

Health+ Policy Document

1. Preamble

This Policy covers Allopathic and AYUSH treatments taken in **India ONLY**.

2. Definitions

It is IMPORTANT You should go through the definition of some words used in the policy. Definition of these may vary from the common understanding and colloquial meaning. If a word is not specifically defined in the following section, it's common meaning will apply.

2.1. Standard Definitions:

- 2.1.1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2.1.2. **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:
- Central or state government AYUSH Hospital; or
 - Teaching Hospital attached to AYUSH college recognized by the Central Government / Central Council of Indian Medicine / Central Council of Homeopathy; or
 - 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:
 - Having at least five in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).
- 2.1.3. AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.
- 2.1.4. **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.
- 2.1.5. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.
- 2.1.6. **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 claim amount. A Co-payment does not reduce the Sum Insured.
- 2.1.7. Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
- 2.1.8. **Day Care Centre** means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set-up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under:
- has Qualified Nursing staff under its employment;
 - has qualified Medical Practitioner(s) in charge;
 - has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 2.1.9. **Day Care Treatment** refers to medical treatment, and/or Surgical Procedure which is:
- undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
 - which would have otherwise required a Hospitalization of more than 24 hours.
- Treatment normally taken on an out patient basis is not included in the scope of this definition.

- 2.1.10. **Dental Treatment means** a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
- 2.1.11. Deductible means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 2.1.12. Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - the patient takes treatment at home on account of non availability of room in a Hospital.
- 2.1.13. **Emergency care** means management for an Illness or Injury 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.
- 2.1.14. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to Renew or continue a policy in force without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.
- 2.1.15. **Hospital** means any institution established for Inpatient Care and Day Care Treatment of Illness and / or 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:
- has Qualified Nursing staff under its employment round the clock;
 - has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
 - has qualified Medical Practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
- 2.1.16. **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.
- 2.1.17. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute condition** - Acute condition is a disease, illness or injury 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/ injury which leads to full recovery
 - Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 2.1.18. **Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 2.1.19. **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.
- 2.1.20. **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 considerable more sophisticated and intensive than in the ordinary and other wards.
- 2.1.21. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis 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.
- 2.1.22. Maternity Expenses shall include:
- Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization)
 - Expenses towards lawful medical termination of pregnancy during Policy Period.
- 2.1.23. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

- 2.1.24. **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.
- 2.1.25. **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 his licence.
- 2.1.26. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- is required for the medical management of the Illness or Injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.1.27. **Migration** means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- 2.1.28. **Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a Cashless Facility.
- 2.1.29. **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.
- 2.1.30. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- 2.1.31. **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.
- 2.1.32. **Pre-existing Disease** means any condition, ailment, injury or disease
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 2.1.33. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.34. **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:
- Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.35. **Portability** means the right accorded to an individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- 2.1.36. **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.
- 2.1.37. **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.
- 2.1.38. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 2.1.39. **Surgery or Surgical Procedure** 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 or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- 2.1.40. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

2.2. Specific Definitions

- 2.2.1. **Base Sum Insured** means the coverage amount for which the premium is computed and charged for this policy.
- 2.2.2. **Insured Person** is the one for whom the company has received full premium (including additional premium if any), completed the risk assessment and issued the policy. The names of the Insured persons covered in the policy are specified in the policy document, who are also referred as You/Your/Policyholder in this policy.
- 2.2.3. **Partner Network** means Hospital, Diagnostic Centers, Clinics, Doctors, Health Care Workers, empanelled by the Insurer and/or by a consolidated organization to provide health related medical services.
- 2.2.4. **Policy Year** means the period of one year from the date of commencement of the policy.

3. Benefits available under the policy.

Different benefits have different limits or Sum Insured. A limit or Sum Insured is our maximum liability (basically this is the maximum claim we will pay) under the benefit. These limits & Sum Insured will be mentioned in your Policy Schedule.

3.1. Inpatient Care

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization following an Illness or Injury that occurs during the Policy Period.

Conditions:

- a. The Hospitalization is for Medically Necessary Treatment, is carried out on the written advice of a Medical Practitioner and follows Evidence Based Clinical Practices and standard treatment guidelines.
- b. The Medical Expenses incurred are Reasonable and Customary Charges for one or more of the following:
 - i. Room Rent;
 - ii. Nursing charges for Hospitalization as an Inpatient excluding private nursing charges;
 - iii. Medical Practitioners' fees, excluding any charges or fees for Standby Services;
 - iv. Physiotherapy, investigation and diagnostics procedures directly related to the current admission;
 - v. Medicines and drugs as prescribed by the treating Medical Practitioner;
 - vi. Intravenous fluids, blood transfusion, injection administration charges, allowable consumables and / or enteral feedings.
 - vii. Operation theatre charges;
 - viii. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery;
 - ix. ICU Charges.
 - x. If the Insured Person is admitted in a Hospital room where the room category opted or Room Rent incurred is higher than the eligibility as specified in the Policy Schedule, then We shall be liable to pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:

$(\text{Eligible Room Rent limit} / \text{Room Rent actually incurred}) * \text{total Associated Medical Expenses}$

Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges.

Proportionate deductions will not be applied If the claim is of a hospital which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

What is not covered:

- a. We shall not be liable to pay the visiting fees or consultation charges for any Medical Practitioner visiting the Insured Person unless:
 - i. The Medical Practitioner's treatment or advice has been sought by the Hospital; and
 - ii. The visiting fees or consultation charges are included in the Hospital's bill; and
 - iii. The visiting fees or consultation charges are not more than the treating or referral Medical Practitioner's consultation charges.

3.2. Sub-limit on Specified Illness/Conditions

What is covered:

If an Insured Person is Hospitalized during the Policy Period for any of the Specified Illnesses or Conditions specified in Annexure III (List of Sub-limits on Specified Illness/Conditions) then it is agreed that Our liability in respect of any claim made under the Policy will be limited to the amount specified in the list.

