


The
Kolkata Gazette
सत्यमेव जयते



Extraordinary
Published by Authority

BHADRA 6]

Thursday, August 28, 2014

[SAKA 1936

PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

GOVERNMENT OF WEST BENGAL

**Finance Department
Nabanna, Howrah**

NOTIFICATION

No.4476-F(MED) 28th August,2014.

Kolkata, the 28th August, 2014.

The Governor is pleased hereby to make, with immediate effect, the following scheme for the benefit of the State Government officers and employees, State Government pensioners including family pensioners, All India Service (AIS) officers, AIS pensioners including family pensioners, and their eligible family members for undergoing cashless medical treatment facility in enlisted hospitals up to a certain limit, namely:—

Scheme

1. Short title and commencement.— (1) This scheme may be called the West Bengal Health for All Employees and Pensioners Cashless Medical Treatment Scheme, 2014.

(2) It shall come into force on such date, as the State Government may, by notification in the Official Gazette, appoint.

2. Application.— (1) This scheme shall apply to all State Government employees, State Government pensioners including family pensioners and the beneficiaries who have opted for existing scheme in lieu of medical allowance. This scheme shall also apply to All India Service (AIS) officers and AIS pensioners of West Bengal who have opted for the existing scheme in terms of G.O. Nos. 9021-F(Med) and 9022-F(Med), dated the 16th September, 2011 and their beneficiaries.

3. Definitions.— In this scheme, unless there is anything repugnant in the subject or context,—

(1) (a) "approved package rates" means such package rates as annexed to this Notification and as may be specified by the Government from time to time for various services, procedures and investigations required in connection with the medical attendance and treatment of an employee or pensioner or a beneficiary;

(b) "authority" shall mean the West Bengal Health Scheme Authority under the Finance Department, Government of West Bengal;

(c) "beneficiary" means a dependent member of the family of an employee or pensioner and includes–

(i) husband or wife, as the case may be;

(ii) parents whose monthly income does not exceed rupees three thousand five hundred.

Note.– In case of pensioners, income from all sources including pension before commutation shall be considered as income and the dearness relief on pension shall not be considered as income;

(iii) children, including step-children, legally adopted children and unmarried daughter;

(iv) dependent widowed or divorced daughter(s);

(v) minor brother(s), minor sister(s);

(vi) dependent unmarried or widowed or divorced sister(s);

(d) "cashless card" means a card issued by the GAA for each of the beneficiary under this scheme on production of which the beneficiary will get treatment and medical attendance as an indoor patient in any HCO as per approved package rate without paying for the charges up to a maximum limit of rupees one lakh in each case;

(e) "existing scheme, 2008" means the West Bengal Health Scheme, 2008 and includes all subsequent orders issued to implement or clarify the existing scheme, 2008;

(f) "form" means a Form appended to this scheme;

(g) "Government" means the Government of West Bengal in the Finance Department;

(h) "Government Authorised Agency (GAA)" means an agency appointed by the Government for different regions or districts, as the case may be, for the purpose of –

(i) issuing cashless card to the beneficiaries;

(ii) authorising HCOs for providing cashless treatment as per approved package rate up to a maximum limit of rupees one lakh in each case;

(iii) accepting bill from the HCOs and authorising approval for payment of the HCOs;

(i)“Health Care Organisation (HCO)” means such hospital or nursing home or institution as may be recognised from time to time by the Government for the purpose of availing benefits of medical attendance and treatment under this scheme.

(j)“medical attendance” means attendance for professional advice and includes pathological, bacteriological, radiological or other methods of investigations for the purpose of diagnosis which are considered necessary by the attending physician and are carried out in a hospital or institution;

(k)“package rate” means the maximum rate for various treatments and includes lump sum cost of inpatient treatment or day care from the time of admission to the time of discharge including (but not limited to) –

- (i) Registration charges,
- (ii) Admission charges,
- (iii) Accommodation charges including patient’s diet,
- (iv) Operation charges,
- (v) Injection charges,
- (vi) Dressing charges,
- (vii) Doctor/consultant visit charges,
- (viii) ITU/ICU/ICCU charges,
- (ix) Monitoring charges,
- (x) Transfusion charges,
- (xi) Anaesthesia charges,
- (xii) Oxygen charges,
- (xiii) Operation theatre charges,
- (xiv) Procedural charges/surgeon’s fee,
- (xv) Cost of surgical disposables and all sundries used during hospitalisation,
- (xvi) Cost of medicines,
- (xvii) Related routine and essential investigations,
- (xviii) Physiotherapy charges etc; and
- (xix) Nursing care and charges for its services but excluding expenses on telephone, tonics, toiletries, cosmetics etc.

Note.— Each package shall start from the previous day of surgery and shall be of the following duration:—

- (A) 12 days for specialised surgeries,
- (B) 7-8 days for other major surgeries,
- (C) 3-4 days for Laparoscopic/Endoscopic Surgeries/normal deliveries,
- (D) 1 day for day care or minor (OPD) surgeries,

(1) “specified” means specified by order.

(2) Words and expressions used and not defined in this scheme but defined in the West Bengal Health Scheme, 2008, shall have the same meanings as respectively assigned to them in the existing scheme, 2008.

4. Procedures for obtaining cashless card under this scheme.— (1) The Government shall appoint as many Government Authorised Agency (GAA) as it deem fit to implement this scheme.

(2) An employee or pensioner who is already enrolled under the existing scheme, 2008, may make an application—

- (a) to the cadre controlling Department, in case an employee is a member of a constituted state service;
- (b) to the head of the office, in case of any other employees;
- (c) to the pension sanctioning authority, in case of pensioner/family pensioner,

either in Form CS2 or Form CS3, as the case may be.

(3) Form CS2 shall be used by employees who are in-service and Form CS3 shall be used by pensioners.

(4) Form CS2 or Form CS3 shall be available at the portal of Medical Cell of the Finance Department, namely, <http://wbhealthscheme.gov.in>.

(5) The application in specified form shall be duly filled up with all details along with the telephone no., email address etc., photocopy of the existing card.

(6) The cadre controlling Department or the head of the office or the pension sanctioning authority, as the case may be, shall forward those applications to the GAA, for issue of cashless cards to the beneficiaries.

5. Treatment and claim settlement procedure under this scheme.– (1) This scheme shall be limited to indoor treatment or day care/minor (OPD) surgeries in approved HCOs as per approved package rate up to a maximum limit of rupees one lakh in each case.

Explanation.– For removal of doubts, it is hereby declared that–

- (1) The treatment and medical attendance which are not covered by this scheme shall continue to be covered by the existing scheme, 2008. The cost incurred on account of related medical attendance and treatment received in a hospital or an institution during the period upto 30(thirty) days prior to hospitalisation and 30(thirty) days from the date of discharge, shall be reimbursed as per the provisions under the existing scheme, 2008.
- (2) After the expiry of a period of six months from the date of coming into effect of this scheme, no advance shall be available for any treatment upto rupees one lakh for which approved package rate is available under this scheme.
- (3) If the estimated treatment is for an amount of more than rupees one lakh, this scheme shall not be applicable and an advance of 80% (eighty per cent) of the estimated cost of treatment shall be available to the employees for undergoing treatment as per the provisions contained in the existing scheme, 2008.

(2) For availing benefit under this scheme, the beneficiary shall produce his health card under the existing scheme, 2008 and the cashless card under this scheme, to the HCO at the time of treatment or admission, as the case may be.

(3) If there is a package rate available under the scheme within rupees one lakh, treatment shall be done under this scheme.

(4) For the purpose of obtaining treatment under this scheme, the beneficiary or his relative shall fill up an application in Part A of Form CS1 and submit the same to the HCO with a photocopy each of both the cards.

(5) The HCO shall have to seek authorisation from the GAA in each case by duly filling up Part B of Form CS1 in accordance with the procedures mentioned in the website of the Finance Department, namely, <http://wbhealthscheme.gov.in>.

(6) The GAA shall verify the particulars of the card holder from their data bank and also verify the requirement of the treatment as suggested by the HCO *viz a viz* the approved package rate under this scheme.

(7) The detailed guidelines shall be provided by the authority to the GAA in this respect from time to time.

(8) The GAA shall be required to send authorisation for treatment as per approved package rate within 3(three) days from the date of receipt of request from the HCO.

(9) A copy of the authorisation for treatment shall have to be sent to the card holder through his registered e-mail address and *sms* intimating the gist of the authorisation *i.e* code of the approved package(s) and the total amount approved for medical treatment as cashless under this scheme.

(10) The employee or pensioner or beneficiary as the case may be, shall be able to track the status of authorisation pending before the GAA in the website of the Government, namely, <http://wbhealthscheme.gov.in>.

(11) The GAA shall maintain round the clock service including call centre facility for this scheme.

(12) In extreme emergency or life threatening situation, the HCO may treat the patient without waiting for receipt of the authorisation from the GAA.

Note.— All emergency accident cases be brought under one common code as may be specified by the Government as a special case and a ceiling of rupees one lakh may be allowed for the treatment cost. If the cost of such type of treatment exceeds rupees one lakh, the amount in excess of rupees one lakh shall be reimbursed under the existing scheme, 2008.

(13) On receipt of authorisation from the GAA, the HCO shall perform the desired treatment as per the package rate and discharge the patient without claiming any payment from him.

(14) A bill showing total charges of treatment as per package rate shall be handed over to the concerned patient at the time of discharge under proper receipt. A copy of the said receipted bill shall be forwarded to the GAA by the HCO for settlement of cost of treatment as per approved package rate.

(15) The HCO shall claim the bill for treatment as per approved package rate to the GAA in the format, alongwith all supporting medical papers, prescriptions, cash memo etc., as may be specified by the Government within a period of one month of discharge of the patient and the GAA shall make an endorsement for payment of bill of the concerned HCO within one month from receipt of the bill.

Note.—All sorts of clarification, confusion etc. shall be settled within the said period of one month from receipt of the bill by the GAA and if the GAA fails to make such authorisation for payment of the bill and forward the same to the authority, the authority may consider such bill as duly authorised by the GAA.

(16) On receipt of authorisation of payment from the GAA, the designated officer of the authority shall electronically transfer the authorised payment to the bank account of the HCO after deduction of necessary taxes as applicable, from the Government account and this transfer shall be effected within 7(seven) working days from the receipt of authorisation from the GAA.

(17) The HCOs registered under the existing scheme, 2008 shall execute another agreement with the authority and the GAA for this scheme.

(18) Class 1, Class 2 and Class 3 categories of HCOs shall be authorised to charge maximum 100%, 80% and 70% of the approved package rates, respectively. The charges may vary depending upon the category of the beneficiary.

6. Duties and functions of HCOs.– (1) HCOs classified as Class 1, Class 2 and Class 3 service provider under the existing scheme, 2008, shall be considered as such HCOs in this scheme.

(2) The HCOs shall be responsible for providing necessary medical attendance and treatment to the beneficiaries as per the approved package rate.

(3) No service charge over and above the approved package rate shall be charged by any HCO.

(4) If any HCO refuses to treat a beneficiary as per the approved package rate as provided under this scheme and insists for undergoing treatment by paying cash, the beneficiary shall, in writing, intimate the matter to the GAA and the direction of the GAA in this regard shall be binding on such HCO.

(5) In case of acute emergency, the HCO shall start treatment immediately without waiting for formal authorisation from the GAA and the GAA shall settle the matter with the HCO expeditiously after getting information.

(6) A report of service rendered in each month by HCOs shall be furnished to the authority under this scheme through e-mail.

7. Selection, duties and functions of Government Authorised Agency (GAA).– (1) The GAA shall be selected through competitive tender process and those organisations having experience and/or adequate manpower in the related field, shall be allowed to participate in the tender process.

(2) The GAA shall maintain adequate establishment for managing the scheme.

(3) The GAA shall have to employ adequate number of doctors, computer professionals, accountants etc. for this purpose.

(4) The GAA shall be paid fixed administrative costs, remuneration to be calculated on the basis of number of claims settled and annual performance bonus subject to deduction of taxes as applicable.

(5) The GAA shall be required to submit quarterly statement giving the details of bills received and endorsed during the quarter under report HCO wise, as well as annual statement as per specified performa through online procedure.

(6) The Finance Department may conduct test checks as and when necessary and the audit team may be deputed for this purpose and the GAA shall extend all sorts of cooperation for this purpose.

(7) The guidelines as may be provided by the Finance Department from time to time shall be binding on the GAA.

