

TATA MEMORIAL HOSPITAL - RATE LIST - Updated August 2013

CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
		GENERAL NON-CHARGE	GENERAL CHARGE	PRIVATE	DELUXE	FOREIGN NATIONALS
REGISTRATION CHARGES						
A001	Registration Fees	0	0	400	400	400
A002	Smart Card for patients	100	100	100	100	100
A010	Casualty Consultation Charges	0	0	600	600	600
A011	Joint Clinic Consult	0	0	1,000	1,000	1,000
A012	Second Opinion Consult Referral (RF)	0	0	NA	NA	1,000
ROOM TARIFF						
B001	Room/Bed Charges (Main Building)	0	150	3,500	4,800	4,800
B001	<i>Room/Bed Charges (Main Building) (Revised from 18/01/2013)</i>	0	200	3,500	4,800	4,800
B002	Room/Bed Charges (Annexe Building)	0	150	1,850	NA	NA
B002	<i>Room/Bed Charges (Annexe Building) (Revised from 18/01/2013)</i>	0	200	1,850	NA	NA
B003	ICU charges per day	0	150	1,550	2,400	2,400
B003	<i>ICU charges per day (Revised from 18/01/2013)</i>	0	200	1,550	2,400	2,400
B004	Room/Bed Charges - BMT	1,200	1,200	1,200	1,200	1,200
B005	Room/Bed Charges (HBB)	NA	NA	4,800	NA	NA
DIET						
C001	Diet - Deposit (Attendants only)	0	0	2,000	2,500	2,500
C002	Diet - Vegetarian (per Day) (Attendants only)	0	0	175	250	250
DEPOSITS						
D001	Deposit - Wait-Listing for Admission	0	0	2,500	5,000	5,000
D002	Inpatient Deposit - Surgical Patients	0	5,000	50,000	75,000	75,000
D003	Inpatient Deposit - Chemotherapy Patients	0	5,000	50,000	75,000	75,000
D004	Deposit - Bone Marrow Transplant Patients	0	0	8,00,000	8,00,000	10,00,000
D005	Inpatient Deposit - Foreign National Patients	0	0	2,00,000	2,00,000	2,00,000
D006	Deposit - Autologous Stem Cell Transplant	0	0	5,00,000	5,00,000	5,00,000
D007	Inpatient Deposit - Radiotherapy Patients	0	1,500	15,000	20,000	20,000
D008	Unrelated Transplant Programme: Unrelated Donor Search (Non Refundable)	0	0	75,000	75,000	75,000
D009	Unrelated Transplant Programme: Phase I Deposit for Identifying Potential Donor (Non Refundable)	0	0	10,00,000	10,00,000	10,00,000
D010	Unrelated Transplant Programme: Deposit for Conducting Unrelated Transplants	0	0	40,00,000	40,00,000	40,00,000
DAY CARE						
E001	Day Care (Less than 4 Hours)	0	100	700	700	700
E001	<i>Day Care (Less than 4 Hours) (Revised from 18/01/2013)</i>	0	150	700	700	700
E002	Day Care (More than 4 Hours)	0	150	900	900	900
E001	<i>Day Care (Less than 4 Hours) (Revised from 18/01/2013)</i>	0	200	700	700	700
PATHOLOGY						
F107	Hercept Test	5,500	5,500	5,750	6,000	6,000
F302	Small biopsy/cell block except lymph node & breast	0	250	2,500	3,100	3,100
F303	Breast : Small biopsy/outside block	0	400	3,750	4,700	4,700
F304	Lymph node : Small biopsy/outside block	0	400	4,400	5,500	5,500
F305	Big Specimen except breast	0	600	5,000	6,250	6,250
F306	Big specimen breast	0	600	5,250	6,560	6,560
F307	Outside stained slides only	0	160	1,000	1,250	1,250

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F308	Outside unstained slides with or without blocks (except lymphnode & breast)	0	300	2,250	2,800	2,800
F309	Frozen section	0	200	1,000	1,000	1,000
F313	FNAC (deleted w.e.f. March, 2013)	0	0	0	0	0
F314	IHC on smears	0	125	2,000	2,500	2,500
F315	P16 IHC (Revised w.e.f. 01/04/2013)	0	200	1,500	1,875	1,875
F316	Big Specimen Colorectal resection (Revised w.e.f. 01/04/2013)	0	600	5,250	6,560	6,560
F317	FDA - Cerb B2 (Revised w.e.f. 01/04/2013)	0	250	2,500	3,100	3,100
F318	Brain : Small Biopsy / cell block (Revised w.e.f. 01/04/2013)	0	400	4,400	5,500	5,500
F319	Soft tissue tumour : Small Biopsy / cell block (Revised w.e.f. 01/04/2013)	0	400	3,750	4,700	4,700
F320	ISH (Revised w.e.f. 01/04/2013)	0	1,000	7,500	9,375	9,375
F321	IHC Tests on special request (upto 3 antibodies) (Revised w.e.f. 31/08/2013)	0	280	1,750	2,200	2,200
F322	Set of 'Recut' slides (H&E / Unstained) (Revised w.e.f. 31/08/2013)	0	100	700	900	900
CYTOPATHOLOGY						
F401	Cytology (FNA)	0	75	770	880	880
F402	Pap Smear Cytology	0	30	550	700	700
F403	Cytology Non-Gynaec	0	50	550	700	700
F404	Sputum Cytology	0	10	80	105	105
F405	Cytopathology: Outside Slides (Out-In)	0	50	550	700	700
F407	Cytopathology: Outside Slides + Block (Out-In)	0	75	750	900	900
F411	Bronchial Lavage + Brushings Cytology	0	30	300	400	400
F412	Pleural / Pericardial / Peritoneal Fluid Cytology	0	30	540	700	700
F413	Urine / Bladder Washing / Ileal Conduit Urine Cytology	0	50	550	700	700
F414	Cerebro Spinal Fluid (CSF) Cytology	0	30	450	525	525
F415	Oesophageal / Gastric / Colon / Ano-Rectal Lavage + Brushings Cytology	0	50	550	700	700
F416	Nipple Discharge Cytology	0	30	450	525	525
F417	Oral Scrapings Cytology	0	30	450	525	525
F418	Bile / CBD Brushing Cytology	0	30	540	680	680
F419	Scrapings From Miscellaneous Sites Cytology	0	30	450	525	525
F420	USG Guided FNA with adequacy test by Cytologists (Prof charges)	0	0	800	1,000	1,000
F421	CT Guided FNA/biopsy with adequacy test by Cytologists (Prof charges)	0	0	900	1,100	1,100
MOLECULAR PATHOLOGY						
F618	EBER In Situ Hybridisation	0	200	2,300	2,900	2,900
F620	Interphase FISH Test for HER2/Neu	5,000	10,000	17,500	17,500	17,500
F621	Interphase FISH Test for EGFR	1,750	7,000	12,500	12,500	12,500
F622	Interphase FISH Test for NMYC	1,750	7,000	11,000	12,000	12,000
F623	Interphase FISH Test for 1p19q	2,000	8,000	12,500	14,000	14,000

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F624	Interphase FISH Test for ALK1	1,125	4,500	8,600	10,750	10,750
F625	Interphase FISH Test for CMYC	1,125	4,500	8,600	10,750	10,750
F651	PCR for IgH Gene Rearrangement	125	500	2,800	3,500	3,500
F652	PCR for TCR Gene Rearrangement	125	500	2,800	3,500	3,500
F653	PCR for N-MYC Amplification	125	500	2,800	3,500	3,500
F661	RT-PCR for PAX3-FKHR Translocation	190	750	4,400	5,500	5,500
F662	RT-PCR for EWS-FL11 Translocation	190	750	4,400	5,500	5,500
F663	RT-PCR for EWS-ERG Translocation	190	750	4,400	5,500	5,500
F664	RT-PCR for EWS-WT1 Translocation	190	750	4,400	5,500	5,500
F665	RT-PCR for SYT-SSX Translocation	190	750	4,400	5,500	5,500
F666	RT-PCR for SYT-SSX1 Translocation	190	750	4,400	5,500	5,500
F667	RT-PCR for SYT-SSX2 Translocation	190	750	4,400	5,500	5,500
F682	Realtime PCR for K-RAS Mutation	760	3,000	18,750	22,500	22,500
F683	Interphase FISH Test for EWSR1	1,125	4,500	9,000	10,000	10,000
F684	MGMT Gene Promoter methylation (Revised w.e.f. 01/04/2013)	1,500	5,000	8,750	10,500	10,500
BIOCHEMISTRY, TUMOUR MARKERS, EMERGENCY LABORATORY						
F031	Urine Osmolality (Random)	0	15	165	200	200
F032	Urine Osmolality (24 Hours)	0	15	165	200	200
F033	Thyroid Function Tests (T3,T4,TSH)	0	50	480	600	600
F034	T3 (Thyroid Function)	0	20	165	190	190
F035	T4 (Thyroid Function)	0	20	165	190	190
F036	TSH (Thyroid Function)	0	20	165	190	190
F037	Folate	0	100	780	980	980
F038	Vitamin B12	0	50	480	600	600
F039	Parathormone (PTH)	0	50	480	600	600
F040	Calcitonin	0	100	780	1,000	1,000
F041	Free Light Chains Kappa	125	500	2,625	3,150	3,150
F042	Free Light Chains Lambda	125	500	2,625	3,150	3,150
F043	Complete Serum Protein Electrophoresis (SPE) Profile	235	930	7,180	9,000	9,000
F044	Serum Protein Electrophoresis (SPE)	0	30	300	400	400
F045	Serum Immunoglobulins (Ig)	0	75	780	1,000	1,000
F046	Immunoglobulin A (IgA)	0	30	270	325	325
F047	Immunoglobulin M (IgM)	0	30	270	325	325
F048	Immunoglobulin G (IgG)	0	30	270	325	325
F049	Serum Light Chains	0	75	780	1,000	1,000

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F050	Serum Light Chains Kappa	0	50	530	700	700
F051	Serum Light Chains Lambda	0	50	530	700	700
F052	Immuno Fixation Electrophoresis (IFE)	190	750	4,335	4,725	4,725
F053	Urine Free Light Chains Kappa	125	500	3,000	3,750	3,750
F054	Urine Free Light Chains Lambda	125	500	3,000	3,750	3,750
F055	Serum CK	0	20	165	200	200
F056	Serum CK-MB	0	20	165	200	200
F057	Serum Lactate	0	20	165	200	200
F058	Free T3	0	400	1,000	1,200	1,200
F059	Free T4	0	400	1,000	1,200	1,200
F060	Vitamin D	0	500	1,200	1,500	1,500
F061	BNP	0	550	1,600	1,800	1,800
F062	Insulin	0	75	225	250	250
F063	Urinary Magnesium	0	100	460	540	540
F802	Routine Biochemical Test (Consolidated)	0	200	2,000	2,500	2,500
F810	Glucose Tolerance Test	0	100	780	980	980
F816	Immunoelectrophoresis with IgA, IgG, IgM	0	300	4,000	5,000	5,000
F817	AFP	0	200	485	540	540
F818	CEA	0	200	415	440	440
F819	B-HCG	0	200	355	380	380
F820	Total PSA	0	200	485	540	540
F821	B2-Microglobulin	0	200	915	965	965
F822	CA-15.3	0	200	970	1,075	1,075
F823	CA-125	0	200	880	990	990
F824	CA-19.9	0	200	970	1,075	1,075
F825	PAP	0	200	1,300	1,630	1,630
F829	CRP	0	75	265	315	315
F830	Ferritin	0	250	645	750	750
F831	CYFRA-21	0	250	1,250	1,600	1,600
F832	NSE	0	250	1,250	1,600	1,600
F833	Cyclosporin	200	800	3,100	3,875	3,875
F836	Methotrexate	0	200	915	1,075	1,075
F837	Free PSA	0	200	600	750	750
F841	Random Blood Glucose	0	20	165	190	190
F842	Fasting Blood Glucose	0	20	165	190	190