Please note that our maximum liability for any claim will be the Base Sum Insured mentioned in your policy schedule or the limit specified in the list.

3.3. Modern Treatments

What is covered:

The following procedures / treatments will be covered either as Inpatient Care or as part of Day Care Treatment as per Section 3.1. and Section 3.4 respectively, in a Hospital:

- i. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 - ii. Balloon Sinuplasty
 - iii. Deep Brain stimulation
 - iv. Oral chemotherapy
 - v. Immunotherapy- Monoclonal Antibody to be given as injection
 - vi. Intra vitreal injections
 - vii. Robotic surgeries
 - viii. Stereotactic radio surgeries
 - ix. BronchicalThermoplasty
 - x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - xi. IONM - (Intra Operative Neuro Monitoring)
 - xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.
- a. If We have accepted a claim under this benefit, We will also indemnify the Insured Person's Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses in accordance with Sections 3.5 within the overall benefit sub-limit.

Special condition applicable for robotic surgeries:

A limit of maximum INR 1 Lac will apply to all robotic surgeries, except the following:

- a. Robotic total radical prostatectomy
- b. Robotic cardiac surgeries
- c. Robotic partial nephrectomy
- d. Robotic surgeries for malignancies

3.4. Day Care Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury that occurs during the Policy Period.

Conditions:

- a. The Day Care Treatment is for Medically Necessary Treatment and is carried out on the written advice of a Medical Practitioner.
- b. The Medical Expenses incurred are Reasonable and Customary Charges for any procedure where such procedure is undertaken by an Insured Person as Day Care Treatment.
- c. The list of admissible Day Care Treatment would be as per the list attached in Annexure IV
- d. We shall not cover any OPD Treatment and Diagnostic Services under this Benefit.

3.5. Pre-hospitalization Medical Expenses & Post-Hospitalization Medical Expenses

What is covered:

We will pay expenses incurred on consultations, medicines, physiotherapy, diagnostic tests for 30 days before the date of admission and 60 days after date of discharge **IF these are related** to the condition for which in-patient claim is paid.

Conditions:

- a. We have accepted a claim under Section 3.1 (Inpatient Care) above in respect of that Insured Person for the same period of Hospitalization.
- b. Pre-hospitalization Medical Expenses and Post-hospitalization medical expenses can be claimed under this Section on a Reimbursement basis only.

3.6. Home Care / Domiciliary Treatment

Home Care Treatment means treatment availed by the insured person at home which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- 3.6.1. The** medical practitioner advises the insured person to undergo treatment at home
- 3.6.2. There** is continuous active line of treatment with monitoring of health status by a medical practitioner for each day through the duration of the home care treatment
- 3.6.3. Daily** monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

Note:

- We will pay as per the limit mentioned in your policy schedule.
- We will pay for Pre & Post hospitalization benefit as per section 3.5 for Home Care / Domiciliary Treatment.
- **We do NOT pay for any Medical & ambulatory devices used at home** (like Pulse Oxymeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair etc.)

3.7. Organ Transplant

What is covered:

We will indemnify the Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated during the Policy Period.

Conditions:

- a. The donation conforms to The Transplantation of Human Organs Act 1994 and amendments thereafter and the organ is for the use of the Insured Person.
- b. The recipient Insured Person has been Medically Advised in writing to undergo an organ transplant.
- c. We have accepted the recipient Insured Person's claim under Section 3.1 (Inpatient Care).
- d. The Medical Expenses incurred are Reasonable and Customary Charges.

What is not covered:

- a. The living organ donor's stay in a Hospital that is needed for them to donate their organ.
- b. Stem cell donation except for Bone Marrow Transplant.
- c. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
- d. Screening or any other Medical Expenses of the organ donor.
- e. Costs directly or indirectly associated with the acquisition of the donor's organ.
- f. Transplant of any organ/tissue where the transplant is experimental or investigational.
- g. Expenses related to organ transportation or preservation.
- h. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

3.8. Emergency Ground Ambulance- within India

What is covered:

We will indemnify the expenses incurred on an ambulance during the Policy Period to transfer the Insured Person by surface transport following an Emergency.

Conditions:

- The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is ill to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital with advanced facilities as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
- The expenses incurred are Reasonable and Customary Charges.
- This Benefit is available for only one transfer per period of Hospitalization.
- The ambulance service is offered by a healthcare or ambulance Service Provider.
- We have accepted a claim under Section 3.1 (Inpatient Care) above in respect of the same period of Hospitalization.
- If the ambulance is provided by a Non-Network Provider, We will cover expenses incurred only up to the amount specified in the Policy Schedule/ Certificate of Insurance.

What is not covered:

We will not make any payment under this Benefit if the Insured Person is transferred to any Hospital or diagnostic centre for evaluation purposes only.

3.9. Co-Payment

What is covered:

The Insured Person will pay the pre-determined percentage as specified in the Policy Schedule/ Certificate of Insurance as Co-Payment and We will pay the remaining part of the amount that We assess as the admissible amount in respect of any claim under this Section or selected sections as mentioned in the Policy Schedule/ Certificate of Insurance made by an Insured Person.

Note: Co-payment will NOT apply to Emergency Ground Ambulance- within India (Section 3.8) and to Sub-limit on Specified Illness/Conditions (Section 3.2)

4. Exclusions

4.1. Standard Exclusions

4.1.1. Pre-existing Diseases (Code-Excl01):

- Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first Policy with Us.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the Policy after the expiry of 48 months for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

4.1.2. 30-day waiting period (Code- Excl03):

- 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.
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4.1.3. Investigation & Evaluation (Code-Excl04)

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

4.1.4. **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:

- a. 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.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

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

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

- a. Surgery to be conducted is upon the advice of the Doctor.
- b. The surgery/Procedure conducted should be supported by clinical protocols.
- c. The member has to be 18 years of age or older and;
- d. Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. 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 Apnea
 4. Uncontrolled Type2 Diabetes

4.1.6. **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.

