CHITTARANJAN NATIONAL CANCER INSTITUTE

37, S.P. Mukherjee Road, Kolkata – 700026

Report of the committee constituted for revision of user charges in respect of Hospital wing, CNCI, Kolkata.

The competent authority of this Institute has constituted a committee to consider the existing user charges in the hospital and propose upward revision of the same, if required. The committee members met twice, examined the issue holistically, consulted HODs of Hospital wing, considered the socio- economic condition of the patient and recommended the proposed charges which is annexed herewith.

The committee conveyed sincere thanks to the competent authority in this regard.

Sl.No.	Name of Members	Designation	Signature
1.	Dr. Sankar Sengupta	Medical Superintendent	
2.	Dr. Suparna Majumder	HOD, Radiodiagnosis	
3.	Dr. Rup Kumar Saha	Officer-In-Charge (Hospital)	
4.	Dr. Debarshi Lahiri	Spl. Grade – II	
5.	Shri Sudhin Kr. Bandyopadhyay	Sr. Administrative Officer	
6.	Shri Ujjwal Barui	Head Clerk	

CNCI user charges,2020

Patient category

NC: Non/ Nominally-Chargeable **(BPL card holders/ Pt under ECAP)**

G: General

P: Paying (Charges as per **CGHS Cancer treatment rates** will apply).

CODE	PATIENT CHARGES (Hospital charges)	NC	G	P
	Registration Fees	20	20	300
	Charges for printing reports (per page)	2	2	2
	Charges for duplicate bill printing (per bill)	15	15	15
	Casualty /ER Consultation charges	0	0	700
	Room / Bed Charges	0	300	H-1000 N-1500
	ICU Charges Per day	100	1000	2500
	Day Care Bed Charges	50	200	700

If a patient of category **(G)**is admitted in a Non -AC bed then the bed charges would be nil. Other charges would remain the same.

MEDICAL ONCOLOGY

CODE	Charges- MEDICAL ONCOLOGY	NC	G	P
	General Consultation (new case)	0	0	400
	Cross Consultation (referred)	0	0	265
	Follow-Up Consultation	0	0	275
	Chemotherapy Consultation (**Full protocol**)	0	0	3310
	Chemotherapy Indoor charges **per cycle**	0	0	3310
	Chemotherapy day care charges **per cycle**	0	200	1105
	Intrathecal Chemotherapy	20	150	900
	Chemotherapy IM /SC adm.	0	0	150
	PICC insertion	50	350	2000
	Chemoport facility	50	500	3140
	Targeted therapy	0	0	1310
	Multiple drugs	0	0	1345
	Single drug	0	0	590
	Concurrent chemoradiation	0	0	1430

	Adjuvant	0	0	1960
	Neoadjuvant	0	0	1960
	BMT(Allogenic)	0	75000	130000
	BMT (Autologous)	0	70000	105000

RADIOLOGY

CODE	**Hospital CHARGES- RADIO DIAGNOSIS**	**NC**	**G**	**P #**
	Outside Reporting- X-Ray, per exam	0	50	100
	Outside Reporting- X-Ray, Special procedure	0	50	600
	Outside Reporting- Mammogram	0	50	350
	Outside Reporting- CT	0	150	1000
	Outside Reporting-MRI	0	150	1400
	Video Recording - USG/DSA etc	0	50	400
	Outside – CD/ Film Upload	0	0	50
	Digital film reporting per plate	0	50	150
	Outside Reporting-PET CT/PET	0	150	1600
CODE	**CONVENTIONAL RADIOLOGY(PLAIN)**	**NC**	**G**	**P #**
	X-Ray – Skull	0	50	400
	X-Ray - OPG/Dental	0	50	400
	X-Ray- Spine AP	0	50	400
	X-Ray- Spine-Lateral	0	50	400
	X-Ray- Pelvis	0	50	400
	X-Ray- Neck AP	0	50	400
	X-Ray- Neck Lateral	0	50	400
	X-Ray-Upper limb/Joint	0	50	400
	X-Ray-Lower limb/Joint	0	50	400
	X-Ray-Chest	0	50	400
	X-Ray-Abdomen	0	50	400
	X-Ray-KUB	0	50	400
	X-Ray-Skeletal Survey	0	800	4000
	X-Ray-PNS	0	50	400
	X-Ray- Sternum AP	0	50	400
	X-Ray- Sternum Oblique	0	50	400
	X-Ray-sternum lateral	0	50	400
	X-Ray -Portable	0	100	600

