

**“MEMORANDUM OF UNDERSTANDING BETWEEN THE
PONDICHERRY MEDICAL RELIEF SOCIETY FOR POOR,
PUDUCHERRY”**

AND

M/s.

This Memorandum of Understanding [MoU] is made and entered into on this day at Puducherry. **BY AND BETWEEN "PONDICHERRY MEDICAL RELIEF SOCIETY FOR POOR, PUDUCHERRY"** a society registered under the Societies Registration Act, 1860 [Central Act XX1 of 1860] with its Registered Office at Directorate of Health & Family Welfare Services, Victor Simonel Street, Puducherry – 605 001 [hereinafter referred to as "PMRS", which expression shall include, unless otherwise contextually inappropriate, its successors-in-title and assigns; of the One Part.

" AND "

"M/s.," Represented by
..... with its registered office at
.....

(hereinafter referred to as "Hospital", which expression shall include, unless otherwise contextually inappropriate, its successors-in-title and assigns); of the Other part

1. PMRS and Hospital are hereinafter, wherever the context so admits, collectively referred to as the "Parties" and individually as a "Party".

2. WHEREAS, the

2.1 PMRS is a Society registered under the Societies Registration Act, 1860, is providing financial assistance to patients belonging to Economically Weaker Section, for taking treatment at higher institution for life threatening diseases as a part of providing health care facilities to the resident EWS families of the U.T. of Puducherry.

2.2 **WHEREAS, M/s.** is an organization involved in the business of providing health care services to the public.

2.3 **AND WHEREAS,** the parties, pursuant to mutual discussions, are desirous of entering into this Agreement pursuant to which the second party would provide "in-patient" care for the listed procedures mentioned in Annexures to the

members of EWS families sponsored by PMRS with inclusion of 'day care' services for specific diseases and the PMRS would reimburse the charges of the Hospital for the provision of such "in-patient" treatment/day care treatment, subject to the terms and conditions of this Agreement. For the purpose of this Agreement, "members of EWS families" mean those individuals, whose family income does not exceed Rs. 1,50,000/- per annum to avail medical facilities for treatment as per PMRS guidelines.

- 2.4 PMRS shall reimburse the charges for various procedures as per the Chennai package rates prescribed from time to time under CGH scheme of the Ministry of Health & Family Welfare Services, Govt. of India, New Delhi, subject to a maximum limit of Rs. 2,50,000/- [Rupees Two lakhs fifty thousand only] whichever is less.

Now this Agreement witness as follows:

3. Terms:-

- 3.1 This Agreement shall be in force and effect for period of 3 (three) years or till the expiry of Agreement as and when done by PMRS, with effect from subject to its earlier termination in accordance with this Agreement, and may be renewed or extended further on such terms and conditions as depending upon the directives of Govt./ PMRS. All the terms and conditions are governed as per PMRS Guidelines.

4. General Scope:-

- 4.1 Pre and Post Hospitalization: Up to 3 days prior to hospitalization and up to 10 days from the date of discharge from the hospital shall be part of the package rate.

5. General Obligations:-

- 5.1 The Hospital shall inform and provide necessary training to all its relevant employees and staff, especially in the Admissions and Billing Department, about this Agreement and the facility being provided by Hospital/PMRS, subject to the terms of this Agreement.

- 5.2 The Hospital hereby agrees and undertakes that it shall designate specific employees/staff to provide assistance to and fully cooperate with all PMRS beneficiaries.
- 5.3 The Hospital should allow inspections/verification of claims including interaction with the patient and the representative of the patients. The Hospital should provide certified Xerox copy of any document pertaining to the respective claim, including the In-patient Case Papers.
- 5.4 Hospital authorities will take full responsibility of the authenticity & genuineness of the claim vis-à-vis the amount without compromising of the claimed amount.

6. Termination:-

- 6.1 Both Parties shall have the right to terminate this Agreement at any time, subject however to providing the other Party with prior notice in writing of not less than one (1) month.
- 6.2 Notwithstanding any issue of a notice of termination and /or the termination of this Agreement by either Party during the term hereof the Hospital shall ensure that all admitted members referred by PMRS, and who are undergoing treatment at the time of termination of this Agreement, are treated completely before being discharged. PMRS will, notwithstanding such termination, settle the bills of any such EWS family members during this period, subject to the provisions of this Agreement.

