Empower Health Plan

Policy Wording Niva Bupa Health Insurance Co. Ltd.

1. **Cover Details**

This Policy is a contract of Insurance issued by Niva Bupa Health Insurance Co. Ltd. (hereinafter called the "Company") to the policy holder mentioned in the schedule (hereinafter called the "Insured") to cover the person(s) named in the schedule (hereinafter called the "Insured Persons"). The policy is based on the statements and declaration provided in the Proposal Form by the policy holder and is subject to receipt of the requisite premium.

This policy is specially designed for:

A. Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act, 2017. The cover under this policy is available for persons with the following disability/disabilities as defined under the Rights of Persons with Disabilities Act, 2016 and any subsequent additions / modifications to the list in the Act.

1. Blindness	2. Muscular Dystrophy
3. Low vision	4. Chronic Neurological conditions
5. Leprosy Cured persons	6. Specific Learning Disabilities
7. Hearing Impairment (deaf and hard of hearing)	8. Multiple Sclerosis
9. Locomotor Disability	10. Speech and Language disability
11. Dwarfism	12. Thalassemia
13 Intellectual Disability	14. Haemophilia
15. Mental Illness	16. Sickle Cell disease
17. Autism spectrum disorder	18. Multiple Disabilities including deaf / blindness
19. Cerebral Palsy	20. Acid Attack victim
21. Parkinson's disease	

a. It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government for certifying Disability.

b. Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Medical Board appointed by the government for certifying Disability.

Or/and

B. Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

2. **OPERATIVE CLAUSE**

If during the Policy Period an Insured Person is required to be hospitalized for treatment of an illness or Injury at a Hospital/Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnity medically necessary expenses towards the Coverage mentioned in the Policy Schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims paid under indemnity and/or benefit basis, during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural, references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

3.1. Standard Definitions

1. **Accident** means sudden, unforeseen, and involuntary event caused by external, visible, and violent means.
2. **Any one Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken.
3. **AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy. Unani, Siddha and Homeopathy systems.
4. **AYUSH Hospital** means an AYUSH Hospital is a healthcare facility wherein medical/surgical / para- surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
    a. Central or State Government AYUSH Hospital; or
    b. Teaching hospital attached to AYUSH College recognized by the Central Government/ Central Council of Indian Medicine / Central Council for Homeopathy: or
    c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
        i. Having at least 5 in-patient beds.
        ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
        iii. Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out.
        iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC). Dispensary, Clinic, Polyclinic or any such health Centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical / para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
    a. Having qualified registered AYUSH Medical Practitioner in charge round the clock;
    b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
6. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period
7. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

9. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or position

    a. Internal Congenital Anomaly- Congenital Anomaly which is not in the visible and accessible parts of the body.

    b. External Congenital Anomaly- Congenital Anomaly which is in the visible and accessible parts of the body

10. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

11. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under:

    a. Has qualified nursing staff under its employment.

    b. Has qualified medical practitioner/s in charge.

    c. Has fully equipped operation theatre of its own where surgical procedures are carried out

    d. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

12. **Day Care Treatment** means medical treatment, and/or surgical procedure which is

    a. Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and

    b. Which would have otherwise required hospitalization of more than 24 hours

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.

13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions, and surgery.

14. **Disclosure of information** norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

15. **Emergency Care** means management for an Illness which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.

16. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

    Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

17. **Hospital** means any institution established for In-patient Care and Day Care Treatment of diseases, injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

    a. Has qualified nursing staff under its employment round the clock,

    b. Has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

    c. Has qualified Medical Practitioner(s) in charge round the clock,

    d. Has a fully equipped operation theatre of its own where surgical procedures are carried out,

e. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

18. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

19. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible, and evident means which is verified and certified by a Medical Practitioner.

20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

    a. **Acute condition** - Acute condition is a disease, Illness that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness which leads to full recovery

    b. **Chronic condition** – A chronic condition is defined as a disease, Illness that has one or more of the following characteristics:

        i. It needs ongoing or long-term monitoring through consultations, examinations, check- ups, and for tests

        ii. It needs ongoing or long-term control or relief of symptoms

        iii. it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it

        iv. It continues indefinitely

        v. It recurs or is likely to recur

21. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

22. **Insured Person** means person(s) named in the schedule of the Policy.

23. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

24. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

26. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

27. **Medical Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of stay in Hospital which:

    a. Is required for the medical management of the illness or injury suffered by the Insured Person.

    b. Must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity.

    c. Must have been prescribed by a medical practitioner.

    d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of license.

29. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credit gained for pre-existing conditions and specific waiting periods from one health insurance policy to another with the same insurer.

30. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.

31. **New born Baby** means baby born during the Policy Period and is aged up to 90 days.

32. **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the Network.

33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

34. **OPD Treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

35. **Pre-Hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days preceding the hospitalization of the Insured Person, provided that:

    a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

    b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

36. **Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury, or disease

    a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer, or

    b. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

37. **Post-Hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days immediately after the insured person is discharged from the hospital provided that

    a. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

    b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

38. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing disease and specific waiting periods from one insurer to another.

39. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India,

40. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.

41. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

42. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

43. **Surgery or Surgical Procedures** means manual and/ or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care center by a Medical Practitioner.

44. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

3.2. **Specific Definitions**

1. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an insured person participates or competes for entertainment or as part of his profession whether he/she is trained or not.
2. **Age** means completed years on last birthday as on Commencement Date.
3. **Ambulance** means a motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **Antiretroviral therapy (ART)** is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.
5. **Associated Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner. In case of copayment associated with room rent higher than the entitled room rent limit Associated Medical Expenses will not include:
    a. Cost of pharmacy and consumables
    b. Cost of implants and medical devices
    c. Cost of diagnostics
6. **Alternative AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
7. **Biological Attack or Weapons** means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
8. **Chemical Attack** or Weapons means the emission, Discharge, Dispersal release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, in capacitating disablement or death.
9. **Claims** means a demand made by the Policyholder/insured Person or on his behalf, for payment of Medical Expenses under any other Benefit, as covered under the Policy.
10. **Commencement Date** means the date of inception of first policy with Us as specified in the Policy Schedule.
11. **Company** means Niva Bupa Health Insurance Co. Ltd.
12. **CD4** cells are a type of white blood cells, also called as CD4 T lymphocytes or “helper T cells” which serve as primary receptor for HIV.
13. **Diagnostic Centre** means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.
14. **Person with Disability/Disability/Disabled** means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.
15. **HIV** means Human Immunodeficiency Virus.
16. **Insured Person/You/Your** means the person named in the Policy Schedule who is insured under the Policy and is citizen of India, in respect of whom the applicable premium has been received by the Company.
17. **Life threatening emergency** shall mean a serious medical condition or symptom, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long- term impairment of the Insured Person’s health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

18. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

19. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.

