

MUMBAI GIPSA PPN RATE: 2024-26		Modi Hospital, Thane (W)						
L1	Doctor's fee, OT charges, Anesthetic Charges, Drugs, Investigations, Professional charges, Room rents, Nursing & administrative charges							
L2	IOL,Pacemaker, Ortho prosthesis, Stents, Staplers, Catheters, Balloons, Guidewires							
L3	Assays, high end hormonal studies, SPECT, A scans,etc.							
L4	Laproscopy/abdominal/vaginal/laser etc							
SL NO	NEW PPN CODE	GIPSA PPN PROCEDURES	Inclusion	Exclusion	Day care	General/Multi Sharing (Rs 1200/day)	Twin Sharing (Rs 2100 /day)	Single AC (Rs 3400/day)
<b>CARDIOLOGY</b>								
1	PPN C 01	Angiography (daycare) (Excl. guidewire, catheter)	L1,L3,L4	L2	NA			
2	PPN C 02	Angioplasty (Without Balloon, Guiding Catheter, Guidewire)	L1,L3,L4	L2		NA	NA	NA
3	PPN C 03	Angiography with Angioplasty (Without Balloon, Guiding Catheter, Guidewire)	L1,L3,L4	L2		NA	NA	NA
4	PPN C 04	CABG	L1,L2,L3,L4			NA	NA	NA
5	PPN C 05	Valve replacement-single valve	L1,L3,L4	L2		NA	NA	NA
6	PPN C 06	Temporary Pacemaker Implantation	L1,L3,L4	L2		NA	NA	NA
7	PPN C 07	Permanent Pacemaker Implantation	L1,L3,L4	L2		NA	NA	NA
8	PPN C 08	DVR-Double Valve Replacement	L1,L3,L4	L2		NA	NA	NA
9	PPN C 09	EPS and RFA	L1,L3,L4	L2		NA	NA	NA
<b>ENT</b>								
10	PPN E 01	Tonsillectomy/Adenoidectomy (Laser and Coblation)	L1,L2,L3,L4			21100	23100	27400
11	PPN E 02	Adenotonsillectomy	L1,L2,L3,L4			27400	30600	35600
12	PPN E 03	Tympanoplasty	L1,L2,L3,L4			22400	24900	29300
13	PPN E 04	Mastoidectomy	L1,L2,L3,L4			31200	34300	40000
14	PPN E 05	Mastoidectomy & Tympanoplasty	L1,L2,L3,L4			40300	44700	52800
15	PPN E 06	FESS with Septoplasty & turbinectomy or polypectomy/conchoplasty- unilateral	L1,L2,L3,L4			34800	38800	45500
16	PPN E 07	FESS with Septoplasty & turbinectomy or polypectomy or conchoplasty- bilateral	L1,L2,L3,L4			36200	38400	44000
17	PPN E 08	Cortical Mastoidectomy with myringoplasty	L1,L2,L3,L4			39700	42100	44400
18	PPN E 09	Peritonsillar abscess drainage (day care)	L1,L2,L3,L4		14300			
19	PPN E 10	Microlaryngeal surgeries for cysts and polyps	L1,L2,L3,L4			31100	32900	34800
20	PPN E 11	Myringotomy with grommet insertion	L1,L2,L3,L4			16900	18000	20600
<b>GENERAL SURGERY</b>								
21	PPN G 01	Haemorrhoidectomy (Including Staples & Tackers)	L1,L2,L3,L4			36300	39500	44300
22	PPN G 02	Haemorrhoidectomy + fissurectomy (stapler / tackers included)	L1,L2,L3,L4			39300	43900	48800
23	PPN G 03	Fissurectomy and fissure dilatation	L1,L2,L3,L4			27700	32100	37100
24	PPN G 04	High end fistulectomy	L1,L2,L3,L4			24300	26800	31700