6.3 Penalty Clause:

The Hospital shall be de-listed from the empanelment if it is found that guidelines of the scheme are not followed.

7. General Clauses:-

- 7.1 The parties to this Agreement hereby agree that they intend to discharge their obligations in utmost good faith. The Parties therefore agree that they will, at all times, act in good faith and make all attempts to resolve all differences or disputes howsoever arising out of, or in connection with, this Agreement by

discussions. The Parties agree that until the arbitration proceedings are complete, they shall not take the dispute to a court of law other than to obtain interim relief. The arbitration shall in all matters be governed by the laws of India. The arbitrator shall be persons of professional repute in the Health sector. The place of arbitration shall be Puducherry. The language to be used in the arbitration proceedings shall be English.

7.2 Each Party will be excused from performance of its obligations under this Agreement if and to the extent that such performance is hindered or prevented directly by reason of any earthquake, riot, armed conflict, accident, unavailability or breakdown of normal means of transport, strike, lock out, labour disturbance, government action, act of god or any other matter whatsoever beyond its control ["Force Majeure Event"]. The Party claiming the Force Majeure Event will promptly notify the other in writing of the delay or stoppage [and the likely durations] and will take all reasonable steps to overcome the delay or stoppage. If the Party claiming the Force Majeure Event has complied with the requirements specified herein above its performance under this Agreement will be suspended for the period that the Force Majeure Event continues, and the Party will have an extension of time for performance which is reasonable and in any event equal to the period of delay or stoppage. As regards such delay or stoppage any costs arising from the delay or stoppage will be borne by the Party incurring those costs, the Party claiming the Force Majeure Event will take all possible and reasonable steps to bring the Force Majeure Event to a close or to find a solution by which this Agreement may be performed despite the Force Majeure Event and the Party not claiming the Force Majeure Event may, if the delay or stoppage continues for more than 60 continuous days, terminate this Agreement with immediate effect on giving written notice to the other.

7.3 Any deviation from or amendment / modifications to this Agreement may be effected by the Parties only by a written instrument signed by both Parties.

7.4 This Agreement embodies and sets forth the entire Agreement and understanding of the Parties and supersedes all prior oral or written Agreement,

understandings or arrangements relating to the subject matter of this Agreement.

7.5 The waiver by either party of a breach or default of any of the provisions of this Agreement by the other Party shall not be construed as a waiver of any succeeding or continuing breach of the same or other provisions nor shall any delay or omission on the part of either party in exercising or availing itself of any right power or privilege that it has or may have hereunder operate as a waiver of any breach or default by the other party.

7.6 If any provision of this Agreement is declared by any judicial or other competent authority to be void, illegal or otherwise unenforceable or indications to that effect are received by either of the Parties from any competent authority the parties shall amend that provision in such reasonable manner as achieves the intention of the parties without illegality. The remaining provisions of this Agreement shall remain in full force and effect unless both parties agree that the effect of such declaration is to defeat the original intention of the parties in which event either party shall be entitled to terminate this Agreement by 14 days notice to the other.

IN WITNESS WHEREOF the undersigned, duly appointed representatives of the Pondicherry Medical Relief Society for Poor, Puducherry and **M/s.** respectively, have on behalf of the parties signed the present Memorandum of Understanding, in two originals, at Puducherry, this day

For the Pondicherry Medical Relief Society **For [Name of the other party]**

Name : Dr. K. V. RAMAN

Name :

Designation: MEMBER SECRETARY

Designation:

Date :

Date :

Place : PUDUCHERRY

Place :

LIST OF ANNEXURES

Annexure I - Medical and Surgical Interventions

Annexure II - Detailed list of procedures

ANNEXURE- I

FOLLOWING ARE THE MEDICAL & SURGICAL INTERVENTIONS

Hospital shall provide cashless hospitalization for the following:

1. Cardiology and Cardiothoracic Surgery.
2. Oncology
3. Nephrology
4. Neurology and Neuro Surgery
5. Orthopaedic surgery
6. Ophthalmology
7. Vascular surgery
8. Gastroenterology
9. Plastic surgeries
10. E.N.T
11. Gynaecology
12. Thoracic
13. Haematology
14. Poly trauma cases, Not covered by the Motor vehicle Act.

a) Pre Existing Disease:

All pre existing disease shall be covered from day one under the proposed scheme. A person suffering from any disease covered under the insurance scheme prior to the inception of the Project shall also be covered.

b) The detailed list of diseases / surgeries falling in the identified groups is given in Annexure – II

ANNEXURE – II

Detailed list of procedures in the indentified group [ref Annexure –I].