(8) The GAA shall prepare the cashless card as specified containing the name of the employee or pensioner or beneficiary and also the Beneficiary Identification Number and the GAA shall dispatch to the employee or pensioner concerned all the card(s) of his family member(s) by courier service.

(9) Colour of cashless card shall be different for the employees and the pensioners. The cards shall be marked as X, Y, Z depending on the category of the employee or pensioner concerned.

8. Powers of authority under this scheme.— The authority shall have the following powers under this scheme:—

(1) If the GAA fails to make authorisation for payment of the bill and forward the same to the authority, the authority may consider such bill as duly authorised by the GAA.

(2) If the GAA informs the authority under this scheme that any HCO is continuously refusing treatment as per package rate under this scheme, such authority may, upon being satisfied after enquiry and after giving an opportunity of being heard, terminate contract with such HCO and may recommend to the concerned authority for cancellation of the licence under the West Bengal Clinical Establishment Act, 1950 and the rules made thereunder.

9. Operational guidelines, clarifications, etc.— (1) The Finance Department, in consultation with the Health and Family Welfare Department wherever necessary, shall issue operational guidelines, clarifications, etc. for implementation.

(2) If any difficulty arises in the course of implementation of the scheme, it shall be referred to the Finance Department and the decision of the Finance Department thereon shall be final and binding on all the HCOs, GAA and the beneficiaries.

**Form CS1
Authorisation**

[See scheme 5 (be sent by HCO to GAA)]

Name of the HCO :

C/E License No.

Valid upto

Address:

Telephone No.

Mobile No.

Fax No.

E-mail ID

Part-A

(To be filled up by the beneficiary or his/her relative/attending person)

1. Name of the patient admitted under Health for All Scheme ;
2. Identification no of Patient:
3. Age Sex
4. Name of the Govt. Employee / Pensioner Identification No.(employee).
5. Cashless Card No. (PATIENT).
6. Permanent Address:
7. Correspondence Address:
8. Contact No. Mobile Land Line:
9. E-Mail I.D
10. Name of the employer (H/O)/ Pension Sanctioning Authority :
11. Office Address:
12. Phone No. E-mail I.D.

Signature of the beneficiary (or his/her relative/attending person)

Mobile No.

Date

Part-B

(To be filled up by the HCO)

1. Date & Time of admission :
2. Nature of physical Complain:
3. Provisional Diagnosis :
4. Name of Attending Doctor / Specialist / Consultant / :
with Educational Qualification/Registration No.
5. Name of the Package(s) :
6. Code No.
7. Whether it is an emergency case, if so ; details may be stated.
8. Estimated treatment cost.(not exceeding Rs. 1.00 Lakh.)
9. Expected period of Hospitalisation :

Signature of the Authorised Signatory of the HCO

Signature of Attending Doctor

FORM-CS2

APPLICATION FOR ENROLMENT OF INSERVICE EMPLOYEE

UNDER WEST BENGAL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT, 2014

(Scheme 4)

TO,

The _____ (CADRE CONTROLLING AUTHORITY/HEAD OF OFFICE)

Sir,

I Shri/Smt _____ (Designation) _____ attached to _____ (office) under _____ (Department) do here by opt for coming under the West Bengal Employees and Pensioners Cashless Medical Treatment Scheme, 2014 and also apply for Cashless Card for self along with the eligible members of my family.

The particulars of the dependent members of my family including self as defined in Scheme 3(C) of the West Bengal Employees and Pensioners Cashless Medical Treatment Scheme, 2014 are given below.

DETAILS OF EMPLOYEE:

1. NAME OF THE GOVERNMENT EMPLOYEE:
2. DESIGNATION:
3. PERMANENT ADDRESS:
4. ADDRESS FOR CORRESPONDANCE:
5. DATE OF BIRTH:
6. MOBILE NO.:
7. ALTERNATE MOBILE NO.:
8. IDENTIFICATION NO.:
9. EMAIL ID (IF ANY):
10. MARRIED OR UNMARRIED:
11. DATE OF ENROLMENT:
12. NAME OF THE EMPLOYER (H/O):
13. OFFICE ADDRESS:
14. OFFICE PH. NO.:
15. OFFICE EMAIL-ID.:

DETAILS OF BENEFICIARIES (INCLUDING SELF):

Sl. No	NAME	DOB/AGE	RELATIONSHIP	ID NO	PHOTO (STAMP)	SIGNATURE
1.						
2.						
3.						
4.						

LAST MEDICAL BENEFIT TAKEN THROUGH WBHS2008:

I do here by declare that upon enrolment under the West Bengal Employees and Pensioners Cashless Medical Treatment Scheme,2014, I shall abide by the provision of THIS SCHEME as may be in force from time to time.

Signature of the Applicant

FOR OFFICE USE ONLY:

MEMO NO.

DATE:

The above information as given by the employee are found correct to the best of my knowledge so it is duly recommended and forwarded for issue of CASHLESS CARD under West Bengal Employees and Pensioners Cashless Medical Treatment Scheme,2014 .

SCANNED COPY OF BOTH SIDE OF THIS FORM HAS BEEN DULY UPLOADED ON THE OFFICIAL WEBSITE: <http://wbhealthscheme.gov.in> ON (date)

SIGNATURE & SEAL OF THE COMPETENT AUTHORITY

FORM -CS3

**APPLICATION FOR ENROLMENT OF PENSIONER INCLUDING FAMILY PENSIONER
UNDER WEST BENGAL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT,2014
(See Scheme 4)**

TO,

The _____ (PENSION SANCTIONING AUTHORITY/COMPETENT AUTHORITY)

Sir,

I , Shri/Smt _____ (pensioner/family pensioner)do here by opt for coming under the West Bengal Employees and Pensioners Cashless Medical Treatment Scheme,2014 and also apply for Cashless Card for self along with the eligible members of my family.

The particulars of the members of my family as defined in Scheme 3(c) of the West Bengal Employees and Pensioners Cashless Medical Treatment Scheme,2014

DETAILS OF PENSIONER:

1. NAME OF THE EX- GOVERNMENT EMPLOYEE:
2. LAST DESIGNATION:
3. PERMANENT ADDRESS:
4. ADDRESS FOR CORRESPONDANCE:
5. DATE OF BIRTH:
6. DATE OF RETIREMENT/DATE OF DEATH OF GOVT-EMPLOYEE:
7. MOBILE NO.:
8. ALTERNATE MOBILE NO.:
9. P.P.O NO.:
10. EMAIL ID (IF ANY):
11. MARRIED OR UNMARRIED:
12. DATE OF ENROLMENT:
13. NAME OF THE PENSION SANCTIONING AUTHORITY:
14. OFFICE ADDRESS:
15. OFFICE PH. NO.:
16. OFFICE EMAIL-ID.:

DETAILS OF BENEFICIARIES (INCLUDING SELF):

Sl. No	NAME	DOB/AGE	RELATIONSHIP	ID NO	PHOTO (STAMP)	SIGNATURE
1.						
2.						
3.						
4.						

LAST MEDICAL BENEFIT TAKEN THROUGH WBHS2008:

I do here by declare that upon enrolment under the West Bengal Employees and Pensioners Cashless Medical Treatment Scheme,2014, I shall abide by the provision of this Scheme as may be in force from time to time.

Signature of the Applicant

FOR OFFICE USE ONLY:

MEMO NO.

DATE:

The above information as given by the employee are found correct to the best of my knowledge so it is duly recommended and forwarded for issue of CASHLESS CARD under West Bengal Employees and Pensioners Cashless Medical Treatment Scheme,2014.

SCANNED COPY OF BOTH SIDE OF THIS FORM HAS BEEN DULY UPLOADED ON THE OFFICIAL WEBSITE: <http://wbhealthscheme.gov.in> ON (date)

SIGNATURE & SEAL OF THE COMPETENT AUTHORITY

**APPROVED PACKAGE RATE FOR CASHLESS TREATMENT UNDER W B
HEALTH FOR ALL EMPLOYEE AND PENSIONERS CASHLESS SCHEME. 2014**

Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
1.	01001010	DELAYED PRIMARY SUTURE	1700
2.	01001014	DEBRIDEMENT OF WOUNDS	1200
3.	01001015	REMOVAL OF BENIGN TUMOR	1100
4.	01001016	ASPIRATION PLURAL EFFUSION - THERAPEUTIC	1000
5.	01001017	ABDOMINAL ASPIRATION - THERAPEUTIC	1300
6.	01001018	REMOVAL OF F.B. SUPERFICIAL	1200
7.	01001019	BONE MARROW ASPIRATION	1500
8.	01001020	JOINTS ASPIRATION	1500
9.	01001024	PHIMOSIS UNDER LA	1500
10.	01001026	STERNAL PUNCTURE	1500
11.	01001027	INJECTION FOR HAEMORRHOIDS	1000
12.	01001028	INJECTION FOR VARICOSE VEINS	1300
13.	01001030	DILATATION OF URETHRA	1100
14.	01001031	INCISION DRAINAGE	600
15.	01001033	PERITONEAL DIALYSIS	1800
16.	01001034	REMOVAL OF SOFT TISSUE OR REGIONAL BLOCK UNDER GENERAL ANAESTHESIA	2400
17.	01001036	SECONDARY SUTURE OF WOUNDS	1200
18.	01002001	EXCISION OF MOLES	600
19.	01002002	EXCISION OF WARTS	600
20.	01002003	EXCISION OF MOLLUSCUM CONTAGIOSUM	600
21.	01002004	EXCISION OF VENERAL WARTS	600
22.	01002005	EXCISION OF CORNS	550
23.	01002006	I/D INJECTION KELOID OF ACNE	300
24.	01002008	EXCISION OF SEBACEOUS CYSTS	1700
25.	01002009	EXCISION OF SUPERFICIAL LIIPOMA	2400
26.	01002010	EXCISION OF DERMOID CYSTS	2450

**APPROVED PACKAGE RATE FOR CASHLESS TREATMENT UNDER W B
HEALTH FOR ALL EMPLOYEE AND PENSIONERS CASHLESS SCHEME. 2014**

Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
27.	01002011	SURGERY OF INFECTED CORN (DAY CARE)	2800
28.	01003002	REMOVAL OF FOREIGN BODY FROM NOSE/ EAR/ THROAT (DAY CARE PACKAGE)	1500
29.	01003005	POLYP REMOVAL UNDER LA	800
30.	01003006	PERITONSILLAR ABSCESS DRAINAGE UNDER LA	1600
31.	01003008	MYRINGOPLASTY	10700
32.	01003009	STAPEDECTOMY	12000
33.	01003010	MYRINGOTOMY WITH GROMMET INSERTION	6000
34.	01003011	ENDOSCOPIC REMOVAL OF FISH BONE	1000
35.	01003012	TYMPANOTOMY	8000
36.	01003013	PARACENTESIS	4300
37.	01003014	TYMPANOPLASTY	14000
38.	01003015	MASTOIDECTOMY	15600
39.	01003016	OTOPLASTY	16500
40.	01003017	LABYRINTHECTOMY	15600
41.	01003018	SKULL BASE SURGERY	50000
42.	01003019	FACIAL NERVE DECOMPRESSION	20000
43.	01003020	SEPTOPLASTY	10200
44.	01003021	SUBMUCOUS RESECTION	10800
45.	01003022	SEPTO-RHINOPLASTY	15000
46.	01003023	RHINOPLASTY (NONCOSMETIC)	12000
47.	01003024	FRACTURE REDUCTION	9000
48.	01003025	INTRA NASAL DIATHERMY	6000
49.	01003026	TURBINECTOMY	9600
50.	01003027	ENDOSCOPIC DCR	13000
51.	01003028	ENDOSCOPIC SURGERY	15000
52.	01003029	SEPTAL PERF. REPAIR	15000
53.	01003030	ANTRUM PUNCTURE	13000
54.	01003031	LATERAL RHINOTOMY	1350