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F843	Post-Prandial Blood Glucose	0	20	165	190	190
F845	Glycosylated Hemoglobin	0	50	390	500	500
F846	Fasting Urine Glucose	0	10	250	300	300
F847	Post-Prandial Urine Glucose	0	10	250	300	300
F848	Blood Gulcose by Glucometer strip method	0	20	210	260	260
F849	Lipid Profile	0	50	460	580	580
F850	Serum Cholesterol	0	20	165	200	200
F851	Serum HDL-Cholesterol	0	20	165	200	200
F852	Serum LDL-Cholesterol	0	20	250	310	310
F853	Serum Triglycerides	0	30	190	215	215
F854	Renal Function Tests	0	50	500	630	630
F855	Serum Urea	0	20	165	200	200
F856	Serum Uric Acid	0	20	165	200	200
F857	Serum Creatinine	0	20	165	200	200
F858	Urine Creatinine	0	20	190	240	240
F860	Serum Electrolytes	0	50	510	640	640
F861	Serum Sodium	0	20	165	200	200
F862	Serum Potassium	0	20	165	200	200
F863	Serum Chlorides	0	20	165	200	200
F864	Serum Bicarbonates	0	20	165	200	200
F865	Liver Function Tests	0	75	1,300	1,630	1,630
F866	Serum Proteins	0	20	165	200	200
F867	Serum Albumin	0	20	165	200	200
F868	Serum Globulins	0	20	165	200	200
F869	Serum Alkaline Phosphatase	0	20	165	200	200
F870	Total Bilirubin	0	20	165	200	200
F871	Direct Bilirubin	0	20	165	200	200
F872	Indirect Bilirubin	0	20	165	200	200
F873	Serum AST	0	20	165	200	200
F874	Serum ALT	0	20	165	200	200
F875	Cardiac Enzymes [EL]	0	50	460	580	580
F876	Serum LDH	0	20	165	200	200
F877	Serum SGOT [EL]	0	20	165	200	200
F878	Serum CPK [EL]	0	20	165	200	200
F879	Serum CPK-MB [EL]	0	20	165	200	200

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F880	Pancreatic Enzymes	0	100	460	600	600
F881	Serum Amylase	0	50	190	215	215
F882	Serum Lipase	0	75	340	430	430
F883	Body Fluid Investigations (CSF)	0	50	460	580	580
F884	CSF Glucose	0	20	165	200	200
F885	CSF Protein	0	20	200	250	250
F886	CSF Chloride	0	20	200	250	250
F887	CSF LDH	0	20	165	200	200
F888	Serum Calcium	0	20	165	200	200
F890	Serum Phosphorus	0	20	165	200	200
F891	Serum Magnesium	0	100	460	540	540
F893	Iron	0	50	270	325	325
F894	TIBC	0	50	270	325	325
F895	Acid Phosphatase	0	30	360	450	450
F896	Prostatic Acid Phosphatase	0	30	360	450	450
F897	Urinary VMA	0	400	1,250	1,560	1,560
F898	Urinary 5HIAA	0	20	1,250	1,560	1,560
F901	Arterial Blood Gases	0	100	775	970	970
F914	Serum LDH [EL]	0	20	165	200	200
F915	Sodium (24 Hours Urine)	0	15	165	200	200
F916	Potassium (24 Hours Urine)	0	15	165	200	200
F917	Chloride (24 Hours Urine)	0	15	165	200	200
F918	Urea (24 Hours Urine)	0	15	165	200	200
F919	Uric Acid (24 Hours Urine)	0	15	165	200	200
F920	Creatinine (24 Hours Urine)	0	15	165	200	200
F921	Calcium (24 Hours Urine)	0	15	165	200	200
F922	Phosphorus (24 Hours Urine)	0	15	165	200	200
F923	Proteins (24 Hours Urine)	0	15	165	200	200
F924	Creatinine Clearance (24 Hours Urine)	0	15	165	200	200
F925	Urea (Random Urine)	0	15	165	200	200
F926	Uric Acid (Random Urine)	0	15	165	200	200
F927	Creatinine (Random Urine)	0	15	165	200	200
F928	Sodium (Random Urine)	0	15	165	200	200
F929	Potassium (Random Urine)	0	15	165	200	200
F930	Chloride (Random Urine)	0	15	165	200	200

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F931	Calcium (Random Urine)	0	15	165	200	200
F932	Phosphorus (Random Urine)	0	15	165	200	200
F933	Protein (Random Urine)	0	15	165	200	200
F934	Fluid Urea	0	15	165	200	200
F935	Fluid Uric Acid	0	15	165	200	200
F936	Fluid Creatinine	0	15	165	200	200
F937	Fluid Sodium	0	15	165	200	200
F938	Fluid Potassium	0	15	165	200	200
F939	Fluid Chloride	0	15	165	200	200
F940	Fluid Bilirubin (Total)	0	15	165	200	200
F941	Fluid Bilirubin (Direct)	0	15	165	200	200
F942	Fluid Bilirubin (Indirect)	0	15	165	200	200
F943	Fluid Cholesterol	0	15	165	200	200
F944	Fluid Triglycerides	0	15	165	200	200
F945	Fluid HDL Cholesterol	0	15	165	200	200
F946	Fluid LDL Cholesterol	0	15	250	310	310
F949	Liver Function Tests [EL]	0	75	1,300	1,630	1,630
F950	Serum Proteins [EL]	0	20	165	200	200
F951	ERPR	0	250	1,160	1,450	1,450
F955	Serum Albumin [EL]	0	20	165	200	200
F956	Serum Globulins [EL]	0	20	165	200	200
F957	Serum Alkaline Phosphatase [EL]	0	20	165	200	200
F958	Total Bilirubin [EL]	0	20	165	200	200
F959	Direct Bilirubin [EL]	0	20	165	200	200
F960	Indirect Bilirubin [EL]	0	20	165	200	200
F961	Serum SGPT [EL]	0	20	165	200	200
F962	Fluid Glucose	0	20	165	200	200
F963	Fluid Proteins	0	20	165	200	200
F964	Fluid Albumin	0	20	165	200	200
F965	Fluid Globulin	0	20	165	200	200
F966	Fluid Alkaline Phosphatase	0	20	165	200	200
F967	Fluid AST	0	20	165	200	200
F968	Fluid ALT	0	20	165	200	200
F969	Fluid Calcium	0	20	165	200	200
F970	Fluid Phosphorus	0	20	165	200	200

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F971	Fluid Amylase	0	50	190	215	215
F972	Fluid Lipase	0	75	340	430	430
F973	Fluid LDH	0	20	165	200	200
F974	Serum Creatinine for 24 hrs CCT	0	20	165	200	200
F977	Bence Jones Proteins (24 Hours Urine)	0	75	740	900	900
F978	Random Blood Glucose [EL]	0	20	165	200	200
F979	Fasting Blood Glucose [EL]	0	20	165	200	200
F980	Post-Prandial Blood Glucose [EL]	0	20	165	200	200
F981	Serum Electrolytes [EL]	0	50	510	640	640
F982	Serum Sodium [EL]	0	20	165	200	200
F983	Serum Potassium [EL]	0	20	165	200	200
F984	Serum Chlorides [EL]	0	20	165	200	200
F985	Blood Urea [EL]	0	20	165	200	200
F986	Serum Uric Acid [EL]	0	20	165	200	200
F987	Serum Creatinine [EL]	0	20	165	200	200
F988	Serum Amylase [EL]	0	50	190	215	215
F989	Serum Lipase [EL]	0	75	340	430	430
F990	Serum Lactate [EL]	0	20	165	200	200
F991	Serum Calcium [EL]	0	20	165	200	200
F992	Serum Ionic Calcium	0	20	190	240	240
F993	Serum Magnesium [EL]	0	100	460	540	540
F994	Serum Phosphorus [EL]	0	20	165	200	200
F995	Venous Blood Gases	0	100	750	940	940
F998	Serum Osmolality [EL]	0	15	165	200	200
F999	Gamma Glutamyl Transferase (GGT)	0	15	190	240	240
	MICROBIOLOGY					
G101	Urine Examination	0	10	110	150	150
G102	Stool Examination	0	10	110	150	150
G103	Culture & Sensitivity (Aerobic)	0	50	660	800	800
G105	Routine Culture (Fungal)	0	25	550	700	700
G106	CULTURE & SENSITIVITY (AFB)	0	250	2,000	2,500	2,500
G107	Routine Culture (Anaerobic)	0	25	550	700	700
G111	Cultures for Helicobacter Pylori	0	25	460	600	600
G113	Mantoux Test	0	10	80	100	100
G119	AFB Culture only	0	30	600	750	750

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G120	Automated Identificaiton & Antibiotic Susceptibility Testing	0	150	930	1,150	1,150
	serology					
G121	Widal Test	0	15	160	200	200
G122	VDRL	0	10	110	150	150
G123	Paul Bunnel Test (Infectious Mononucleosis / E)	0	30	460	580	580
G124	Toxoplasma IgG Antibodies	0	30	460	580	580
G125	Toxoplasma IgM Antibodies	0	40	550	700	700
G126	Cytomegalovirus IgG Antibodies	0	30	460	580	580
G127	Cytomegalovirus IgM Antibodies	0	40	550	700	700
G128	Hepatitis Profile (HBsAG, HCV Antibodies & HBc Total Antibodies)	0	100	1,850	2,310	2,310
G129	Hepatitis B Surface Antigen (HBsAg)	0	50	430	500	500
G130	Hepatitis B 'e' Antigen (HBeAg)	0	75	780	1,000	1,000
G131	Hepatitis B Core IgM Antibodies (HBc IgM)	0	75	930	1,200	1,200
G132	Hepatitis B Core IgG Antibodies (HBc IgG/Total)	0	40	610	800	800
G133	Hepatitis B Surface Antibodies (Anti - HBs)	0	40	610	800	800
G134	Hepatitis C Antibodies (Anti HCV)	0	100	1,060	1,300	1,300
G136	Hepatitis B 'e' Antibodies (Anti HBe)	0	75	780	1,000	1,000
G137	Herpes Simplex Virus IgG (HSV IgG)	0	30	460	600	600
G138	Herpes Simplex Virus IgM (HSV IgM)	0	30	460	600	600
G139	Cryptococcus Antigen by Latex Agglutination	0	75	930	1,200	1,200
G144	HPV DNA (Qualitative)	0	100	1,380	1,700	1,700
G150	Fungus Serology	0	40	550	700	700
G151	Fungal Identification & Susceptibility Testing	0	105	1,490	1,985	1,985
G161	RA Test	0	25	160	200	200
G162	ASO Titre	0	25	160	200	200
G163	CRP Titres	0	30	240	300	300
G170	Cytomegalovirus Antigenemia Assay (PP65)	0	150	1,250	1,600	1,600
G171	HIV Antibodies	0	50	410	500	500
	Microscopic Examination					
G201	Gram's Stain	0	10	110	160	160
G202	Ziehl Neelsen (AFB) Stain	0	10	110	160	160
G203	Lactophenol Cotton Blue	0	10	110	160	160
G204	Giemsa Stain for Tzanck Smear	0	10	110	160	160
G205	India Ink Preparation for Cryptococcus	0	10	110	160	160
G206	Staining for Cryptosporidium SPP	0	10	110	160	160

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
G207	Calcofluor White Stain for Fungus	0	15	120	160	160
G208	KOH Mount for Fungus	0	10	110	160	160
G209	Staining for Pneumocystis Carinii	0	15	120	160	160
G210	Fluorescent Staining	0	15	120	160	160
	Other Tests					
G251	Stool for Occult Blood	0	10	110	160	160
G252	Fluid for Bile Salts & Bile Pigments	0	10	110	160	160
G253	ADA Level	0	50	400	525	525
G254	Hepatitis A Virus (IgM Antibodies)	0	75	950	1,260	1,260
G255	Hepatitis E Virus (IgM Antibodies)	0	75	950	1,260	1,260
G256	Pregnancy Test (Urinary ?-HCG)	0	10	80	105	105
G258	Automated AFB Culture	125	500	1,510	1,900	1,900
G259	Automated AFB Susceptibility (5 Drugs)	0	300	4,500	5,600	5,600
G260	Automated Blood Culture	125	500	880	1,100	1,100
G261	Serum Procalcitonin Level	0	200	1,450	1,800	1,800
G262	Dengue IgM and IgG Antibodies	0	75	450	550	550
G263	Leptospira IgM Antibody	0	20	130	160	160
G264	Chikangunya IgM Antibody	0	40	230	280	280
G265	Serum Galactomannan Level by ELISA	0	110	680	850	850
G266	Serum Candidamannan Level by ELISA	0	110	680	850	850
G267	Malaria Antigen Detection	0	20	150	180	180
G268	Clostridium Difficile Toxin Detection	0	240	1,500	1,875	1,875
	Molecular Diagnostics					
G401	RT-PCR (Quantitative) for Hepatitis B Virus DNA	125	500	4,310	5,400	5,400
G402	RT-PCR (Quantitative) for Hepatitis C Virus RNA	125	500	4,310	5,400	5,400
G403	RT-PCR (Quantitative) for HIV RNA	125	500	4,310	5,400	5,400
G404	RT-PCR for CMV DNA	150	600	5,000	6,250	6,250
	TRANSFUSION MEDICINE					
H001	Blood Grouping	0	60	205	235	235
H002	Cross Matching	0	60	140	170	170
H003	Testing for Pheresis Donors	0	200	755	860	860
H006	Antiglobulin Test (Direct)	0	60	165	190	190
H007	Antiglobulin Test (Indirect)	0	120	460	600	600
H008	Cold Agglutinins	0	60	160	200	200
H009	Secretory Status	0	150	460	600	600