4.1.7. **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.

4.1.8. **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.

4.1.9. **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.

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

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our 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.

The complete list of excluded providers can be referred to on our website.

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

4.1.12. **Treatments received in health 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)**

4.1.13. **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)**

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

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

Note: Less than 7.5 Diopter means a power of eye either >7.5 Dioptre for Hypermetropia or far sightedness (say +7.75 Dioptre) or < 7.5 Dioptre for Myopia or near sightedness (say -7.75 Dioptre).

4.1.15. **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.

4.1.16. **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

4.1.17. **Maternity Expenses (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.

4.2. **Specific Exclusions**

4.2.1. **Circumcision**

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident

4.2.2. **Conflict & Disaster:**

Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

4.2.3. Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.

4.2.4. **Sexually transmitted infections & diseases (other than HIV / AIDS):**

Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).

4.2.5. **+Sleep disorders:**

Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.

4.2.6. **Any form of Alternate Treatment:**

- a. Ayurvedic, Homeopathic, Unani, Yoga and Siddha streams of treatment;
- b. Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine.

4.2.7. **OPD Treatment:**

Any OPD Treatment is not covered.

4.2.8. **External Congenital Anomaly:**

Screening, counseling or treatment related to external Congenital Anomaly.

4.2.9. **Dental treatment:**

All dental treatments other than due to accidents and cancers.

4.2.10. **Unrecognized Physician or Hospital:**

- a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy.
- b. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.
- c. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.

4.2.11. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. **Refer Definition 2.1.36 for Reasonable and Customary Charges.**

4.2.12. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state

5. General Terms and Clauses

5.1. Standard General Terms and Clauses

5.1.1. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days (thirty days for policies with a term of 3 years, if sold through distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to:

- i. refund of the premium paid, less any expenses incurred by the Company on medical examination of the insured person.

5.1.2. Cancellation

- i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The below grid shall be applicable for 'Yearly / Annual/One Time' premium payment frequency.

1 year Tenure		2 years Tenure	
Policy in-force up to	Refund Premium (%)	Policy in-force up to	Refund Premium (%)
Up to 30 days	75%	Up to 30 days	85%
31 to 90 days	50%	31 to 90 days	70%
91 to 180 days	25%	91 to 180 days	60%
exceeding 180 days	0%	181 to 365 days	40%
		366 to 455 days	15%
		Exceeding 456 days	0%

In case of death of an Insured, pro-rate refund of the premium for the deceased insured will be refunded, provided there is no history of claim.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Simplified for you

Free look is a 15 / 30 days period during which you can return back your policy, if you don't like what you have purchased.

Simplified for you

You can cancel your policy whenever you wish.

Note: We will NOT refund any premium if we have paid a claim.

We will refund part of the premium depending on how many days your policy has been running for, if there is no claim

5.1.3. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (15 days in case of other than single premium policies) to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

5.1.4. 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 months before the changes are effected.

5.1.5. Nomination

The policyholder 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 policyholder. 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 policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

5.1.6. Fraud

If any claim made by the insured person, is in any respect 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.

Simplified for you

If we ever cancel your policy, it will be for Fraud or Non disclosure only. Insurance contract is a legal contract too and it's based on trust.

Fraud is an action by you or anyone acting on your behalf where you receive benefits, financial or otherwise, for which you are either not eligible at all or not to the extent under the policy.

Pay your renewal premium before end of policy period to maintain continuity of benefits. A grace period is also available to pay the premium after policy expiry.

Note: You are NOT insured during the grace period.

Simplified for you

We will cancel your policy, will not pay any claim, will not refund any premium paid and have right to take all possible legal action against you including for recovery of benefits paid earlier, if

- You withheld any information from us, whole or part that would have invited any decision other than a 'standard acceptance' of your application for insurance.

Note: Non standard decisions are:

- Loading – We ask for additional premium
- Exclusions – We apply a additional waiting period for health conditions or treatments
- Rejection – We hate to do this. But sometimes are compelled to say no to a customer

IMPORTANT: We understand you may not know how important is the information on your health and it's impact on your policy. Hence it's very important that you disclose all health information and we would decide how important (we call it 'material') it is.

- Cause fraud of any kind

5.1.7. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

5.1.8. 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

5.1.9. Claim settlement (Provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

5.1.10. Moratorium Period

After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

5.1.11. Multiple Policies

- i. 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 insured person shall 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.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

5.1.12. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products / plans offered by the Company policy by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Simplified for you

We will provide our decision on claim within 30 days (45 days for investigated cases) from submission of all necessary claim documents. For any delay in payment of claim, we will pay interest on the claim amount at a rate 2% above bank rate.

Simplified for you

After 8 years, no health insurance claim shall be contestable except for proven fraud and permanent exclusions.

Simplified for you

In case you have multiple policies, you can choose the policy from which you want to claim first.

If claim amount exceeds the Sum Insured of first policy you claim from; then you can claim the balance amount from the second policy.

Simplified for you

You can shift your policy to any other health insurance product / plan offered by us as per migration guidelines.

5.1.13. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General / Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

5.1.14. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean 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)

5.1.15. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

5.1.16. Complete Discharge

Any payment to the policyholder, 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 a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5.2. Specific Terms and Clauses

5.2.1. Automatic Cancellation:

The Policy shall automatically terminate in the event of death of the all Insured Person(s). A refund in accordance with the table in Section 6.1.2 shall be payable provided that no claim has been admitted or lodged or not benefit has been availed by the insured person under the policy.

5.2.2. Additional premium (Risk Loading)

- i. We may ask for additional premium after due risk evaluation (it's what referred to as Underwriting) based on all information provided by you. We will issue policy to you only after you pay us the additional premium and provide us consent.
- ii. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.
- iii. Once applied, Risk loading continues even for all renewals.