25	PPN G 05	Low end fistulectomy	L1,L2,L3,L4			17800	19500	22700
26	PPN G 06 A	Appendectomy -Lap	L1,L2,L3,L4			41900	46600	54100
27	PPN G 06 B	Appendectomy -Open	L1,L2,L3	L4		35500	39200	46400
28	PPN G 07 A	Cholecystectomy (Lap)	L1,L2,L3,L4			52300	58900	68200
29	PPN G 07 B	Cholecystectomy (open)	L1,L2,L3	L4		45400	51200	59300
30	PPN G 08 A	Excision of pilonidal sinus with Flap Cover	L1,L2,L3,L4			33400	35300	40800
31	PPN G 08 B	Excision of pilonidal sinus with primary closure	L1,L2,L3,L4			26000	27500	28800
32	PPN G 09 A	Mastectomy (simple)	L1,L2,L3,L4			37300	42800	49300
33	PPN G 9 B	Mastectomy (radical) or Modified Radical Mastectomy	L1,L2,L3,L4			59300	65800	77100
34	PPN G 10	Thyroidectomy (Total/Subtotal/Enucleation /Partial/Lingual/Isthmectomy	L1,L2,L3,L4			57100	63400	74400
35	PPN G 11	Inguinal/ femoral hernioplasty-unilateral (mesh included)	L1,L2,L3, L4			36000	39700	47100
36	PPN G 12	Inguinal/ femoral hernioplasty-bilateral (mesh included)	L1,L2,L3, L4			45900	50400	59700
37	PPN G 13	Umblicalhernioplasty (mesh Included)	L1,L2,L3, L4			40200	44800	52800
38	PPN G 14	Incisional hernioplasty (mesh and tackers included).if size of defect is large mesh to be paid as per actual defect size with justification	L1,L2,L3, L4			44700	49500	59300
39	PPN G 15	Circumcision (day care)	L1,L2,L3,L4		14300			
40	PPN G 16	Perianal abscess	L1,L2,L3,L4			15400	17400	20800
41	PPN G 17	Breast lumpectomy	L1,L2,L3,L4			26600	29500	34800
42	PPN G 18	AV fistula (day care)	L1,L2,L3,L4		18200			
43	PPN G 19	Hydrocele	L1,L2,L3,L4			18200	20900	24500
44	PPN G 20	Right or left hemi colectomy	L1,L2,L3,L4			70600	74500	78500
45	PPN G 21	Resection and anastomosis of small intestine (single)	L1,L2,L3,L4			63500	67100	70600

**Note: All General Surgeries with or without adhenolysis are within same package. For Hernia, laproscopic surgeries 15% extra than hernia open surgeries can be given.**

		<b>OBSTETRICS &amp; GYNE</b>						
47	PPN OBG 01	Normal delivery (with well baby care)	L1,L2,L3,L4			28600	32300	35800
48	PPN OBG 02	LSCS (with well baby care)	L1,L2,L3,L4			47200	52000	59600
49	PPN OBG 03	LAVH	L1,L2,L3,L4			44000	55000	63400
50	PPN OBG 04	TAH + BSO + Adhesiolysis (Lap)	L1,L2,L3,L4			72900	81200	89300
	PPN OBG 04-A	TAH + BSO + Adhesiolysis (open)	L1,L2,L3,L4			67400	72600	79900
51	PPN OBG 05	Hysterectomy with Pelvic Floor Repair (PFR)	L1,L2,L3,L4			55200	60400	66400
52	PPN OBG 06	Instrumental delivery (including well baby care)	L1,L2,L3,L4			25700	32000	37000
53	PPN OBG 07	Ovarian cystectomy Lap	L1,L2,L3,L4			41300	44600	50800
	PPN OBG 07A	Ovarian cystectomy Open	L1,L2,L3,L4			33200	34900	39900
54	PPN OBG 08	Dilatation and curettage (D&C) (day care)	L1,L2,L3,L4		15100			
55	PPN OBG 09	Vaginal vault prolapse repair	L1,L2,L3,L4			42700	53400	61200
56	PPN OBG 10	Myomectomy (Lap /Open)	L1,L2,L3,L4			48300	54600	67100