20. **Medical practitioner for treatment of mental illnesses** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act.

21. **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy. Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise, and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person, but does not include a family residential place where a person with mental Illness resides with his relatives or friends.

22. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the insured Person, applicable exclusions, and the terms & conditions applicable under the Policy.

23. **Policy period** means the period between the commencement date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

24. **Policy holder** means the entity or person named as such in the Schedule.

25. **Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

26. **Policy Year** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.

27. **Proposal Form** means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer In respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

28. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre- defined limit. The Sub- limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.

29. **Sum Insured** means the pre-defined limit specified in the Policy Schedule and represents the maximum, total and cumulative liability for any and all claims made under the Policy in respect of each insured person as mentioned in the Policy Schedule.

30. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.

31. **We/Our/Us/Company** means the Niva Bupa Health Insurance Co. Ltd.

4. **Base Cover**

HOSPITALIZATION COVER

4.1 **Inpatient Care**

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

a. Room Rent, Boarding. Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.

b. Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day.

c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital.

d. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs. Costs towards diagnostics, diagnostic imaging modalities and such similar other expenses

Other expenses

a. Expenses incurred on treatment of cataract subject to the sub limits.

b. Dental treatment necessitated due to disease or injury (for inpatient care only).

c. Plastic surgery necessitated due to disease or injury.

d. All day care treatments.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.

2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

4.2 **AYUSH Treatment**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 100% of sum insured as specified in the policy schedule in any AYUSH Hospital.

4.3 **Pre-Hospitalization Medical Expenses**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

Conditions:

i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.

ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.4 **Post-Hospitalization Medical Expenses:**

The Company shall indemnity Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

Conditions:

i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.

ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.5 **Emergency Ground Ambulance**

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

Specific Conditions:

The Company will reimburse payments under this Benefit provided that:

i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.

ii. Expenses incurred on road Ambulance subject to a maximum of Rs. 2000/- per hospitalisation.

iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.

iv. The original Ambulance bills and payment receipt is submitted to the Company.

v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments).

vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

4.6 **Cataract Treatment**

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs. 40,000/-, per each eye in one policy year.

4.7 **Modern Treatment**

The following procedures will be covered (wherever medically indicated) either as In-patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

b. Balloon Sinuplasty

c. Deep Brain stimulation

d. Oral chemotherapy

e. Immunotherapy- Monoclonal Antibody to be given as injection

f. Intra Vitreal injections

g. Robotic surgeries

h. Stereotactic radio Surgeries

i. Bronchial Thermoplasty

j. Vaporization of the prostrate (Green laser treatment or holmium laser treatment)

k. IONM- (Intra Operative Neuro Monitoring)

l. Stem cell therapy Hematopoitic stem cells for bone marrow transplant for Haematological conditions to be covered.

5. **WAITING PERIOD**

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

A. **Waiting Periods**

1. **Pre-Existing Diseases (Code- Excl01)**

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability/ 36 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) Regulations, 2024, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. **First 30 days waiting period (Code-Excl03)**

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. **Specified disease/procedure waiting period (Code-Excl02)**

a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

24 Months waiting period.

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric / Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

6. **SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY**

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient Hospitalisation arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons with Disabilities Act, 2016 subject to the terms and limits mentioned below:

a. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.

b. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

7. **SPECIFIC CONDITION APPLICABLE FOR PERSONS WITH HIV-AIDS**

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

Condition

a. This cover will exclude cost for any Anti-Retroviral Treatment

8. **EXCLUSIONS**

8.1 **Standard Exclusions**

1. **Investigation & Evaluation (Code-Excl04)**

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. **Rest Cure, rehabilitation, and respite care (Code-Excl05)**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. **Obesity/Weight Control (Code- Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor.
2) The surgery/Procedure conducted should be supported by clinical protocols.
3) The member must be 18 years of age or older and
4) Body Mass Index (BMI)
   a) Greater than or equal to 40 or
   b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      1. Obesity-related cardiomyopathy
      2. Coronary heart disease
      3. Severe Sleep Apnoea
      4. Uncontrolled Type2 Diabetes

4. **Change-of-Gender treatments (Code- Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. **Cosmetic or plastic Surgery (Code- Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. **Hazardous or Adventure sports (Code- Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering. Rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. **Breach of law (Code-Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. **Excluded Providers (Code- Excl11)**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code-Excl13)**

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **(Code- Excl14)**

12. **Refractive Error (Code- Excl15)**

    Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

13. **Unproven Treatments (Code- Excl16)**

    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. **Sterility and Infertility (Code- Excl17)**

    Expenses related to sterility and infertility This includes:

    a. Any type of contraception, sterilization

    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

    c. Gestational Surrogacy

    d. Reversal of sterilization

15. **Maternity (Code Excl18)**

    a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.

    b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

8.2 **Specific Exclusions**

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:

    a. any nuclear fuel or from any nuclear waste, or

    b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

    c. nuclear weapons material

    d. nuclear equipment or any part of that equipment.

4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war. Commotion, unrest rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.

9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility. "Run-down" condition, rest cure, Congenital external illness/disease/defect.
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-1 of Annexure-II.
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

9. GENERAL TERMS AND CONDITIONS

Section 9.1 Standard terms & Conditions

I. Condition Precedent to the contract

1. Disclosure of Information

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the insured Person.

2. Condition Precedent to Admission of Liability

The Due observance and fulfillment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

3. Claim Settlement (provision for Penal interest)

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the claim submission date.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of claim intimation till the date of payment of claim at a rate of 2% above the bank rate.

4. Complete Discharge

Any payment to the Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Multiple Policies

A. **Indemnity Based Policies:**

a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his / her claim in terms of any of his / her policies. In all such cases the insurer chosen by the Policyholder shall be considered as the Primary Insurer and will be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

b. If the amount to be claimed exceeds the available coverage of the said policy, then the primary insurer shall seek the details of other available policies of the policyholder and shall coordinate with other insurers to ensure settlement pf the balance amount as per the policy conditions, without causing any hassles to the policy holder.