Simplified for you

You can also shift your policy to any other insurer as per portability guidelines.

5.2.3. Other Renewal Conditions:

a. Renewal Premium:

Renewal premium will alter based on Age (in case of claim). For Floater plan, the age of eldest insured person will be considered for calculating the premium.

b. Addition of Insured Persons on Renewal:

If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.

c. Changes to Sum Insured on Renewal:

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

5.2.4. Claims

a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.nivabupa.com.

b. Documents required with claim form:

Hospital / Medical records:

- Original Discharge summary with first and subsequent consultation papers.
- Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- Laboratory investigation reports with supporting prescriptions.
- MLC/First Information Report (FIR) (in accident cases).

Policyholder documents (Nominee in case of death of Policyholder):

- KYC documents
- Cancelled cheque

IMPORTANT:

- All documents MUST be submitted within 30 days from discharge.
- For any delay in submission, You MUST provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
- You MUST submit all claim related documents for expenses within the Deductible amount (if applicable).
- We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.

c. The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are placed as Annexure I.

d. If you opt for a Hospital room which is higher than the eligible room category as specified in your Policy Schedule, then We will pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:
 $(\text{Eligible Room Rent limit} / \text{Room Rent actually incurred}) * \text{total Associated Medical Expenses}$
 Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges.

e. For any hospitalization, we will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

5.2.5. **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

5.2.6. **Territorial Jurisdiction**

All claims shall be payable in India in Indian Rupees only.

5.2.7. **Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

5.2.8. **Assignment**

The Policy can be assigned subject to applicable laws.

Annexure I - 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

S I . No.	Item	S I . No.	Item	S I . 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
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 Charge

S I . No.	Item	S I . No.	Item	S I . 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, HARMONICSCALPEL,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

S I . No.	Item	S I . No.	Item	S I . 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 II- List of Insurance Ombudsmen

Office Details	Jurisdiction
<p>AHMEDABAD</p> <p>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</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<p>BENGALURU</p> <p>Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka
<p>BHOPAL</p> <p>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</p>	Madhya Pradesh, Chhattisgarh
<p>BHUBANESWAR</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Odisha
<p>CHANDIGARH</p> <p>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</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh
<p>CHENNAI</p> <p>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</p>	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)

Office Details	Jurisdiction
<p>DELHI</p> <p>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</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh</p>
<p>GUWAHATI</p> <p>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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
<p>HYDERABAD</p> <p>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</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry</p>
<p>JAIPUR</p> <p>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</p>	<p>Rajasthan</p>
<p>ERNAKULAM</p> <p>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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>
<p>KOLKATA</p> <p>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</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>

Office Details	Jurisdiction
<p>LUCKNOW</p> <p>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</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
<p>MUMBAI</p> <p>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</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)</p>
<p>NOIDA</p> <p>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</p>	<p>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</p>
<p>PATNA</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand</p>
<p>PUNE</p> <p>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</p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)</p>

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 III – List of Sub-limits on Specified Illness/Conditions

Procedure	Sub-Limit in INR
Appendectomy	32,000
Cataract per eye including Cost of Lens	18,000
Cholecystectomy	26,000
Hernioplasty/Herniorraphy- Unilateral including cost of mesh and tacker	32,000
Hydrocele	18,000
Hysterectomy (Abdominal/Vaginal)	40,000
Total Knee Replacement (Unilateral) including cost of implants	72,000
Total Knee Replacement (Bilateral) including cost of implants	1,09,000
Haemorrhoidectomy including Cost of stapler	29,000
PCNL- Unilateral	37,000
Valve Replacement including cost of implants	1,45,000
Hernioplasty/Herniorraphy- Bilateral including Cost of mesh and tacker	37,000
PCNL- Bilateral	43,000
Temporary Pacemaker Implantation including cost of temporary pacemaker	14,000
Hip Replacement (Unilateral) including cost of implants	72,000
Hip Replacement (Bilateral) including cost of implants	1,09,000
Arthroscopic Surgery (Other Than ACL / Meniscectomy)	29,000
Angioplasty including cost of implants and angiography	1,09,000
Coronary Artery Bypass Graft (CABG)	1,45,000