Sl. No.	Particulars	
	1	CARDIAC
1	1.1	Coronary Bypass Surgery
2	1.1.1.	Coronary Bypass Surgery-post Angioplasty
3	1.1.2	CABG with IABP pump
4	1.1.3	CABG with aneurismal repair
5	1.2	Intracardiac Tumors
6	1.3	Coronary Balloon Angioplasty
7	1.3.1	PTCA Additional Stent
8.	1.4	Total Correction of Tetralogy of Fallot
9	1.5	Ruptured sinus of valsvulva Correction
10	1.6	TAPVC Correction
	1.7	ASD and VSD
11	1.7.1	Intra Cardiac Repair of ASD
12	1.7.2	Intra Cardiac Repair VSD
13	1.7.3	ASD Device closure
14	1.7.4	VSD Device closure
	1.8	Patent Dactus Arteriousus
15	1.8.1	Surgery-PDA
16	1.8.2	Device closure
	1.8.3	Coil closure
17	1.8.3.1	Single coil
18	1.8.3.2	Multiple coils
19	1.8.4	PDA Stenting
	1.9	Ross Procedure Intracardiac Repair of Complex
20	1.9.1	With Special Conduits
21	1.9.2	Without Special Conduits
22	1.1	Balloon Valvotomy Cardiology
23	1.10.4	Balloon Atrial septostomy
24	1.11	Open Pulmonary Valvotomy
	1.12	Valve Repairs
25	1.12.1	With Prosthetic Ring
26	1.12.2	Without Prosthetic Ring
	1.13	Systemic Pulmonary Shunts
27	1.13.1	With Graft
28	1.13.2	Without Graft
29	1.14	Closed mitral valvotomy
30	1.15	Mitral Valve Replacement (with valve)
31	1.16	Aortic Valve Replacement (with valve)
32	1.16.1	Tricuspid Valve Replacement
33	1.17	Double Valve Replacement (with valve)
34	1.18	Mitral Valvotomy (Open)
35	1.19	Pericardiostomy surgery CT

36	1.20	Pericardirectomy
37	1.21	Pericardio Centesis
38	1.22	Permanent Pacemaker Implantation
39	1.23	Temporary Pacemaker Implantation
	1.24	Coarctation-Aorta Repair
40	1.24.1	With Graft
41	1.24.2	Without Graft
42	1.24.3	Coarctation of Aorta Stenting
43	1.25	Aneurysm Resection & Grafting
44	1.26	Intrathoracic Aneurysm-Aneurysm not Requiring
45	1.27	Intrathoracic Aneurysm-Requiring Bypass (with Graft)
46	1.28	Dissecting Aneurysms
47	1.29	Vertebral Angioplasty
48	1.30	Annulus aortic ectoria with valved conduits
	1.31	Aorto-Aorto Bypass
49	1.31.1	With Graft
50	1.31.2	Without Graft
	1.32	Femore-Popital Bypass
51	1.32.1	With Graft
52	1.32.2	Without Graft
	1.33	Femorolemoral Bypass
53	1.33.1	With Graft
54	1.33.2	Without Graft
	1.34	Femoro-femoral Bypass
55	1.34.1	With Graft
56	1.34.2	Without Graft
	1.35	TGA
57	1.35.1	Arterial Switch
58	1.35.2	Sennings Procedure
59	1.36	Peripheral Angioplasty
	1.37	Aortoplasty
60	1.38.1	Without stent
61	1.38.2	With stent
62	1.39	Renal / Angioplasty
63	1.39.1	Additional Stent
64	1.40	Carotid Embolectomy
	2	LUNGS
65	2.1	Pneumonectomy
66	2.2	Lobectomy
67	2.3	Decortication
68	2.4	Lung Cyst
69	2.5	SOL Medrastinum
	2.6	Surgical Correction of Bronchopleural Fistula
70	2.6.1	Thorocoplasty
71	2.6.2	Myoplasty
72	2.6.3	Transpleural BPF closure
	3	LIVER