**APPROVED PACKAGE RATE FOR CASHLESS TREATMENT UNDER W B
HEALTH FOR ALL EMPLOYEE AND PENSIONERS CASHLESS SCHEME. 2014**

Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
55.	01003032	CRANIO-FACIAL RESECTION	28000
56.	01003033	ETHAMOIDECTOMY	17600
57.	01003034	CALDWELL LUC SURGERY	12000
58.	01003035	ANGIOFIBROMA EXCISION	18000
59.	01003036	ENDOSCOPIC HYPOPHYSECTOMY	25000
60.	01003037	ENDOSCOPIC OPTIC NERVE DECOMPRESSION	32000
61.	01003038	DECOMPRESSION OF ORBIT	30000
62.	01003039	RANULA EXCISION	9600
63.	01003040	TONGUE TIE EXCISION	8100
64.	01003041	SUB MANDIBULAR DUCT LITHOTOMY	9700
65.	01003042	ADENOIDECTOMY	8000
66.	01003043	PALATOPHARYNGOPLASTY	15100
67.	01003044	CLEFT PALATE REPAIR	16000
68.	01003045	PHARYNGOPLASTY	18000
69.	01003046	STYLOIDECTOMY	11500
70.	01003047	UVULO-PALATOPLASTY	20000
71.	01003048	TYMPANOMASTOIDECTOMY	15600
72.	01003049	DACUNISATION	7000
73.	01003050	TONSILLECTOMY	11200
74.	01003051	ADENOTONSILLECTOMY	13500
75.	01003052	SYNCHIALYSIS	4200
76.	01003053	SUBMUCOSAL DIATHERMY	4000
77.	01003054	NASAL MASS EXCISION- SIMPLE	11200
78.	01003055	NASAL MASS EXCISION- ENDOSCOPIC REMOVAL	13500
79.	01003056	FESS	11200
80.	01003057	ANTERIOR NASAL PACKING	4000
81.	01003058	POST NASAL PACKING	5000
82.	01003059	NASAL BONE REDUCTION	6000

**APPROVED PACKAGE RATE FOR CASHLESS TREATMENT UNDER W B
HEALTH FOR ALL EMPLOYEE AND PENSIONERS CASHLESS SCHEME. 2014**

Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
83.	01003060	EXCISION OF LESION BASE OF TONGUEPER ORAL APPROACH	6400
84.	01003061	UNILATERAL PRE-AURICULAR SINUS OPERATION	23400
85.	01004012	CHALAZION OPERATION -ONE EYE	800
86.	01004013	CHALAZION OPERATION - BOTH EYES	1000
87.	01004016	PTERYGIUM	2200
88.	01004017	ORBITOTOMY	9000
89.	01004018	PTOSIS CORRECTION.	6500
90.	01004019	ECTROPION CORRECTION	3600
91.	01004021	D C R (DACRYO CUSTORHINOSTOMY)	5700
92.	01004022	ECCE/ICCE	6000
93.	01004023	EPICANTHUS CORRECTION.	2100
94.	01004024	SQUINT CORRECTION (ONE EYE)	4000
95.	01004025	SQUINT CORRECTION (BOTH EYES)	6000
96.	01004026	KERATOPLASTY	14000
97.	01004027	TRABECULOTOMY	5700
98.	01004028	IRIDECTOMY	2400
99.	01004029	GONIOTOMY	2400
100.	01004030	SCLERAL BUKLING (RETINAL DETACHMENT SURGERY)	14000
101.	01004031	SYRINGING AND PROBING	1100
102.	01004032	VITRECTOMY	11000
103.	01004033	ENUCLEATION	4000
104.	01004034	EVISERATION	3800
105.	01004035	ENTROPION CORRECTION	3000
106.	01004036	CATARACT WITH IOL(COST OF LENS EXTRA)	7500
107.	01004037	FISTULECTOMY	5700
108.	01004038	GLUCOMA SURGERY WITH GLUCOMA VALVES	5000
109.	01004039	CALICULOPLASTY	3000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
110.	01004040	DACRYOCYSTECTOMY	3000
111.	01004041	PTOSIS SURGERY WITH LPS RESECTION	7000
112.	01004042	PTOSIS SURGERY WITH SLING SURGERY	7000
113.	01004043	ECTROPION SURGERY- ONE LID	3000
114.	01004044	ECTROPION SURGERY- BOTH LIDS	4000
115.	01004045	CHEEK ROTATION FLAP FOR LID TUMORS	8000
116.	01004046	TELECANTHUS CORRECTION	4000
117.	01004047	FRACTURE ORBITAL REPAIR	9000
118.	01004048	LASIK	18000
119.	01004049	TTT- TRANSPUPILLARY THERMAL THERAPY	4000
120.	01004050	PTK- PHOTOTHERAPEUTIC KERATECTOMY	9000
121.	01004051	IRIS CYST REMOVAL	1000
122.	01004052	LID ABSCESS INCISION AND DRAINAGE	3000
123.	01004053	ORBITAL ABSCESS INCISION AND DRAINAGE	4000
124.	01004054	CYCLODIATHERMY	2000
125.	01004055	PERFORATING INJURY REPAIR	4000
126.	01004056	PHACO PLUS IOL (INCLUSIVE OF FOLDABLE NON-FOLDABLE LENS) PACKAGE	14500
127.	01004067	SILICONE OIL (1000)	4000
128.	01004068	SILICONE OIL (C5)	4000
129.	01004069	SILICONE OIL REMOVAL	3500
130.	01004070	PNEUMO RETINOPEXY	2400
131.	01004071	FGE/ FAE	1500
132.	01004077	PHOTODYNAMIC THERAPY PROCEDURE CHARGES- SINGLE EYE	15000
133.	01004078	PHOTODYNAMIC THERAPY PROCEDURE CHARGES- BOTH EYES	25000
134.	01004079	PHOTODYNAMIC THERAPY (SINGLE EYE)	85000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
135.	01004081	INTRAVITREAL AVASTIN (INCLUDING COST OF INJECTION SINGLE)	6000
136.	01004082	INTRAVITREAL LUCENTIS (EXCLUDING COST OF INJECTION-SINGLE)	4000
137.	01004083	INTRAVITREAL MACUGEN (EXCLUDING COST OF INJECTION-SINGLE)	4000
138.	01004084	INTRAVITREAL INJECTIONS OF ANTIBIOTICS (COST OF MEDICINES EXTRA)	2000
139.	01004085	RETINAL FOREIGN BODY REMOVAL	4000
140.	01004086	PPV/ VICTERECTOMY	6500
141.	01004087	ENDO DIATHERMY	1600
142.	01004088	BELT BUCKLE	3200
143.	01004091	ANTERIOR VITRECTOMY	5000
144.	01004092	LENSECTOMY	7500
145.	01004093	ORBITOTOMY (MULTIPLE WALL)	16000
146.	01004094	ERM (EPI RETINAL MEMBRANE)	3600
147.	01004095	RETI BLUE	2400
148.	01004096	CORNEAL COLLAGEN CROSSLINKING	15000
149.	01005001	BIOPSY PROCEDURE UNDER LOCAL ANAESTHESIA	4000
150.	01005002	BIOPSY PROCEDURE UNDER GENERAL ANAESTHESIA	6000
151.	01005003	BIOPSY PROCEDURE UNDER ENDOSCOPY	8000
152.	01005004	FNAC	3500
153.	01005005	VISCERAL BIOPSY	5000
154.	01005006	ASPIRATION BIOPSY	1500
155.	01008007	IMPACTED MOLAR INCLUDING LA	800
156.	01008008	APISECTOMY INCLUDING LA	1000
157.	01008010	REDUCTION AND IMMOBILISATION OF FRACTURE- MAXILLA UNDER LA	1400

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
158.	01008011	REDUCTION AND IMMOBILISATION OF FRACTURE- MANDIBLE UNDER LA	3000
159.	01008012	SPLINTS/ CIRCUM MANDIBULAR WIRING UNDER GA	2000
160.	01008013	INTERNAL WIRE FIXATION/ PLATE FIXATION OF MAXILLA UNDER LA	4000
161.	01008014	INTERNAL WIRE FIXATION/ PLATE FIXATION OF MAXILLA UNDER GA	6000
162.	01008015	INTERNAL WIRE FIXATION/ PLATE FIXATION OF MANDIBLE UNDER LA/GA	6000
163.	01008016	CYST TUMOUR OF MAXILLA/ MANDIBLE BY ENUCLEATION/ EXCISION (PACKAGE)	2000
164.	01008017	TM JOINT ANKYLOSIS- UNDER GA (PACKAGE)	11000
165.	01008018	HEMI-MANDIBULECTOMY WITH GRAFT (PACKAGE)	7000
166.	01008019	HEMI-MANDIBULECTOMY WITHOUT GRAFT (PACKAGE)	4000
167.	01008020	SEGMENTALMANDIBULECTOMY WITH GRAFT (PACKAGE)	6000
168.	01008021	SEGMENTALMANDIBULECTOMY WITHOUT GRAFT (PACKAGE)	2000
169.	01008022	MAXILLECTOMY- PARTIAL WITH GRAFT (PACKAGE)	5000
170.	01008023	MAXILLECTOMY- PARTIAL WITHOUT GRAFT (PACKAGE)	4000
171.	01008024	MAXILLO-FACIAL PROSTHESIS	5000
172.	01008025	ALVELOLECTOMY, FRENECTOMY PER QUADRANT	1150
173.	01008029	APICOECTOMY MOLAR TOOTH	2250
174.	01008033	DAVIS CROWN/ RADICULAR SCREW SUPPORTED	1900
175.	01008035	DENTO ALVEOLAR FRACTURE REDUCTION AND SPLINTING/L.A.	1500
176.	01008037	DIALATION OF WHARTONS DUCT UNDER L.A.	1150
177.	01008039	DRAIN. OF DENTO ALVEOLAR ABSCE. (EX. ORAL)	950

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
178.	01008040	ENUCLEATION OF CYST OF ORAL CAVITY	2000
179.	01008041	FIBRE POST BASED POST AND CORE	1900
180.	01008044	EXTRACTION OF MISP TOOTH BY OPERATION (OPEN METH)	1150
181.	01008045	GTR (GUIDED TISSUE REGENERATION)	1900
182.	01008049	INTERDENTAL WIRING	1150
183.	01008050	INTRA ARTICULAR INJ. OF STEROIDS IN TMJ	900
184.	01008051	JACKET CROWN ACRYLIC	1500
185.	01008052	MINOR DENTO-ALVEOLAR TRACTURE REDUCTION SPLINTING/LA	950
186.	01008053	POST CORE/ TOOTH (CAST POST) LAB METAL CHGS. EXTRA	1150
187.	01008057	PREFORMED STEEL CROWN	1150
188.	01008059	REDUCTION OF DISLOCATION OF TMJ (UNDER LA.)	1400
189.	01008060	REIMPLANTATION (PER TOOTH)	3400
190.	01008064	REPAIR OF FACIAL SOFT TISSUE LACERATION	1150
191.	01008068	ROOT CANAL TREATMENT WITH FILLING AND CROWN (PACKAGE) (LAB. CHARGES EXTRA)	3600
192.	01008072	SURGICAL REMOVAL OF BENIN REOPLASM OF ORAL (PACKAGE)	1500
193.	01008073	SURGICAL REMOVAL OF SOFT TISSUE LESION (PACKAGE)	1150
194.	01008074	SURGICAL REMOVAL OF IMPACT MESIOD.TUBER (PACKAGE)	1150
195.	01008075	DISTO-IMPACTED TEETH (TWO) UNDER GA	30000
196.	01012001	NORMAL DELIVERY OR WITH EPISIOTOMY P. REPAIR	12000
197.	01012002	LOW FORCEPS	12000
198.	01012003	LOW MIDCAVITY FORCEPS	14000
199.	01012004	CESAREAN SECTION	20000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
200.	01012005	CESAREAN HYSTERECTOMY	22000
201.	01012006	RUPTURE UTERUS- CLOSURE AND REPAIR WITH TUBAL LIGATION	22000
202.	01012007	PERFORATION OF UTERUS AFTER D/E LAPAROTOMY AND CLOSURE	18000
203.	01012008	LAPAROTOMY-PERITONITIS LAVAGE AND DRAINAGE	16000
204.	01012009	LAPAROTOMY-FAILED LAPAROSCOPY TO EXPLORE	6100
205.	01012010	SALPHINGECTOMY	14000
206.	01012011	SALPHINGO-OOPHORECTOMY	18000
207.	01012012	OVAREAN CYSTECTOMY	18000
208.	01012013	OOPHORECTOMY	15000
209.	01012014	BROAD LIGMENT HAEMOTOMA DRAINAGE	12000
210.	01012015	EXPLORATION OF PERINEAL HAEMATOMA AND RESUTURING OF EPISIOTOMY	12000
211.	01012016	EXPLORATION OF ABDOMINAL HAEMATOMA (AFTER LAPAROTOMY PLUS LUCS)	12000
212.	01012017	INTERNAL PODALIC VERSION AND EXTRACTION	12000
213.	01012018	MANUAL REMOVAL OF PLACENTA	3700
214.	01012019	3RD STAGE COMPLICATION MRP FOR OUTSIDE DELIVERY ETC	4900
215.	01012020	EXAMINATION UNDER ANAESTHESIA	2500
216.	01012021	BURST-ABDOMEN REPAIR	3300
217.	01012022	GAPING PARENEAL WOUND SECONDARY SUTURING	2500
218.	01012023	GAPING ABDOMINAL WOUND SECONDARY SUTURING	3700
219.	01012024	COMPLETE PERINEAL TEARREPAIR	2500
220.	01012025	EXPLORATION OF PPH-TEAR REPAIR	4200
221.	01012026	DESTRUCTIVE OPERATION	12000
222.	01012027	SUCTION EVACUATION VESICULAR MOLE, MISSED ABORTION D/E	5900