ANNEXURE IV – List of Day Care Treatments

S.No.	Header	Procedure Name	S.No.	Header	Procedure Name
I	Cardiology Related:				
	1	Coronary Angiography	37		Incision (Opening) And Destruction (Elimination) Of The Inner Ear
II	Critical Care Related:		38		Other Operations On The Middle And Inner Ear
	2	Insert Non- Tunnel Cv Cath	39		Excision And Destruction Of Diseased Tissue Of The Nose
	3	Insert Picc Cath (Peripherally Inserted Central Catheter)	40		Other Operations On The Nose
	4	Replace Picc Cath (Peripherally Inserted Central Catheter)	41		Nasal Sinus Aspiration
	5	Insertion Catheter, Intra Anterior	42		Foreign Body Removal From Nose
	6	Insertion Of Portacath	43		Other Operations On The Tonsils And Adenoids
III	Dental Related:		44		Adenoidectomy
	7	Splinting Of Avulsed Teeth	45		Labyrinthectomy For Severe Vertigo
	8	Suturing Lacerated Lip	46		Stapedectomy Under Ga
	9	Suturing Oral Mucosa	47		Stapedectomy Under La
	10	Oral Biopsy In Case Of Abnormal Tissue Presentation	48		Tympanoplasty (Type Iv)
	11	Fnac	49		Endolymphatic Sac Surgery For Meniere's Disease
	12	Smear From Oral Cavity	50		Turbinectomy
IV	ENT Related:		51		Endoscopic Stapedectomy
	13	Myringotomy With Grommet Insertion	52		Incision And Drainage Of Perichondritis
	14	Tympanoplasty (Closure Of An Eardrum Perforation/Reconstruction Of The Auditory Ossicles)	53		Septoplasty
	15	Removal Of A Tympanic Drain	54		Vestibular Nerve Section
	16	Keratoses Removal Under Ga	55		Thyroplasty Type I
	17	Operations On The Turbinates (Nasal Concha)	56		Pseudocyst Of The Pinna - Excision
	18	Tympanoplasty (Closure Of An Eardrum Perforation/Reconstruction Of The Auditory Ossicles)	57		Incision And Drainage - Haematoma Auricle
	19	Removal Of Keratoses Obturans	58		Tympanoplasty (Type Ii)
	20	Stapedotomy To Treat Various Lesions In Middle Ear	59		Reduction Of Fracture Of Nasal Bone
	21	Revision Of A Stapedectomy	60		Thyroplasty Type Ii
	22	Other Operations On The Auditory Ossicles	61		Tracheostomy
	23	Myringoplasty (Postaural/Endaural Approach As Well As Simple Type -I Tympanoplasty)	62		Excision Of Angioma Septum
	24	Fenestration Of The Inner Ear	63		Turbino-plasty
	25	Revision Of A Fenestration Of The Inner Ear	64		Incision & Drainage Of Retro Pharyngeal Abscess
	26	Palatoplasty	65		Uvulo Palato Pharyngo Plasty
	27	Transoral Incision And Drainage Of A Pharyngeal Abscess	66		Adenoidectomy With Grommet Insertion
	28	Tonsillectomy Without Adenoidectomy	67		Adenoidectomy Without Grommet Insertion
	29	Tonsillectomy With Adenoidectomy	68		Vocal Cord Lateralisation Procedure
	30	Excision And Destruction Of A Lingual Tonsil	69		Incision & Drainage Of Para Pharyngeal Abscess
	31	Revision Of A Tympanoplasty	70		Tracheoplasty
	32	Other Microsurgical Operations On The Middle Ear	V	Gastroenterology Related:	
	33	Incision Of The Mastoid Process And Middle Ear	71		Cholecystectomy And Choledcho-Jejunostomy/ Duodenostomy/Gastrostomy/Expl Oration Common Bile Duct
	34	Mastoidectomy	72		Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/ Removal Of Foreign Body/Diathermy Of Bleeding Lesions
	35	Reconstruction Of The Middle Ear	73		Pancreatic Pseudocyst Eus & Drainage
	36	Other Excisions Of The Middle And Inner Ear	74		Rf Ablation For Barrett's Oesophagus
			75		Ercp And Papillotomy

S.No.	Header	Procedure Name	S.No.	Header	Procedure Name
	76	Esophagoscope And Sclerosant Injection		120	Scalp Suturing
	77	Eus + Submucosal Resection		121	Infected Lipoma Excision
	78	Construction Of Gastrostomy Tube		122	Maximal Anal Dilatation
	79	Eus + Aspiration Pancreatic Cyst		123	Piles
	80	Small Bowel Endoscopy (Therapeutic)		124	A)Injection Sclerotherapy
	81	Colonoscopy ,Lesion Removal		125	B)Piles Banding
	82	Ercp		126	Liver Abscess- Catheter Drainage
	83	Colonscopy Stenting Of Stricture		127	Fissure In Ano- Fissurectomy
	84	Percutaneous Endoscopic Gastrostomy		128	Fibroadenoma Breast Excision
	85	Eus And Pancreatic Pseudo Cyst Drainage		129	Oesophageal Varices Sclerotherapy
	86	Ercp And Choledochoscopy		130	Ercp - Pancreatic Duct Stone Removal
	87	Proctosigmoidoscopy Volvulus Detorsion		131	Perianal Abscess I&D
	88	Ercp And Sphincterotomy		132	Perianal Hematoma Evacuation
	89	Esophageal Stent Placement		133	Ugi Scopy And Polypectomy Oesophagus
	90	Ercp + Placement Of Biliary Stents		134	Breast Abscess I& D
	91	Sigmoidoscopy W / Stent		135	Feeding Gastrostomy
	92	Eus + Coeliac Node Biopsy		136	Oesophagoscopy And Biopsy Of Growth Oesophagus
	93	Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers		137	Ercp - Bile Duct Stone Removal
VI	General Surgery Related:			138	Ileostomy Closure
	94	Incision Of A Pilonidal Sinus / Abscess		139	Colonoscopy
	95	Fissure In Ano Sphincterotomy		140	Polypectomy Colon
	96	Surgical Treatment Of A Varicocele And A Hydrocele Of The Spermatic Cord		141	Splenic Abscesses Laparoscopic Drainage
	97	Orchidopexy		142	Ugi Scopy And Polypectomy Stomach
	98	Abdominal Exploration In Cryptorchidism		143	Rigid Oesophagoscopy For Fb Removal
	99	Surgical Treatment Of Anal Fistulas		144	Feeding Jejunostomy
	100	Division Of The Anal Sphincter (Sphincterotomy)		145	Colostomy
	101	Epididymectomy		146	Ileostomy
	102	Incision Of The Breast Abscess		147	Colostomy Closure
	103	Operations On The Nipple		148	Submandibular Salivary Duct Stone Removal
	104	Excision Of Single Breast Lump		149	Pneumatic Reduction Of Intussusception
	105	Incision And Excision Of Tissue In The Perianal Region		150	Varicose Veins Legs - Injection Sclerotherapy
	106	Surgical Treatment Of Hemorrhoids		151	Rigid Oesophagoscopy For Plummer Vinson Syndrome
	107	Other Operations On The Anus		152	Pancreatic Pseudocysts Endoscopic Drainage
	108	Ultrasound Guided Aspirations		153	Zadek's Nail Bed Excision
	109	Sclerotherapy,		154	Subcutaneous Mastectomy
	110	Therapeutic Laparoscopy With Laser		155	Excision Of Ranula Under Ga
	111	Infected Keloid Excision		156	Rigid Oesophagoscopy For Dilation Of Benign Strictures
	112	Axillary Lymphadenectomy		157	Eversion Of Sac Unilateral/Bilateral
	113	Wound Debridement And Cover		158	Lord's Plication
	114	Abscess-Decompression		159	Jaboulay's Procedure
	115	Cervical Lymphadenectomy		160	Scrotoplasty
	116	Infected Sebaceous Cyst		161	Circumcision For Trauma
	117	Inguinal Lymphadenectomy		162	Meatoplasty
	118	Incision And Drainage Of Abscess		163	Intersphincteric Abscess Incision And Drainage
	119	Suturing Of Lacerations		164	Psoas Abscess Incision And Drainage