73	3.1	Rt. Hepatectomy
74	3.2	Lt. Hepatectomy
75	3.3	Segmentectomy
	4	PANCREAS
76	4.1	Distal Panncreatectomy
77	4.2	Enucleation of Cyst
78	4.3	Whipples – any type
79	4.4	Triple Bypass
80	4.5	Other Bypasses
	5	PAEDIATRIC CONGENITAL MALFORMATIONS
81	5.1	Oesophageal Atresia
82	5.2	Diaphragmatic Hernia
83	5.3	Intestinal Atresias & Obstructions
84	5.4	Biliary Atresia & Choledochal Cyst
85	5.5.1	Anorectal Malformations Stage 1
86	5.5.2	Anorectal Malformations Stage 2
87	5.6.1	Hirsehprungs Disease Stage 1
88	5.6.2	Hirsehprungs Disease Stage 2
89	5.7	Congenital Hydronephrosis
90	5.8	Ureteric Reimplantations
91	5.9.1	Extrophy Bladder Stage 1
92	5.9.2	Extrophy Bladder Stage 2
93	5.1	Posterior Urethral Valves
94	5.11	Hypospadias Single Stage
95	5.12.1	Hypospadias Stage 1
96	5.12.2	Hypospadias Stage 2
97	5.13	Paediatric Tumors
98	5.14	Cleft lip
99	5.15	Cleft Palate
100	5.16	Velo- Pharyngial Incompetence
101	5.17	Syndactyly of Hand for each hand
102	5.18	Microtia/ Anotia
103	5.19	TM joint ankylosis
	6	RENAL
104	6.1	HaemoDialysis (Pre-Transplant only)
105	6.1.1	A.V. Fistule (Pre-Transplant Procedure only)
106	6.2	Renal Transplantation surgery
107	6.2.1	Post Transplant immunosuppressive Treatment from 1 st
	6.3	Surgery for Renal Calculi
108	6.3.1	Open Pylolithotomy
109	6.3.2	Open Nephrolithotomy
110	6.3.3	Open Cyslothotomy
111	6.3.3.1	Cyslothotripsy
112	6.3.4	PCNL
113	6.3.5	Laparoscopic Pylolithotomy
114	6.3.6	ESWI
115	6.3.6.1	URSL
116	6.3.7	Nephrostomy

117	6.3.8	DJ stunt (one side)
	6.4	Urethroplasty for structure Diseases
118	6.4.1	Single Stage
	6.4.2	Double Stage
119	6.4.2.1	Stage-1
120	6.4.2.2	Stage-2
121	6.5	Reconstruction Procedure
	6.6	Hypospadiasist (Adult)
122	6.6.1	Single Stage
	6.6.2	Double Stage
123	6.6.2.1	Stage – 1
124	6.6.2.2	Stage – 2
125	6.7	TURBT
	7	NEUROSURGERY
126	7.1	Craniotomy and Evacuation of Haematoma ? Subdural
127	7.2	Craniotomy and Evacuation of Haematoma
128	7.3	Evacuation of Brain Abscess-burr hole
129	7.4	Excision of Lobe (Frontal, Temporal, Cerebellum, etc.)
	7.5	Excision of Brain Tumor Supratentorial
130	7.5.1	Parasagittal
131	7.5.2	Basal
132	7.5.3	Brain Stem
133	7.5.4	CB Angle
134	7.5.5	Others
135	7.6	Excision of Brain Tumor ? Suptentorial
136	7.7	Surgery of Cord Tumors
137	7.8	Ventriculoatrial / Ventriculoperitoneal Shunt
138	7.9	Excision of Cervical Inter-Vertebral Discs
139	7.10	Twist Drill Craniostomy
140	7.11	Subdural Tapping
141	7.12	Ventricular Tapping
142	7.13	Abscess Tapping
143	7.14	Vascular Maltormations
144	7.15	Peritoneal Shunt
145	7.16	Atrial Shunt
146	7.17	Meningo Encephalocele
147	7.18	Meningomyelocele
148	7.19	C.E.F Rhinorthoea
149	7.20	Cranioplasty
150	7.21	Posterior Cervical Discectomy
151	7.22	Anterior Cervical Discectomy
152	7.23	Meningocele Excision
153	7.24	Ventrienlo – Atrial Shunt
154	7.25	Anterior Cervical Spine Surgery with fusion
155	7.26	Anterior Lateral Decompression
156	7.27	Laminectomy
157	7.28	Combined Trans-oral Surgery & CV Junction Fusion