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
223.	01012028	COLPOTOMY-DRAINAGE P/V NEEDLING EUA	4200
224.	01012029	REPAIR OF POST-COITAL TEAR, PERINEAL INJURY	4200
225.	01012030	EXCISION OF URETHRAL CARBUNCLE	4000
226.	01012031	LAPAROSCOPY (GYNAE)	6100
227.	01012032	SHIRODKAR, MC. DONALDS STICH	3700
228.	01012033	LAPAROTOMY	20000
229.	01012034	ABDOMINAL HYSTERECTOMY	22000
230.	01012035	VAGINAL HYSTERECTOMY	22000
231.	01012036	MYOMECTOMY	22000
232.	01012037	VAGINOPLASTY	22000
233.	01012038	VULVECTOMY (SIMPLE/RADICAL)	25000
234.	01012039	RVF REPAIR	25000
235.	01012040	OTHER MAJOR OPERATIONS	25000
236.	01012041	MANCHESTER OPERATIONS	20000
237.	01012042	PERINEORRHAPHY	14700
238.	01012043	COLPORRAPHY	14400
239.	01012044	MODIFIED GILLIAM	16900
240.	01012045	SHIRODKAR'S OPERATION	10200
241.	01012046	DIAGNOSTIC CURETTAGE	2700
242.	01012047	FRACTIONAL CURETTAGE	3400
243.	01012048	D AND C AND CERVICAL BIOPSY	3400
244.	01012049	POLYPECTOMY	3600
245.	01012050	OTHER-MINOR OPERATION	3600
246.	01012051	EXCISION VAGINAL CYST/BURTHOLIN CYST	3900
247.	01012052	EXCISION VAGINAL SEPTUM	5900
248.	01012053	LAPAROSCOPY DIAGNOSTIC	6000
249.	01012054	LAPAROSCOPY STERILISATION	7300
250.	01012055	LAPAROSCOPY OPERATIVE	12000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
251.	01012056	LAPAROSCOPY LAVH	25000
252.	01012057	DRILLING OF OVARY	10800
253.	01012058	ADHESIOLYSIS	17400
254.	01012059	MANAGEMENT OF ECTOPIC PREGNANCY	20000
255.	01012060	HYSTEROSCOPY TCRE	11500
256.	01012061	HYSTEROSCOPY REMOVAL OF IUCD	5500
257.	01012062	HYSTEROSCOPY REMOVAL OF SEPTUM	11500
258.	01012063	HYSTEROSCOPY DIAGNOSTIC	7300
259.	01012064	WERTHIMAS HYSTRECTOMY FOR CANCER CERVIX	30000
260.	01012065	STERILISATION POST PERTUM	4700
261.	01012066	STERILISATION INTRAVAGINAL	6000
262.	01012067	ABORTION- D AND C	3900
263.	01012068	ABORTION- EVACUATION	4200
264.	01012069	MTP- 1ST TRIMESTER	3200
265.	01012070	MTP - 2ND TRIMESTER	4800
266.	01012071	EXTENDED HYSTERECTOMY	28000
267.	01012072	HYDROTUBATION	1000
268.	01013001	DRAINAGE OF ABSCESS	2000
269.	01013002	DRESSING UNDER G.A.	2400
270.	01013003	ASPIRATION OF COLD ABSCESS OF LYMPHNODE	3100
271.	01013004	ASPIRATION OF EMPYEMA	2400
272.	01013005	ASPIRATION OF LIVER ABSCESS	3000
273.	01013006	OPEN DRAINAGE OF LIVER ABSCESS	10000
274.	01013007	DRAINAGE OF PELVIC ABSCESS	10000
275.	01013008	DRAINAGE OF ISCHIORECTAL ABSCESS	8000
276.	01013009	DRAINAGE OF SUBDIAPHRAGMATIC ABSCESS	14000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
277.	01013010	OPEN DRAINAGE OF PERINEPHERIC ABSCESS	14000
278.	01013011	DRAINAGE OF PERIGASTRIC ABSCESS	12000
279.	01013012	DRAINAGE OF PEROTID ABSCESS	8000
280.	01013013	DRAINAGE OF RETROPHARYNGEAL ABSCESS	8000
281.	01013014	OPEN DRAINAGE OF PSORAS ABSCESS	8000
282.	01013015	OPEN DRAINAGE OF PERIVERTEBRAL ABSCESS	10000
283.	01013016	FISSURECTOMY/ HAEMORROIDECTOMY/ CORRECTION OF PILES	16000
284.	01013017	HAEMORROIDECTOMY/ CORRECTION OF PILES WITH STAPLER GUN (COST OF GUN EXTRA)	16000
285.	01013018	EXCISION OF SUPERFICIAL NEUROFIBROMA	2800
286.	01013019	VARICOSE VEINS	25000
287.	01013020	EXCISION OF CARBUNCLE	4000
288.	01015001	HEAD AND NECK	9700
289.	01015002	BREAST	9600
290.	01015003	SOFT TISSUE SARCOMA	12000
291.	01016001	CAPSULE ENDOSCOPY	30000
292.	01016002	COMPLETE DOUBLE BALLOON ENTEROSCOPY	18000
293.	01016003	COMPLETE SMALL BOWEL EVALUATION	30000
294.	01016004	ARGAN PLASMA COA (MAJOR)	5000
295.	01016005	ARGAN PLASMA COA (MAJOR) (BS)	6500
296.	01016006	ARGAN PLASMA COA (MINOR)	2200
297.	01016007	ARGAN PLASMA COA (MINOR) (BS)	3000
298.	01016008	BAND LIGATION	3500
299.	01016009	BAND LIGATION (BS)	5500
300.	01016010	BILIARY BRUSHING	1000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
301	01016011	BILIARY BRUSHING (BS)	1600
302	01016012	BILIARY PANCREATIC (M)	16000
303	01016013	BILIARY PANCREATIC (M) (BS)	23000
304	01016014	BILIARY PANCREATIC (P)	13300
305	01016015	BILIARY PANCREATIC (P) (BS)	18000
306	01016016	CRE BALLON DILATATION (BS)	15000
307	01016017	CRE BALLOON DILATATION	9000
308	01016018	DILATATION (STRICTURE)	3000
309	01016019	DILATATION (STRICTURE) (BS)	4200
310	01016020	EMG CHARGE (LARGE)	3500
311	01016021	EMG CHARGE (SMALL)	1500
312	01016022	ENDOSCOPIC TUBE PLACE	3000
313	01016023	ENDOSCOPIC TUBE PLACE (BS)	4200
314	01016024	OESOPHAGEAL TRANSIT	1200
315	01016025	GASTROSTOMY (PEG)	7000
316	01016026	GASTROSTOMY (PEG) (BS)	11000
317	01016027	GLUE INJECTION	4500
318	01016028	GLUE INJECTION (BS)	7000
319	01016029	HEMOSTA BY GLOD PROBE	7000
320	01016030	HEMOSTATIC CLIP	7000
321	01016031	HEMOSTATIC CLIP (BS)	10000
322	01016032	HEPATONORM	700
323	01016033	INJECTION HEMOSTASIS	4000
324	01016034	INJECTION HEMOSTASIS (BS)	6000
325	01016035	LGI MANOMETRY	4000
326	01016036	LGI MANOMETRY (BS)	6000
327	01016037	UGI MANOMETRY	3200
328	01016038	UGI MANOMETRY (BS)	4500
329	01016039	NASOBILIARY DRAINAGE	12000
330	01016040	NASOBILIARY DRAINAGE (BS)	18000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
331	01016041	NASOJEJUNAL TUBE PLAC	3000
332	01016042	NASOJEJUNAL TUBE PLAC (BS)	4200
333	01016043	PAPILLA CANNU MINOR	6500
334	01016044	PAPILLA CANNU MINOR (BS)	8200
335	01016045	PAPPU STNT SPINGT (M)	12000
336	01016046	PAPPU STNT SPINGT (M) (BS)	17500
337	01016047	POLYPECTOMY (COLONIC)	3200
338	01016048	POLYPECTOMY (COLONIC) (BS)	4800
339	01016049	POLYPECTOMY (UPPER GI)	3000
340	01016050	POLYPECTOMY (UPPER GI) (BS)	4500
341	01016051	PRE CUTTING	4500
342	01016052	PRE CUTTING (BS)	7500
343	01016053	PSEUDOCYST DRAINAGE	9000
344	01016054	PSEUDOCYST DRAINAGE (BS)	16000
345	01016055	SCLEROTHERAPY	3000
346	01016056	SCLEROTHERAPY (BS)	3800
347	01016057	SMALL BOWEL ENTEROSCP	14000
348	01016058	SPHINCTEROTOMY	10500
349	01016059	SPHINCTEROTOMY (BS)	16000
350	01016060	STONE EXTRACTION	12000
351	01016061	STONE EXTRACTION (BS)	17000
352	01016062	GASTRIC EMPTYING	2500
353	01016063	MECHANICAL LITHOTRIPSY	25000
354	01016064	ERCP (STENTING)	10000
355	01017001	EAR LOBE REPAIR ONE SIDE	600
356	01017002	EXCISION OF PINNA FOR GROWTH (SQUAMOUS/BASAL/ INJURIES) SKIN ONLY	4500
357	01017003	EXCISION OF PINNA FOR GROWTH (SQUAMOUS/BASAL/ INJURIES) SKIN AND CARTILAGE	6000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
358	01017004	PARTIAL AMPUTATION OF PINNA	6000
359	01017005	TOTAL AMPUTATION OF PINNA	7500
360	01017006	TOTAL AMPUTATION AND EXCISION OF EXTERNAL AUDITORY MEATUS	10250
361	01017007	EXCISION OF CYSTIC HYGROMA MINOR	5500
362	01017008	EXCISION OF CYSTIC HYGROMA MAJOR	8000
363	01017009	EXCISION OF CYSTIC HYGROMA EXTENSIVE	12300
364	01017010	EXCISION OF BRANCHIAL CYST	11000
365	01017011	EXCISION OF BRANCHIAL SINUS	11000
366	01017012	EXCISION OF PHARYNGEAL DIVERTICULUM	12200
367	01017013	MANDIBULECTOMY	25000
368	01017014	OPERATION FOR CERVICAL RIB	30000
369	01017015	PHARYNGECTOMY	35000
370	01017016	STENOSIS EXCISION	17000
371	01017017	COMMANDO OPERATION	27000
372	01017018	BLOCK DISSECTION OF CERVICAL LYMPH NODES	20300
373	01017019	PHARYNGECTOMY RECONSTRUCTION	40000
374	01017020	OPERATION FOR CARCINOMA LIP - WEDGE EXCISION	10000
375	01017021	OPERATION FOR CARCINOMA LIP - VERMILIONECTOMY	10000
376	01017022	OPERATION FOR CARCINOMA LIP - WEDGE EXCISION AND VERMILONECTOMY	12000
377	01017023	ESTLANDER OPERATION	9700
378	01017024	ABBE OPERATION	12000
379	01017025	CHEEK ADVANCEMENT	10200
380	01017026	EXCISION OF THE MAXILLA	23300
381	01017027	EXCISION OF THE MANDIBLE - SEGMENTAL	18100
382	01017028	HEMIMANDIBULECTOMY	27200