S.No.	Header	Procedure Name	S.No.	Header	Procedure Name
	165	Thyroid Abscess Incision And Drainage		208	Laser Therapy Of Cervix For Various Lesions Of Uterus
	166	Tips Procedure For Portal Hypertension		209	Other Operations On The Uterine Cervix
	167	Esophageal Growth Stent		210	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
	168	Pair Procedure Of Hydatid Cyst Liver		211	Incision Of Vagina
	169	Tru Cut Liver Biopsy		212	Incision Of Vulva
	170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour		213	Culdotomy
	171	Excision Of Cervical Rib		214	Salpingo-Oophorectomy Via Laparotomy
	172	Laparoscopic Reduction Of Intussusception		215	Endoscopic Polypectomy
	173	Microdocheotomy Breast		216	Hysteroscopic Removal Of Myoma
	174	Surgery For Fracture Penis		217	D&C
	175	Sentinel Node Biopsy		218	Hysteroscopic Resection Of Septum
	176	Parastomal Hernia		219	Thermal Cauterisation Of Cervix
	177	Revision Colostomy		220	Mirena Insertion
	178	Prolapsed Colostomy- Correction		221	Hysteroscopic Adhesiolysis
	179	Testicular Biopsy		222	Leep (Loop Electrosurgical Excision Procedure)
	180	Laparoscopic Cardiomyotomy(Hellers)		223	Cryocauterisation Of Cervix
	181	Sentinel Node Biopsy Malignant Melanoma		224	Polypectomy Endometrium
	182	Laparoscopic Pyloromyotomy(Ramstedt)		225	Hysteroscopic Resection Of Fibroid
	183	Excision Of Fistula-In-Ano		226	Lletz (Large Loop Excision Of Transformation Zone)
	184	Excision Juvenile Polyps Rectum		227	Conization
	185	Vaginoplasty		228	Polypectomy Cervix
	186	Dilatation Of Accidental Caustic Stricture Oesophageal		229	Hysteroscopic Resection Of Endometrial Polyp
	187	Presacral Teratomas Excision		230	Vulval Wart Excision
	188	Removal Of Vesical Stone		231	Laparoscopic Paraovarian Cyst Excision
	189	Excision Sigmoid Polyp		232	Uterine Artery Embolization
	190	Sternomastoid Tenotomy		233	Laparoscopic Cystectomy
	191	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy		234	Hymenectomy(Imperforate Hymen)
	192	Excision Of Soft Tissue Rhabdomyosarcoma		235	Endometrial Ablation
	193	Mediastinal Lymph Node Biopsy		236	Vaginal Wall Cyst Excision
	194	High Orchiectomy For Testis Tumours		237	Vulval Cyst Excision
	195	Excision Of Cervical Teratoma		238	Laparoscopic Paratubal Cyst Excision
	196	Rectal-Myomectomy		239	Repair Of Vagina (Vaginal Atresia)
	197	Rectal Prolapse (Delorme's Procedure)		240	Hysteroscopy, Removal Of Myoma
	198	Detorsion Of Torsion Testis		241	Turbt
	199	Eua + Biopsy Multiple Fistula In Ano		242	Ureterocoele Repair - Congenital Internal
	200	Cystic Hygroma - Injection Treatment		243	Vaginal Mesh For Pop
VII	Gynecology Related:			244	Laparoscopic Myomectomy
	201	Operations On Bartholin's Glands (Cyst)		245	Surgery For Sui
	202	Incision Of The Ovary		246	Repair Recto- Vagina Fistula
	203	Insufflations Of The Fallopian Tubes		247	Pelvic Floor Repair(Excluding Fistula Repair)
	204	Other Operations On The Fallopian Tube		248	Urs + LI
	205	Dilatation Of The Cervical Canal		249	Laparoscopic Oophorectomy
	206	Conisation Of The Uterine Cervix		250	Normal Vaginal Delivery And Variants
	207	Therapeutic Curettage With Colposcopy/Biopsy/ Diathermy/Cry Osurgery/			