158	7.29	C.V Junction Fusion
159	7.30	Discectomy
160	7.31	Spinal Fusion Procedure
161	7.32	Spinal Intra Medullary Tumors
162	7.33	Spinal Bifida Surgery Major
163	7.34	Spinal Bifida Surgery Minor
164	7.35	Stercotactic Procedures
165	7.36	Trans Sphenoidal Surgery
166	7.37	Trans Oral Surgery
167	7.38	Excision of Brain Abscess
168	7.39	Aneurysm Clipping
169	7.41	External Ventricular Draining (EVD)
	8	CANCER - Surgeries
	8.1	Head & Neck
170	8.1.1	Composite Resection & Reconstruction
171	8.1.2	Neck Dissection ? any type
172	8.1.3	Hemiglossectomy
173	8.1.4	Maxillectomy ? any type
174	8.1.5	Thyroidectomy ? any type
175	8.1.6	Parotidectomy ? any type
176	8.1.7	Laryngectomy ? any type
177	8.1.8	Laryngopharyngo Oesophagectomy
178	8.1.9	Hemimandibulectomy
179	8.1.10	Wide Excision
	8.2	Gastrointestinal Tract
180	8.2.1	Oesophagectomy ? any type
181	8.2.2	Gastrectomy ? any type
182	8.2.3	Colectomy ? any type
183	8.2.4	Anterior Resection
184	8.2.5	Abdominoperineal Resection
185	8.2.6	Whipples ? any type
186	8.2.7	Triple Bypass
187	8.2.8	Other Bypasses-Pancreas
	8.3	Genito Urinary System
188	8.3.1	Radical Nephrectomy
189	8.3.2	Radical Cystectomy
190	8.3.3	Other Cystectomies
191	8.3.4	Total Penectomy
192	8.3.5	Partial Penectomy
193	8.3.6	Inguinal Block Dissection ? any type
194	8.3.7	Radical Prostatectomy
195	8.3.8	High Orchidectomy
196	8.3.9	Bilateral Orchidectomy
197	8.3.10	Emasculation
	8.4	Gynaecological Oneology
198	8.4.1	Hysterectomy
199	8.4.2	Radical Hysterectomy
200	8.4.3	Surgery for Ca Ovary ? early stage

201	8.4.4	Surgery for Ca Ovary ? advance stage
202	8.4.5	Vulvectomy
203	8.4.6	Salpingo ? oophorectomy
	8.5	Tumors of the Female Breast
204	8.5.1	Mastectomy ? any type
205	8.5.2	Axillary Dissection
206	8.5.3	Wide excision
207	8.5.4	Lumpectomy
208	8.5.5	Breast reconstruction
209	8.5.6	Chest wall resection
	8.6	Skin Tumors
210	8.6.1	Wide Excision
211	8.6.2	Wide excision + Reconstruction
212	8.6.3	Amputation
	8.7	Soft Tissue and Bone Tumors
213	8.7.1	Wide Excision
214	8.7.2	Wide excision + Reconstruction
215	8.7.3	Amputation
	8.8	Lung Cancer
216	8.8.1	Pneumonectomy
217	8.8.2	Lobectomy
218	8.8.3	Decortication
219	8.8.4	Surgical Correction of Bronchopleural Fistula
	8A	CANCER ? Chemotherapy
	8A.1	Breast Cancer
220	8A.1.1	Adriamycin/Cyclophosphamide (AC)
221	8A.1.2	5- Fluorouracil A-C (FAC)
222	8A.1.3	AC (AC then T)
223	8A.1.4	Paclitaxel
224	8A.1.5	Cyclophosphamide / Methotrexate / 5 Fluorouracil (CMF)
225	8A.1.6	Tamoxifen tabs
226	8A.1.7	Aromatase Inhibitors
	8A.2	Cervical Cancer
227	8A.2.1	Weekly Cisplatin
	8A.3	Vulvar Cancer
228	8A.3.1	Cisplatin / 5 –FU
	8A.4	Vaginal Cancer
229	8A.4.1	Cisplatin / 5 –FU
	8A.5	Ovarian Cancer
230	8A.5.1	Carboplatin / Paclitaxel
	8A.6	Ovary – Germ Cell Tumor
231	8A.6.1	Bleomycin-Etoposide-Cisplatin (BEP)
	8A.7	Gestational Trophoblast Ds
	8A.7.1	Low Risk
232	8A.7.1.1	Weekly Methotrexate
233	8A.7.1.2	Actinomycin
	8A.7.2	High Risk
234	8A.7.2.1	Etoposide-Methotrexate - Actinomycin