		<b>OPHTHALMOLOGY</b>						
57	PPN OPH 01 A	Cataract (excluding lens)-Phaco	L1,L3,L4	L2	18800			
58	PPN OPH 01 B	Cataract (excluding lens)-MICS	L1,L3,L4	L2	18800			
59	PPN OPH 02 A	Vitrectomy	L1,L2,L3,L4		31400			
60	PPN OPH 02 B	Vitrectomy with gas tamponade	L1,L2,L3,L4		35100			
61	PPN OPH 02 C	Vitrectomy with silicone tamponade	L1,L2,L3,L4		37600			
62	PPN OPH 02 D	Vitrectomy -membrane peeling-endolaser- gas/silicone tamponade	L1,L2,L3,L4		41400			
63	PPN OPH 02 E	Vitrectomy (sutureless) +membrane peeling- endolaser- gas/silicone tamponade	L1,L2,L3,L4		43900			
64	PPN OPH 03 A	Trabeculectomy with MMC / 5Fluorouracil	L1,L2,L3,L4		25100			
65	PPN OPH 03 B	Trabeculectomy with ologen	L1,L2,L3,L4		31400			
66	PPN OPH 04	Retinal Detachment	L1,L2,L3,L4		27600			
67	PPN OPH 05	C3R-Corneal Collagen Cross Linking with Riboflavin	L1,L2,L3,L4		25100			
<b>Note: For C3R, Insurance Companies will not pay for Intacs lens which is for vision correction.</b>								
		<b>ORTHOPAEDICS</b>						
68	PN ORTHO 01	Total knee replacement- unilateral	L1,L3,L4	L2		100300	110300	119100
69	PN ORTHO 02	Total knee replacement- bilateral	L1,L3,L4	L2		137900	150500	156800
70	PN ORTHO 03	Hip replacement unilateral	L1,L3,L4	L2		100300	110300	119100
71	PN ORTHO 04	Hip replacement bilateral	L1,L3,L4	L2		137900	150500	156800
72	PN ORTHO 05	Fracture neck femur	L1,L3,L4	L2		70700	78800	92500
73	PN ORTHO 06	Hemiarthroplasty	L1,L3,L4	L2		69000	79400	91200
74	PN ORTHO 07	Femur shaft fracture-proximal /middle/distal	L1,L3,L4	L2		45000	51600	59400
75	PN ORTHO 08 A	Tibia fracture proximal Unicondylar/middle/distal- ORIF/ ORIF	L1,L3,L4	L2		39900	42100	48300
76	PN ORTHO 08 B	Tibia fracture proximal Bicondylar-ORIF/ ORIF	L1,L3,L4	L2		60400	69500	80000
77	PN ORTHO 09	Ankle fracture-ORIF/ORIF with screws/TBW	L1,L3,L4	L2		34300	39600	45500
78	PN ORTHO 10	Arthrodesis - wrist/ankle subtalar	L1,L3,L4	L2		29000	30600	35300
79	PN ORTHO 11	Hand or Foot fractures -with plates or screws	L1,L3,L4	L2		21800	29000	33200
80	PN ORTHO 12	Calcaneal fracture - with plates	L1,L3,L4	L2		32800	34100	39500
81	PN ORTHO 13 A	Open Reduction and Internal Fixation of shoulder / humerus	L1,L3,L4	L2		41300	47300	54600
82	PN ORTHO 13 B	Open Reduction and Internal Fixation of elbow	L1,L3,L4	L2		41300	47300	54600
83	PN ORTHO 13 C	Open Reduction and Internal Fixation -fracture of both bones forearm	L1,L3,L4	L2		41300	47300	54600
84	PN ORTHO 13 D	Open Reduction and Internal Fixation -fracture of single bone forearm/wrist	L1,L3,L4	L2		37300	42900	49300
85	PN ORTHO 14	Scaphoid fracture fixation	L1,L3,L4	L2		29000	30600	35300
86	PN ORTHO 15	Arthroscopic debridement and Sinovectomy				49900	57500	66100
87	PN ORTHO 16 A	Shoulder-arthroscopy bankart repair	L1,L3,L4	L2		43700	50100	57500
88	PN ORTHO 16 B	Shoulder-arthroscopy / open- sub acromial decompression	L1,L3,L4	L2		39900	49900	57300
89	PN ORTHO 17	ACL reconstruction /repair	L1,L3,L4	L2		50900	58700	67300