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
H010	AIHA Work Up	0	175	550	700	700
H206	Whole Blood	0	300	910	990	990
H207	Packed Cells	0	200	860	945	945
H208	Washed Packed Cells	0	250	1,160	1,450	1,450
H209	FFP/Cryo/Factor VIII Def. Plasma/PRP	0	250	675	810	810
H210	Platelet Concentrate (RDP)	0	200	650	730	730
H211	Platelet Concentrate (SDP)	750	4,000	11,800	14,700	14,700
H212	PBSC/Leukapheresis	3,230	3,230	18,630	23,300	23,300
H213	Bone Marrow Processing on Cell Separator	2,420	2,420	13,880	17,350	17,350
H214	Bone Marrow Processing HES Red Cell Separation	1,480	1,480	8,500	10,600	10,600
H215	Bone Marrow Processing Plasma Separation	160	160	930	1,160	1,160
H217	Leucoreduced Red Cells	300	1,200	3,130	3,900	3,900
H218	Leucoreduced Platelet Concentrates	325	1,300	3,880	4,850	4,850
H219	Irradiation of Blood Products	0	100	310	400	400
H220	CPD Bags	0	60	90	100	100
H221	Blood Bank Deposit	0	600	930	1,200	1,200
H222	Platelet Concentrate (SvSDP)	375	2,000	5,900	7,350	7,350
H224	Processing for Leukoreduction	0	200	750	900	900
H225	Leucoagglutinins	0	100	450	600	600
H226	HLA AB-DR (Molecular Typing)	1,250	5,000	9,750	12,200	12,200
H227	HLA-C & DQ (Molecular Typing)	875	3,500	6,960	8,700	8,700
H228	Pediatric Whole Blood	0	250	550	650	650
H229	Pediatric Packed Cells	0	200	500	600	600
H500	DMSO for Cryopreservation	1,075	4,300	7,200	9,000	9,000
RADIODIAGNOSIS						
I004	Outside Reporting of X-Ray, per Exam	0	0	100	130	130
I005	Outside Reporting of X-Ray Special Procedures	0	0	640	800	800
I006	Outside Reporting of Mammogram	0	0	400	500	500
I007	Outside Reporting of CT	0	0	1,250	1,560	1,560
I008	Outside Reporting of MRI	0	0	1,655	2,205	2,205
I009	Video Recording of USG / DSA, etc	0	300	450	560	560
I010	Digital Film per Plate	100	100	150	190	190
Conventional Radiology (Plain)						
I021	X-Ray Skull	0	75	550	690	690
I027	X-Ray OPG / Dental	0	50	550	690	690

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
I030	X-Ray Spine	0	75	550	690	690
I038	X-Ray Pelvis	0	75	550	690	690
I041	X-Ray Neck	0	75	550	690	690
I050	X-Ray Upper Limb	0	75	550	690	690
I070	X-Ray Lower Limb	0	75	550	690	690
I090	X-Ray Chest	0	50	550	690	690
I092	X-Ray Abdomen	0	75	550	690	690
I095	X-Ray KUB	0	75	550	690	690
I099	X-Ray Skeletal Survey	125	500	5,000	6,250	6,250
I100	X-Ray Portable	0	25	710	890	1,110
	Conventional Radiology (Contrast)					
I121	X-Ray Sialography	0	200	1,345	1,610	1,610
I122	X-Ray Barium Swallow	0	150	1,380	1,730	1,730
I123	X-Ray Conray Swallow	0	150	1,380	1,730	1,730
I124	X-Ray Barium Meal	0	300	1,880	2,350	2,350
I125	X-Ray Barium Meal Follow-Through	125	500	4,500	5,630	5,630
I126	X-Ray Small Bowel Enema	125	500	4,500	5,630	5,630
I127	X-Ray Barium Enema for Colon	125	500	4,500	5,630	5,630
I128	X-Ray Tube Cholangiogram	0	100	780	980	980
I129	X-Ray ERCP	0	50	5,560	6,950	6,950
I130	X-Ray IVP	125	500	2,750	3,440	3,440
I131	X-Ray Cystogram	0	300	1,345	1,610	1,610
I132	X-Ray MCU	125	500	1,885	2,155	2,155
I133	X-Ray Retrograde Urethrogram	0	150	1,380	1,730	1,730
I134	X-Ray Retrograde Pyelogram	0	100	1,380	1,730	1,730
I141	X-Ray Sinogram	0	75	1,000	1,250	1,250
I142	X-Ray Fistulogram	0	75	1,000	1,250	1,250
I143	X-Ray Cologram	0	75	1,000	1,250	1,250
I144	X-Ray Loopogram	0	75	1,000	1,250	1,250
I145	X-Ray Nephrostogram	0	75	1,000	1,250	1,250
	Interventional Radiology					
I150	Consultation (New Case)	0	0	600	600	600
I151	Fluoroscopy Guided Biopsy	0	50	2,130	2,660	2,660
I152	Fluoroscopy Guided Block	0	75	2,130	2,660	2,660
I153	Fluoroscopy Guided J Needle Bone Biopsy	0	100	2,130	2,660	2,660

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
I159	Lymphangiography	125	500	3,880	4,850	4,850
I160	Bronchography	150	600	3,130	3,910	3,910
I161	Myelography	150	600	3,130	3,910	3,910
I162	Myelography with CT	200	800	4,630	5,790	5,790
I163	Venography - Upper Limb	0	500	3,880	4,850	4,850
I164	Venography - Lower Limb	125	500	3,880	4,850	4,850
I165	Venography - Systemic	200	1,000	7,760	9,700	9,700
I170	Angiography	250	1,000	4,630	5,790	5,790
I180	Angio Embolization	375	1,500	7,000	8,750	8,750
I191	PTBD	190	750	3,880	4,850	4,850
I192	PTBD Stenting	250	1,000	9,500	11,880	11,880
I193	PCN (single kidney)	190	750	3,880	5,000	5,000
I194	PCN Stenting	250	1,000	4,630	5,790	5,790
I195	Trans-Jugular Intrahepatic Porto-Systemic Shunt (TIPS)	250	1,000	6,750	8,440	8,440
I196	Vena Cava Filter	250	1,000	6,750	8,440	8,440
I197	Arterial Stenting	250	1,000	6,750	8,440	8,440
I198	Thrombolysis / Thrombectomy	250	1,000	6,750	8,440	8,440
I199	Angioplasty	250	1,000	6,750	8,440	8,440
I200	Vascular Stenting	250	1,000	6,750	8,440	8,440
I201	Brush Biopsy	250	1,000	6,750	8,440	8,440
I202	Vertebroplasty	250	1,000	6,750	8,440	8,440
I203	PCN (B/L)	380	1,500	7,760	9,700	9,700
I204	DJ Stenting	250	1,000	5,880	7,350	7,350
I205	Abdominal Abscess Drainage	125	500	3,630	4,540	4,540
I206	Percutaneous Gastrostomy / Jejunostomy	125	500	7,130	8,910	8,910
I208	Contrast Study	0	100	750	940	940
I209	Osteoplasty	250	1,000	6,500	8,130	8,130
I210	Cerebral Angiography	250	1,000	5,880	7,350	7,350
I211	Chemo Embolisation	250	1,000	18,750	23,440	23,440
I212	Radio Embolisation	250	1,000	25,000	31,250	31,250
I213	Stent-Graft Deployment	300	1,200	25,000	31,250	31,250
I214	Central Venous Access	150	600	4,380	5,480	5,480
I215	IVC Filter Deployment	250	1,000	6,500	8,130	8,130
I216	IVC Filter Retrieval	125	500	3,630	4,540	4,540
I217	SCLEROTHERAPY	150	600	4,380	5,480	5,480

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
I218	Test Occlusion	250	1,000	6,630	8,290	8,290
I219	3D Rotational Angiography	150	600	4,380	5,480	5,480
I220	Foreign Body Retrieval	250	1,000	6,500	8,130	8,130
I221	Radio Frequency Ablation	250	1,000	9,500	11,880	11,880
	Mammography					
I321	Mammography Single Breast	0	100	460	580	580
I322	Mammography Both Breasts	0	200	950	1,190	1,190
I324	Mammography - Biopsy	0	150	1,850	2,890	2,890
I325	Mammography - Localization	0	150	2,030	2,540	2,540
	Ultrasonography					
I420	USG Abdomen	0	125	930	1,160	1,160
I440	USG Abdomen with Colour Doppler	0	200	1,500	1,880	1,880
I460	USG Pelvis	0	125	930	1,160	1,160
I461	Transrectal sonography	0	240	1,500	1,875	1,875
I462	TRUS Guided biopsy	0	320	2,000	2,500	2,500
I463	Endovaginal sonography	0	240	1,500	1,875	1,875
I480	USG Pelvis with Colour Doppler	0	200	1,500	1,880	1,880
I500	USG Abdomen & Pelvis	0	200	1,750	2,190	2,190
I501	USG Abdomen & Pelvis with Colour Doppler	0	250	2,380	2,980	2,980
I510	USG Neck	0	125	930	1,160	1,160
I530	USG Neck with Colour Doppler	0	200	1,500	1,880	1,880
I550	USG Thorax	0	125	930	1,160	1,160
I560	USG Breast	0	125	930	1,160	1,160
I561	USG Breast with Colour Doppler	0	200	1,550	1,940	1,940
I565	USG Upper Extremity	0	125	930	1,160	1,160
I570	USG Lower Extremity	0	125	930	1,160	1,160
I580	USG Small Parts	0	125	930	1,160	1,160
I590	USG Vascular Study	0	200	1,500	1,880	1,880
I597	USG Portable	0	175	1,240	1,550	1,550
I598	USG Guided FNAC	0	175	1,480	1,850	1,850
I599	USG Guided Truecut Biopsy	0	175	1,630	2,040	2,040
IA01	USG Guided Drainage / Localisation	0	100	1,060	1,300	1,300
IA02	USG Intraoperative	0	125	1,500	1,900	1,900
IA03	USG Guided Interventional Procedure	0	125	1,500	1,900	1,900
IA04	USG Guided RF Ablation	250	1,000	9,500	11,880	11,880

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
	CT Scan					
I600	CT Head Plain and Contrast	315	1,250	4,000	5,000	5,000
I601	CT Brain Plain	200	800	2,380	2,980	2,980
I602	CT PNS	315	1,250	4,880	6,100	6,100
I603	CT Nasopharynx	315	1,250	4,630	5,790	5,790
I604	CT Sella	315	1,250	4,630	5,790	5,790
I605	CT Temporal Bone	315	1,250	4,630	5,790	5,790
I606	CT Orbits	315	1,250	4,630	5,790	5,790
I607	CT HRCT	315	1,250	4,630	5,790	5,790
I620	CT Neck	315	1,250	4,000	5,000	5,000
I630	CT Head & Neck	375	1,500	6,500	8,130	8,130
I640	CT Neck & Thorax	375	1,500	6,250	7,810	7,810
I650	CT Thorax	250	1,000	5,130	6,410	6,410
I670	CT Abdomen	250	1,000	5,380	6,730	6,730
I680	CT Thorax & Abdomen	375	1,500	8,500	10,630	10,630
I690	CT Pelvic Region	250	1,000	4,630	5,790	5,790
I700	CT Abdomen & Pelvis	375	1,500	8,880	11,100	11,100
I710	CT Thorax & Abdomen & Pelvis	500	2,000	10,000	12,500	12,500
I720	CT Spine	315	1,250	5,380	6,730	6,730
I730	CT Upper Limb	315	1,250	5,380	6,730	6,730
I740	CT Lower Limb	315	1,250	5,380	6,730	6,730
I741	Digital Scanogram	0	300	780	980	980
I750	CT Angiogram	440	1,750	7,760	9,710	9,710
I760	CT 3D Reconstruction	440	1,750	7,760	9,710	9,710
I780	CT Guided Biopsy FNAC/Truecut with Localizing Scans	250	1,300	8,510	10,640	10,640
I791	CT 'J' Needle Bone Biopsy	565	2,250	10,010	12,520	12,520
IB01	CT Guided Vertebroplasty	250	1,000	6,750	8,440	8,440
IB02	CT Guided RF Ablation	250	1,000	9,500	11,880	11,880
IB03	CT Guided Drainage / Localisation	315	1,250	3,750	4,700	4,700
IB04	CT Perfusion Studies (Additional Charge)	200	800	2,250	2,800	2,800
IB05	CT Dental	315	1,250	3,750	4,700	4,700
	MRI Scan					
I800	MRI Head Region	375	1,500	5,500	6,880	6,880
I810	MRI Neck	375	1,500	5,380	6,730	6,730
I820	MRI Head & Neck	500	2,000	7,750	9,690	9,690