B. **Benefit Based Policies:**

a. On occurrence of the insured event, the policy holder can claim from all Insurers under all policies

6. **Fraud**

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy.

a. The suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;

b. The active concealment of a fact by the Insured person having knowledge or belief of the fact;

c. Any other act fitted to deceive; and

d. Any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. **Cancellation**

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

a. Refund proportionate premium for unexpired policy period, if the term of the policy upto one year and there is no claim(s) made during the policy period.

b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years are not commenced.

8. **Migration**

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months

9. **Portability**

A Policyholder has the choice to port his/ her policies from one Insurer to another irrespective of individual or group policy subject to the Board approved underwriting policy of the insurers.

The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy

10. **Renewal of Policy**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured.

An insurer shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy..

a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.

c. Coverage is available during the grace period.

d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.

e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

11. **Premium Payment in Instalments**

If the insured person has opted for Payment of Premium on an instalments basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy) -

a. Grace Period of 30 days in all types of policies, , and a period of 15 days in case of monthly instalments.

b. For policies where premium is paid in instalments only, the coverage will be given during grace period.

c. The Benefits provided under- "Waiting Periods" "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.

d. No interest will be charged If the installment premium is not paid on due date.

e. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

12. **Moratorium Period**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would applicable from the date of enhancement of sums insured only on the enhanced limits.

The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.

13 **Possibility of Revision of terms of the Policy including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

14. **Free Look Period**

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to retun the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges

15. **Redressal of Grievance**

In case of any grievance the Insured Person may contact the company through:

Website: www.nivabupa.com

Toll free: 1860-500-8888

E-mail: Email us through our service platform https://rules.nivabupa.com/customer-service/ (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)

Fax: 011-4174-3397

Courier: Customer Services Department

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida,

Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Head – Customer Services

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida,

Uttar Pradesh, 201301

Contact No: 1860-500-8888

Fax No: 011-4174-3397

Email ID: Email our Grievance officer through our Grievance Redressal platform https://transactions.nivabupa.com/pages/grievance-redressal.aspx

For updated details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx

If the Insured Person is not satisfied with the above, they can escalate to our Grievance Redressal officer through our platform https://transactions.nivabupa.com/pages/grievance-redressal.aspx.

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (Refer below Annexure).

Grievance may also be lodged at IRDAI Integrated Grievance Management System –bimabharosa.irdai.gov.in

16. **Nomination**

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person,

the Company will pay the nominee (as named in the Policy Schedule/endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies

Section 9.2 Specific Conditions

I. **Condition Precedent to the contract**

a. **Arbitration clause**

1. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by each of the parties to the dispute / difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996) as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
2. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
3. It is there by expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained.

b. **Change of Sum Insured**

Sum Insured can be changed (increase/decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

c. **Material Change**

The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

d. **Notice and Communication**

1. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
2. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
3. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

e. **Records to be Maintained**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

f. **Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

g. **Eligibility Criteria**

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights of Persons with Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

II. **Conditions applicable during the contract**

a. **Alterations in the Policy**

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

b. **Revision and Modification of the Policy Product –**

1. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
2. Existing policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity / waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

c. **Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

10. **CLAIM PROCEDURE**

10.1 **Procedure for Cashless claims:**

a. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA (Hospital Network details for availing cashless service can be obtained from www.nivabupa.com)

b. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization

c. The Company / TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

d. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

e. The Company/TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

f. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company/TPA for reimbursement.

10.2 **Procedure for reimbursement of claims:**

For reimbursement of claims the insured person may submit the necessary documents at the earliest possible time.

10.3 **Notification of Claim**

Notice with full particulars shat be sent to the Company/TPA (if applicable) as under:

a. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier

b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization

10.4 **Documents to be submitted**

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

a. Duly Completed claim form

b. Photo Identity proof of the patient

c. Medical practitioner's prescription advising admission.

d. Original bills with itemized break-up

e. Payment receipts

f. Discharge summary including complete medical history of the patient along with other details

g. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner

h. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases)

i. Sticker/invoices of the Implants, wherever applicable.

j. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.

k. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.

l. KYC (identity proof with Address) of the proposer, where claim liability is above Rs 1. Lakh as per AML Guidelines

m. Legal heir/succession certificate, wherever applicable

n. Any other relevant document required by Company/TPA for assessment of the claim.

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.
4. In case of lumpsum payment for HIV/AIDS, Insured will need to submit the below mentioned documents for the processing of Claim:

    a. Identity proof of the claimant

    b. Dully filled Claim form

    c. Copy of Hospital summary/Discharge card/treatment advise/medical reference

    d. Copy of Medical reports/records

    e. Copy of Investigation reports

    f. Medical Practitioner's certificate

    g. Any other relevant document as requested by the Insurer.

    h. On receipt of claim documents from Insured

    Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

Please Note:

- Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.
- We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website: https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx

10.5 **Co-payment**

Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

This co-payment can be waived off by paying an additional premium(optional).

10.6 **Services Offered by TPA**

Servicing of claims i.e. claim admission and assessments, under this policy by way of preauthorization of cashless treatment of processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

a. Claim settlement and claim rejection

b. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

10.7 **Payment of Claim**

All claims under the Policy shall be payable in Indian currency only.

11. TABLE OF BENEFITS

Name	Empower Health Plan, Niva Bupa Health Insurance Co. Ltd.
Coverage Basis	Individual basis only
Category of Cover	Indemnity and Benefit
Sum Insured	On Individual basis – SI shall apply to each individual member
Sum insured available (in INR)	4 lacs and 5 lacs
Policy Period	1 Year
Eligibility	Policy can be availed on Individual basis Age eligibility for adults: 18 years to 65 years Age eligibility for Children: Newborn to 17 years
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalization Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hours shall not apply in respect of Day Care Treatment.
Pre-Hospitalization	For 30 days prior to the date of hospitalization
Post Hospitalization	For 60 days from the date of discharge from the hospital
Sublimit for Room/Medical Practitioner's fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to maximum of 1% of the sum insured per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the hospital / Nursing Home up to maximum of 2% of the sum insured per day.
Cataract Treatment	Up to Rs.40,000/-, per each eye in one policy year
Modern Treatment	Covered for listed procedure up to 50% of sum insured available for Inpatient Hospitalization Care
Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalization
AYUSH	Expenses incurred for Inpatient Care Treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 100% of sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.