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
383	01017029	PARTIAL GLOSSECTOMY	6100
384	01017030	HEMIGLOSSECTOMY	13500
385	01017031	TOTAL GLOSSECTOMY	25000
386	01017032	PAROTIDECTOMY - SUPERFICIAL	24000
387	01017033	PAROTIDECTOMY - CONSERVATIVE	19700
388	01017034	PAROTIDECTOMY - RADICAL	22000
389	01017035	PAROTIDECTOMY - TOTAL	15000
390	01017036	REPAIR OF PAROTID DUCT	20400
391	01017037	REMOVAL OF SUBMANDIBULAR SALIVARY GLAND	10000
392	01017038	HEMITHYROIDECTOMY	15000
393	01017039	PARTIAL THYROIDECTOMY	16000
394	01017040	SUBTOTAL THYROIDECTOMY (TOXIC GOITRE)	22000
395	01017041	TOTAL THYROIDECTOMY	23000
396	01017042	RESECTION ENUCLEATION OF ADENOMA	12500
397	01017043	ISTHMECTOMY	12600
398	01017044	TOTAL THYROIDECTOMY AND BLOCK DISSECTION	31400
399	01017045	EXCISION OF LINGUAL THYROID	25650
400	01017046	EXCISION OF THYROGLOSSAL CYST/FISTULA	15000
401	01017047	EXCISION OF PARATHYROID ADENOMA/CARCINOMA	25600
402	01017048	LARYNGECTOMY	37150
403	01017049	LARYNGO PHARYNGECTOMY	43500
404	01017050	SINUS AND FISTULA REPAIR	14000
405	01017051	LYMPH NODE EXCISION	8000
406	01017052	HYOID SUSPENSION	12000
407	01017053	GENIOPLASTY	12000
408	01017054	DIRECT LARYNGOSCOPY	5400
409	01017055	PHONOSURGERY	15400