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
I830	MRI Upper Limb	375	1,500	5,380	6,730	6,730
I840	MRI Thorax	375	1,500	5,380	6,730	6,730
I841	MRI Breast	375	1,500	5,380	6,730	6,730
I842	MR guided breast biopsy	705	2,800	13,890	17,370	17,370
I860	MRI Abdomen	375	1,500	5,380	6,730	6,730
I890	MRI Pelvis	375	1,500	5,380	6,730	6,730
I900	MRI Abdomen & Pelvis	500	2,000	7,750	9,690	9,690
I910	MRI Spine (One Region)	375	1,500	5,380	6,730	6,730
I911	MRI Whole Spine	500	2,000	7,000	8,750	8,750
I920	MRI Lower Limb	375	1,500	5,500	6,880	6,880
I921	MRI Contrast	190	750	3,130	3,910	3,910
I930	MRI Angiogram	315	1,250	4,630	5,790	5,790
I940	MRI Venography	315	1,250	6,250	7,810	7,810
I950	MRI Myelogram	190	750	3,880	4,850	4,850
I960	MR Cholangio-Pancreatogram (CP)	190	750	3,880	4,850	4,850
I970	MRI Spectroscopy	190	750	3,880	4,850	4,850
I991	MRI Functional	190	750	3,880	4,850	4,850
I992	MRI Diffusion	190	750	2,380	2,980	2,980
I993	MRI Perfusion	190	750	3,880	4,850	4,850
I994	MRI Intervention	190	750	3,880	4,850	4,850
I995	MRI Limited	190	750	3,880	4,850	4,850
I996	Whole body MRI	500	2,000	12,500	15,625	15,625
I997	MRI for Therapy Planning	0	0	3,750	4,700	4,700
IC01	MRI Abdomen + MR CP	565	2,250	9,260	11,580	11,580
	MEDICAL ONCOLOGY					
J001	Consultation (New Case)	0	0	600	600	600
J002	Cross Consultation (Medical Oncology)+B1192	0	0	500	500	500
J003	Follow-Up Evaluation Visit (Medical Oncology)	0	0	400	400	400
J101	Chemotherapy Planning Charges (Full Protocol) (Medical Oncology)	0	0	5,250	6,560	6,560
J102	Intravenous Bolus (per Cycle)	0	0	790	1,000	1,000
J103	Bone Marrow Aspiration/Biopsy	0	0	930	1,160	1,160
J104	Chemotherapy Indoor Charges per Cycle (Medical Oncology)	0	0	4,750	6,000	6,000
J105	Chemotherapy Daycare Charge per Cycle (Medical Oncology)	0	0	1,660	2,080	2,080
J107	Chemotherapy - Intramuscular & subcutaneous adm.	0	0	100	100	100
J108	Induction Chemotherapy Planning & Delivery (Inpatient)	0	0	25,000	25,000	25,000

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
J109	Induction Chemotherapy Planning & Delivery (Outpatient)	0	0	20,000	20,000	20,000
J110	Lumbar Puncture	0	0	500	500	500
J111	Intrathecal Chemotherapy	0	0	930	1,160	1,160
J112	Pleural Fluid Tapping	0	0	930	1,160	1,160
J113	Ascitic Tapping	0	0	930	1,160	1,160
J114	Pericardial Tapping	0	0	2,050	2,560	2,560
J115	Chemotherapy delivery (OPD Charge per cycle)	0	0	4,750	6,000	6,000
	Bone Marrow Transplant (BMT) (Professional Charges)					
J201	Bone Marrow Transplant (Allogenic)	NA	NA	1,15,000	1,15,000	1,15,000
J202	Stem Cell Transplant (Autologous)	NA	NA	50,000	50,000	50,000
J203	Bone Marrow Transplant (Autologous)	NA	NA	85,000	85,000	85,000
J204	Allogenic Matched Unrelated (MUD)/Cord transplant Prof.	NA	NA	1,50,000	1,50,000	1,50,000
	ACT Clinic (OPD Patients)					
J401	Registration	0	0	400	400	400
J402	First Consultation (ACT Clinic)	0	0	600	600	600
J404	Follow-Up Consultation (ACT Clinic)	0	0	400	400	400
	Catheter Care Clinic					
J501	Pre-Insertion + Demonstration	0	0	810	1,075	1,075
J502	Dressing	0	0	380	540	540
J503	Insertion of PICC	0	0	1,550	1,940	1,940
J604	RT-PCR Multiplex BCR ABL(P190 p210)	175	700	3,750	4,000	4,000
J605	RT-PCR Mnested BCR-ABL for follow up	175	700	3,750	4,000	4,000
J606	RT-PCR BCR-ABL(P210)	750	3,000	6,500	7,000	7,000
J607	RT-PCR Multiplex, acute leukaemia panel	300	1,200	4,500	5,000	5,000
J608	RQ-PCR PML RARA	750	3,000	6,500	7,000	7,000
J609	RT-PCR Nested IGH Chain Gene rearrangement	375	1,500	2,750	3,000	3,000
J610	RT-PCR Nested, TCR Gene Rearrangement	375	1,500	2,750	3,000	3,000
J611	RT-PCR Hot Start	175	700	3,750	4,000	4,000
J612	RT-PCR Nested	175	700	3,750	4,000	4,000
J613	Gene rearrangement	750	3,000	6,500	7,000	7,000
J614	Mutation analysis by ASO PCR	750	3,000	6,500	7,000	7,000
	GENERAL MEDICINE					
K001	Consultation (General Medicine)	0	0	600	600	600
K002	Cross Consultation (General Medicine)	0	0	500	500	500
K003	Follow-Up Consultation (General Medicine)	0	0	400	400	400

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
K101	Electrocardiogram	0	25	340	430	430
K107	PFT (Spirometry)	0	50	730	910	910
K108	Complete PFT with Diffusion and Lung Volume Study	0	100	1,150	1,440	1,440
K111	Electrocardiogram Bedside	0	35	340	430	430
K112	Diffusion Study	0	50	500	630	630
K113	Lung Volume Study	0	50	580	730	730
K116	Echocardiogram Bedside (H)	0	150	1,250	1,560	1,560
K117	Echocardiogram Bedside (P)	0	0	1,875	2,300	2,300
K118	Echocardiogram + Color Doppler (H)	0	150	1,000	1,250	1,250
K119	Echocardiogram + Color Doppler (P)	0	0	1,000	1,250	1,250
K120	Trans Oesophageal Echocardiograph (H)	0	150	1,875	2,300	2,300
K121	Trans Oesophageal Echocardiograph (P)	0	0	1,875	2,300	2,300
K122	Cardiac Stress Test (H)	0	300	625	780	780
K123	Cardiac Stress Test (P)	0	0	875	780	780
K124	Cardiopulmonary Stress Test (H)	125	500	1,000	1,250	1,250
K125	Cardiopulmonary Stress Test(P)	0	0	1,250	1,560	1,560
K126	24 Hours Blood Glucose Monitoring (H)	125	500	3,750	4,700	4,700
K127	24 Hours Blood Glucose Monitoring(P)	0	0	3,750	4,700	4,700
K201	Pericardial Tapping	0	0	4,630	5,790	5,790
K202	Pleural Tapping	0	0	3,770	5,380	5,380
K203	Bronchoscopy	0	0	3,770	5,380	5,380
PSYCHIATRY & CLINICAL PSYCHOLOGY						
K301	Cross Consultation (Psychiatry)	0	0	500	500	500
K302	Follow-Up Consultation (Psychiatry)	0	0	400	400	400
K303	Psychometric Testing	0	0	440	550	550
PULMONARY UNIT						
K401	Cross Consultation (Pulmonary Unit)	0	0	500	500	500
K402	Follow-Up Consultation (Pulmonary Unit)	0	0	400	400	400
HONORARY CONSULTANTS						
Nephrology						
L101	Cross Consultation (Nephrology)	0	0	500	500	500
L102	Follow-Up Consultation (Nephrology)	0	0	400	400	400
L111	Peritoneal Dialysis	0	150	1,160	1,450	1,450
L112	Femoral Vein Catheterisation	0	50	460	580	580
L113	Subclavian Vein Catheterisation	0	50	700	880	880
L114	CAVH	0	100	1,080	1,350	1,350

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
L115	Renal Biopsy	0	50	485	645	645
	Neurology					
L301	Cross Consultation (Neurology)	0	0	500	500	500
L302	Follow-Up Consultation (Neurology)	0	0	400	400	400
	Neurosurgery					
L401	Cross Consultation (Neurosurgery)	0	0	500	500	500
L402	Follow-Up Consultation (Neurosurgery)	0	0	400	400	400
	ENT					
L501	Cross Consultation (ENT)	0	0	500	500	500
L502	Follow-Up Consultation (ENT)	0	0	400	400	400
	Clinical Haematology					
L601	Cross Consultation (Clinical Haematology)	0	0	500	500	500
L602	Follow-Up Consultation (Clinical Haematology)	0	0	400	400	400
	DIGESTIVE DISEASES & CLINICAL NUTRITION					
M001	Consultation (New Case)	0	0	600	600	600
M002	Cross Consultation (Digestive Diseases)	0	0	500	500	500
M003	Follow-Up Evaluation (Digestive Diseases)	0	0	400	400	400
M004	Chemotherapy Consultation (Full Protocol) (Digestive Diseases)	0	0	4,750	6,000	6,000
M005	Intravenous Bolus per Cycle	0	0	790	1,000	1,000
M006	TPN and Monitoring	0	0	3,770	5,380	5,380
M007	Enteral Nutrition Therapy	0	0	2,420	3,230	3,230
M008	Home Enteral Nutrition Care	0	0	2,155	3,230	3,230
M009	Home TPN and Monitoring	0	0	3,770	5,380	5,380
M010	Review of Outside Reports - Second Opinion	0	0	810	1,075	1,075
M016	Chemotherapy Indoor Charges per Cycle (Digestive Diseases)	0	0	4,750	6,000	6,000
M017	Chemotherapy Daycare Charges per Cycle (Digestive Diseases)	0	0	1,660	2,080	2,080
M018	Dietary Counseling	0	0	810	1,075	1,075
M019	REE Estimation	0	0	3,150	4,200	4,200
M020	Body Composition	0	0	1,575	2,100	3,150
M021	Helicobacter Pylori Breath Test	125	500	1,575	2,100	2,100
	Procedures (Hospital Service Charges)					
M011	Endoscopy Room Charges Grade I	0	200	1,190	1,490	1,490
M012	Endoscopy Room Charges Grade II	0	300	1,630	2,040	2,040
M013	Endoscopy Room Charges Grade III	0	400	2,380	2,980	2,980