S.No.	Header	Procedure Name	S.No.	Header	Procedure Name
VIII	Neurology Related:		296		Telecesium Therapy
	251	Facial Nerve Physiotherapy	297		External Mould Brachytherapy
	252	Nerve Biopsy	298		Interstitial Brachytherapy
	253	Muscle Biopsy	299		Intracavity Brachytherapy
	254	Epidural Steroid Injection	300		3d Brachytherapy
	255	Glycerol Rhizotomy	301		Implant Brachytherapy
	256	Spinal Cord Stimulation	302		Intravesical Brachytherapy
	257	Motor Cortex Stimulation	303		Adjuvant Radiotherapy
	258	Stereotactic Radiosurgery	304		Afterloading Catheter Brachytherapy
	259	Percutaneous Cordotomy	305		Conditioning Radiotherapy For Bmt
	260	Intrathecal Baclofen Therapy	306		Extracorporeal Irradiation To The Homologous Bone Grafts
	261	Entrapment Neuropathy Release	307		Radical Chemotherapy
	262	Diagnostic Cerebral Angiography	308		Neoadjuvant Radiotherapy
	263	Vp Shunt	309		Ldr Brachytherapy
	264	Ventriculoatrial Shunt	310		Palliative Radiotherapy
IX	Oncology Related:		311		Radical Radiotherapy
	265	Radiotherapy For Cancer	312		Palliative Chemotherapy
	266	Cancer Chemotherapy	313		Template Brachytherapy
	267	Iv Push Chemotherapy	314		Neoadjuvant Chemotherapy
	268	Hbi-Hemibody Radiotherapy	315		Adjuvant Chemotherapy
	269	Infusional Targeted Therapy	316		Induction Chemotherapy
	270	Srt-Stereotactic Arc Therapy	317		Consolidation Chemotherapy
	271	Sc Administration Of Growth Factors	318		Maintenance Chemotherapy
	272	Continuous Infusional Chemotherapy	319		Hdr Brachytherapy
	273	Infusional Chemotherapy	X	Operations on the salivary glands & salivary ducts:	
	274	Ccrt-Concurrent Chemo + Rt	320		Incision And Lancing Of A Salivary Gland And A Salivary Duct
	275	2d Radiotherapy	321		Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
	276	3d Conformal Radiotherapy	322		Resection Of A Salivary Gland
	277	Igrt- Image Guided Radiotherapy	323		Reconstruction Of A Salivary Gland And A Salivary Duct
	278	Imrt- Step & Shoot	324		Other Operations On The Salivary Glands And Salivary Ducts
	279	Infusional Bisphosphonates	XI	Operations on the skin & subcutaneous tissues:	
	280	Imrt- Dmlc	325		Other Incisions Of The Skin And Subcutaneous Tissues
	281	Rotational Arc Therapy	326		Surgical Wound Toilet (Wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
	282	Tele Gamma Therapy	327		Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
	283	Fsrt-Fractionated Srt	328		Other Excisions Of The Skin And Subcutaneous Tissues
	284	Vmat-Volumetric Modulated Arc Therapy	329		Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
	285	Sbrt-Stereotactic Body Radiotherapy	330		Free Skin Transplantation, Donor Site
	286	Helical Tomotherapy	331		Free Skin Transplantation, Recipient Site
	287	Srs-Stereotactic Radiosurgery	332		Revision Of Skin Plasty
	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			

S.No.	Header	Procedure Name	S.No.	Header	Procedure Name
	333	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tiss	XIV		Orthopedics Related:
	334	Chemosurgery To The S	369		Surgery For Meniscus Tear
	335	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues	370		Incision On Bone, Septic And Aseptic
	336	Reconstruction Of Deformity/Defect In Nail Bed	371		Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
	337	Excision Of Bursirtis	372		Suture And Other Operations On Tendons And Tendon Sheath
	338	Tennis Elbow Release	373		Reduction Of Dislocation Under Ga
XII		Operations on the Tongue:	374		Arthroscopic Knee Aspiration
	339	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue	375		Surgery For Ligament Tear
	340	Partial Glossectomy	376		Surgery For Hemoarthrosis/Pyoarthrosis
	341	Glossectomy	377		Removal Of Fracture Pins/Nails
	342	Reconstruction Of The Tongue	378		Removal Of Metal Wire
	343	Small Reconstruction Of The Tongue	379		Closed Reduction On Fracture, Luxation
XIII		Ophthalmology Related:	380		Reduction Of Dislocation Under Ga
	344	Surgery For Cataract	381		Epiphyseolysis With Osteosynthesis
	345	Incision Of Tear Glands	382		Excision Of Various Lesions In Coccyx
	346	Other Operations On The Tear Ducts	383		Arthroscopic Repair Of Acl Tear Knee
	347	Incision Of Diseased Eyelids	384		Closed Reduction Of Minor Fractures
	348	Excision And Destruction Of Diseased Tissue Of The Eyelid	385		Arthroscopic Repair Of Pcl Tear Knee
	349	Operations On The Canthus And Epicanthus	386		Tendon Shortening
	350	Corrective Surgery For Entropion And Ectropion	387		Arthroscopic Meniscectomy - Knee
	351	Corrective Surgery For Blepharoptosis	388		Treatment Of Clavicle Dislocation
	352	Removal Of A Foreign Body From The Conjunctiva	389		Haemarthrosis Knee- Lavage
	353	Removal Of A Foreign Body From The Cornea	390		Abscess Knee Joint Drainage
	354	Incision Of The Cornea	391		Carpal Tunnel Release
	355	Operations For Pterygium	392		Closed Reduction Of Minor Dislocation
	356	Other Operations On The Cornea	393		Repair Of Knee Cap Tendon
	357	Removal Of A Foreign Body From The Lens Of The Eye	394		Orif With K Wire Fixation- Small Bones
	358	Removal Of A Foreign Body From The Posterior Chamber Of The Eye	395		Release Of Midfoot Joint
	359	Removal Of A Foreign Body From The Orbit And Eyeball	396		Orif With Plating- Small Long Bones
	360	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (Bilateral)	397		Implant Removal Minor
	361	Correction Of Eyelid Ptosis By Fascia Lata Graft (Bilateral)	398		K Wire Removal
	362	Diathermy/Cryotherapy To Treat Retinal Tear	399		Pop Application
	363	Anterior Chamber Paracentesis/ Cyclodiathermy/ Cyclocryotherap Y/ Goniotomy/Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma	400		Closed Reduction And External Fixation
	364	Enucleation Of Eye Without Implant	401		Arthrotomy Hip Joint
	365	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland	402		Syme's Amputation
	366	Laser Photocoagulation To Treat Ratinal Tear	403		Arthroplasty
	367	Biopsy Of Tear Gland	404		Partial Removal Of Rib
	368	Treatment Of Retinal Lesion	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