Initial Waiting period	30 days for all claims except resulting from Accident and 90 days for lumpsum benefit under Section 7
PED waiting period	36 months (For pre-existing diseases other than the pre-existing Disability and HIV/AIDS covered)
Specific Disease/ illness waiting period	24 months
Waiting Period and specific Sublimit for HIV AIDS Cover	For HIV/AIDS cover: a. Initial waiting period of 30 days will be applicable for Indemnity basis cover and 90 days shall be applicable for Benefit basis cover b. Sum Insured would be available for Hospitalization Expenses as per terms and conditions of the policy.
Waiting Period and specific Sublimit for Disability Cover	For Disability Cover: 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.
Co-pay	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same

ANNEXURE I – LIST OF AMBUDSMAN DETAILS

The updated details of Insurance Ombudsman are available on – IRDAI Website: www.irdai.gov.in

Office Details	Jurisdiction
AHMEDABAD Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESWAR Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha

Office Details	Jurisdiction
CHANDIGARH Mr Atul Jerath Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh
CHENNAI Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
DELHI Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI Shri Somnath Ghosh Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD Shri N. Sankaran Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry

Office Details	Jurisdiction
JAIPUR Shri Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabir-nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI Shri Bharatkumar S. Pandya Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)

Office Details	Jurisdiction
NOIDA Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

Council for Insurance Ombudsmen

3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054

Tel.: 022 -69038800/69038812| Email: inscoun@cioins.co.in

ANNEXURE II – NON-MEDICAL EXPENSES

The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment

List I – Expenses not covered

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	BABY FOOD	24	ATTENDANT CHARGES	47	LUMBO SACRAL BELT
2	BABY UTILITIES CHARGES	25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	48	NIMBUS BED OR WATER OR AIR BED CHARGES
3	BEAUTY SERVICES	26	BIRTH CERTIFICATE	49	AMBULANCE COLLAR
4	BELTS/ BRACES	27	CERTIFICATE CHARGES	50	AMBULANCE EQUIPMENT
5	BUDS	28	COURIER CHARGES	51	ABDOMINAL BINDER
6	COLD PACK/HOT PACK	29	CONVEYANCE CHARGES	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
7	CARRY BAGS	30	MEDICAL CERTIFICATE	53	SUGAR FREE Tablets
8	EMAIL / INTERNET CHARGES	31	MEDICAL RECORDS	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	32	PHOTOCOPIES CHARGES	55	ECG ELECTRODES
10	LEGGINGS	33	MORTUARY CHARGES	56	GLOVES
11	LAUNDRY CHARGES	34	WALKING AIDS CHARGES	57	NEBULISATION KIT
12	MINERAL WATER	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
13	SANITARY PAD	36	SPACER	59	KIDNEY TRAY
14	TELEPHONE CHARGES	37	SPIROMETRE	60	MASK
15	GUEST SERVICES	38	NEBULIZER KIT	61	OUNCE GLASS
16	CREPE BANDAGE	39	STEAM INHALER	62	OXYGEN MASK
17	DIAPER OF ANY TYPE	40	ARMSLING	63	PELVIC TRACTION BELT
18	EYELET COLLAR	41	THERMOMETER	64	PAN CAN
19	SLINGS	42	CERVICAL COLLAR	65	TROLLY COVER
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	43	SPLINT	66	UROMETER, URINE JUG
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	44	DIABETIC FOOT WEAR	67	AMBULANCE
22	TELEVISION CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)	68	VASOFIX SAFETY
23	SURCHARGES	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		

List II – Items that are to be subsumed into Room Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	14	BED PAN	27	ADMISSION KIT
2	HAND WASH	15	FACE MASK	28	DIABETIC CHART CHARGES
3	SHOE COVER	16	FLEXI MASK	29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES/ TPA CHARGES LEVIED BY THE HOSPITAL
4	CAPS	17	HAND HOLDER	30	DISCHARGE PROCEDURE CHARGES
5	CRADLE CHARGES	18	SPUTUM CUP	31	DAILY CHART CHARGES
6	COMB	19	DISINFECTANT LOTIONS	32	ENTRANCE PASS / VISITORS PASS CHARGES
7	EAU-DE-COLOGNE / ROOM FRESHNERS	20	LUXURY TAX	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
8	FOOT COVER	21	HVAC	34	FILE OPENING CHARGES
9	GOWN	22	HOUSE KEEPING CHARGES	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
10	SLIPPERS	23	AIR CONDITIONER CHARGES	36	PATIENT IDENTIFICATION BAND / NAME TAG
11	TISSUE PAPER	24	IM IV INJECTION CHARGES	37	PULSEOXYMETER CHARGES
12	TOOTH PASTE	25	CLEAN SHEET		
13	TOOTH BRUSH	26	BLANKET/WARMER BLANKET		

List III – Items that are to be subsumed into Procedure Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	HAIR REMOVAL CREAM	9	WARD AND THEATRE BOOKING CHARGES	17	BOYLES APPARATUS CHARGES
2	DISPOSABLES RAZORS CHARGES (for site preparations)	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	18	COTTON
3	EYE PAD	11	MICROSCOPE COVER	19	COTTON BANDAGE
4	EYE SHEILD	12	SURGICAL BLADES, HARMONICSCAL-PEL, SHAVER	20	SURGICAL TAPE
5	CAMERA COVER	13	SURGICAL DRILL	21	APRON
6	DVD, CD CHARGES	14	EYE KIT	22	TORNIQUET
7	GAUSE SOFT	15	EYE DRAPE	23	ORTHOBUNDLE, GYNAEC BUNDLE
8	GAUZE	16	X-RAY FILM		

List IV – Items that are to be subsumed into costs of treatment

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES	7	INFUSION PUMP– COST	13	MOUTH PAINT
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	14	VACCINATION CHARGES
3	URINE CONTAINER	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	15	ALCOHOL SWABES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	10	HIV KIT	16	SCRUB SOLUTION/STERILLIUM
5	BIPAP MACHINE	11	ANTISEPTIC MOUTHWASH	17	GLUCOMETER & STRIPS
6	CPAP/ CAPD EQUIPMENTS	12	LOZENGES	18	URINE BAG