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
M014	Endoscopy Room Charges Grade IV	0	500	3,130	3,910	3,910
M015	Endoscopy Room Charges Grade V	0	750	4,750	5,940	5,940
	Procedures (Professional Charges)					
M101	Rigid Sigmoidoscopy	0	0	1,630	2,040	2,040
M102	Tissue Sampling	0	0	1,630	2,040	2,040
M103	Oesophageal ILRT Tube Placement	0	0	1,630	2,040	2,040
M104	Peg Tube Removal	0	0	790	990	990
M105	Ryle/Es Tube Placement and Counseling	0	0	1,575	2,100	2,100
M201	Oesophagoscopy	0	0	4,750	5,940	5,940
M202	Oesophagoscopy with Biopsy or Cytology	0	0	4,750	5,940	5,940
M203	Gastrosocopy	0	0	4,750	5,940	5,940
M204	Gastrosocopy with Biopsy or Cytology	0	0	4,750	5,940	5,940
M205	Endoscopic Assessment	0	0	3,860	5,515	5,515
M206	Flexible Sigmoidoscopy	0	0	4,750	5,940	5,940
M207	Pile Banding / Injection	0	0	4,750	5,940	5,940
M301	Sideviewing Duodenoscopy	0	0	5,560	6,950	6,950
M302	Sideview.Duodenoscopy + Biopsy or Cytology	0	0	5,560	6,950	6,950
M303	Colonoscopy	0	0	5,560	6,950	6,950
M304	Colonoscopy with Biopsy or Cytology	0	0	5,560	6,950	6,950
M305	Chromoendoscopy	0	0	5,560	6,950	6,950
M306	Jejuno-Enteroscopy	0	0	5,560	6,950	6,950
M307	Diagnostic ERCP	0	0	5,560	6,950	6,950
M308	EUS of Esophagus/Stomach	0	0	5,560	6,950	6,950
M309	EUS of Rectum/Sigmoid Colon	0	0	5,560	6,950	6,950
M310	Endosonoprobe Examination	0	0	5,560	6,950	6,950
M311	Esophagoscopic Feeding Tube Placement	0	0	5,560	6,950	6,950
M312	Esophageal Dilation	0	0	5,560	6,950	6,950
M313	Endoscopic Foreign Body Removal	0	0	5,560	6,950	6,950
M314	Variceal Banding	0	0	5,560	6,950	6,950
M315	Endoscopic Clipping	0	0	5,560	6,950	6,950
M316	Glue Injection	0	0	5,560	6,950	6,950
M317	Bicap Coagulation	0	0	5,560	6,950	6,950
M318	Endoscopic Injection of Bleeders/Tumors	0	0	5,560	6,950	6,950
M319	Endoscopic Foreign Body Removal	0	0	5,560	6,950	6,950
M320	Enteral Stenting	0	0	9,060	11,330	11,330

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
M321	Colonic Stenting	0	0	9,060	11,330	11,330
M322	Emergency Endoscopy	0	0	9,060	11,330	11,330
M323	Colonoscopy with Polypectomy	0	0	9,060	11,330	11,330
M401	EUS of Pancreas and Bile Ducts	0	0	7,130	8,910	8,910
M402	Introperative Endoscopy	0	0	7,130	8,910	8,910
M403	Esophageal Prosthesis Placement	0	0	7,130	8,910	8,910
M404	Gastrostomy Endoscopic & Counseling	0	0	7,130	8,910	8,910
M405	Jejunostomy Endoscopic & Counseling	0	0	7,130	8,910	8,910
M406	Achalasia Dilation	0	0	7,130	8,910	8,910
M407	Gastric or Pyloric Dilation	0	0	7,130	8,910	8,910
M408	Rectal or Colonic Dilation	0	0	7,130	8,910	8,910
M409	Polypectomy	0	0	7,130	8,910	8,910
M410	Endomucosal Resection	0	0	7,130	8,910	8,910
M411	Laser-Endoscopic	0	0	7,130	8,910	8,910
M412	Argon Plasma Coagulation	0	0	7,130	8,910	8,910
M413	Sphincterotomy with Stone Removal	0	0	7,130	8,910	8,910
M414	Endoscopic Cyst Drainage	0	0	7,130	8,910	8,910
M415	Naso-Biliary Drainage	0	0	7,130	8,910	8,910
M416	Biliary/Pancreatic Brush Cytology	0	0	7,130	8,910	8,910
M417	Electronic Chromoendoscopy	0	0	7,130	8,910	8,910
M418	Magnification Endoscopy	0	0	7,130	8,910	8,910
M501	ERCP with Biliary Stent Placement	0	0	9,500	11,880	11,880
M502	ERCP with Pancreatic Stent Placement	0	0	9,500	11,880	11,880
M503	Multiple Polypectomy	0	0	9,500	11,880	11,880
M504	Endoscopic Ultrasound Guided FNA	0	0	9,500	11,880	11,880
M505	Endoscopic Ultrasound Guided Therapy	0	0	9,500	11,880	11,880
M506	Radio Frequency Ablation	0	0	9,500	11,880	11,880
M601	Needle Aspiration	0	0	830	1,105	1,105
M602	Capsule Biopsy of Small Bowel	0	0	1,655	2,205	2,205
M603	Liver Biopsy	0	0	2,380	2,980	2,980
M604	Ascitic Tapping	0	0	2,380	2,980	2,980
M605	Indwelling Peritoneal Catheter Placement	0	0	1,630	2,040	2,040
M606	Percutaneous Ethanol Injection	0	0	2,380	2,980	2,980
M607	In Patient Care (Neutropenia Care / Hepatitis)	0	0	3,310	4,410	4,410
M608	Genetic Counseling	0	0	1,655	2,205	2,205

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
ANAESTHESIOLOGY, CRITICAL CARE & PAIN MANAGEMENT						
N001	Consultation (PAC - New case)	0	0	600	600	600
N002	Cross Consultation (Anaesthesiology)	0	0	500	500	500
N003	Follow-Up Evaluation (Anaesthesiology)	0	0	400	400	400
N004	Daily Round/Consultation Charges	0	0	250	250	250
	Anaesthesia Charges					
N101	Anesthesia Fees - Grade I	0	0	3,400	4,300	4,300
N102	Anesthesia Fees - Grade II	0	0	6,250	7,800	7,800
N103	Anesthesia Fees - Grade III	0	0	10,000	12,500	12,500
N104	Anesthesia Fees - Grade IV	0	0	12,500	15,625	15,625
N105	Anesthesia Fees - Grade V	0	0	17,500	21,875	21,875
N106	Anesthesia Fees - Grade VI	0	0	22,500	28,125	28,125
N107	Anesthesia Fees - Bone Marrow Transplant	0	0	10,000	12,500	12,500
N108	Minor OT Anaesthesia charges	0	0	1,250	1,600	1,600
N109	Anaesthesia - RT Single fraction (Pediatric)	0	0	625	750	750
N110	Anaesthesia - RT 2-10 fractions (Pediatric)	0	0	2,250	2,700	2,700
N111	Anaesthesia - RT 11-24 fractions (Pediatric)	0	0	2,750	3,300	3,300
N112	Anaesthesia - RT 25 and above (Pediatric)	0	0	3,500	4,200	4,200
N113	Anesthesia charges for DL Scopy EUA	0	0	625	750	750
N114	Anesthesia charges for BM Aspiration Biopsy	0	0	625	750	750
N115	Anaesthesia charges for Diagnostic CT	0	0	625	750	750
N116	Sedation charges	0	0	625	750	750
N117	Lumbar Puncture	0	0	500	500	500
N118	Anesthesia charges for Interventional Radiology Grade I	0	0	1,200	1,800	1,800
N119	Anesthesia charges for Interventional Radiology Grade II	0	0	1,600	2,000	2,000
N120	Anesthesia charges for Interventional Radiology Grade III	0	0	2,500	3,000	3,000
N121	Anesthesia charges for Interventional Radiology Grade IV	0	0	3,500	4,500	4,500
N122	Sedation & Monitoring for Interventional Radiology Gr.I	0	0	700	1,000	1,000
N123	Sedation & Monitoring for Interventional Radiology Gr.II	0	0	750	900	900
N124	Sedation & Monitoring for Interventional Radiology Gr.III	0	0	1,000	1,200	1,200
N125	Sedation & Monitoring for Interventional Radiology Gr.IV	0	0	1,200	1,400	1,400
N126	Anesthesia charges for Diagnostic endoscopy (GA)	0	0	1,600	1,800	1,800
N127	Anesthesia charges for Endoscopy plus procedure (stent/prosthesis) (GA)	0	0	2,500	3,000	3,000
N128	Sedation and monitoring of Diagnostic endoscopy	0	0	800	1,000	1,000
N129	Endoscopy plus procedure (stent prosthesis etc) MAC	0	0	1,000	1,200	1,200

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
	ICU Charges					
N201	ICU Per Day Professional Charges	0	0	400	400	400
N202	CVP Access	0	0	810	1,075	1,075
N203	Swan Ganz Catheter	0	0	1,885	2,695	2,695
N204	Arterial Line	0	0	405	540	540
N205	Therapeutic Bronchoscopy	0	0	3,770	5,380	5,380
N206	Transvenous Pacemaker	0	0	1,615	2,155	2,155
N207	Percutaneous Tracheostomy	0	0	1,485	2,155	2,155
N208	CAVH - 1st Day	0	0	1,160	1,450	1,450
N209	ICU - Renal Replacement Therapy (every 48 hrs)	0	0	1,500	1,800	1,800
N210	ICU - Intubation and initiation of mechanical ventilation	0	0	500	600	600
N211	Advanced haemodynamic monitoring	0	0	1,500	1,800	1,800
N212	Renal Replacement Therapy (every 48 hrs)	0	0	1,500	1,800	1,800
	Pain Clinic, Respiratory Therapy, Radiology, Radiotherapy Procedures, etc.					
N301	Minor (Peripheral Nerve Block)	0	30	550	690	690
N302	Major (Neurolytic, Coeliac Plexuses, Epidural)	0	50	1,210	1,610	1,610
N304	RT SELECTRON	0	50	780	980	980
N305	RT Iridium Implant	0	50	930	1,160	1,160
N311	Acute Pain Services(4days consolidated)	0	0	1,750	2,000	2,000
N312	Patient Controlled Analgesia(PCA)	0	0	1,750	2,000	2,000
N313	Epidural Analgesia Management	0	0	750	1,000	1,000
N314	Chronic Pain Referral Followup (OPD/Ward)	0	0	400	400	400
	SURGICAL ONCOLOGY					
O001	Consultation (New Case)	0	0	600	600	600
O002	Cross Consultation (Surgical Oncology)	0	0	500	500	500
O003	Follow-Up Consultation (Surgical Oncology)	0	0	400	400	400
O004	Chemotherapy Consultation Full Protocol (Surgical Oncology)	0	0	4,750	6,000	6,000
O005	Intravenous Bolus per Cycle (Surgical Oncology)	0	0	790	1,000	1,000
O006	Chemotherapy Indoor Charges per Cycle (Surgical Oncology)	0	0	4,750	6,000	6,000
O007	Chemotherapy Daycare Charges per Cycle (Surgical Oncology)	0	0	1,660	2,080	2,080
O008	Trucut Biopsy of Breast Lesions (OPD)	0	100	1,510	1,890	1,890
O009	Dressing during follow-up	0	0	250	250	250
	Operation Theatre (Hospital Service Charges)					
O101	Minor OT - Service Charges	0	200	1,250	1,600	1,600
O111	Major OT - Service Charges - Less than 2 Hrs.	0	600	6,250	7,800	7,800

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
O112	Major OT - Service Charges - 2 To 4 Hrs	0	1,000	12,500	15,625	15,625
O113	Major OT - Service Charges - More than 4 Hrs	0	1,500	25,000	31,250	31,250
O114	Minor OT - Drugs/Consumables (Without GA)	0	0	500	500	500
O115	Minor OT - Drugs/Consumables (with GA)	0	0	750	750	750
O116	Major OT - Service Charges - More than 6 Hrs	0	2,000	31,250	39,000	39,000
	Surgery Charges					
O151	Minor OT - Surgery Charges	0	0	1,250	1,600	1,600
O161	Grade I Surgery	0	0	6,250	7,800	7,800
O162	Grade II Surgery	0	0	15,625	19,500	19,500
O163	Grade III Surgery	0	0	25,000	31,250	31,250
O164	Grade IV Surgery	0	0	31,250	39,000	39,000
O165	Grade V Surgery	0	0	43,750	54,700	54,700
O166	Vascular Surgery Cover(Outsourced)	0	0	43,750	54,700	54,700
O167	Grade VI Surgery	0	0	56,250	70,300	70,300
O168	Prof. charges for Neuro navigation (Revised w.e.f. 01/04/2013)	0	0	12,500	15,600	15,600
O169	Prof. charges for fluorescence guided Neurosurgical procedure (Revised w.e.f. 01/04/2013)	0	0	6,250	7,800	7,800
	DENTISTRY					
P102	Cross Consultation (Dental)	0	0	500	500	500
P103	Follow-Up Consultation (Dental)	0	0	400	400	400
P201	Surgical Maxillary Plate (Temp. Plate)	0	150	1,505	1,935	1,935
P202	Interim Maxillary Prosthesis	0	300	4,060	5,080	5,080
P203	Permanent Maxillary Prosthesis with Teeth	0	400	6,250	7,810	7,810
P204	Palatal Prosthesis	0	300	5,380	6,730	6,730
P205	Palatal Ext. Prosthesis with Teeth	0	350	5,380	6,730	6,730
P206	Guide Plane Prosthesis	0	200	4,060	5,080	5,080
P207	Tongue Prosthesis	150	600	7,750	9,690	9,690
P208	Partial Denture (1 - 3 Teeth)	0	200	1,995	2,695	2,695
P209	Partial Denture (4 - 6 Teeth)	0	300	2,420	3,230	3,230
P210	Partial Denture (7 - 10 Teeth)	0	350	3,230	4,305	4,305
P211	Upper or Lower Complete Denture	0	400	4,630	5,790	5,790
P212	Upper and Lower Complete Denture	125	500	7,750	9,690	9,690
P213	Interim Maxillary Prosthesis in Molloplast	875	3,500	7,750	9,690	9,690
P214	Permanent Maxillary Prosthesis in Molloplast	1,050	4,200	9,250	11,560	11,560
P216	Extraction per Tooth	0	20	325	430	430
P217	Surgical Extraction per Tooth	0	50	630	810	810