90	PN ORTHO 18	MCL reconstruction/repair	L1,L3,L4	L2		42800	45300	51600
91	PN ORTHO 19	ACL & PCL reconstruction /repair	L1,L3,L4	L2		58900	67400	77600
92	PN ORTHO 20	Laminectomy/disectomy	L1,L3,L4	L2		62600	71900	82700
93	PN ORTHO 21	Stabilization of cervical spine	L1,L3,L4	L2		50800	53600	61500
94	PN ORTHO 22	Thoraco / lumbar global fixation/bone graft	L1,L3,L4	L2		67400	77600	89200
95	PN ORTHO 23	Thoraco / lumbar - anterior interbody fixation/bone graft	L1,L3,L4	L2		70500	81000	93200
96	PN ORTHO 24	Carpel tunnel release- unilateral	L1,L2,L3,L4			22300	25700	29800
97	PN ORTHO 25	Carpel tunnel release- bilateral	L1,L2,L3,L4			21500	24800	28400
98	PN ORTHO 26	Close reduction of fractures / dislocations (day care)	L1,L2,L3,L4		21300			
99	PN ORTHO 27 A	Implant removal of small bones	L1,L2,L3,L4			29700	32800	39100
100	PN ORTHO 27 B	Implant removal of large bones	L1,L2,L3,L4			32800	34100	39500
101	PN ORTHO 27 C	Implant removal of spine	L1,L2,L3,L4			26200	27700	31600
102	PN ORTHO 28 A	Bone grafting for non union of small bones	L1,L3,L4	L2		21700	23100	26200
103	PN ORTHO 28 B	Bone grafting for non union of large bones	L1,L3,L4	L2		26200	27700	31600
104	PN ORTHO 29	Acetabular fracture fixation	L1,L3,L4	L2		61600	65100	74900
105	PN ORTHO 30	Pelvis fracture- external fixation	L1,L3,L4	L2		32800	34100	39500
106	PN ORTHO 31	Reduction of dislocation in GA	L1,L2,L3,L4			38800	40900	46900
107	PN ORTHO 32 A	Amputation of Digit -single	L1,L2,L3,L4			19100	22200	25600
108	PN ORTHO 32 B	Amputation of Digit -multiple	L1,L2,L3,L4			33100	38200	43800
109	PN ORTHO 33 A	Amputation above elbow/ knee	L1,L2,L3,L4			62000	71500	82200
110	PN ORTHO 33 B	Amputation below elbow/ knee	L1,L2,L3,L4			75900	87200	100300
111	PN ORTHO 34 A	Small Wound Debridement (Day Care)	L1,L2,L3,L4		12500			
112	PN ORTHO 34 B	Large Wound Debridement	L1,L2,L3,L4			13800	16000	18200
113	PN ORTHO 35 A	Tendon Repair Single	L1,L2,L3,L4			65100	74900	86000
114	PN ORTHO 35 B	Tendon Repair Multiple	L1,L2,L3,L4			81100	93200	107300
		<b>UROLOGY AND NEPHROLOGY</b>						
115	PPN URO 01	PCNL -unilateral	L1,L2,L3,L4			45300	53500	61700
116	PPN URO 02	PCNL bilateral	L1,L2,L3,L4			56700	66700	77000
117	PPN URO 03 A	Prostate removal- TURP	L1,L2,L3,L4			52100	61500	70600
118	PPN URO 03 B	Prostate removal- Open	L1,L2,L3,L4			45500	49600	59600
119	PPN URO 03 C	Prostate removal- Holmium/Diode	L1,L2,L3,L4			66200	78000	86600
120	PPN URO 04	Meatotomy (day care)	L1,L2,L3,L4		17600			
121	PPN URO 05	Dialysis (all inclusive, Day Care) Per Sitting	L1,L2,L3,L4		1900			
122	PPN URO 06	Renal transplant surgery (all inclusive, except organ)	L1,L2,L3,L4			NA	NA	NA
123	PPN URO 07	DJ stent removal (day care)	L1,L2,L3,L4		13500			
124	PPN URO 08	Cystoscopy (therapeutic)	L1,L2,L3,L4			33100	38600	44100

125	PPN URO 09	Cystoscopy URS with DJ stenting unilateral	L1,L2,L3,L4			42800	49300	56700
126	PPN URO 10	Nephrectomy Open	L1,L2,L3,L4			62800	72500	79100
	PPN URO 10 A	Nephrectomy Lap	L1,L2,L3,L4			77200	85000	90800
127	PPN URO 11	Nephrolithotomy / pyelolithotomy	L1,L2,L3,L4			57100	65700	75600
128	PPN URO 12	Orchidectomy-unilateral	L1,L2,L3,L4			29800	31500	33100
129	PPN URO 13	Orchidectomy-bilateral	L1,L2,L3,L4			38800	44700	51400
130	PPN URO 14	ESWL-Extra Corporeal Shock wave lithotripsy (day care)	L1,L2,L3,L4		24000			
131	PPN URO 14	URS /Therapeutic	L1,L2,L3,L4			34500	38800	41400
		<b>NEUROSURGERY</b>						
132	PPN NEU 01	VP shunting	L1,L2,L3,L4			49900	57500	66100
133	PPN NEU 02	Craniotomy with evacuation of Haematoma	L1,L2,L3,L4			NA	NA	NA
134	PPN NEU 03	Decompressive Craniectomy	L1,L2,L3,L4			NA	NA	NA
		<b>VASCULAR SURGERY</b>						
135	PPN VS 01	Varicose veins (surgical)	L1,L2,L3,L4			44700	47200	49600
	PPN VS 01 A	Varicose veins (laser or Radio frequency ablation)	L1,L2,L3,L4			52100	55000	58000

**Please Note:**

For the ease of the Insured, the Hospital shall display a signboard stating the availability of cashless to the Insureds of NIACL, NICL, UIICL and OICL, along with the procedure for cashless admission, at prominent location (preferably at the reception, admission counter and at Casualty / Emergency departments).