S.No.	Header	Procedure Name	S.No.	Header	Procedure Name
	413	Partial Removal Of Metatarsal		456	Breast Reconstruction Surgery After Mastectomy
	414	Repair / Graft Of Foot Tendon		457	Sling Operation For Facial Palsy
	415	Revision/Removal Of Knee Cap		458	Split Skin Grafting Under Ra
	416	Amputation Follow-Up Surgery		459	Wolfe Skin Graft
	417	Exploration Of Ankle Joint		460	Plastic Surgery To The Floor Of The Mouth Under Ga
	418	Remove/Graft Leg Bone Lesion			
	419	Repair/Graft Achilles Tendon	XVII	Thoracic surgery Related:	
	420	Remove Of Tissue Expander		461	Thoracoscopy And Lung Biopsy
	421	Biopsy Elbow Joint Lining		462	Excision Of Cervical Sympathetic Chain Thoraco-scope
	422	Removal Of Wrist Prosthesis		463	Laser Ablation Of Barrett's Oesophagus
	423	Biopsy Finger Joint Lining		464	Pleurodesis
	424	Tendon Lengthening		465	Thoracoscopy And Pleural Biopsy
	425	Treatment Of Shoulder Dislocation		466	Ebus + Biopsy
	426	Lengthening Of Hand Tendon		467	Thoracoscopy Ligation Thoracic Duct
	427	Removal Of Elbow Bursa		468	Thoracoscopy Assisted Empyaema Drainage
	428	Fixation Of Knee Joint	XVIII	Urology Related:	
	429	Treatment Of Foot Dislocation		469	Haemodialysis
	430	Surgery Of Bunion		470	Lithotripsy/Nephrolithotomy For Renal Calculus
	431	Intra Articular Steroid Injection		471	Excision Of Renal Cyst
	432	Tendon Transfer Procedure		472	Drainage Of Pyonephrosis/Perinephric Abscess
	433	Removal Of Knee Cap Bursa		473	Incision Of The Prostate
	434	Treatment Of Fracture Of Ulna		474	Transurethral Excision And Destruction Of Prostate Tissue
	435	Treatment Of Scapula Fracture		475	Transurethral And Percutaneous Destruction Of Prostate Tissue
	436	Removal Of Tumor Of Arm/ Elbow Under Ra/Ga		476	Open Surgical Excision And Destruction Of Prostate Tissue
	437	Repair Of Ruptured Tendon		477	Radical Prostatovesiculectomy
	438	Decompress Forearm Space		478	Other Excision And Destruction Of Prostate Tissue
	439	Revision Of Neck Muscle (Torticollis Release)		479	Operations On The Seminal Vesicles
	440	Lengthening Of Thigh Tendons		480	Incision And Excision Of Periprostatic Tissue
	441	Treatment Fracture Of Radius & Ulna		481	Other Operations On The Prostate
	442	Repair Of Knee Joint		482	Incision Of The Scrotum And Tunica Vaginalis Testis
XV	Other operations on the mouth & face:			483	Operation On A Testicular Hydrocele
	443	External Incision And Drainage In The Region Of The Mouth, Jaw And Face		484	Excision And Destruction Of Diseased Scrotal Tissue
	444	Incision Of The Hard And Soft Palate		485	Other Operations On The Scrotum And Tunica Vaginalis Testis
	445	Excision And Destruction Of Diseased Hard And Soft Palate		486	Incision Of The Testes
	446	Incision, Excision And Destruction In The Mouth		487	Excision And Destruction Of Diseased Tissue Of The Testes
	447	Other Operations In The Mouth		488	Unilateral Orchidectomy
XVI	Plastic Surgery Related:			489	Bilateral Orchidectomy
	448	Construction Skin Pedicle Flap		490	Surgical Repositioning Of An Abdominal Testis
	449	Gluteal Pressure Ulcer-Excision		491	Reconstruction Of The Testis
	450	Muscle-Skin Graft, Leg		492	Implantation, Exchange And Removal Of A Testicular Prosthesis
	451	Removal Of Bone For Graft		493	Other Operations On The Testis
	452	Muscle-Skin Graft Duct Fistula		494	Excision In The Area Of The Epididymis
	453	Removal Cartilage Graft			
	454	Myocutaneous Flap			
	455	Fibro Myocutaneous Flap			

S.No.	Header	Procedure Name	S.No.	Header	Procedure Name
	495	Operations On The Foreskin		516	Excision Of Urethral Diverticulum
	496	Local Excision And Destruction Of Diseased Tissue Of The Penis		517	Removal Of Urethral Stone
	497	Amputation Of The Penis		518	Excision Of Urethral Prolapse
	498	Other Operations On The Penis		519	Mega-Ureter Reconstruction
	499	Cystoscopic Removal Of Stones		520	Kidney Renoscopy And Biopsy
	500	Catheterisation Of Bladder		521	Ureter Endoscopy And Treatment
	501	Lithotripsy		522	Vesico Ureteric Reflux Correction
	502	Biopsy Of Temporal Artery For Various Lesions		523	Surgery For Pelvi Ureteric Junction Obstruction
	503	External Arterio-Venous Shunt		524	Anderson Hynes Operation (Open Pyelopalsty)
	504	Av Fistula - Wrist		525	Kidney Endoscopy And Biopsy
	505	Ursl With Stenting		526	Paraphimosis Surgery
	506	Ursl With Lithotripsy		527	Injury Prepuce- Circumcision
	507	Cystoscopic Litholapaxy		528	Frenular Tear Repair
	508	Eswl		529	Meatotomy For Meatal Stenosis
	509	Bladder Neck Incision		530	Surgery For Fournier's Gangrene Scrotum
	510	Cystoscopy & Biopsy		531	Surgery Filarial Scrotum
	511	Cystoscopy And Removal Of Polyp		532	Surgery For Watering Can Perineum
	512	Suprapubic Cystostomy		533	Repair Of Penile Torsion
	513	Percutaneous Nephrostomy		534	Drainage Of Prostate Abscess
	514	Cystoscopy And "Sling" Proced		535	Orchiectomy
	515	Tuna- Prostate		536	Cystoscopy And Removal Of Fb