

4 Additional Packages

S.N.	Package Category	Package Specialities	Package code	Package including procedures name	Original Package Rate	Package Rate (Fully NABH Accredited Hospitals) 100% of the package amount	Package Rate (PG/DNB Running Medical College & Hospitals/NABH entry level qualified hospitals/9 Specified Districts) 95% of the package amount	Package Rate (Remaining Hospitals) 85% of the package amount	Surgical/Medical	Reserved for Govt. Hospitals	Pre-authorizations Auto Approved (Yes/No)	Implant /High End consumables (Yes/No)	Implant Maximum Multiplier	Pre-auth Mandatory Documents	Claim Submission Mandatory Documents	Add-on Procedures (Yes/No)	Stand Alone Procedures (Yes/No)	Regular Procedures (Yes/No)	Follow Up Procedures (Yes/No)	Day Care Procedures (Yes/No)	Min Length of stay (Only for Indications)
1	Tertiary	General Medicine - Phase 3	28340000001	Hemodialysis/ Peritoneal Dialysis (CRF)- Hemodialysis	1500	1500	1425	1275	Medical	Not Reserved	No	No	0	Admission Notes Showing Findings/ Examination Notes Detailing History , Supporting Investigations	Detailed Discharge Summary , Detailed Icps , Detailed Treatment Notes , Evidence Of All Investigations Done	Yes	No	No	No	Yes	NA
2	Tertiary	General Medicine - Phase 3	28340000002	Hemodialysis/ Peritoneal Dialysis (CRF)- Peritoneal Dialysis	1500	1500	1425	1275	Medical	Not Reserved	No	No	0	Admission Notes Showing Vitals/ Examination Findings/Planned Line Of Management , Clinical Notes Detailing History , Supporting Investigations	Detailed Discharge Summary , Detailed Icps , Detailed Treatment Notes , Evidence Of All Investigations Done	Yes	No	No	No	Yes	NA
3	Secondary	General Medicine - Phase 3	18340000505	COVID-19 General Ward (Per day): Unspecified-Description of ailment to be written	2000	2000	1900	1700	Medical	Not Reserved	Yes	No	0	Pre-dr prescription with chief complaint, covid test report, Examination finding	Treatment chart/IPD, Discharge summary, Covid test Report	No	No	Yes	No	No	NA
4	Secondary	General Medicine - Phase 3	18340000506	Covid-19 ICU (Per day)- Designated AC Space with standard ICU Bed, equipment	4000	4000	3800	3400	Medical	Not Reserved	Yes	No	0	Pre-dr prescription with chief complaint, covid test report, Examination finding	Treatment chart/IPD, Discharge summary, Ventilator chart if used ,ABG report,Covid test Report	No	No	Yes	No	No	NA