ANNEXURE III – INDICATIVE LIST OF DAY CARE PROCEDURE

Sr. No	Header	Procedure Name
I	Cardiology Related:	
	1	CORONARY ANGIOGRAPHY
II	Critical Care Related:	
	2	INSERT NON- TUNNEL CV CATH
	3	INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
	4	REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
	5	INSERTION CATHETER, INTRA ANTERIOR
	6	INSERTION OF PORTACATH
III	Dental Related:	
	7	SPLINTING OF AVULSED TEETH
	8	SUTURING LACERATED LIP
	9	SUTURING ORAL MUCOSA
	10	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
	11	FNAC
	12	SMEAR FROM ORAL CAVITY
IV	ENT Related:	
	13	MYRINGOTOMY WITH GROMMET INSERTION
	14	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
	15	REMOVAL OF A TYMPANIC DRAIN
	16	KERATOSIS REMOVAL UNDER GA
	17	OPERATIONS ON THE TURBINATES (NASAL CONCHA)
	18	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
	19	REMOVAL OF KERATOSIS OBTURANS
	20	STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
	21	REVISION OF A STAPEDECTOMY

	22	OTHER OPERATIONS ON THE AUDITORY OSSICLES
	23	MYRINGOPLASTY (POSTAURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
	24	FENESTRATION OF THE INNER EAR
	25	REVISION OF A FENESTRATION OF THE INNER EAR
	26	PALATOPLASTY
	27	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
	28	TONSILLECTOMY WITHOUT ADENOIDECTOMY
	29	TONSILLECTOMY WITH ADENOIDECTOMY
	30	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
	31	REVISION OF A TYMPANOPLASTY
	32	OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
	33	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
	34	MASTOIDECTOMY
	35	RECONSTRUCTION OF THE MIDDLE EAR
	36	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
	37	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
	38	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
	39	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
	40	OTHER OPERATIONS ON THE NOSE
	41	NASAL SINUS ASPIRATION
	42	FOREIGN BODY REMOVAL FROM NOSE
	43	OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
	44	ADENOIDECTOMY
	45	LABYRINTHECTOMY FOR SEVERE VERTIGO
	46	STAPEDECTOMY UNDER GA
	47	STAPEDECTOMY UNDER LA
	48	TYMPANOPLASTY (TYPE IV)
	49	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
	50	TURBINECTOMY
	51	ENDOSCOPIC STAPEDECTOMY
	52	INCISION AND DRAINAGE OF PERICHONDRITIS
	53	SEPTOPLASTY
	54	VESTIBULAR NERVE SECTION
	55	THYROPLASTY TYPE I
	56	PSEUDOCYST OF THE PINNA - EXCISION
	57	INCISION AND DRAINAGE - HAEMATOMA AURICLE
	58	TYMPANOPLASTY (TYPE II)
	59	REDUCTION OF FRACTURE OF NASAL BONE
	60	THYROPLASTY TYPE II
	61	TRACHEOSTOMY
	62	EXCISION OF ANGIOMA SEPTUM

	63	TURBINOPLASTY
	64	INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
	65	UVULO PALATO PHARYNGO PLASTY
	66	ADENOIDECTOMY WITH GROMMET INSERTION
	67	ADENOIDECTOMY WITHOUT GROMMET INSERTION
	68	VOCAL CORD LATERALISATION PROCEDURE
	69	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
	70	TRACHEOPLASTY
V	Gastroenterology Related:	
	71	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPL ORATION COMMON BILE DUCT
	72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIA-THERMY OF BLEEDING LESIONS
	73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
	74	RF ABLATION FOR BARRETT'S OESOPHAGUS
	75	ERCP AND PAPILLOTOMY
	76	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
	77	EUS + SUBMUCOSAL RESECTION
	78	CONSTRUCTION OF GASTROSTOMY TUBE
	79	EUS + ASPIRATION PANCREATIC CYST
	80	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
	81	COLONOSCOPY, LESION REMOVAL
	82	ERCP
	83	COLONSCOPY STENTING OF STRICTURE
	84	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
	85	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
	86	ERCP AND CHOLEDOCHOSCOPY
	87	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
	88	ERCP AND SPHINCTEROTOMY
	89	ESOPHAGEAL STENT PLACEMENT
	90	ERCP + PLACEMENT OF BILIARY STENTS
	91	SIGMOIDOSCOPY W / STENT
	92	EUS + COELIAC NODE BIOPSY
	93	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
VI	General Surgery Related:	
	94	INCISION OF A PILONIDAL SINUS / ABSCESS
	95	FISSURE IN ANO SPHINCTEROTOMY
	96	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
	97	ORCHIDOPEXY
	98	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
	99	SURGICAL TREATMENT OF ANAL FISTULAS

	100	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
	101	EPIDIDYMECTOMY
	102	INCISION OF THE BREAST ABSCESS
	103	OPERATIONS ON THE NIPPLE
	104	EXCISION OF SINGLE BREAST LUMP
	105	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
	106	SURGICAL TREATMENT OF HEMORRHOIDS
	107	OTHER OPERATIONS ON THE ANUS
	108	ULTRASOUND GUIDED ASPIRATIONS
	109	SCLEROTHERAPY,
	110	THERAPEUTIC LAPAROSCOPY WITH LASER
	111	INFECTED KELOID EXCISION
	112	AXILLARY LYMPHADENECTOMY
	113	WOUND DEBRIDEMENT AND COVER
	114	ABSCESS-DECOMPRESSION
	115	CERVICAL LYMPHADENECTOMY
	116	INFECTED SEBACEOUS CYST
	117	INGUINAL LYMPHADENECTOMY
	118	INCISION AND DRAINAGE OF ABSCESS
	119	SUTURING OF LACERATIONS
	120	SCALP SUTURING
	121	INFECTED LIPOMA EXCISION
	122	MAXIMAL ANAL DILATATION
	123	PILES
	124	A) INJECTION SCLEROTHERAPY
	125	B) PILES BANDING
	126	LIVER ABSCESS- CATHETER DRAINAGE
	127	FISSURE IN ANO- FISSURECTOMY
	128	FIBROADENOMA BREAST EXCISION
	129	OESOPHAGEAL VARICES SCLEROTHERAPY
	130	ERCP - PANCREATIC DUCT STONE REMOVAL
	131	PERIANAL ABSCESS I&D
	132	PERIANAL HEMATOMA EVACUATION
	133	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
	134	BREAST ABSCESS I& D
	135	FEEDING GASTROSTOMY
	136	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
	137	ERCP - BILE DUCT STONE REMOVAL
	138	ILEOSTOMY CLOSURE
	139	COLONOSCOPY

