus Depth Electrodes
73	Stay in General Ward @ Rs.500/day
74	Stay in Neuro ICU @ Rs.4000/day
75	Surgical Treatment (Up to)

### **Followup Package – Medical**

<b>S.No</b>	<b>Disease</b>
1	Acute Severe Asthma with Acute respiratory failure
2	COPD Respiratory Failure (infective exacerbation)
	Term baby with persistent pulmonary
3	hyperbilirubinemia Ventilation – HFO
	hyperbilirubinemia Clinical sepsis
4	Term baby with seiaures ventilated
5	Acute Severe Asthma with (Ventilated)
6	Infective Endocarditis
7	Meningo-encephalitis (Non Ventilated)
8	Meningo-encephalitis(Ventilated)
9	Status Epilepticus

10	Intra Cranial bleed
11	Congenital heart disease with congestive cardiac failure
12	Acquired heart disease with congestive cardiac failure
13	Steroid Resistant Nephrotic syndrome Complicated ro Resistant
14	Anaemia of unknown cause
15	Pyogenic meningitis
16	Neuro Tuberculosis
17	Neuro Tuberculosis with ventilation
18	Convulsive Disorders/Status Epilepticus (fits)
19	Encephalitis/Encephalopathy
20	Acute Myocardial infarction
21	Infective Endocarditis
22	Complex Arrhythmias
23	Nephrotic Syndrome
24	ADEM or Relapse in Multiple -sclerosis
25	CIDP
26	Haemorrhagic Stroke/Strokes
27	Ischemic Strokes
28	NEUROINFECTIONS - fungal meningitis
29	NEUROINFECTIONS - pyogenic meningitis
30	Meningoencephalitis (Including Herpes encephalitis)
31	Neuromuscular (myasthenia gravis)
32	Interstitial lung disease
33	Pneumoconiosis

34	Pemphigus/Pemphgoid
35	SLE (SYSTEMIC LUPUS ERYTHEMATOSIS)
36	SCLERODERMA
37	MCTD MIXED CONNECTIVE TISSUE
38	MCTD MIXED CONNECTIVE TISSUE
39	VASULITIS
40	Hypopituitarism
41	pituitary – Acromegaly
42	Delayed Puberty Hypogonadism (ex. Turners synd, kienfelter synd)
43	Gastric Varices
44	Chronic Pancreatitis with severe pain
45	Cirrhosis with Hepatic Encephalopathy
46	Cirrhosis with Hepatic renal syndrome

### **Follow-up Procedures**

- 1) Aims at providing coverage for follow-up services, wherever specifically needed by providing system/disease specific package for follow-up for consultation, investigations, drugs etc. for one year.
- 2) Patients require follow-up services for certain procedures in order to gain optimum benefit from the Surgery/Therapy and to avoid complications.

#### **Guidelines:**

- i) Package covers entire cost of follow-up., i.e.,
  - Consultation,
  - Medicines,

- Diagnostic tests etc.,

ii) Follow-up treatment shall be entirely cashless to the patient and will start on 6<sup>th</sup> day after his discharge and will continue for one year after 6<sup>th</sup> day of discharge.

3) For operational convenience package amount is apportioned to 4 quarters. Since frequency of visits and investigations are common during first quarter, more amount is allocated for first instalment.

4) However the entire package amount must be treated as single entity and hospital shall not refuse to conduct investigations free of cost under the package any time during one year follow-up period.

5) Patient follow-up visits may be spaced according to medical requirement, but approval will be given for one quarter.

**Process Flow:**

- (i) Patient is counseled at the time of discharge about the importance of follow-up and availability of free services by the hospital.
- (ii) The first follow-up date shall be on 6<sup>th</sup> day after discharge as first 5 days treatment is provided to the patient as per disease package. The date and other details shall be indicated in the online Discharge Summary.
- (iii) Hospital shall send proof of follow-up services of patient about the date and time of for each quarter by uploading the following in the usual web portal used for claim processing.
  - Details of consultation
  - Details of Medicines given
  - Investigations done
  - Acquaintance from patients in the prescribed format
  - Photograph showing receipt of Medicines to the patient

- Bills for medicines and diagnostics (to be scanned and uploaded)

(V) Insurance Society shall settle claim as per package amount based on above proof. Hospital shall claim follow-up package only for the disease mentioned along with the code and no other claim shall be entertained by insurance.