	8A.8	Testicular Cancer
235	8A.8.1	Bleomycin – Etoposide – Cisplatin (BEP)
	8A.9	Prostate Cancer
236	8A.9.1	Hormonal therapy
	8A.10	Bladder Cancer
237	8A.10.1	Weekly Cisplatin
238	8A.10.2	MethotrexateVinblastine Adriamycin
	8A.11	Lung Cancer
	8A.11.1	Non-small cell lung cancer
239	8A.12	Cisplatin / etoposide (IIIB)
	8A.13	Esophageal Cancer
240	8A.13.1	Cisplatin-5FU
	8A.14	Gastric Cancer
241	8A.14.1	5-FU ? Leucovorin (Mc Donald Regimen)
	8A.15	Colorectal Cancer
242	8A.15.1	Monthly 5-FU
243	8A.15.2	5-Fluorouracil – Oxaliplatin ? Leucovorin (FOLFOX)
	8A.16	Osteosarcoma/Bone Tumors
244	8A.16.1	Cisplatin / Adriamycin
	8A.17	Lymphoma
	8A.17.1	i) Hodgkin Disease
245	8A.17.1	Adriamycin ? Bleomycin ? Vinblastine Dacarbazine
	8A.17.2	ii) NHL
246	8A.17.2	Cyclophosphamide ? Adriamycin Vincristine ?
	8A.18	Multiple Mycloma
247	8A.18.1	Vincristine, Adriamycin, Dexamethasone (VAD)
248	8A.18.2	High dose decadron (oral)
249	8A.18.3	Melphalan ? Prednisone (oral)
	8A.19	Wilm ? s Tumor
250	8A.19.1	STOP / NWTS regiment (Stage I ? III)
	8A.20	Hepatoblastoma –operable
251	8A.20.1	Cisplatin ? Adriamycin
	8A.21	Childhood B Cell Lymphomas
252	8A.21.1	Variable Regimen
	8A.22	Neuroblastoma (Stages I – III)
253	8A.22.1	Variable Regimen
	8A.23	Retinoblastoma
254	8A.23.1	Carbo/Toposide/Venetistine
	8A.24	Histiocytosis
255	8A.24.1	Variable Regimen
	8A.25	Rhabdomyosarcoma
256	8A.25.1	Vincristine-Actinomycin-Cyclophosphamide (VactC)
	8A.26	Ewings sarcoma
257	8A.26.1	Variable Regimen
	8A.27	Acute Myeloid Leukemia
258	8A.27.1	Induction Phase
259	8A.27.2	Consolidation Phase
260	8A.27.3	Maintenance