	140	POLYPECTOMY COLON
	141	SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
	142	UGI SCOPY AND POLYPECTOMY STOMACH
	143	RIGID OESOPHAGOSCOPY FOR FB REMOVAL
	144	FEEDING JEJUNOSTOMY
	145	COLOSTOMY
	146	ILEOSTOMY
	147	COLOSTOMY CLOSURE
	148	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
	149	PNEUMATIC REDUCTION OF INTUSSUSCEPTION
	150	VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
	151	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
	152	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
	153	ZADEK'S NAIL BED EXCISION
	154	SUBCUTANEOUS MASTECTOMY
	155	EXCISION OF RANULA UNDER GA
	156	RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
	157	EVERSION OF SAC UNILATERAL/BILATERAL
	158	LORD'S PLICATION
	159	JABOULAY'S PROCEDURE
	160	SCROTOPLASTY
	161	CIRCUMCISION FOR TRAUMA
	162	MEATOPLASTY
	163	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
	164	PSOAS ABSCESS INCISION AND DRAINAGE
	165	THYROID ABSCESS INCISION AND DRAINAGE
	166	TIPS PROCEDURE FOR PORTAL HYPERTENSION
	167	ESOPHAGEAL GROWTH STENT
	168	PAIR PROCEDURE OF HYDATID CYST LIVER
	169	TRU CUT LIVER BIOPSY
	170	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
	171	EXCISION OF CERVICAL RIB
	172	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
	173	MICRODOCHECTOMY BREAST
	174	SURGERY FOR FRACTURE PENIS
	175	SENTINEL NODE BIOPSY
	176	PARASTOMAL HERNIA
	177	REVISION COLOSTOMY
	178	PROLAPSED COLOSTOMY- CORRECTION
	179	TESTICULAR BIOPSY

	180	LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
	181	SENTINEL NODE BIOPSY MALIGNANT MELANOMA
	182	LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)
	183	EXCISION OF FISTULA-IN-ANO
	184	EXCISION JUVENILE POLYPS RECTUM
	185	VAGINOPLASTY
	186	DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
	187	PRESACRAL TERATOMAS EXCISION
	188	REMOVAL OF VESICAL STONE
	189	EXCISION SIGMOID POLYP
	190	STERNOMASTOID TENOTOMY
	191	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
	192	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
	193	MEDIASTINAL LYMPH NODE BIOPSY
	194	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
	195	EXCISION OF CERVICAL TERATOMA
	196	RECTAL-MYOMECTOMY
	197	RECTAL PROLAPSE (DELORME'S PROCEDURE)
	198	DETORSION OF TORSION TESTIS
	199	EUA + BIOPSY MULTIPLE FISTULA IN ANO
	200	CYSTIC HYGROMA - INJECTION TREATMENT
VII	Gynecology Related:	
	201	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
	202	INCISION OF THE OVARY
	203	INSUFFLATIONS OF THE FALLOPIAN TUBES
	204	OTHER OPERATIONS ON THE FALLOPIAN TUBE
	205	DILATATION OF THE CERVICAL CANAL
	206	CONISATION OF THE UTERINE CERVIX
	207	THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRY OSURGERY/
	208	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
	209	OTHER OPERATIONS ON THE UTERINE CERVIX
	210	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
	211	INCISION OF VAGINA
	212	INCISION OF VULVA
	213	CULDOTOMY
	214	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
	215	ENDOSCOPIC POLYPECTOMY
	216	HYSTEROSCOPIC REMOVAL OF MYOMA
	217	D&C
	218	HYSTEROSCOPIC RESECTION OF SEPTUM

	219	THERMAL CAUTERISATION OF CERVIX
	220	MIRENA INSERTION
	221	HYSTEROSCOPIC ADHESIOLYSIS
	222	LEEP (LOOP ELECTROSURGICAL EXCISION PROCEDURE)
	223	CRYOCAUTERISATION OF CERVIX
	224	POLYPECTOMY ENDOMETRIUM
	225	HYSTEROSCOPIC RESECTION OF FIBROID
	226	LLETZ (LARGE LOOP EXCISION OF TRANSFORMATION ZONE)
	227	CONIZATION
	228	POLYPECTOMY CERVIX
	229	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
	230	VULVAL WART EXCISION
	231	LAPAROSCOPIC PARAOVARIAN CYST EXCISION
	232	UTERINE ARTERY EMBOLIZATION
	233	LAPAROSCOPIC CYSTECTOMY
	234	HYMENECTOMY (MPERFORATE HYMEN)
	235	ENDOMETRIAL ABLATION
	236	VAGINAL WALL CYST EXCISION
	237	VULVAL CYST EXCISION
	238	LAPAROSCOPIC PARATUBAL CYST EXCISION
	239	REPAIR OF VAGINA (VAGINAL ATRESIA)
	240	HYSTEROSCOPY, REMOVAL OF MYOMA
	241	TURBT
	242	URETEROCOELE REPAIR - CONGENITAL INTERNAL
	243	VAGINAL MESH FOR POP
	244	LAPAROSCOPIC MYOMECTOMY
	245	SURGERY FOR SUI
	246	REPAIR RECTO- VAGINA FISTULA
	247	PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
	248	URS + LL
	249	LAPAROSCOPIC OOPHORECTOMY
	250	NORMAL VAGINAL DELIVERY AND VARIANTS
VIII	Neurology Related:	
	251	FACIAL NERVE PHYSIOTHERAPY
	252	NERVE BIOPSY
	253	MUSCLE BIOPSY
	254	EPIDURAL STEROID INJECTION
	255	GLYCEROL RHIZOTOMY
	256	SPINAL CORD STIMULATION
	257	MOTOR CORTEX STIMULATION
	258	STEREOTACTIC RADIOSURGERY