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
P218	Impaction	0	50	2,020	2,695	2,695
P220	Prophylaxis	0	50	750	940	940
P222	Radiation Protection Pros. (Upper/Lower)	0	200	3,880	4,850	4,850
P225	Repair of Prosthesis	0	150	810	1,075	1,075
P226	Fluoride Gel Application (per Sitting)	0	50	500	630	630
P227	Inter Maxillary Wiring	0	200	1,615	2,155	2,155
P229	Implant Retained Extra Oral Prosthesis / Consolidated	625	2,500	9,690	12,915	12,915
P230	Implant Retained Intra Oral Fixed Dentures / Consolidated per Tooth	250	1,000	4,040	5,380	5,380
P231	Implant Retained Intra Oral Removable Dentures / Consolidated	250	1,000	4,040	5,380	5,380
P232	Permanent Max. Pros. with Bite Guide Pros.	0	400	5,250	6,560	6,560
P233	Permanent Max. Pros. with Teeth & GPP	125	500	8,250	10,310	10,310
P235	Occlusal Guard	0	150	790	1,050	1,050
P236	Composite Filling	0	100	590	740	740
P237	Temporary Filling (ZNOE Cement)	0	50	150	200	200
P238	Ag Filling / GI Filling	0	100	380	480	480
P239	Occulasal Guard	100	500	2,500	3,125	3,125
P240	Bilateral GPP (Bite guide Prosthesis)	200	1,000	6,250	7,800	7,800
P241	Skull implant (medium) (3cm x 3 cm)	1,000	5,000	10,000	12,500	12,500
P242	Custom made eye conformer	500	3,000	5,000	6,250	6,250
P243	Implant retained - nose orbit, ear	700	4,500	10,000	12,500	12,500
P244	Mandible Implant (Full)	1,500	7,000	15,000	18,750	18,750
P245	TEP	500	1,200	3,125	3,900	3,900
P246	Eye Prosthesis (Relining)	250	1,000	1,875	2,350	2,350
P247	Root canal treatment (Revised w.e.f. 01/04/2013)	0	600	2,500	3,125	3,125
	RADIATION ONCOLOGY					
Q001	Consultation (New Case)	0	0	600	600	600
Q002	Cross Consultation (Radiation Oncology)	0	0	500	500	500
Q003	Follow-Up Consultation (Radiation Oncology)	0	0	400	400	400
Q004	Chemotherapy Consultation (Full Protocol) (Radiation Oncology)	0	0	4,750	6,000	6,000
Q005	Intravenous Bolus per Cycle (Radiation Oncology)	0	0	790	1,000	1,000
Q006	Chemotherapy Indoor Charges per Cycle (Radiation Oncology)	0	0	4,750	6,000	6,000
Q007	Chemotherapy Daycare Charges per Cycle (Radiation Oncology)	0	0	1,660	2,080	2,080
	External RT (Hospital Service Charges)					
Q101	25 or More Fractions (Hosp. Charges)	0	1,000	9,060	12,080	12,080
Q102	11 To 24 Fractions (Hosp. Charges)	0	750	4,965	6,615	6,615

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
Q103	2 To 10 Fractions (Hosp. Charges)	0	200	3,180	3,980	3,980
Q104	Single Fraction/HBI (Hosp. Charges)	0	150	1,655	2,205	2,205
Q105	SRS/SRT (Hosp. Charges)	0	5,000	62,500	78,130	78,130
Q105	<i>SRS/SRT (Hosp. Charges) (Revised w.e.f. 17/1/2013)</i>	0	5,000	56,175	75,075	75,075
Q106	IMRT (Hosp. Charges)	0	10,000	43,750	54,690	54,690
Q107	IMRT with IGRT (Hosp. Charges)	0	15,000	56,175	75,075	75,075
Q108	SRS/SRT with IGRT (Hosp. Charges)	0	15,000	56,175	75,075	75,075
Q108	<i>SRS/SRT with IGRT (Hosp. Charges) (Revised w.e.f. 17/1/2013)</i>	0	15,000	62,500	78,130	78,130
Q109	3D-CRT with IGRT (Hosp. Charges)	0	10,000	43,750	54,690	54,690
Q120	4D-CRT Planning (Hosp. Charges)	0	1,000	7,875	10,500	10,500
Q121	Simulator	0	200	1,520	2,200	2,200
Q122	TPS	0	100	1,075	1,600	1,600
Q123	Mould/Block/Compensators	0	100	1,075	1,600	1,600
Q124	Conformal Block/MLC	0	100	3,130	3,900	3,900
Q125	Body Frame	0	500	3,130	3,900	3,900
Q126	CT Simulator	0	200	2,155	3,230	3,230
Q127	3D-CRT Consolidated (Hosp. Charges)	0	2,000	20,400	25,500	25,500
Q128	TBI / TSET Consolidated (Hosp. Charges)	0	2,000	20,380	25,500	25,500
	External RT (Professional Charges)					
Q201	25 or More Fractions (Prof. Charges)	0	0	10,870	14,500	14,500
Q202	11 To 24 Fractions (Prof. Charges)	0	0	7,880	9,900	9,900
Q203	2 To 10 Fractions (Prof. Charges)	0	0	5,500	6,900	6,900
Q204	Single Fraction/HBI (Prof. Charges)	0	0	3,130	3,900	3,900
Q205	SRS/SRT (Prof. Charges)	0	0	31,250	39,100	39,100
Q206	IMRT (Prof. Charges)	0	0	47,500	59,400	59,400
Q207	IMRT with IGRT (Prof. Charges)	0	0	67,100	83,900	83,900
Q208	SRS/SRT with IGRT (Prof. Charges)	0	0	67,100	83,900	83,900
Q209	3D-CRT with IGRT (Prof. Charges)	0	0	47,500	59,400	59,400
Q227	3D-CRT Consolidated (Prof. Charges)	0	0	25,200	33,075	33,075
Q228	TBI / TSET Consolidated (Prof. Charges)	0	0	25,200	33,075	33,075
	Brachytherapy (irrespective of number of fractions) Hospital Service charges					
Q301	LDR - VSA (Hosp. Charges)	0	100	810	1,075	1,075
Q302	LDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	0	750	4,630	5,790	5,790
Q303	LDR - Surface Mould (Hosp. Charges)	0	500	2,690	4,305	4,305
Q304	LDR - Interstitial/Template (Hosp. Charges)	0	1,500	4,630	5,790	5,790

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
Q321	HDR - CVS (Hosp. Charges)	0	100	1,500	1,880	1,880
Q322	HDR - Intracavitary/ILRT/EBRT (Hosp. Charges)	0	750	4,630	5,790	5,790
Q323	HDR - Surface Mould (Hosp. Charges)	0	500	2,960	4,305	4,305
Q324	HDR - Interstitial/Template (Hosp. Charges)	0	1,500	4,630	5,790	5,790
Q325	Radical Brachytherapy HDR / LDR (Hosp. Charges)	0	2,000	6,000	7,500	7,500
	Brachytherapy (irrespective of number of fractions) Professional charges					
Q401	LDR - VSA (Prof. Charges)	0	0	810	1,075	1,075
Q402	LDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	4,845	6,460	6,460
Q403	LDR - Surface Mould (Prof. Charges)	0	0	2,155	3,230	3,230
Q404	LDR - Interstitial/Template (Prof. Charges)	0	0	7,750	9,690	9,690
Q421	HDR - CVS (Prof. Charges)	0	0	3,130	3,910	3,910
Q422	HDR - Intracavitary/ILRT/EBRT (Prof. Charges)	0	0	4,845	6,460	6,460
Q423	HDR - Surface Mould (Prof. Charges)	0	0	4,845	6,460	6,460
Q424	HDR - Interstitial/Template (Prof. Charges)	0	0	7,750	9,690	9,690
Q425	Radical Brachytherapy HDR/LDR (Prof. Charges)	0	0	9,000	11,250	11,250
Q426	Brachytherapy with MRI/3D Planning (Prof. charges)	0	0	2,500	3,130	3,130
	REHABILITATION SERVICES					
	Anciliary Services Stoma Clinic					
R101	Only Pre-Op. Counseling & Stoma Marking	0	50	300	400	400
R102	Pre & Post-Op. Counseling of Stoma Care	0	100	1,200	1,500	1,500
R103	Two Stoma Care Including Pre & Post Op. Counseling	0	100	1,240	1,550	1,550
R104	Fixing of Drain Pouches	0	50	300	380	380
R109	Post Op. Counseling & Single Stoma Care	0	100	1,130	1,400	1,400
R110	Post Op. Counseling & Two Stoma Care	0	200	1,440	1,800	1,800
R111	Wound/Fistula/Incontinence Care (per Sitting)	0	100	300	400	400
R112	Distal Stoma Wash/Irrigation (per Sitting)	0	100	300	400	400
	Anciliary Services Physiotherapy					
R201	Physiotherapy - Short Wave Diathermy	0	20	160	200	200
R202	Physiotherapy - Electrical Stimulation	0	20	160	200	200
R203	Physiotherapy General Exercises	0	20	250	310	310
R204	Transcutaneous Nerve Stimulation	0	10	110	140	140
R205	Ultrasound Therapy	0	20	160	200	200
R206	Infrared Rays Therapy	0	10	80	100	100
R207	Interference Therapy	0	20	160	200	200
R208	Continuous Passive Movement Exercises	0	20	190	240	240

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
R209	Pre-Operative Chest Therapy	0	20	150	200	200
R210	Post-Operative Chest Therapy	0	50	230	300	300
R211	Postural Drainage	0	50	300	380	380
R212	Specialised Exercises	0	50	380	480	480
R213	Bio Feedback	0	50	230	300	300
R214	Long Wave Diathermy	0	50	150	200	200
R215	Post operative Breast class	0	100	250	300	300
R216	Manual Lymphatic Drainage	0	100	375	425	425
R217	Pulmonary Rehabilitation	0	100	300	375	375
R218	Manual Mobilization (Major)	0	100	300	375	375
R219	Manual Mobilization (Minor)	0	50	250	300	300
R220	Incontinence Management	0	50	190	225	225
	Anciliary Services Occupational Therapy					
R303	Facial Splint	25	25	130	160	160
R316	MRM Bras	160	160	300	400	400
R324	Lymphedema - Accessories	100	100	200	250	250
R325	Lymphedema Treatment	0	50	220	280	280
R326	Dermagrip (Double Stretch - C)	200	200	630	800	800
R327	Dermagrip (Double Stretch - D)	250	250	780	1,000	1,000
R328	Dermagrip (Double Stretch - E)	300	300	850	1,060	1,060
R329	Dermagrip (Double Stretch - F)	325	325	900	1,130	1,130
R331	Vaginal Dilatation Procedure	0	20	130	160	160
R332	Total contact Orfit/Thermoplastic brace making charges (Spinal)	0	200	625	780	780
R333	Thermoplastic splint making charges (Extremities)	0	100	310	390	390
R334	Total contact brace (Spinal) 45 x 60 sq cm	2,000	2,000	5,250	6,560	6,560
R335	Total contact brace (Spinal) 90 x 60 sq cm	2,000	2,000	10,000	12,500	12,500
R345	Orfit Splints - Major	1,250	1,250	3,880	4,850	4,850
R346	Orfit Splints - Minor	150	150	610	760	760
R363	Silicon Mouth Blocks	75	75	160	200	200
R372	Modification in Orthosis	70	70	140	180	180
R375	Counseling & Exercises	0	20	250	300	300
R376	Neurocognitive Assessment and Intervention	0	20	220	280	280
R377	Lymphapress	0	50	300	400	400
R378	Prosthesis / Orthosis Fittings & Measurement	0	50	220	280	280
	Anciliary Services Speech Therapy					