	8A.28	Acute Lymphoblastic Leukemia
	8A.28.1	Induction
261	8A.28.1	1 st and 2 nd months
262	8A.28.1	3 rd , 4 th , 5 th
263	8A.28.2	Maintenance
	8A.29	For unlisted regimen
264		Palliative Chemotherapy
	8A.30	For Terminally ill cancer Patient
265		Palliative and Supportive Therapy
	8B	RADIOTHERAPY
	8B.1	Cobalt 60 External Beam Radiotherapy
266	8B.1.1	Radical Treatment
267	8B.1.2	Palliative Treatment
268	8B.1.3	Adjuvant Treatment
	8B.2	External Beam Radiotherapy (on linear accelerate)
269	8B.2.1	Radical Treatment with Photons
270	8B.2.2	Palliative Treatment with Photons
271	8B.2.3	Adjuvant Treatment with Photons/Electrons
	8B.3	Brachytherapy
	8B.3.1	a) Intracavitary
272	8B.3.1.1	i. LDR per application
273	8B.3.1.2	ii. HDR per application
	8B.3.2	b) Interstitial
274	8B.3.2.1	i. LDR per application
275	8B.3.2.2	ii. HDR ? one application and multiple dose fractions
	9	BURNS
	9.1	30% - 50% Burns
276	9.1.1	Upto-40% with Scalds (Conservative)
277	9.1.2	Upto-40% Mixed Burns (with Surgeries)
278	9.1.3	Upto-50% with Scalds (Conservatives)
279	9.1.4	Upto-50% Mixed Burns (with Surgeries)
	9.2	Above 50% Burns
280	9.2.1	Upto-60% with Scalds (Conservative)
281	9.2.2	Upto-60% Mixed Burns (with Surgeries)
282	9.2.3	Above 60% Mixed Burns (with Surgeries)
	9.3	Post Burn Contracture surgeries for Functional
283	9.3.1	Mild
284	9.3.2	Moderate
285	9.3.3	Severe
	10	POLY TRAUMA & ACCIDENT SURGERIES
	10.1	Orthopedic Trauma
286	10.1.1	Surgical Correction of Longbone Fracture
287	10.1.2	Amputation Surgery
288	10.1.3	Soft Tissue Injury
	10.2	Neuro-Surgical Trauma
	10.2.1	Conservative
289	10.2.1.1	Stay in General Ward @ Rs.500/day

290	10.2.1.2	Stay in Neuro ICU @ Rs. 4000/day
291	10.2.2	Surgical Treatment (Up to)
	10.3	Chest Injuries
	10.3.1	Conservatives
292	10.3.1.1	Stay in General Ward @ Rs.500/day
293	10.3.1.2	Stay in Respiratory ICU @ Rs. 4000/day
294	10.3.2	Surgical treatment
	10.4	Abdominal Injuries
	10.4.1	Conservative
295	10.4.1.1	Stay in General Ward @ Rs.500/day
296	10.4.1.2	Stay in Surgical ICU @ Rs. 4000/day
297	10.4.2	Surgical Treatment
	10.5	Emergency Room Procedure
298	10.5.1	Tracheostomy
299	10.5.2	Thorocostomy
	11	Cochlear Implant Surgery For Children Below 6
300	11.1	Cochlear Implant Surgery
	11.2	Auditor-Verbal Theraby
301	11.2.1	Initial Mapping /Switch on
302	11.3.1	Post Switch on Mapping/Initiation of AVP and training
303	11.3.2	Post Switch on Mapping/Initiation of AVP and training
304	11.3.3	Post Switch on Mapping/Initiation of AVP and training
305	11.3.4	Post Switch on Mapping/Initiation of AVP and training
	12	Prosthesis (Artificial Limbs)
	12.1	LOWER LIMB
	12.1.1	Symes Prosthesis
306	12.1.1.1	HDP/PP
307	12.1.1.2	Fibre
308	12.1.1.3	Modular
	12.1.2	Below Knee (BK/PTB) Prosthesis
309	12.1.2.1	HDP/PP
310	12.1.2.2	Fibre
311	12.1.2.3	Modular
	12.1.3	Through Knee Prosthesis
312	12.1.3.1	HDP/PP
313	12.1.3.2	Fibre
314	12.1.3.3	Modular
	12.1.4	Above Knee Prosthesis
315	12.1.4.1	HDP/PP
316	12.1.4.2	Fibre
317	12.1.4.3	Modular
	12.1.5	Hip Disarticulation Prosthesis
318	12.1.5.1	HDP/PP
319	12.1.5.2	Fibre
320	12.1.5.3	Modular
321	12.1.6	Partial foot Prosthesis
	12.2	UPPERLIMB
	12.2.1	Below Elbow Prosthesis

322	12.2.1.1	HDP/PP
323	12.2.1.2	Fibre
324	12.2.1.3	Modular
	12.2.2	Above Elbow Prosthesis
325	12.2.2.1	HDP/PP
326	12.2.2.2	Fibre
327	12.2.2.3	Modular
	12.2.3	Whole Upperlimb Prosthesis
328	12.2.3.1	HDP/PP
329	12.2.3.2	Fibre
330	12.2.3.3	Modular

And, any other diseases / procedures mentioned under CGHS scheme are also included.