	259	PERCUTANEOUS CORDOTOMY
	260	INTRATHECAL BACLOFEN THERAPY
	261	ENTRAPMENT NEUROPATHY RELEASE
	262	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
	263	VP SHUNT
	264	VENTRICULOATRIAL SHUNT
IX	Oncology Related:	
	265	RADIOTHERAPY FOR CANCER
	266	CANCER CHEMOTHERAPY
	267	IV PUSH CHEMOTHERAPY
	268	HBI-HEMIBODY RADIOTHERAPY
	269	INFUSIONAL TARGETED THERAPY
	270	SRT-STEREOTACTIC ARC THERAPY
	271	SC ADMINISTRATION OF GROWTH FACTORS
	272	CONTINUOUS INFUSIONAL CHEMOTHERAPY
	273	INFUSIONAL CHEMOTHERAPY
	274	CCRT-CONCURRENT CHEMO + RT
	275	2D RADIOTHERAPY
	276	3D CONFORMAL RADIOTHERAPY
	277	IGRT- IMAGE GUIDED RADIOTHERAPY
	278	IMRT- STEP & SHOOT
	279	INFUSIONAL BISPHOSPHONATES
	280	IMRT- DMLC
	281	ROTATIONAL ARC THERAPY
	282	TELE GAMMA THERAPY
	283	FSRT-FRACTIONATED SRT
	284	VMAT-VOLUMETRIC MODULATED ARC THERAPY
	285	SBRT-STEREOTACTIC BODY RADIOTHERAPY
	286	HELICAL TOMOTHERAPY
	287	SRS-STEREOTACTIC RADIOSURGERY
	288	X-KNIFE SRS
	289	GAMMAKNIFE SRS
	290	TBI- TOTAL BODY RADIOTHERAPY
	291	INTRALUMINAL BRACHYTHERAPY
	292	ELECTRON THERAPY
	293	TSET-TOTAL ELECTRON SKIN THERAPY
	294	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
	295	TELECOBALT THERAPY
	296	TELECESIUM THERAPY
	297	EXTERNAL MOULD BRACHYTHERAPY
	298	INTERSTITIAL BRACHYTHERAPY

	299	INTRACAVITY BRACHYTHERAPY
	300	3D BRACHYTHERAPY
	301	IMPLANT BRACHYTHERAPY
	302	INTRAVESICAL BRACHYTHERAPY
	303	ADJUVANT RADIOTHERAPY
	304	AFTERLOADING CATHETER BRACHYTHERAPY
	305	CONDITIONING RADIOTHEARPY FOR BMT
	306	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
	307	RADICAL CHEMOTHERAPY
	308	NEOADJUVANT RADIOTHERAPY
	309	LDR BRACHYTHERAPY
	310	PALLIATIVE RADIOTHERAPY
	311	RADICAL RADIOTHERAPY
	312	PALLIATIVE CHEMOTHERAPY
	313	TEMPLATE BRACHYTHERAPY
	314	NEOADJUVANT CHEMOTHERAPY
	315	ADJUVANT CHEMOTHERAPY
	316	INDUCTION CHEMOTHERAPY
	317	CONSOLIDATION CHEMOTHERAPY
	318	MAINTENANCE CHEMOTHERAPY
	319	HDR BRACHYTHERAPY
X	Operations on the salivary glands & salivary ducts:	
	320	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
	321	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
	322	RESECTION OF A SALIVARY GLAND
	323	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
	324	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
XI	Operations on the skin & subcutaneous tissues:	
	325	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
	326	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
	327	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
	328	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
	329	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
	330	FREE SKIN TRANSPLANTATION, DONOR SITE
	331	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
	332	REVISION OF SKIN PLASTY
	333	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISS
	334	CHEMOSURGERY TO THE S
	335	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
	336	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED

	337	EXCISION OF BURSIRTIS
	338	TENNIS ELBOW RELEASE
XII	Operations on the Tongue:	
	339	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
	340	PARTIAL GLOSSECTOMY
	341	GLOSSECTOMY
	342	RECONSTRUCTION OF THE TONGUE
	343	SMALL RECONSTRUCTION OF THE TONGUE
XIII	Ophthalmology Related:	
	344	SURGERY FOR CATARACT
	345	INCISION OF TEAR GLANDS
	346	OTHER OPERATIONS ON THE TEAR DUCTS
	347	INCISION OF DISEASED EYELIDS
	348	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
	349	OPERATIONS ON THE CANTHUS AND EPICANTHUS
	350	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
	351	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
	352	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
	353	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
	354	INCISION OF THE CORNEA
	355	OPERATIONS FOR PTERYGIUM
	356	OTHER OPERATIONS ON THE CORNEA
	357	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
	358	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
	359	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
	360	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
	361	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
	362	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
	363	ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/CYCLOCRYOTHERAP Y/ GONIOTOMY/TRABECULOTO-MY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
	364	ENUCLEATION OF EYE WITHOUT IMPLANT
	365	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
	366	LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
	367	BIOPSY OF TEAR GLAND
	368	TREATMENT OF RETINAL LESION
XIV	Orthopedics Related:	
	369	SURGERY FOR MENISCUS TEAR
	370	INCISION ON BONE, SEPTIC AND ASEPTIC
	371	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
	372	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
	373	REDUCTION OF DISLOCATION UNDER GA

	374	ARTHROSCOPIC KNEE ASPIRATION
	375	SURGERY FOR LIGAMENT TEAR
	376	SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
	377	REMOVAL OF FRACTURE PINS/NAILS
	378	REMOVAL OF METAL WIRE
	379	CLOSED REDUCTION ON FRACTURE, LUXATION
	380	REDUCTION OF DISLOCATION UNDER GA
	381	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
	382	EXCISION OF VARIOUS LESIONS IN COCCYX
	383	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
	384	CLOSED REDUCTION OF MINOR FRACTURES
	385	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
	386	TENDON SHORTENING
	387	ARTHROSCOPIC MENISCECTOMY - KNEE
	388	TREATMENT OF CLAVICLE DISLOCATION
	389	HAEMARTHROSIS KNEE- LAVAGE
	390	ABSCESS KNEE JOINT DRAINAGE
	391	CARPAL TUNNEL RELEASE
	392	CLOSED REDUCTION OF MINOR DISLOCATION
	393	REPAIR OF KNEE CAP TENDON
	394	ORIF WITH K WIRE FIXATION- SMALL BONES
	395	RELEASE OF MIDFOOT JOINT
	396	ORIF WITH PLATING- SMALL LONG BONES
	397	IMPLANT REMOVAL MINOR
	398	K WIRE REMOVAL
	399	POP APPLICATION
	400	CLOSED REDUCTION AND EXTERNAL FIXATION
	401	ARTHROTOMY HIP JOINT
	402	SYME'S AMPUTATION
	403	ARTHROPLASTY
	404	PARTIAL REMOVAL OF RIB
	405	TREATMENT OF SESAMOID BONE FRACTURE
	406	SHOULDER ARTHROSCOPY / SURGERY
	407	ELBOW ARTHROSCOPY
	408	AMPUTATION OF METACARPAL BONE
	409	RELEASE OF THUMB CONTRACTURE
	410	INCISION OF FOOT FASCIA
	411	CALCANEUM SPUR HYDROCORT INJECTION
	412	GANGLION WRIST HYALASE INJECTION
	413	PARTIAL REMOVAL OF METATARSAL
	414	REPAIR / GRAFT OF FOOT TENDON