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
410	01017056	FIBROPTIC LARYNGOSCOPY	3000
411	01017057	MICROLARYNGEAL SURGERY	11000
412	01017058	LARYNGOFISSURE	17500
413	01018001	BENIGN TUMOUR EXCISIONS	11000
414	01018002	TEMPORAL BONE RESECTION	27600
415	01018003	RADICAL NECK DISSECTION	28500
416	01018004	CAROTID BODY EXCISION (COST OF GRAFT EXTRA)	36000
417	01018005	TOTAL LARYNGECTOMY	39050
418	01018006	FLAP RECONSTRUCTIVE SURGERY	42800
419	01018007	PARAPHARYNGEAL TUMOUR EXCISION	32000
420	01018008	TOTAL THYROIDECTOMY	30000
421	01019001	DRAINAGE OF ABSCESS	7000
422	01019002	EXCISION OF LUMPS	10000
423	01019003	LOCAL MASTECTOMY (SIMPLE)	13500
424	01019004	RADICAL MASTECTOMY (FORMAL OR MODIFIED)	28000
425	01019005	EXCISION OF MAMMARY FISTULA	16000
426	01019006	SEGMENTAL RESECTION OF BREAST	18300
427	01019007	BREAST CANCER (TUMOUR EXCISION)	30000
428	01020001	TRACHEOSTOMY	3700
429	01020002	THORACOTOMY (PENETRATING WOUNDS)	17500
430	01020003	INTERCOSTAL DRAINAGE OF EMPYEMA	5400
431	01020004	DECORTICATION (PLEURECTOMY)	37000
432	01020005	THORACOPLASTY	37000
433	01020006	PNEUMONECTOMY	37000
434	01020007	LOBECTOMY	37000
435	01020008	SEGMENTAL RESECTION	37000
436	01020009	HYDATID CYST- REMOVAL	37000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
437	01020010	VIDEO-ASSISTED THORACOSCOPIC LUNG SURGERIES	37000
438	01020011	LUNG VOLUME REDUCTION SURGERY (UNILATERAL/ BILATERAL)	37000
439	01020012	THORACOSCOPIC DECORTICATION	37000
440	01020013	THORACOSCOPIC PNEUMONECTOMY	37000
441	01020014	THORACOSCOPIC LOBECTOMY	37000
442	01020015	THORACOSCOPIC SEGMENTAL RESECTION	37000
443	01020016	THORACOSCOPIC CYST EXCISION	37000
444	01020017	THORACOSCOPIC SYMPATHECTOMY	37000
445	01020018	CHEST WALL TUMOR EXCISION WITH RECONSTRUCTION	37000
446	01020019	REPAIR OF CONGENITAL CHEST WALL DEFORMITIES	37000
447	01020020	MULTIPLE LOBECTOMY	37000
448	01020021	DECORTICATION PLUS THORACOPLASTY	37000
449	01020022	DECORTICATION PLUS LUNG RESECTION PLUS THORACOPLASTY	37000
450	01020023	OPEN LUNG BIOPSY	18000
451	01020024	MEDICISTINOSCOPY(CERVICAL)	15000
452	01020025	VIDEO-ASSISTED THORACOSCOPY (VATS)	36960
453	01020026	THORACOTOMY FOR BPF	37000
454	01020027	SURGERY FOR DESTROYED LUNG	37000
455	01020028	SLEEVE RESECTION WITH LOBECTOMY	37000
456	01020029	EXTRAPLEURAL PNEUMONECTOMY	37000
457	01020030	TRACHEAL STENOSIS SURGERY	37000
458	01020031	REPAIR OF TRACHEO INNUMINETE FISTULA	37000
459	01020032	TRACHEAL RESECTION FOR TRACHEAL TUMOUR	37000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
460	01020033	SEGMENTECTOMY	37000
461	01020034	WEDGE RESECTION	37000
462	01020035	LUNG RESECTION WITH PARATRACHEAL L. NODE RESECTION	37000
463	01020036	LUNG RESECTION WITH CHEST WALL INVASION	37000
464	01020037	LUNG RESECTION WITH DISSECTION OF LYMPH NODE STATIONS	37000
465	01020038	SURGERY FOR RECURRENT PNEMOTHORAXIC	37000
466	01020039	SURGERY FOR ASPERGILLOSIS (LUNG CAVITIES)	37000
467	01020040	BRONCHOTOMY	37000
468	01020041	MEDIOSTONOSCOPY	15000
469	01022001	ATRESIA OF OESOPHAGUS AND TRACHEO OESOPHAGEAL FISTULA	29700
470	01022002	OPERATIONS FOR REPLACEMENT OF OESOPHAGUS BY COLON	38000
471	01022003	OESOPHAGECTOMY FOR CARCINOMA ESOPHAGUS	38000
472	01022004	OESOPHAGEAL INTUBATION (MAUSSEAU BARBIN TUBE)	15500
473	01022005	ACHALASIA CARIDA TRANSTHORACIC	29700
474	01022006	ACHALASIA CARIDA ABDOMINAL	14600
475	01022007	OESOPHAGO GASTRECTOMY FOR MID 1/3 LESION	38000
476	01022008	OESOPHAGUS DILATATION OF STRICTURE- PER VISIT	1500
477	01022009	COLON-INTER POSITION OR REPLACEMENT OF OESOPHAGUS	38000
478	01022010	OESOPHAGO GASTRECTOMY ± LOWER CORRINGERS PROCEDURE	38000
479	01022011	ESOPHAGEAL PERFORATION SURGERY	38000
480	01022012	INSTALLATION OF RYLES TUBE IN CA ESOPHAGUS	5000
481	01022013	ESOPHAGEAL DIRECTICULUM SURGERY	38000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
482	01023001	GASTROSCOPY	1300
483	01023002	GASTRIC DUODENAL BIOPSY (ENDOSCOPIC)	1700
485	01023003	PYLEROMYOTOMY	10000
486	01023004	GASTROSTOMY	12000
487	01023005	SIMPLE CLOSURE OF PERFORATED PEPTIC ULCER	15000
488	01023006	VAGOTOMY PYLEROPLASTY / GASTRO JEJUNOSTOMY	30000
489	01023007	DUODENOJEJUNOSTOMY	25000
490	01023008	PARTIAL/SUBTOTAL GASTRECTOMY FOR CARCINOMA	30000
491	01023009	PARTIAL/SUBTOTAL GASTRECTOMY FOR ULCER	30000
492	01023010	OPERATION FOR BLEEDING PEPTIC ULCER	25000
493	01023011	GASTROJEJUNOSTOMY VAGOTOMY	27000
494	01023012	OPERATION FOR GASTROJEJUNAL ULCER	25000
495	01023013	TOTAL GASTRECTOMY FOR CANCER	35000
496	01023014	HIGHLY SELECTIVE VAGOTOMY	25000
497	01023015	SELECTIVE VAGOTOMY DRAINAGE	25000
498	01023016	CONGENITAL DIAPHRAGMATIC HERNIA	30000
499	01023017	HIATUS HERNIA REPAIR ABDOMINAL	30000
500	01023018	HIATUS HERNIA REPAIR TRANSTHORACIC	30000
501	01023019	EXPLORATORY LAPAROTOMY	12900
502	01023020	EPIGASTRIC HERNIA REPAIR	15000
503	01023021	UMBILICAL HERNIA REPAIR	15000
504	01023022	VENTRAL AND SCAR HERNIA REPAIR	18000
505	01023023	INGUINAL HERNIA HERNIORRAPHY- UNILATERAL	15000
506	01023024	INGUINAL HERNIA ± HERNIOPLASTY- WITH MESHUNILATERAL	22000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
507	01023025	FEMORAL HERNIA REPAIR	22000
508	01023026	RARE HERNIAS - REPAIR (SPIGALION, OBTURATOR, LUMBAR, SCIATIC)	25000
509	01023027	SPLENECTOMY - FOR TRAUMA	25000
510	01023028	SPLENECTOMY - FOR HYPERSPLENISM	25000
511	01023029	SPLENORENAL ANASTOMOSIS	40000
512	01023030	PORTOCAVAL ANASTOMOSIS	40000
513	01023031	DIRECT OPERATION ON OESOPHAGUS FOR PORTAL HYPERTENSION	30000
514	01023032	MESENTERICOCAVAL ANASTOMOSIS	35000
515	01023033	WARREN SHUNT	35000
516	01023034	PANCERATO DUODENECTOMY	36000
517	01023035	BY PASS PROCEDURE FOR INOPERABLE CARCINOMA OF PANCREAS	30000
518	01023036	CYSTOJEJUNOSTOMY OR CYSTOGASTROSTOMY	30000
519	01023037	CHOLECYSTECTOMY	18000
520	01023038	CHOLECYSTECTOMY EXPLORATION OF CBD	22000
521	01023039	REPAIR OF COMMON BILE DUCT	20000
522	01023040	OPERATION FOR HYDATID CYST OF LIVER	25000
523	01023041	CHOLECYSTOSTOMY	14200
524	01023042	HEPATIC RESECTIONS (LOBECTOMY HEPATECTOMY)	28000
525	01023043	OPERATION ON ADRENAL GLANDS - BILATERAL	35000
526	01023044	OPERATION ON ADRENAL GLANDS - UNILATERAL FOR TUMOUR	20000
527	01023045	APPENDICECTOMY FOR ACUTE APPENDICITIS	20000
528	01023046	APPENDICECTOMY FOR CHRONIC APPENDICITIS	18000
529	01023047	APPENDICULAR ABSCESS ± DRAINAGE	12000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
530	01023048	MEENTERIC CYST- EXCISION	18000
531	01023049	PERITONIOSCOPY/ LAPAROSCOPY	5100
532	01023050	JEJUNOSTOMY	18000
533	01023051	ILEOSTOMY	18000
534	01023052	CONGENITAL ATRESIA AND STENOSIS OF SMALL INTESTINE	25000
535	01023053	MUCONIUM ILEUS	20000
536	01023054	MAL-ROTATION AND VOLVULUS OF THE MIDGUT	20000
537	01023055	RESECTION AND ANASTOMOSIS OF SMALL INTESTINE	22000
538	01023056	EXCISION OF MECKLE'S DIVERTICULUM	22000
539	01023057	DUODENAL DIVERTICULUM	18000
540	01023058	OPERATION FOR INTESTINAL OBSTRUCTION	25000
541	01023059	OPERATION FOR INTESTINAL PERFORATION	25000
542	01023060	BENIGN TUMOURS OF SMALL INTESTINE	25000
543	01023061	EXCISION OF SMALL INTESTINE FISTULA	25000
544	01023062	OPERATIONS FOR HAEMORRHAGE OF THE SMALL INTESTINES	25000
545	01023063	OPERATIONS OF THE DUPLICATION OF THE INTESTINES	32000
546	01023064	OPERATIONS FOR RECURRENT INTESTINAL OBSTRUCTION (NOBLE PLICATION AND OTHER OPERATIONS FOR THE ADHESIONS)	28000
547	01023065	ILIEOSIGMOIDOSTOMY	22000
548	01023066	ILIEOTRANSVERSE COLOSTOMY	22000
549	01023067	CAECOSTOMY	10000
550	01023068	LOOP COLOSTOMY TRANSVERSE SIGMOID	20000
551	01023069	TERMINAL COLOSTOMY	24000
552	01023070	CLOSURE OF COLOSTOMY	24000
553	01023071	RIGHT HEMI-COLECTOMY	24000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
554	01023072	LEFT HEMI-COLECTOMY	24000
555	01023073	TOTAL COLECTOMY	39000
556	01023074	OPERATIONS FOR VOLVULUS OF LARGE BOWEL	25200
557	01023075	OPERATIONS FOR SIGMOID DIVERTICULITIS	22000
558	01023076	FISSURE IN ANO - DILATATION	6800
	01023077	FISSURE IN ANO - FISSURECTOMY	16000
559	01023078	RECTAL POLYP-EXCISION	8000
560	01023079	OPERATION OF HAEMORRHOIDS -LORDS PROCEDURE	10000
561	01023080	FISTULA IN ANO - HIGH FISTULECTOMY	20000
562	01023081	FISTULA IN ANO - LOW FISTULECTOMY	12000
563	01023082	IMPERFORAT ANUS - COLOSTOMY	16000
564	01023083	IMPERFORATE ANUS - PULL THROUGH OPERATION	22000
565	01023084	PROLAPSE RECTUM - THEIRCH WIRING	15000
566	01023085	PROLAPSE RECTUM - RECTOPEXY	10000
567	01023086	PROLAPSE RECTUM - GRAHAMS OPERATION	22000
568	01023087	OPERATIONS FOR HIRSCHSPRUNGS DISEASE	22000
569	01023088	EXCISION OF PILONIDAL SINUS	12300
570	01023089	ABDOMINO-PERINEAL EXCISION OF RECTUM	26700
571	01023090	ANTERIOR RESECTION OF RECTUM	26300
572	01023091	PULL THROUGH ABDOMINAL RESECTION	22000
573	01023092	OPERATIONS FOR NEUROBLASTOMA	22000
574	01023093	FISTULA/ FISTULOTOMY	12000
575	01023094	HERNIOCTOMY	21000
576	01024001	PARTIAL NEPHRECTOMY	25000
577	01024002	NEPHROLITHOTOMY	25000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
578	01024003	PYELOLITHOTOMY	25000
579	01024004	OPERATIONS FOR HYDRONEPHROSIS	25000
580	01024005	OPEN DRAINAGE OF PERINEPHRIC ABSCESS	15000
581	01024006	CAVERNOSTOMY	20400
582	01024007	OPERATIONS FOR CYST OF THE KIDNEY	25000
583	01024008	URETEROLITHOTOMY	20000
584	01024009	NEPHROURETERECTOMY	20000
585	01024010	OPERATIONS FOR URETER FOR - DOUBLE URETERS	30000
586	01024011	OPERATIONS FOR URETER -FOR ECTOPIA OF SINGLE URETER	27000
587	01024012	OPERATIONS FOR VESICoureTERIC REFLUX	28000
588	01024013	URETEROSTOMY - CUTANEOUS	20000
589	01024014	URETERO-COLIC ANASTOMOSIS	20000
590	01024015	FORMATION OF AN ILEAL CONDUIT	22000
591	01024016	URETERIC CATHETERISATION	5000
592	01024017	DORMIA EXTRACTION OF CALCULUS	6000
593	01024018	BIOPSY OF BLADDER (CYSTOSCOPIC)	6000
594	01024019	DIATHERMY DESTRUCTION OF BLADDER NEOPLASM	15000
595	01024020	LITHOLAPEXY	15000
596	01024021	OPERATIONS FOR INJURIES OF THE BLADDER	30000
597	01024022	SUPRAPUBIC DRAINAGE (CYSTOSTOMY/ VESICOSTOMY)	12000
598	01024023	TOTAL CYSTECTOMY	35000
599	01024024	DIVERTICULECTOMY	32000
600	01024025	OPEN RESECTION OF THE BLADDER NECK	25000
601	01024026	Y-V PLASTY OF THE BLADDER NECK	25000
602	01024027	CYSTOPLASTY	28000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
603	01024028	OPERATIONS FOR EXTROPHY OF THE BLADDER	40000
604	01024029	REPAIR OF URETEROCOEL	25000
605	01024030	SUPRAPUBIC PROSTATECTOMY	25000
606	01024031	RETROPUBIC PROSTATECTOMY	25000
607	01024032	TRANSURETHRAL RESECTION OF PROSTATE (TURP)/ TUR BLADDER TUMOUR	25000
608	01024034	OPERATIONS FOR INJURY TO URETHRA	30000
609	01024035	INTERNAL URETHROTOMY	15000
610	01024036	URETHRAL RECONSTRUCTION	32000
611	01024037	OPERATION FOR CONGENITAL VALVES OF URETHRA	16000
612	01024038	OPERATIONS FOR INCONTINENCE OF URINE - MALE	25000
613	01024039	OPERATIONS FOR INCONTINENCE OF URINE - FEMALE	25000
614	01024040	REDUCTION OF PARAPHIMOSIS	2450
615	01024041	CIRCUMCISION (UNDER GENERAL ANAESTHESIA)	6000
616	01024042	MEATOTOMY	3500
617	01024043	MEATOPLASTY	6800
618	01024044	OPERATIONS FOR HYPOSPADIAS - CHORDEE CORRECTION	15000
619	01024045	OPERATIONS FOR HYPOSPADIAS - SECOND STAGE OR ONE STAGE REPAIR	24000
620	01024046	OPERATIONS FOR EPISPADIAS	22000
621	01024047	PARTIAL AMPUTATION OF THE PENIS	14000
622	01024048	TOTAL AMPUTATION OF THE PENIS	20000
623	01024049	ORCHIDECTOMY- SIMPLE	14000
624	01024050	ORCHIDECTOMY- RADICAL	20000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
625	01024051	ADRENECLECTOMY UNILATERAL/BILATERAL FOR TUMOUR/FOR CARCINOMA	30000
626	01024052	OPERATIONS FOR HYDROCELE - UNILATERAL	8000
627	01024053	OPERATIONS FOR HYDROCELE - BILATERAL	12000
628	01024054	OPERATION FOR TORSION OF TESTIS	15000
629	01024055	VASOVASOSTOMY	18000
630	01024056	OPERATIONS FOR VARICOCELE	15000
631	01024057	BLOCK DISSECTION OF INGUINAL NODES - ONE SIDE	25000
632	01024058	BLOCK DISSECTION OF INGUINAL NODES - BOTH SIDES	32000
633	01024059	EXCISION OF FILARIAL SCROTUM	16000
634	01024060	EMERGENCY DIALYSIS FEMORAL PUNCTURE	1200
635	01024061	EMERGENCY DIALYSIS SUBCLAVIAN PUNCTURE	1800
636	01024062	FISTULA/SHUNT	8000
637	01024063	DIALYSIS FEMORAL CATHETERISATION BILATERAL	1500
638	01024064	HAEMO DIALYSIS (ALL INCLUSIVE)	1500
639	01024065	DOUBLE LUMEN SUB CLAVIAN CATHETER	3000
640	01024066	CONTINUOUS ARTERIO VENUS HAEMOFILTRATION (CAVH)/ CAVD	17000
641	01024067	SUBCLAVIAN ACCESS	1850
642	01024068	FEMORAL ACCESS	1750
643	01024069	PLASMA EXCHANGE	2500
644	01024072	URETERIC REIMPLANT	4200
645	01024073	LYMPHOCOEL	4300
646	01024075	NEPHROURETOMETRY	35000
647	01024076	VASCULAR PROSTHETIC GRAFT	35000
648	01024077	CAPD (INSERTION REMOVAL)	8000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
649	01024078	PCNL - UNILATERAL	30000
650	01024079	PCNL ± BILATERAL/ PCNL-III	46000
651	01024080	PALOMO'S UNILATERAL	7300
652	01024081	PALOMO'S BILATERAL	12600
653	01024082	ENDOSCOPIC TEFLON INJECT	5100
654	01024083	TESTICULAR BIOPSY	4350
655	01024084	GIL-VERNER'S EXTENDED PYELOLITHOTOMY	22000
656	01024085	RADICAL NEPHRECTOMY COMPLICATED TUMOUR OR ADHESIONS	50000
657	01024086	ANDERSON HYNES PYEOROPLASTY	25000
658	01024087	VASICO VAGINAL FISTULA REPAIR	30000
659	01024088	RADICAL CYSTECTOMY	44000
660	01024089	CAECO CYSTOPLASTY	26000
661	01024090	NEPHRECTOMY SIMPLE	25000
662	01024091	NEPHROSTOMY	22000
663	01024092	URETERIC REIMPLANT	25000
664	01024093	PARTIAL CYSTECTOMY	28000
665	01024094	EPIDIDYMECTOMY	12000
666	01024095	TURP CYSTOLITHOTRIPTY	30000
667	01024096	OPEN PROSTATECTOMY	28000
668	01024097	CLOSURE OF URETHRAL FISTULA	28000
669	01024098	ORCHIDOPEXY - UNILATERAL	15000
670	01024099	ORCHIDOPEXY - BILATERAL	20000
671	01024100	CYSTOLITHOTOMY - SUPRAPUBIC	15000
672	01024101	ENDOSCOPIC REMOVAL OF STONE IN BLADDER	18000
673	01024102	RESECTION BLADDER NECK ENDOSCOPIC	18000
674	01024103	URETEROSCOPIC REMOVALWITH LASER	40000
675	01024104	URETEROSCOPIC REMOVALWITHOUT LASER	18000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
676	01024105	URETHROPLASTY 1ST STAGE	14000
677	01024106	OPTICAL URETHROTOMY	18000
678	01024107	EXPLORATORY SCROTOTOMY	10000
679	01024108	PERINEAL URETHROSTOMY	15000
680	01024109	DILATATION OF STRICTURE URETHRA UNDER G.A.	4000
681	01024110	DILATATION OF STRICTURE URETHRA WITHOUT ANESTHESIA	2200
682	01024111	RETROPERITONEOSCOPY NEPHRECTOMY	40000
683	01024112	RETROPERITONEOSCOPY PARTIAL NEPHRECTOMY	35000
684	01024113	RETROPERITONEOSCOPIC NEPHROLITHOTOMY	35000
685	01024114	RETROPERITONEOSCOPIC PYELOLITHOTOMY	35000
686	01024115	RETROPERITONEOSCOPIC OPERATION FOR HYDERONEPHROSIS	35000
687	01024116	RETROPERITONEOSCOPIC SURGERY FOR RENAL CYST	35000
688	01024117	RETROPERITONEOSCOPIC URETEROLITHOTOMY	35000
689	01024118	RETROPERITONEOSCOPIC NEPHROURETEROECTOMY	35000
690	01024119	LAPROSCOPY ASSISTED ORCHIDOPEXY	22000
691	01024120	LAPROSCOPIC OPERATION FOR VARICOCELE	20000
692	01024121	CYSTOSCOPIC BASKETING OF URETHRA	12000
693	01024122	LITHOTRIPSY/ ESWL (COMPLETE)	30000
694	01024123	LITHOTRIPSY-1/ SMSL (DAY CARE)	18000
695	01024124	LITHOTRIPSY-2/3/ SMSL (DAY CARE)	23000
696	01024125	SLOW EFFICIENCY DIALYSIS (SLED)	4000
697	01024126	PROSTHETIC SURGERY FOR URINARY INCONTINENCE	40000
698	01024127	HELIUM LASER PROSTRATE SURGERY/ OPTICAL INTERNAL URETHROTOMY	30000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
699	01024129	CRRT PROCEDURE	11000
700	01024130	TURP WITH LASER	32000
701	01024131	LITHOCLAST (DAY CARE)	16000
702	01024132	VASECTOMY	2500
703	01025001	PRIMARY SUTURE OF WOUND	3200
704	01025002	INJECTION OF KELOIDS - GANGLION	2700
705	01025003	INJECTION OF KELOIDS - HAEMANGIOMA	6100
706	01025004	FREE GRAFTS - WOLFE GRAFTS	18000
707	01025005	FREE GRAFTS - THEIRECH - SMALL AREA 5 PERCENT	18500
708	01025006	FREE GRAFTS - LARGE AREA 10 PERCENT	30000
709	01025007	FREE GRAFTS - VERY LARGE AREA 20 PERCENT	32400
710	01025008	SKIN FLAPS - ROTATION FLAPS	28750
711	01025009	SKIN FLAPS - ADVANCEMENT FLAPS	31650
712	01025010	SKIN FLAPS - DIRECT- CROSS LEG FLAPS- CROSS ARM FLAP	35500
713	01025011	SKIN FLAPS - CROSS FINGER	35500
714	01025012	SKIN FLAPS - ABDOMINAL	35500
715	01025013	SKIN FLAPS - THORACIC	34400
716	01025014	SKIN FLAPS - ARM ETC.	35500
717	01025015	SUBCUTANEOUS PEDICLE FLAPS RAISING	28500
718	01025016	SUBCUTANEOUS PEDICLE FLAPS DELAY	27750
719	01025017	SUBCUTANEOUS PEDICLE FLAPS TRANSFER	28500
720	01025018	CARTILAGE GRAFTING	29700
721	01025019	REDUCTION OF FACIAL FRACTURES OF NOSE	9000
722	01025020	REDUCTION OF FACIAL FRACTURES OF MAXILLA	13800
723	01025021	REDUCTION OF FRACTURES OF MANDIBLE AND MAXILLA - EYE LET SPLINTING	27000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
724	01025022	REDUCTION OF FRACTURES OF MANDIBLE AND MAXILLA - CAST METAL SPLINTS	27000
725	01025023	REDUCTION OF FRACTURES OF MANDIBLE AND MAXILLA - GUMMING SPLINTS	27000
726	01025024	INTERNAL WIRE FIXATION OF MANDIBLE AND MAXILLA	32000
727	01025025	CLEFT LIP - REPAIR.	32400
728	01025026	CLEFT PALATE REPAIR SEVERE DEGREE	33800
729	01025027	PRIMARY BONE GRAFTING OF CLEFT LIP PALATE	34550
730	01025028	SECONDARY SURGERY FOR CLEFT LIP DEFORMITY	32600
731	01025029	SECONDARY SURGERY FOR CLEFT PALATE	31350
732	01025030	RECONSTRUCTION OF EYELID DEFECTS - MINOR	17550
733	01025031	RECONSTRUCTION OF EYELID DEFECTS - MAJOR	30000
734	01025032	PLASTIC SURGERY OF DIFFERENT REGIONS OF THE EAR - MINOR	10000
735	01025033	PLASTIC SURGERY OF DIFFERENT REGIONS OF THE EAR - MAJOR	20000
736	01025034	PLASTIC SURGERY OF THE NOSE - MINOR	10000
737	01025035	PLASTIC SURGERY OF THE NOSE - MAJOR	20000
738	01025036	PLASTIC SURGERY FOR FACIAL PARALYSIS (SUPPORT WITH REANIMATION)	32000
739	01025037	PENDULOUS BREAST - MAMMOPLASTY	22550
740	01026001	APPLICATION OF P.O.P CASTS FOR UPPER AND LOWER LIMBS	7500
741	01026002	APPLICATION OF FUNCTIONAL CAST BRACE	7500
742	01026003	APPLICATION OF SKIN TRACTION	1650
743	01026004	APPLICATION OF SKELETAL TRACTION	4450
744	01026005	BANDAGE STRAPPINGS FOR FRACTURES	1150