<b>Follow up package examples with Tentative cost</b>				
S. No	System	Package Rs. Indicative and upper ceiling	First Installment Rs. Indicative and upper ceiling	Subsequent 3 Installment Rs. Indicative and upper ceiling
1	Team baby with persistent ventilation-HFO Hyperbilirubinemia Clinical sepsis	6000	3000	1000
	Follow-up: Frequent Echo – for Pulmonary artery pressure. Cardiac Follow-up. Visual assessment & hearing assessment. Neuro development assessment chart. Documentation of milestones.			
2	Team baby with seizures ventilated	5000	2000	1000
	Follow-up: Cardiac Follow-up. Visual assessment & hearing assessment. Neuro - development assessment chart.			

		Documentation of milestones.		
3	Open pyelolithotomy	2000	800	400
	Follow-up: Check X ray KUB- Position of stent Stent removal. Scan -USG Urine C/S (optional)			
4	URSL	2000	800	400
	Follow-up: Check X ray KUB- Position of stent Stent removal. Scan -USG Urine C/S (optional)			
5	Coronary Bypass Surgery	10000	4000	2000
	Follow-up: Pain Management. Wound/Infection Management-antibiotics. Treatment of complication (Pericardial/Pleural Effusion) - CXR, ICD. Routine blood investigation(Ex:DM-RBS)			
6	CABG with aneurismal repair	10000	4000	2000
	Follow-up: Pain Management. LV aneurismal repair-Echo. AV aneurismal repair-CT Scan/MRI Angio.			
7	Total Thyroidectomy	3000	1200	600
	Follow-up: For Benign condition – Tab.Thyroxine. .(For life time) For Malignant condition – Tab.Thyroxine.(For life time) Perodic scan – radioactive iodine ablation. Nodal Spread – radical neck dissection.			

## **Annexure: F**

### **Diagnostic Procedures**

1. The reports of the Government institutions should be accepted as evidence by the Empanelled hospitals.
2. The diagnostic procedure listed below may be undertaken by the empanelled hospital if needed and will be covered as a separate package cost. This is addition to the diagnostic tests included in the package.
3. The patient who is referred through Government institution/screening camps are alone eligible under this category.
4. This facility is not available to the patients who are directly approaching the empanelled hospitals without referral/screening camps.

#### **List of Diagnostic **procedures as packages****

1. Angiogram
2. ECHO
3. Computed tomogram (CT scan)
4. Magnetic resonance imaging (MRI)
5. Mamogram
6. Ultra sound guided biopsy
7. Histopathology examination
8. Colposcopy

9. Nuclear bone scan
10. Tumour markers – Beta Hcg &Alpha Feto protein
11. Bone marrow study
12. Radio isotope scanning
13. Diagnostic laproscopy
14. Diagnostic thoracoscopy
15. Immuno – histo Chemistry
16. USG as an emergency procedures if facility not available at GH.
17. Metabolic screening
18. Fundus fluorescence angiography
19. Liver function test (LFT)
20. Renal function test (RFT)
21. Thyroid profile, anti-thyroid antibodies
22. Aortogram
23. Karyotyping

### **Enclosure 3**

“Chief Minister’s Comprehensive Health Insurance Scheme”

#### **SECTION B– FINANCIAL BID**

For the eligible persons and their families for an insurance coverage of Rs.1 lakh per year per family and provision to pay upto Rs. 1.5 lakhs per year per family for certain procedures as per Entitlement defined in the clause 3 (b) of Guidelines in Enclosure 2.

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

**Date:**

**Signature of the Authorized**

**Place:**

**Representative of Insurance Company**

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

## **Enclosure 4**

### **AGREEMENT**

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

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

WHEREAS the Government of Tamil Nadu, have issued orders in G.O.(Ms) No 169 Health and Family Welfare (EAP-II(2) Department dated 11.07.2011. for introduction of a "Chief Minister's Comprehensive Health Insurance Scheme" (hereinafter referred to as the "Scheme") to provide cashless health insurance cover to the family of the poor residents of the State of Tamil Nadu (hereinafter be referred to as the "Eligible person"):

AND WHEREAS the ..... Insurance Company has been selected by the Society to implement the Scheme through a national level competitive bidding, conducted with reference to the Tender Notification Number..... :

AND WHEREAS the selected Insurance Company is required to execute an agreement for implementing the Scheme.

**NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:**

**(1) The Insurance Company** covenants with the Society to implement the Scheme as per the orders issued in G.O.(Ms) No. 169 Health and Family Welfare (EAP-II(2) Department dated. 11.07.2011, subsequent orders issued under the Scheme, and the Chief Minister's Comprehensive Health Insurance Scheme guidelines,2011 (hereafter called the guidelines) except in so far as amendments, wherever made to guidelines and incorporated therein, to achieve the objectives of the Scheme including the following:-

- i. to provide free medical and surgical treatment in Government and Private hospitals to the members of any family whose annual income is less than Rs.72,000/-, as certified by the Village Administrative Officer and all members of all the Welfare Boards approved by the Government of Tamil Nadu.
- ii. to provide floating assistance up to Rs. 1 lakh /- per family per year as per annexure C, E and F and provision to pay upto Rs. 1.5 lakh per year per family for certain procedures as per annexure D.
- iii. Project Director, Tamil Nadu Health Systems Society reserves the right to reserve certain procedures for the Government Hospitals.
- iv. To have the whole assistance package as a cashless model.

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

**(3)** The agreement will be in force for a period of 4 years from the date of commencement of the Scheme, subject to annual renewal and

extendable by one more year beyond 4 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.

**(4) Implementation procedure:**

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

- (d) Enrolment: The Government of Tamil Nadu will provide the basic details of eligible person and his or her family members to be covered under the Scheme, viz. numbering about 1.34 crores families (approximately) to the selected insurance company immediately after award of tender. The names of eligible persons and his or her families not included in the lists shall be enrolled and health insurance identity card issued to them by establishing district kiosks in each district by the insurance company. The data furnished by the State Government or Project Director, Tamil Nadu Health Systems Society, shall be the property of the State Government / Project Director, Tamil Nadu Health Systems Society, and should not be used for any other purpose without the prior permission of the Government of Tamil Nadu or the Project Director, Tamil Nadu Health Systems Society, as the case may be.
- (e) Issue of Health Insurance Identity Cards: The insurance company shall prepare and distribute the health insurance identity cards as per clause 10 of the Guidelines
- (f) The Insurance Company shall ensure that the eligible person and members of his or her family are given treatment in the Hospitals mentioned in Clause 8 of the Guidelines without having to make any cash payment towards eligible expenditure for the treatments availed by them within the scope of the Scheme.

The Insurance Company shall publish, locally and on the website, the likely cost for each procedure in a particular hospital, to enable the enrolled member to choose the appropriate hospital for treatment. Further, the Hospital shall give a rough estimate to the patient on the likely expenditure before he is admitted. No advance payment of any kind shall be insisted upon by the hospitals accredited to the scheme for any eligible person.

- (g) The Insurance Company shall furnish a daily report on the pre authorization given, claims approved, amount disbursed, procedure/specialty wise and district wise etc to the Project Director, Tamil Nadu Health Systems Society in addition to the specific reports as on when required.
- (h) The Hospital will raise the bill on the Insurance Company. The Insurance Company shall process the claim and settle the claims expeditiously so as to ensure that the Hospitals provide the services to the beneficiaries without fail. The Tamil Nadu Health Systems Society will reserve the right to monitor the claim processing through software and the facility should be provided by the insurance company in this regard. In case of any failure in services from the Hospitals due to pending bills, the Insurance Company will be held responsible.
- (i) The Scheme shall commence on a date to be notified.

#### **(4) Payment of Premium:-**

The Project Director, Tamil Nadu Health Systems Society, will pay the insurance premium on behalf of the eligible persons to the Insurance Company. The premium would be paid every year in four quarterly installments on or before the first day of the quarter every year, with the year being reckoned from the date of commencement of the Scheme. The first premium for the first year of the scheme would be paid on or before the date of commencement of the scheme. The amount of premium would be arrived as twenty-five percent of the premium payable based on the number of eligible persons provided to the Insurance Company by the Tamil Nadu Health Systems Society, on or before the date of commencement of the scheme. For the subsequent quarters, insurance premium will be released based on the number of health insurance cards issued. In case a member is enrolled in the middle of the year, only proportionate premium shall be paid.