For the ease of the Insured, the Hospital admission form should contain check box for insurance and non insurance patient which needs to be ticked compulsorily. If left unticked it will be hospitals responsibility to deal with any grievances arising out of reimbursement claims and would make refunds to insured accordingly if any.

Declaration form filling is mandatory for all the patients who ticks yes on insurance check box.

Packages are walk in walkout packages for patients unless specified otherwise for the procedures where implants are to be charged extra.

The packages includes room stay, routine tests, routine diagnostics, OT charges, Surgeons fees, Anaesthesia, Dr's visit fees (admitting Doctor) and medicines/consumables.

In cases of multiple surgeries major surgery will be approved 100%, 2nd surgery @ 50% of package and 3rd surgery @ 25% of agreed package.

Blood/Blood products will be charged as per actuals. Additional stay, medicines and consumables outside the limits will be charged as per actuals after giving due justification to the TPA.

Investigations does not include high end tests such as CT, MRI, Radiation, USG, 2D Echo, Stress Test, Liver Profile, SMA+12 etc. which will be charged on actuals as per tariff.

Pre-Operative investigation are included in package amount. Investigation included in packages- CBC, Urine Routine, HIV Spot, Anti HCV, HbsAG, Serum Creatinine, X-ray and ECG.

Emergency charges will be applicable only for cases hospitalized after 8 pm to 8am, Public Holidays & Sundays.

During Emergency hour/ Day, 15% extra will be considered for the above mentioned packages.

Agreed GIPSA PPN Package Rates, discount and hospital tariff/Schedule of Charges (SoC) will be applicable for two years from the Approval date.

No Break up can be provided for GIPSA Packages.

One Surgery is as per GIPSA and other Non GIPSA, then the higher category surgery will be charged 100% and subsequent surgery will be charged 50%. Multiple Surgery shall imply surgeries done in one sitting, in same incision and by same surgeon.
If Hospital rack rates found to be lower than PPN rates offered, than lower rates will be applied for claim settlement for GIPSA policy holders (except BPL Patient services). No Services charge/ Surcharge will be taken from GIPSA Policy Holders.
Agreed GIPSA Rates will be applicable for all GIPSA policy holders for both cashless and reimbursement claims. Each and every Patient should be provided with the GIPSA Network-Declaration format at the time of admission, to be filled by the patient/insured/attendant, so that the correct rates can be applied by the Hospital.
The PPN package rates and hospital tariff/SoC will apply to all categories of rooms of the Hospital as negotiated, irrespective of Physician(s) /Surgeon(s) /Consultant(s) /Doctor(s) involved.
The Network Provider should submit all the documents to the concerned TPA within 2 days of discharge of the Insured person / Member from the hospital.
LOS - As per Annexure I
The packages are for simple elective surgeries, any complications of the patient will be considered as high risk and to be charged at actual.
Discount of <b>10%</b> will be applicable on the final bill excluding PPN Packages.(Discount shall be applicable on medicine and implant excluding NPPA implants and DPCO drugs).
Covid-19 billing will be as per the revised notification No. Corona-2020/cr-97/arogya-5 dated 01.06.2021, by the Public Health Dept. Mumbai, and its updates and amendments.
When Govt. rates are no longer applicable, Discount of <b>10%</b> will be applicable on the final bill for Covid-19 billing excluding PPN Packages.(Discount shall be applicable on medicines and implant excluding NPPA implants and DPCO drugs).
The total discount amount and percentage of discount given by the Hospital must be printed in every Final Hospital Bill for the benefit of the Patient, TPA and Insurance Company.
Display of cash collected (Advance & Extra Amount) from the patient, in the Final Hospital Bill, is mandatory.
Day Care procedure will be billed as day care bed tariff, but due to any reason if the insured has to be hospitalised, complete billing shall be done on the basis of hospital SoC for the room opted.
For PPN procedures not available at present, the hospital shall take prior approval from the Insurance Companies and offer mutually agreed rates for the same.
All IRDAI circulars as on date are applicable during the period of contract.