	415	REVISION/REMOVAL OF KNEE CAP
	416	AMPUTATION FOLLOW-UP SURGERY
	417	EXPLORATION OF ANKLE JOINT
	418	REMOVE/GRAFT LEG BONE LESION
	419	REPAIR/GRAFT ACHILLES TENDON
	420	REMOVE OF TISSUE EXPANDER
	421	BIOPSY ELBOW JOINT LINING
	422	REMOVAL OF WRIST PROSTHESIS
	423	BIOPSY FINGER JOINT LINING
	424	TENDON LENGTHENING
	425	TREATMENT OF SHOULDER DISLOCATION
	426	LENGTHENING OF HAND TENDON
	427	REMOVAL OF ELBOW BURSA
	428	FIXATION OF KNEE JOINT
	429	TREATMENT OF FOOT DISLOCATION
	430	SURGERY OF BUNION
	431	INTRA ARTICULAR STEROID INJECTION
	432	TENDON TRANSFER PROCEDURE
	433	REMOVAL OF KNEE CAP BURSA
	434	TREATMENT OF FRACTURE OF ULNA
	435	TREATMENT OF SCAPULA FRACTURE
	436	REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
	437	REPAIR OF RUPTURED TENDON
	438	DECOMPRESS FOREARM SPACE
	439	REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
	440	LENGTHENING OF THIGH TENDONS
	441	TREATMENT FRACTURE OF RADIUS & ULNA
	442	REPAIR OF KNEE JOINT
XV	Other operations on the mouth & face:	
	443	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
	444	INCISION OF THE HARD AND SOFT PALATE
	445	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
	446	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
	447	OTHER OPERATIONS IN THE MOUTH
XVI	Plastic Surgery Related:	
	448	CONSTRUCTION SKIN PEDICLE FLAP
	449	GLUTEAL PRESSURE ULCER-EXCISION
	450	MUSCLE-SKIN GRAFT, LEG
	451	REMOVAL OF BONE FOR GRAFT
	452	MUSCLE-SKIN GRAFT DUCT FISTULA
	453	REMOVAL CARTILAGE GRAFT

	454	MYOCUTANEOUS FLAP
	455	FIBRO MYOCUTANEOUS FLAP
	456	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
	457	SLING OPERATION FOR FACIAL PALSY
	458	SPLIT SKIN GRAFTING UNDER RA
	459	WOLFE SKIN GRAFT
	460	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
XVII	Thoracic surgery Related:	
	461	THORACOSCOPY AND LUNG BIOPSY
	462	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
	463	LASER ABLATION OF BARRETT'S OESOPHAGUS
	464	PLEURODESIS
	465	THORACOSCOPY AND PLEURAL BIOPSY
	466	EBUS + BIOPSY
	467	THORACOSCOPY LIGATION THORACIC DUCT
	468	THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE
XVIII	Urology Related:	
	469	HAEMODIALYSIS
	470	LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
	471	EXCISION OF RENAL CYST
	472	DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
	473	INCISION OF THE PROSTATE
	474	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
	475	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
	476	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
	477	RADICAL PROSTATOVESICULECTOMY
	478	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
	479	OPERATIONS ON THE SEMINAL VESICLES
	480	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
	481	OTHER OPERATIONS ON THE PROSTATE
	482	INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
	483	OPERATION ON A TESTICULAR HYDROCELE
	484	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
	485	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
	486	INCISION OF THE TESTES
	487	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
	488	UNILATERAL ORCHIDECTOMY
	489	BILATERAL ORCHIDECTOMY

	490	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
	491	RECONSTRUCTION OF THE TESTIS
	492	IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
	493	OTHER OPERATIONS ON THE TESTIS
	494	EXCISION IN THE AREA OF THE EPIDIDYMIS
	495	OPERATIONS ON THE FORESKIN
	496	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
	497	AMPUTATION OF THE PENIS
	498	OTHER OPERATIONS ON THE PENIS
	499	CYSTOSCOPICAL REMOVAL OF STONES
	500	CATHETERISATION OF BLADDER
	501	LITHOTRIPSY
	502	BIOPSY OFTEMPORAL ARTERY FOR VARIOUS LESIONS
	503	EXTERNAL ARTERIO-VENOUS SHUNT
	504	AV FISTULA - WRIST
	505	URSL WITH STENTING
	506	URSL WITH LITHOTRIPSY
	507	CYSTOSCOPIC LITHOLAPAXY
	508	ESWL
	509	BLADDER NECK INCISION
	510	CYSTOSCOPY & BIOPSY
	511	CYSTOSCOPY AND REMOVAL OF POLYP
	512	SUPRAPUBIC CYSTOSTOMY
	513	PERCUTANEOUS NEPHROSTOMY
	514	CYSTOSCOPY AND “SLING” PROCED
	515	TUNA- PROSTATE
	516	EXCISION OF URETHRAL DIVERTICULUM
	517	REMOVAL OF URETHRAL STONE
	518	EXCISION OF URETHRAL PROLAPSE
	519	MEGA-URETER RECONSTRUCTION
	520	KIDNEY RENOSCOPY AND BIOPSY
	521	URETER ENDOSCOPY AND TREATMENT
	522	VESICO URETERIC REFLUX CORRECTION
	523	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
	524	ANDERSON HYNES OPERATION (OPEN PYELOPALSTY)
	525	KIDNEY ENDOSCOPY AND BIOPSY
	526	PARAPHIMOSIS SURGERY
	527	INJURY PREPUCE- CIRCUMCISION
	528	FRENULAR TEAR REPAIR
	529	MEATOTOMY FOR MEATAL STENOSIS
	530	SURGERY FOR FOURNIER’S GANGRENE SCROTUM

	531	SURGERY FILARIAL SCROTUM
	532	SURGERY FOR WATERING CAN PERINEUM
	533	REPAIR OF PENILE TORSION
	534	DRAINAGE OF PROSTATE ABSCESS
	535	ORCHIECTOMY
	536	CYSTOSCOPY AND REMOVAL OF FB