## **(5) Period of Agreement :-**

The agreement will be in force for a period of 4 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 4 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance. The Tamil Nadu Health Systems society shall have the right to cancel the agreement, if at any time during the period of the Scheme, the insurance company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract agreement.

## **(6) Performance Monitoring:**

Performance of the insurers will be monitored regularly based on Parameters such as timely preauthorization, timely claim settlement, complaints redressed, claim ratio, no. of health camps conducted in a month and any other parameters prescribed.

## **(7) Cancellation:**

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

- (1) Pay back the unutilized amount of premium after settlement plus service tax on prorata basis within one week.
- (2) Pay back total package cost for all the preauthorized cases but not claimed.
- (3) Pay interest at the rate of 12% per annum on the amount refundable for the period extending from the due date till the date of receipt of refund.

## **(8) Modification or Alteration of the Agreement:-**

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

## **(9) Capacity Building:-**

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

## **(10) Penalty clause:-**

- i) Deficiency in services – Failure to provide services as required by terms of Scheme in the tender document will attract penalty as may be determined by the Project Director, Tamil Nadu Health Systems Society, subject to the minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu / Project Director, Tamil Nadu Health Systems Society, or beneficiary due to non compliance.
- ii.) Non adherence of time line - Failure to adhere to Activity Chart as per the Annexure A in Guidelines will attract the Penalty as may be determined by the Project Director Tamil Nadu Health Systems Society subject to maximum of one percent of premium payable for each occasion.

Failure to adhere to Activity Chart as per the Annexure A in Guidelines will attract the Penalty as may be determined by the Project Director Tamil Nadu Health Systems Society subject to maximum of one percent of premium payable at each occasion.

**(11) Banning of Hospitals:**

Where any fraudulent claim becomes directly attributable to a Hospital included in the networked hospitals the said Hospitals shall be removed and excluded under the Scheme by the Empanelment and Disciplinary Committee. The insurance company shall include the below clause in their agreement with the Hospitals empanelled – “If any fraudulent claim by the Hospital is proved, necessary criminal prosecution apart from civil proceedings for the recovery of such fraudulent amount shall be initiated”.

**(12) Website and Call Centers:**

The Insurance Company shall set up a dedicated website for the Scheme to enable people to have access to information on the scheme. The Insurance Company shall also set up a 24 hour call centre with toll free help line.

**(13) Redressal of Grievances:**

The Hospital shall extend treatment to the beneficiaries under the Scheme on a cashless basis.

(i) Any complaints about any difficulty in availing treatments, non-availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the District Collector, Deputy Director of Health Services and Joint Director of the Medical and Rural Health Services for necessary action.

(ii) The complaints received shall be placed for decision of a District Monitoring and Grievance Committee at District level headed by the District Collector, having the Dean/medical superintend of the medical college, Joint Director of Medical and Rural Health Services Department, Deputy Director of

Health Services and the representative of the Insurance Company as members and Special Deputy Collector (SSS) as the member secretary.

(iii) An appeal against the decision of the District Monitoring and Grievance Committee may be preferred to the State Monitoring and Grievance Committee consisting of the Project Director, Tamil Nadu Health Systems Society, as Chairperson, and having the Director of Medical Education, Director of Medical and Rural Health Services, Director of Public Health and official representative nominated by the Insurance Company as member.

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

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

(vi) Nothing aforesaid, shall prejudice the rights of the Government of Tamil Nadu or Tamil Nadu Health Systems Society to approach any other forum for dispute resolution permissible under Law.

#### **(14) General**

The Insurance Company shall follow and implement all other conditions specified in the Scheme and the Guidelines.

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

For and on behalf of Project Director  
Tamil Nadu Health Systems Society

In the presence of

Witness:1

Witness:2

For and on behalf of.....

Insurance Company

In the presence of

Witness: 1

Witness: 2