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
R401	Speech Therapy Fist Consultation	0	0	375	450	450
R402	Speech Therapy Follow-up Consultation	0	0	125	150	150
	Anciliary Services Tissue Bank					
R501	Amnion 5 x 5 cm	0	40	150	215	215
R503	Amnion 10 x 10 cm	0	75	300	430	430
R508	Skin 6 x 4 cm	0	50	190	270	270
R509	Skin 10 x 4 cm	0	75	300	430	430
R510	Skin 10 x 8 cm	0	100	480	600	600
R511	Iliac Crest 5 - 9 cm	0	500	1,885	2,695	2,695
R512	Bone Block 2 x 2 x 0.5 cm	0	125	460	645	645
R513	Bone Block 2 x 2 x 1 cm	0	200	755	1,075	1,075
R514	Bone Block 4 x 4 x 1 cm	0	400	1,545	2,205	2,205
R516	Rib 8 - 16 cm	0	200	755	1,075	1,075
R517	Head of Femur < 20gms	0	750	3,105	4,515	4,515
R518	Bone Dust 1/2 gm	0	50	230	325	325
R519	Processing Fess	0	0	0	0	3,000
R521	Bone Chips	0	40	150	215	215
R522	Struts (Humerus, Femur, Tibia) 5 - 10 cm	0	1,000	4,580	6,460	6,460
R523	Struts (Humerus, Femur, Tibia) > 10 cm	0	1,500	5,920	8,610	8,610
R525	Courier Handling Charges	0	0	0	0	800
R526	Demineralised Bone Powder per 0.5 cc	0	125	450	630	630
R528	Struts (Fibula, Radius, Ulna) 5 - 10 cm	0	600	2,205	3,150	3,150
R529	Struts (Fibula, Radius, Ulna) > 10 cm	0	750	2,890	4,200	4,200
R530	Irradiation of Tissue per Load	0	0	0	0	300
R531	Demineralised Bone Blocks 2 x 2 cm	0	750	2,960	4,300	4,300
R532	Demineralised Bone Strips 1 gm	0	1,000	4,360	6,150	6,150
R533	Femoral Head (< 10 gm)	0	125	435	615	615
R534	Femoral Head (10 - 14 gm)	0	200	720	1,025	1,025
R535	Femoral Head (15 - 19 gm)	0	600	2,155	3,075	3,075
R536	Tibial Slices (< 10 gm)	0	125	435	615	615
R537	Tibial Slices (10 - 14 gm)	0	200	720	1,025	1,025
R538	Tibial Slices (15 - 19 gm)	0	400	1,470	2,100	2,100
R539	Tibial Slices (> 20 gm)	0	600	2,155	3,075	3,075
R540	Metatarsal	0	200	720	1,025	1,025
R541	Calcaneum	0	750	2,960	4,300	4,300

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		NC	C	A	D	F
R542	Talus	0	400	1,470	2,100	2,100
R543	Amnion 4-9 sq cm	0	40	80	120	120
R544	Amnion 10-45 sq cm	0	65	145	215	215
R545	Amnion 46-99 sq cm	0	95	215	320	320
R546	Amnion > 100 sq cm	0	125	300	430	430
R547	Demineralised Bone Block 2 x 1 x 1	0	400	1,545	2,205	2,205
R548	Demineralised Bone Block 4 x 1 x 1	0	750	3,105	4,515	4,515
R549	Demineralised Bone Block 0.5x0.5x1	0	200	460	630	630
R550	Chorion 4-15 sqcm	0	40	80	120	120
R551	Chorion 16-45 sq cm	0	65	145	215	215
R552	Demineralised Bone Block 1x1x1 cm	0	200	720	1,025	1,025
	Anciliary Services Prosthetics					
R611	Nose Prosthesis	375	1,490	4,500	5,630	5,630
R612	Nose Implant	375	1,490	4,500	5,630	5,630
R613	Ear Prosthesis	375	1,490	4,500	5,630	5,630
R614	Ear Implant	375	1,490	4,500	5,630	5,630
R615	Skull Implant (Small)	375	1,490	4,500	5,630	5,630
R616	Skull Implant (Large)	525	2,100	6,380	7,980	7,980
R617	Orbital Prosthesis	375	1,490	4,500	5,630	5,630
R618	Occular Implant (Conformer)	265	1,050	3,495	4,780	4,780
R619	Chin Implant	375	1,490	4,500	5,630	5,630
R620	Mandible Implant	375	1,490	4,500	5,630	5,630
R621	Testicular Implant	375	1,490	4,500	5,630	5,630
R622	Vaginal Mould 3 Sizes (Each)	375	1,490	4,505	5,880	5,880
R623	Breast Prosthesis	505	2,010	6,130	7,660	7,660
R624	Breast Impressions	100	395	1,190	1,490	1,490
R625	Finger and Toe Prosthesis	350	1,400	4,410	5,880	5,880
R626	Finger Joint Implants (10 Size 0 - 3)	220	875	2,630	3,290	3,290
R627	Finger Joint Implants (10 Size 4 - 8)	375	1,490	4,500	5,630	5,630
R628	Metacarpal Small	200	790	2,380	2,980	2,980
R629	Metacarpal Large	310	1,225	3,750	4,690	4,690
R630	Silastic Tendon Rod	310	1,225	4,230	5,880	5,880
R631	Silastic Block	395	1,575	5,330	7,350	7,350
R632	Sternum	550	2,190	6,630	8,290	8,290
R633	Trachea Implant	395	1,575	4,965	6,615	6,615

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
R634	Face Mask	100	395	1,200	1,500	1,500
R635	Ear Impression	100	395	1,200	1,500	1,500
R636	Skull Impression	100	395	1,200	1,500	1,500
R637	Orbital Impression	100	395	1,200	1,500	1,500
R638	Finger Impression	100	395	1,200	1,500	1,500
R639	Conformer Impression	55	220	785	1,105	1,105
R640	Custom-Made Nasal Implant	790	3,150	9,500	11,880	11,880
R641	Custom-Made Maxillary Implant	790	3,150	9,500	11,880	11,880
R642	Custom-Made Patch Prosthesis (More than 3 cm x 2 cm)	790	3,150	9,500	11,880	11,880
R643	Custom-Made Patch Prosthesis (Up To 3 cm x 2 cm)	375	1,500	4,380	5,480	5,480
R644	Silastic Ring	125	500	1,750	2,500	2,500
	Palliative & Home Care					
R701	Consultation (New Case)	0	0	600	600	600
R702	Cross Consultation	0	0	500	500	500
R703	Follow-Up Consultation	0	0	400	400	400
	PREVENTIVE ONCOLOGY					
S001	Routine Examination of Female Patients	0	350	1,130	1,410	1,410
S002	Routine Examination of Male Patients	0	350	1,130	1,410	1,410
	MEDICAL GENETICS					
T001	Consultation (New Case)	0	0	600	600	600
T002	Cross Consultation	0	0	500	500	500
T003	Follow-Up Consultation	0	0	400	400	400
	CANCER CYTOGENETICS					
T101	Ph: t(9;22) In Chronic Myeloid Leukaemia (CML)	250	1,000	4,845	5,380	5,380
T102	CML Blast Crisis	375	1,500	7,750	9,700	9,700
T103	Acute Myeloid Leukaemia	375	1,500	7,000	7,535	7,535
T104	Chronic Myelomonocytic Leukaemia	375	1,500	9,250	11,560	11,560
T105	Myelodysplastic Syndromes	375	1,500	7,000	7,535	7,535
T106	Myeloproliferative Syndromes	375	1,500	9,250	11,560	11,560
T107	Chromosomal Breakage (Fragility) Studies In Fanconi's Anaemia, Aplastic Anaemia	375	1,500	7,000	7,535	7,535
T108	Miscellaneous	375	1,500	5,920	6,460	6,460
T201	BCR/ABL Ph: t(9;22) (Chronic Myeloid Leukaemia - CML)	250	1,000	3,770	4,305	4,305
T202	BCR/ABL (Ph) Duplication, Trisomy 8, Trisomy 21, p53 Deletion (CML-Blast Crisis)	500	2,000	7,000	7,535	7,535
T203	PML/RARA t(15;17) (Acute Promyelocytic Leukaemia - APL, AML M3)	250	1,000	3,770	4,305	4,305
T204	PML/RARA t(15;17), Variant: t(11;17) / t(5;17) (APL-M3, M3 Variant)	375	1,500	5,920	6,460	6,460

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
T205	AML1/ETO t(8;21) (AML M2)	250	1,000	3,770	4,305	4,305
T206	t(8;21), t(15;17) (AML M2/AML M3)	375	1,500	5,920	6,460	6,460
T207	BCR/ABL Ph: t(9;22) (Acute Myeloid Leukaemia - AML)	250	1,000	3,770	4,305	4,305
T208	BCR/ABL Ph: t(15;17) (AML M1/AML M3)	375	1,500	7,750	9,700	9,700
T209	Inversion (16)/t(16;16) (AML-M4 with Abnormal Eosinophilia, AML M4)	250	1,000	3,770	4,305	4,305
T210	t(11q23)-MLL Translocations / Rearrangement (AML M4, M5)	250	1,000	3,770	4,305	4,305
T211	Inversion (16), t(11q23) - MLL Translocation / Rearrangement (AML M4)	375	1,500	5,920	6,460	6,460
T212	t(8;16) (AML M5b (Acute Monocytic Leukaemia with Phagocytosis))	375	1,500	7,750	9,700	9,700
T213	Structural Aberrations of Chromosomes 5, 7, 8 (Myelodysplastic Syndrome-MDS)	625	2,500	8,075	8,610	8,610
T214	DEL(20)(q12) (Polycythemia Vera)	250	1,000	4,630	5,800	5,800
T215	MLL Translocation - TEL-AML1, BCR-ABL, AML1-ETO, Ploidy Profile (Acute Leukaemia-AL)	750	3,000	12,380	15,500	15,500
T216	BCR/ABL Ph: t(9;22) (Acute Lymphoblastic Leukaemia-ALL)	250	1,000	3,770	4,305	4,305
T217	TEL/AML1 t(12;21) (ALL-B Lineage)	250	1,000	3,770	4,305	4,305
T218	MLL Translocations/Rearrangement t(11q23) (ALL, Biphenotypic/Therapy Related Leukaemia)	250	1,000	3,770	4,305	4,305
T219	MLL Translocations/Rearrangement t(11q23), TEL/AML1, BCR/ABL, Ploidy Profile In ALL	500	2,000	8,075	8,610	8,610
T220	MYC Translocations/Rearrangement t(8;14)/t(8;22)/t(2;8) (Burkitt, NHL Follicular Lymphoma)	250	1,000	3,770	4,305	4,305
T221	t(14;18) IGH/BCL2 (NHL - Follicular Lymphoma, B-ALL)	250	1,000	4,630	5,800	5,800
T222	t(14;18) Trisomy 7 (NHL/Follicular Lymphoma)	375	1,500	7,750	9,700	9,700
T223	t(11;14) IGH/CCND1 (NHL - Mantle Cell Lymphoma)	250	1,000	4,630	5,800	5,800
T224	t(14;18) IGH/BCL2, t(11;14) IGH/CCND1 (NHL)	375	1,500	5,920	6,460	6,460
T225	Trisomy 12, DEL(13q14), p53 Deletion Profile (Chronic Lymphocytic Leukaemia (CLL))	500	2,000	7,000	7,535	7,535
T226	TRISOMY 12, t(11;14) IGH/CCND1 (Chronic Lymphocytic Leukaemia)	375	1,500	5,920	6,460	6,460
T227	t(2;5) ALK Translocations/Rearrangement (T-NHL, Anaplastic Large Cell Lymphoma)	250	1,000	4,630	5,800	5,800
T228	XX or XY Status (Sex-Mismatched BMT, X/Y Disorders)	125	500	2,380	3,000	3,000
T229	Miscellaneous	250	1,000	3,770	4,305	4,305
T230	Miscellaneous Profile I	375	1,500	6,205	6,765	6,765
T231	FLT3 Mutation Study	200	800	3,630	4,540	4,540
T232	JAK2 Mutation Study	200	800	3,630	4,540	4,540
T233	TCR-A	250	1,000	4,630	5,800	5,800
T234	EVI 1	250	1,000	4,630	5,800	5,800
T235	CHIC 2	250	1,000	4,630	5,800	5,800
T236	Genetic Test for Multiple myeloma Panel 1	500	2,000	12,500	15,625	15,625
T237	Genetic Test for Multiple myeloma Panel 2	500	1,500	9,500	11,875	11,875
T238	AML Panel 1 (Miscellaneous Profile I)	375	1,500	6,205	6,765	6,765
T239	AML Panel 2 (Miscellaneous Profile I)	375	1,500	6,205	6,765	6,765