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
745	01026006	ASPIRATION AND INTRA ARTICULAR INJECTIONS	950
746	01026007	APPLICATION OF P.O.P SPICES AND JACKETS	6000
747	01026008	CLOSE REDUCTION OF FRACTURES OF LIMB AND P.O.P	7500
748	01026009	REDUCTION OF COMPOUND FRACTURES	10000
749	01026010	OPEN REDUCTION AND INTERNAL FIXATION OF FINGERS AND TOES	18000
750	01026011	OPEN REDUCTION OF FRACTURE OF LONG BONES OF UPPER / LOWER LIMB - NAILING AND EXTERNAL FIXATION	28000
751	01026012	OPEN REDUCTION OF FRACTURE OF LONG BONES OF UPPER / LOWER LIMB -AO PROCEDURES	27000
752	01026013	TENSION BAND WIRINGS	6000
753	01026014	BONE GRAFTING	18000
754	01026015	EXCISION OF BONE TUMOURS -SUPERFICIAL	28000
755	01026016	EXCISION OF BONE TUMOURS -DEEP	40000
756	01026017	EXCISION OF GANGLION	10000
757	01026018	EXCISION OR OTHER OPERATIONS FOR SCAPHOID FRACTURES	25000
758	01026019	SEQUESTRECTOMY AND SAUCERIZATIONS - SUPERFICIAL	20000
759	01026020	SEQUESTRECTOMY AND SAUCERIZATIONS -DEEP	30000
760	01026021	SEQUESTRECTOMY AND SAUCERIZATIONS - ARTHROTOMY	35000
761	01026022	S.P.NAILING FOR FRACTURE NECK FEMUR	35000
762	01026023	MULTIPLE PINNING FRACTURE NECK FEMUR	35000
763	01026024	NAIL PLATE FIXATIONS FOR FRACTURE NECK FEMUR	35000
764	01026025	A.O.COMPRESSION PROCEDURES FOR FRACTURE NECK FEMUR	35000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
765	01026026	OPEN REDUCTION OF FRACTURE NECK FEMUR MUSCLE PEDICLE GRAFT AND INTERNAL FIXATIONS	35000
766	01026027	CLOSED REDUCTION OF DISLOCATIONS	10000
767	01026028	OPEN REDUCTION OF DISLOCATIONS - SUPERFICIAL	20000
768	01026029	OPEN REDUCTION OF DISLOCATIONS - DEEP	30000
769	01026030	OPEN REDUCTION OF FRACTURE DISLOCATION AND INTERNAL FIXATION	35000
770	01026031	NEUROLYSIS/NERVE SUTURE	25000
771	01026032	NERVE REPAIR WITH GRAFTING	32000
772	01026033	TENDON WITH TRANSPLANT OR GRAFT	35000
773	01026034	TENDON LENGTHENING/TENDON SUTURES	25000
774	01026035	TENDON TRANSFER	35000
775	01026036	LAMINECTOMY, EXCISION DISC (PROSTHESIS EXTRA)	40000
776	01026038	ANTEROLATERAL CLEARANCE FOR TUBERCULOSIS	32000
777	01026039	ANTEROLATERAL DECOMPRESSION AND SPINAL FUSION	45000
778	01026040	COSTO TRANSVERSECTOMY	30000
779	01026041	CORRECTIVE OSTECTOMY AND INTERNAL FIXATION - MINOR	15000
780	01026042	CORRECTIVE OSTECTOMY AND INTERNAL FIXATION - MAJOR	30000
781	01026043	ARTHRODISIS OF - MINOR JOINTS	15000
782	01026044	ARTHRODISIS OF - MAJOR JOINTS	30400
783	01026045	SOFT TISSUE OPERATIONS FOR C.T.E.V.	25000
784	01026046	SOFT TISSUE OPERATIONS FOR POLIO (INSTRUMENTATION EXTRA)	25000
785	01026048	OPERATIONS FOR BRACHIAL PLEXUS AND CERVICAL RIB	32000
786	01026049	AMPUTATIONS - BELOW KNEE	25000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
787	01026050	AMPUTATIONS - BELOW ELBOW	25000
788	01026051	AMPUTATIONS - ABOVE KNEE	35000
789	01026052	AMPUTATIONS - ABOVE ELBOW	30000
790	01026053	AMPUTATIONS - FOREQUARTER	40000
791	01026054	AMPUTATIONS -HIND QUARTER AND HEMIPELVECTOMY	44000
792	01026055	DISARTICULATIONS - MAJOR	30000
793	01026056	DISARTICULATIONS - MINOR	20000
794	01026057	ARTHROGRAPHY AND OSTEOMEDULLOGRAPHY	10450
795	01026058	SPINAL OSTEOTOMY AND INTERNAL FIXATIONS	40200
796	01026059	ARTHROSCOPY - OPERATIVE	24250
797	01026060	SOFT TISSUE OPERATION ON KNEE	24000
798	01026061	MYOCUTANEOUS AND FASCIOCUTANEOUS FLAT PROCEDURES FOR LIMBS	24000
799	01026062	REMOVAL OF NAILS, WIRES AND SCREW	10000
800	01026063	REMOVAL OF PLATES	15000
801	01026065	TOTAL FINGER JOINT REPLACEMENT-UNILATERAL (EXCLUDING IMPLANTS)	23000
802	01026070	STERNAL DEHISENCES REPAIR	25000
803	01026071	STERNAL DEHISENCES RECONSTRUCTION	55000
804	01026082	ABOVE KNEE FULL PLASTER	2400
805	01026083	ABOVE KNEE FULL SLAB	2200
806	01026084	MINERVA JACKET	4000
807	01026085	PLASTER JACKET	3050
808	01026086	SHOULDER SPICA	3350
809	01026087	SINGLE HIP SPICA	3100
810	01026088	DOUBLE HIP SPICA	3800
811	01026089	RESECTION OF FIRST RIB	45000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
812	01026090	RESECTION OF CERICAL RIB	35000
813	01026091	RIB RESECTION	12500
814	01026092	LIGAMENT RECONSTRUCTION	22000
815	01027001	CRANIOTOMY AND EVACUATION OF HAEMATOMA -SUBDURALL	70000
816	01027002	CRANIOTOMY AND EVACUATION OF HAEMATOMA -EXTRADURAL	70000
817	01027003	EVACUATION OF BRAIN ABSCESS	80000
818	01027004	EXCISION OF LOBE (FRONTAL, TEMPORAL, CEREBELIUM ETC.)	80000
819	01027005	EXCISION OF BRAIN TUMOURS -SUPRATENTOTIAL	80000
820	01027006	EXCISION OF BRAIN TUMOURS -SUBTENTORIAL	80000
821	01027007	SURGERY OF CORD TUMOURS	60000
822	01027008	VENTRICULOATRIAL /VENTRICULOPERITONEAL SHUNT	40000
823	01027009	EXCISION OF CERVICAL INTER- VERTEBRAL DISCS	50000
824	01027010	SYMPHETECTOMY - LUMBAR	18000
825	01027011	SYMPHETECTOMY - CERVICAL	18000
826	01027012	TWIST DRILL CRANIOSTOMY	30000
827	01027013	SUBDURAL TAPPING	15000
828	01027014	VENTRICULAR TAPPING	12000
829	01027015	ABSCESS TAPPING	15000
830	01027016	PLACEMENT OF ICP MONITOR	15000
831	01027017	UROKINASE THEREPY FOR ICH	15000
832	01027018	SKULL TRACTION APPLICATION	3400
833	01027019	LUMBER PRESSURE MONITORING	10000
834	01027020	VASCULAR MALFORMATIONS	100000
835	01027021	PERITONEAL SHUNT	15000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
836	01027022	ATRIAL SHUNT	15000
837	01027023	MENINGO ENCEPHALOCOEL	52000
838	01027024	MENINGOMYELOCOEL	42000
839	01027025	C.S.F. RHINORRHAEA	55000
840	01027026	CRANIOPLASTY	55000
841	01027027	POSTERIOR CERVICAL DISSECTOMY	50000
842	01027028	ANTERIOR CERVICAL DISSECTOMY	50000
843	01027029	BRACHIAL PLEXUS EXPLORATION MICROSUTURING	50000
844	01027030	MEDIAN NERVE DECOMPRESSION	40000
845	01027031	PERIPHERAL NEURECTOMY (TRIGEMINAL)	45000
846	01027032	TRIGEMINAL RHOTOMY	35000
847	01027033	CRANIAL NERVE ASTOMOSIS	60000
848	01027034	MENINGOCOELE EXCISION	45000
849	01027035	PERIPHERAL NERVE SURGERY ± MAJOR	50000
850	01027036	PERIPHERAL NERVE SURGERY MINOR	40000
851	01027038	NERVE BIOPSY (PROCEDURE PLUS INVESTIGATION)	15000
852	01027039	BRAIN BIOPSY (PROCEDURE PLUS INVESTIGATION)	18000
853	01027040	ANTERIOR CERVICAL SPINE SURGERY WITH FUSION	60000
854	01027041	ANTERIOR LATERAL DECOMPRESSION	60000
855	01027042	BRAIN MAPPING	2400
856	01027043	CERVICAL OR DORSAL LAMINECTOMY	45000
857	01027045	C.V. JUNCTION FUSION	80000
858	01027046	DEPRESSED FRACTURE	40000
859	01027047	DISCECTOMY	45000
860	01027048	ENDARTERECTOMY	50000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
861	01027049	R.F. LESION FOR TRIGEMINAL NEURALGIA	30000
862	01027050	SPASTICITY SURGERY	90000
863	01027051	SPINAL FUSION PROCEDURE	65000
864	01027052	SPINAL INTRA MEDULLARY TUMOURS	65000
865	01027053	SPINAL BIFIDA SURGERY MAJOR	65000
866	01027054	SPINA/ BIFIDA SURGERY MINOR	55000
867	01027055	STEREOTAXIC PROCEDURES/BIOPSY/ ASPIRATION	22000
868	01027056	TRANS SPHENOIDAL SURGERY	65000
869	01027061	FACIAL NERVE RECONSTRUCTION	50000
870	01027062	RECANALISATION OF VENOUS SINUSES	80000
871	01027064	CERVICAL DISC ARTHROPLASTY	35000
872	01027065	LUMBAR DISC ARTHROPLASTY	30000
873	01027066	CORPUS CALLOSECTOMY	60000
874	01027067	HEMISPHERECTOMY	80000
875	01027068	ENDOSCOPIC CSF RHINORRHEA REPAIR	50000
876	01027069	MICROSURGICAL EXCISION OF ACOUSTIC TUMOUR	60000
877	01027070	MICROSURGICAL EXCISION OF MENINGOMAS	60000
878	01027071	EPILEPSY SURGERY	80000
879	01027072	RF LESION FOR FACET PAIN SYNDROME	40000
880	01027073	CERVICAL LAMINOPLASTY	40000
881	01027074	LATERAL MASS C1-C2 SCREW FIXATION	60000
882	01027075	MICROSURGICAL DECOMPRESSION FOR TRIGEMIL NERVE	60000
883	01027076	CEREBELLAR STIMULATION FOR HEMIFACIAL SPASM	80000
884	01027077	CEREBELLAR STIMULATION FOR OTHER CRANIAL NERVE NEURALGIA	80000
885	01027078	IC EC BYPASS PROCEDURES	70000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
886	01027079	STEREOTACTIC GUIDED CRANIOTOMY	70000
887	01027080	BACLOFEN PUMP IMPLANTATION LESIONING FOR MOVEMENT DISORDER INCLUDING PARKINSONISM	60000
888	01027081	PROGRAMMABLE SHUNT	40000
889	01027082	ENDOSCOPIC SYMPATHECTOMY	18000
890	01027083	EXTERNAL VENTRICULAR DRAINAGE	12000
891	01027084	IMAGE GUIDED SURGERY EXCISION OF TETHORED	60000
892	01027085	ENDOSCOPIC 3RD VENTRICULOSTOMY	60000
893	01027086	ENDOSCOPIC CRANIAL SURGERY/BIOPSY/ASPIRATION/ ANEURYSM COILING	60000
894	01027087	ENDOSCOPIC DISCECTOMY	60000
895	01027091	CARPEL TUNNEL DECOMPRESSION	40000
896	01027093	ENDOSCOPIC ASPIRATION OF INTRACEREBELLAR HAEMATOMA	60000
897	01027095	FORAMEN MAGNUM DECOMPRESSION	60000
898	01027096	FORAMEN MAGNUM DECOMPRESSION WITH SYRINGOSUBARACHNOID SHUNT	60000
899	01027097	DORSAL COLUMN STIMULATION FOR BACKACHE IN FAILED BACK SYNDROME	50000
900	01027098	SURGERY FOR RECURRENT DISC PROLAPSE/ EPIDURAL FIBROSIS	60000
901	01027100	DECOMPRESSIVE CRANECTOMY FOR HEMISPHERICAL ACUTE SUBDURAL	70000
902	01027102	STEREOTACTIC ASPIRATION OF INTRACEREBRAL HAEMATOMA	50000
903	01027105	DORSAL SYMPATHECTOMY	50000
904	01027106	NEURO REHABILITISATION PACKAGE FOR 25 SITTINGS	15000
905	01028001	PATCH GRAFT ANGIOPLASTY	50000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
906	01028002	OPERATIONS FOR STENOSIS OF RENAL ARTERIES	50000
907	01028003	THROMBENDARTERECTOMY	50000
908	01028004	OPERATIONS FOR ACQUIRED ARTERIOVENOUS FISTULA	50000
909	01028006	SURGERY FOR ARTERIAL ANEURYSM -VERTEBRAL	80000
910	01028007	SURGERY FOR ARTERIAL ANEURYSM CAROTID	42500
911	01028008	SURGERY FOR ARTERIAL ANEURYSM MAIN ARTERIES OF THE LIMB	50000
912	01028010	STRIPPING OF SHORT OR LONG SEPHENOUS VEINS	30000
913	01028011	LIGATION OF ANKLE PERFORATORS	17400
914	01028012	EXCISION AND SKIN GRAFT OF VENOUS ULCER	15500
915	01028013	VENOUS THROMOECTOMY	22100
916	01028014	LYMPHATICS EXCISION OF SUBCUTANEOUS TISSUES IN LYMPHOEDEMA	30000
917	01028015	TRENDELENBURG OPERATIONS	30000
918	01028016	VASCULAR PROCEDURE ± MINOR	16800
919	01028017	SURGERY FOR ARTERIAL ANEURYSM SPLEEN ARTERY	40200
920	01028018	SURGERY FOR ARTERIAL ANEURYSM RENAL ARTERY	40200
921	01029001	EXCISION OF THYROGLOSSAL DUCT/CYST	30000
922	01029002	DIAPHRAGMATIC HERNIA REPAIR (THORACIC OR ABDOMINAL APPROACH)	35000
923	01029003	TRACHEO OESOPHAGEAL FISTULA (CORRECTION SURGERY)	40000
924	01029004	COLON REPLACEMENT OF OESOPHAGUS	40000
925	01029005	OMPHALO MESENTERIC CYST EXCISION	30000
926	01029006	OMPHALO MESENTERIC DUCT- EXCISION	30000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
927	01029007	MECKELS DIVERTICULECTOMY	30000
928	01029008	OMPHALOCELE 1ST STAGE (HERNIA REPAIR)	28000
929	01029009	OMPHALOCELE 2ND STGE (HERNIA REPAIR)	30000
930	01029010	GASTROCHISIS REPAIR	24000
931	01029011	INGUINAL HERNIOTOMY	24000
932	01029012	CONGENITAL HYDROCELE	24000
933	01029013	HYDROCELE OF CORD	22000
934	01029014	TORSION TESTIS OPERATION	25000
935	01029015	CONGENITAL PYLORIC STENOSIS- OPERATION	27000
936	01029016	DUODENAL- ATRESIA OPERATION	35000
937	01029017	PANCREATIC RING OPERATION	45000
938	01029018	MECONIUM ILEUS OPERATION	30000
939	01029019	MALROTATION OF INTESTINES OPERATION	32000
940	01029020	RECTAL BIOPSY (MEGACOLON)	25000
941	01029021	COLOSTOMY TRANSVERSE	28000
942	01029022	COLOSTOMY LEFT ILIAC	28000
943	01029023	ABDOMINAL PERINEAL PULL	35000
944	01029024	IMPERFORATE ANUS LOW ANOMALY -CUT BACK OPERATION	22000
945	01029025	IMPERFORATE ANUS LOW ANOMALY - PERINEAL ANOPLASTY	28000
946	01029026	INPERFORATE ANUS HIGH ANOMALY -SACROABDOMINO PERINEAL PULL THROUGH	25000
947	01029027	INPERFORATE ANUS HIGH ANOMALY - CLOSURE OF COLOSTOMY	21000
948	01029028	INTUSUSCEPTION OPERATION	35000
949	01029029	CHOLEDOCHODUODENOSTOM Y FOR ATRESIA OF EXTRA HEPATIC BILLIARY DUCT	35000
950	01029030	OPERATION OF CHOLEDOCHAL CYST	35000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
951	01029031	NEPHRECTOMY FOR - PYONEPHROSIS	35000
952	01029032	NEPHRECTOMY FOR - HYDRONEPHROSIS	35000
953	01029033	NEPHRECTOMY FOR -WILMS TUMOUR	35000
954	01029034	PARAORTIC LYMPHADENOCTOMY WITH NEPHRECTOMY FOR WILMS TUMOUR	40000
955	01029035	SACRO- COCCYGEAL TERATOMA EXCISION	30000
956	01029036	NEUROBLASTOMA DEBULKING	32000
957	01029037	NEUROBLASTOMA TOTAL EXCISION	36000
958	01029038	RHABDOMYOSARCOMA WIDE EXCISION	40000
959	01029039	COLON TRANSPLANT/ CONDUIT MANAGEMENT FOLLOWING ACID STRUCTURE OESOPHAGUS	65000
960	01029049	OPERATION OF TRIGGER FINGER OF CHILDREN UNDER G.A.	10000
961	01030001	DIAGNOSTIC LAPROSCOPY	6600
962	01030002	LAPROSCOPIC PYLOROMYOTOMY	18000
963	01030003	LAPROSCOPIC GASTROSTOMY	21000
964	01030004	LAPROSCOPIC CLOSURE OF PERFORATED PEPTIC ULCER	25000
965	01030005	LAPROSCOPIC VAGOTOMY PYLEROPLASTY/ GASTRO JEJUNOSTOMY	24000
966	01030006	LAPROSCOPIC UMBILICAL HERNIA REPAIR	20000
967	01030007	LAPROSCOPIC VENTRAL HERNIA REPAIR	25000
968	01030008	LAPROSCOPIC CYSTOGASTROSTOMY	30000
969	01030009	LAP. CHOLECYSTECTOMY AND CBD EXPLORATION	26000
970	01030010	LAP. HYDATID OF LIVER SURGERY	28000
971	01030011	LAP. HEPATIC RESECTION	28000
972	01030012	LAP. ASSISTED SMALL BOWEL RESECTION	30000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
973	01030013	LAP. FOR INTESTINAL OBSTRUCTION	30000
974	01030014	LAP. FOR INTESTINAL PERFORATION	28000
975	01030015	LAP. ASSISTED RIGHT HEMICOLECTOMY	32000
976	01030016	LAP. ASSISTED LEFT HEMICOLECTOMY	32000
977	01030017	LAP. ASSISTED TOTAL COLECTOMY	37000
978	01030018	LAPROSCOPIC RECTOPEXY	32000
979	01030019	LAP. ASSISTED ABDOMINOPERINEAL RESECTION OF RECTUM	37000
980	01030020	LAP. ASSISTED ANTERIOR RESECTION	37000
981	01030021	LAPROSCOPIC CHOLECYSTECTOMY	25000
982	01030022	LAPROSCOPIC APPENDICECTOMY	21000
983	01030023	LAPROSCOPIC HERNIA REPAIR	21000
984	01030024	LAPROSCOPIC HIATUS HERNIA REPAIR	30000
985	01030025	LAPROSCOPIC ADHESIOLYSIS	18000
986	01030026	LAPROSCOPIC ADRENALECTOMY	32000
987	01030027	LAPROSCOPIC THYROIDECTOMY	32000
988	01030028	LAPROSCOPIC SPLEENECTOMY	32000
989	01030029	LAPROSCOPIC COLECTOMY	35000
990	01030030	LAPROSCOPIC NEPHRECTOMY	40000
991	01030031	INGUINAL HERNIA (LAPROSCOPIC)	20000
992	01030032	LAPROSCOPIC PYELOLITHOTOMY	30000
993	01030033	URETEROLITHOTOMY	22000
994	01030034	LAP OVARIAN CYSTECTOMY	22000
995	01030035	LAPAROSCOPIC HYSTERECTOMY	25000
996	01030036	LAPAROSCOPIC ECTOPIC	22000
997	01030037	FOREIGN BODY REMOVAL	4000

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Sl. No.	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Package Rate(INR)
998	01030038	NEPHROLITHOTOMY	35000
999	01030039	OPERATIONS FOR HYDRONEPHROSIS- PYELOPLASTY	35000
1000	01030040	OPERATIONS FOR HYDRONEPHROSIS- ENDOPYELOTOMY ANTEGRADE	35000
1001	01030041	OPERATIONS FOR CYST OF THE KIDNEY	40000
1002	01030042	URSL	25000
1003	01030043	NEPHROURETERECTOMY	50000
1004	01030044	OPERATIONS FOR VESICoureTERIC REFLUX	40000
1005	01030045	DIVERTICULECTOMY	22000
1006	01030046	REPAIR OF URETEROCOEL	35000
1007	01030047	OPERATIONS FOR VARICOCELE PALOMO'S- UNILATERAL	20000
1008	01030048	OPERATIONS FOR VARICOCELE PALOMO'S- BILATERAL	30000
1009	01030049	NEPHROSTOMY	16000
1010	01030050	ORCHIDOPEXY- UNILATERAL	25000
1011	01030051	ORCHIDOPEXY- BILATERAL	30000
1012	01030052	PROSTRATECTOMY	45000
1013	01030053	LAPAROSCOPIC URO STONE	30000
1014	01030054	INCISIONAL HERNIOPLASTY	35000

By order of the Governor,

Shri H.K Dwivedi
Principal Secretary to the Government of West Bengal.