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		NC	C	A	D	F
T240	ALL Panel 1 (Miscellaneous Profile I)	375	1,500	6,205	6,765	6,765
T241	ALL Panel 2 (Miscellaneous Profile I)	375	1,500	6,205	6,765	6,765
T242	CLL Panel 1 (Miscellaneous Profile I)	375	1,500	6,205	6,765	6,765
T243	PDGFR-B (Miscellaneous Profile I)	250	1,000	3,770	4,305	4,305
T244	TCR-B Translocation (Miscellaneous Profile I)	250	1,000	3,770	4,305	4,305
T245	t(11;18) : Miscellaneous Profile I	250	1,000	3,770	4,305	4,305
	HEMATOPATHOLOGY LABORATORY					
U706	Erythrocyte Sedimentation Rate (ESR)	0	10	95	110	110
U708	Prothrombin Time (PT)	0	20	400	500	500
U709	Coagulation Profile (PT & PTTK)	0	50	685	850	850
U710	Partial Thromboplastin Time with Kaolin (PTTK)	0	30	285	350	350
U711	Coagulation Profile (BT, PT, PTTK,TT)	0	60	765	950	950
U712	Coagulation Profile with FDP (D-Dimer), Fibrinogen	0	50	945	1,135	1,135
U713	Peripheral Blood Smear for Morphology and Malarial Parasites	0	100	310	390	390
U714	FDP (D-Dimer)	0	15	300	380	380
U715	Fibrinogen	0	15	300	380	380
U718	Cerebrospinal Fluid (CSF) Analysis	0	15	80	100	100
U722	Haemogram (Hb, TLC, DLC, Platelets)	0	30	290	360	360
U724	Reticulocyte Count	0	15	80	100	100
U725	Ascitic Fluid Analysis	0	15	80	100	100
U726	Pleural Fluid Analysis	0	15	80	100	100
U727	Pericardial Fluid Analysis	0	15	80	100	100
U752	Bone Marrow Aspirate (Morphology + Cytochemistry)	0	100	300	380	380
U753	Surface Marker Complete Panel	250	1,000	11,500	14,400	14,400
U754	Surface Marker Individual	25	100	1,500	1,875	1,875
	Molecular Diagnostics					
U101	RT-PCR Multiplex, BCR-ABL (P190, P210)	175	700	5,000	6,250	6,250
U102	RT-PCR Nested, BCR-ABL for Follow-Up	175	700	5,000	6,250	6,250
U103	RQ-PCR BCR-ABL (P210)	750	3,000	8,630	10,800	10,800
U104	RT-PCR Multiplex, Acute Leukaemia Panel	300	1,200	5,750	7,200	7,200
U105	RQ-PCR PML-RARA	750	3,000	8,630	10,800	10,800
U106	RT-PCR Nested, IGH Chain Gene Rearrangement	375	1,500	3,630	4,540	4,540
U107	RT-PCR Nested, TCR Gene Rearrangement	375	1,500	3,630	4,540	4,540
U108	Acute Lymphoblastic Leukemia Transcript Identification (Revised w.e.f. 31/08/2013)	75	380	2,375	3,000	3,000

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		NC	C	A	D	F
U109	Acute Myeloid Leukemia Gene Mutation Detection (FLT3-ITD & Allelic Ratio, FLT3-TKD, NPM1, CEBPA, IDH1) (Revised w.e.f. 31/08/2013)	245	1,220	7,625	9,500	9,500
U110	Acute Myeloid Leukemia FLT3 (ITD & Allelic Ratio + TKD) NPM1 gene mutation (Revised w.e.f.)	190	960	6,000	7,500	7,500
U111	Acute Myeloid Leukemia FLT3 (ITD & TKD) gene mutation & Allelic Ratio (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U112	Acute Myeloid Leukemia NPM1 gene mutation (Revised w.e.f. 31/08/2013)	115	580	3,625	4,500	4,500
U113	Acute Myeloid Leukemia CEBPA gene mutation (Revised w.e.f. 31/08/2013)	130	640	4,000	5,000	5,000
U114	High Sensitivity JAK2 Mutation Detection (V617F) (Revised w.e.f. 31/08/2013)	115	580	3,625	4,500	4,500
U115	JAK2 Exon 12 Mutation Detection (Revised w.e.f. 31/08/2013)	115	580	3,625	4,500	4,500
U116	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection (Revised w.e.f. 31/08/2013)	170	860	5,375	6,700	6,700
U117	Hairy Cell Leukemia Mutation (BRAF V600E) Detection (Revised w.e.f. 31/08/2013)	90	440	2,750	3,400	3,400
U118	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detection (Revised w.e.f. 31/08/2013)	90	440	2,750	3,400	3,400
U119	Chronic Lymphocytic Leukemia IGVH Mutation Detection (Revised w.e.f. 31/08/2013)	160	800	5,000	6,300	6,300
U120	Chronic Lymphoproliferative disorder IGVH Mutation Detection (Revised w.e.f. 31/08/2013)	160	800	5,000	6,300	6,300
U121	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistance assay- IRMA) (Revised w.e.f. 31/08/2013)	205	1,020	6,375	8,000	8,000
U122	Acute Myeloid Leukemia Comprehensive Mutation Profile (FLT3, NPM1, CEBPA, TET2, TP53, IDH1, IDH2, DNMT3A, ASXL1, RUNX1) (Revised w.e.f. 31/08/2013)	1,520	7,600	47,500	59,400	59,400
U123	Chronic Lymphocytic Leukemia Comprehensive Mutation Profile (IGVH Gene Mutation & Usage, TP53, NOTCH1, SF3B1, BIRC3) (Revised w.e.f. 31/08/2013)	840	4,200	26,250	32,800	32,800
U124	Acute Leukemia ASXL1 mutation detection (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U125	Acute Leukemia DNMT3A mutation detection (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U126	Acute Leukemia TET2 mutation detection (Revised w.e.f. 31/08/2013)	580	2,900	18,125	22,700	22,700
U127	Acute Leukemia IDH1 and IDH2 mutation detection (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U128	Acute Leukemia TP53 mutation detection (Revised w.e.f. 31/08/2013)	580	2,900	18,125	22,700	22,700
U129	Acute Leukemia K RAS and N RAS mutation detection (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U130	Acute Leukemia c-KIT mutation detection (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U131	Acute Leukemia RUNX1 mutation detection (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U132	Chronic Lymphoproliferative disorder NOTCH1 mutation (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U133	Chronic Lymphoproliferative disorder NOTCH2 mutation (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U134	Chronic Lymphoproliferative disorder TP53 mutation (Revised w.e.f. 31/08/2013)	580	2,900	18,125	22,700	22,700
U135	Chronic Lymphoproliferative disorder SF3B1 mutation (Revised w.e.f. 31/08/2013)	135	680	4,250	5,300	5,300
U136	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, Imatinib Resistance assay-IRMA) (Revised w.e.f. 31/08/2013)	200	1,020	6,375	8,000	8,000
NUCLEAR MOLECULAR IMAGING MEDICINE						
W004	Outside Reporting of PET / PET-CT	0	0	2,000	2,500	2,500
Radiopharmaceutical Charges						
W010	Radiopharmaceutical Charges (FDG) PET-CT	2,250	4,500	4,500	4,500	4,500

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
W011	Radiopharmaceutical Charges (FDG) Brain PET-CT	2,250	2,250	2,250	2,250	2,250
W012	Radiopharmaceutical Charges (Fluoride) PET-CT	800	800	800	800	800
W013	Radiopharmaceutical Charges (FDG) Cardiac Viability	6,000	6,000	6,000	6,000	6,000
W014	Radiopharmaceutical Charges for ECD Brain SPECT	1,500	1,500	1,500	1,500	1,500
W015	Radiopharmaceutical Charges for GHA Brain SPECT	700	700	700	700	700
W016	Radiopharmaceutical Charges for MAA Lung Scan	2,000	2,000	2,000	2,000	2,000
W017	Radiopharmaceutical Charges Myocardial Perfusion Scan	3,750	3,750	3,750	3,750	3,750
W018	Radiopharmaceutical Charges EC/MAG3 Renogram	850	850	850	850	850
W019	Radiopharmaceutical Charges for DTPA Renal Study	450	450	450	450	450
W020	Radiopharmaceutical Charges for DMSA Renal Scan	450	450	450	450	450
W021	Radiopharmaceutical Charges for Aerosol Lung Study	800	800	800	800	800
W022	Radiopharmaceutical Charges for Tumor Imaging with MIBI	2,500	2,500	2,500	2,500	2,500
W023	Radiopharmaceutical Charges for Labeled RBC	800	800	800	800	800
W024	Radiopharmaceutical Charges for Sentinel Node Study	1,000	1,000	1,000	1,000	1,000
W025	Radiopharmaceutical Charges for Hepatobiliary Scintigraphy	600	600	600	600	600
W027	Radiopharmaceutical Charges for Radio Iodine Scan	1,500	1,500	1,500	1,500	1,500
W028	Radiopharmaceutical Charges for Pertechnetate Thyroid Scan	250	250	250	250	250
W200	CT Abdomen and Pelvis	375	1,500	8,880	11,100	11,100
W210	CT Thorax and Abdomen and Pelvis	500	2,000	10,000	12,500	12,500
W220	CT Spine	315	1,250	5,380	6,730	6,730
W230	CT Upper Limb	315	1,250	5,380	6,730	6,730
W240	CT Lower Limb	315	1,250	5,380	6,730	6,730
W241	Digital Scanogram	0	300	780	980	980
W250	CT Angiogram (Additional Charge)	440	1,750	7,760	9,710	9,710
W260	CT 3D Reconstruction	440	1,750	7,760	9,710	9,710
W280	CT Guided Biopsy FNAC/Truecut with Localising Scans	250	1,300	8,510	10,640	10,640
W291	CT - J - Needle Bone Biopsy	565	2,250	10,010	12,520	12,520
	SPECT-CT Scan					
W501	99M-Tc-MDP Bone Scan Planar	0	400	1,880	2,350	2,350
W512	99M-Tc-ECD Brain SPECT	0	150	2,500	3,125	3,125
W513	99M-Tc-Salivary Scan	0	50	1,880	2,350	2,350
W514	99M-Tc-Thyroid Scan	0	50	1,880	2,350	2,350
W530	99M-Tc-Oesophageal Transit Time	0	150	750	940	940
W531	99M-Tc-SC / Phytate Liver Scan	0	150	1,300	1,630	1,630
W532	99M-Tc-Gastric Emptying Time	0	150	750	940	940

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CODE	DESCRIPTION	GENERAL		PRIVATE		
		NC	C	A	D	F
W540	99M-TC-MAA Lung Perfusion Scan	0	50	1,880	2,350	2,350
W550	99M-TC-MIBI Myocardial Perfusion Scan	0	300	2,500	3,100	3,100
W551	Regional PET/CT	0	500	6,500	7,500	7,500
W552	PET-CT Guided Biopsy	500	3,500	15,500	17,500	17,500
W553	PET-CT Based RT Planning	750	2,500	14,500	16,500	16,500
W554	Fluoride PET/CECT	700	2,500	12,000	13,000	13,000
W555	Meckel Scan	250	500	1,300	1,500	1,500
W556	GI Bleed Scan	250	800	2,000	2,500	2,500
W560	99M-TC-EC Renogram	0	50	750	940	940
W561	99M-TC-DTPA Renogram with GFR	0	200	1,000	1,250	1,250
W562	99M-TC-DMSA Renal Cortical Scan	0	50	1,000	1,250	1,250
W563	99M-TC-DTPA GFR	0	100	630	790	790
W570	99M-TC-MIBI Tumor Imaging	225	900	3,130	3,910	3,910
W572	99M-TC-DTPA Aerosol Scan	125	500	1,880	2,350	2,350
W573	99M-TC-DTPA Clearance	125	500	1,880	2,350	2,350
W574	99M-TC-RBC Gated Pool (Muga)	0	400	1,500	1,880	1,880
W575	99M-TC-Sentinel Node Imaging	0	150	750	940	940
W576	99M-TC-Merbrofenin Scan	0	300	1,250	1,560	1,560
W578	Whole Body Scan (Low Energy)	0	150	3,750	4,700	4,700
W579	Whole Body Scan (Higher Energy)	0	300	5,000	6,300	6,300
	Radio Iodine Therapy					
W600	Radio Iodine Therapy for Thyrotoxicosis	125	500	1,880	2,350	2,350
	MISCELLANEOUS					
Z005	Issue of LIC Certificates	500	500	500	500	500