CODE	**CONVENTIONAL RADIOLOGY(CONTRAST)**	**NC**	**G**	**P #**
	X-Ray- Sialography	0	250	1200
	X-Ray- Barium Swallow	0	250	1200
	X-Ray-Barium Meal	0	350	1200
	X-Ray-Barium Meal Follow through	0	650	3200
	X-Ray-Barium Enema	0	650	3200
	X-Ray-Small Bowel Enema	0	650	3200
	X-Ray- Tube cholangiogram	0	150	500
	X-Ray-ERCP	0	850	4000
	X-Ray-IVP	0	500	2000
	X-Ray-Cystogram	0	250	1200
	X-Ray-MCU	0	300	1600
	X-Ray-Retrograde Urethrogram	0	250	1200
	X-Ray-Retrograde Pyelogram	0	250	1200
	X-Ray-Sinogram	0	150	800
	X-Ray- Fistulogram	0	150	800
	X Ray- Loopogram	0	150	800n
	X-Ray-Cologram	0	150	800
	X-Ray- Nephrostogram	0	150	800
CODE	**USG**	**NC**	**G**	**P #**
	USG- Abdomen (whole)	0	500	850
	USG-Pelvis	0	250	850
	USG-Abd& Pelvis	0	500	1300
	USG-Transrectal	0	300	1000
	USG- Trans Vaginal	0	300	1000
	USG-TRUS guided Biopsy	0	400	1600
	USG-Neck	0	250	850
	USG-Thorax	0	250	850
	USG-Breast & Axilla	0	250	850
	USG-Upper extremity/Joint	0	250	850
	USG-Lower Extremity/Joint	0	250	850
	USG-Portable	0	400	2000
	USG-KUB	0	250	850
	USG- Doppler study (extremity, hepatoportal, renal, carotid, IVC)	0	500	1250
	USG-Groin/Scrotum/Axilla	0	250	850
	USG-Guided FNAC	0	250	1250
	USG-Guided RFA	0	2400	9000

CODE	**CT SCAN**	**NC**	**G**	**P #**
	CT – Brain Plain	500	1000	1800
	CT –Brain Plain & Contrast	800	1200	3000
	CT – PNS/Nasopharynx/ Sella/Temporal Bone/ Orbits/HRCT	800	1200	3500
	CECT – Head & Neck	1200	1800	6000
	CECT – Thorax	1200	2000	4000
	CECT – Whole Abdomen	1500	3000	4500
	CECT –Thorax & Abdomen (upper)	2200	4000	7800
	CECT – Pelvic Region.	900	1250	4000
	CECT – Abdomen & Pelvis	1500	3000	8000
	CECT- Thorax, Abdomen & Pelvis	2500	4500	9000
	CT – Pancreatic Protocol+ 3D recon	2200	4000	6500
	CT – Adrenal Protocol	1200	1600	3700
	CT – Rectal Protocol	1200	1600	3700
	CT – Triphasic (Hepato-Billiary)	2100	4600	6800
	CT – 3D Reconstruction	1650	1900	6500
	CT – Guided FNAC	700	1200	4500
	CT – Guided Trucut Biopsy	1350	2000	5500
	CT –Guided Drainage/Localisation	900	1200	2800
	CT – Dental	900	1200	2800
	CT –Bone Biopsy-J Needle	1650	2000	5500
	CT – Guided RFA	2000	2400	8500
	CT – Extremities/Joints	1200	1500	4000
CODE	**MRI SCAN**	**NC**	**G**	**P #**
	MRI – Brain	1350	2000	4600
	MRI-Brain tumor Protocol	2000	3500	7200
	MRI-Spectroscopy (additional charge)	1050	1800	3600
	MRI –Head & Neck	2100	3000	7000
	MRI –PNS	1450	2000	4600
	MRI –Neck	1450	2000	4600
	MRI –Upper Limb/Joint	1450	2000	4600
	MRI-Lower Limb/Joint	1450	2000	4600
	MRI –Thorax	1450	2000	4600
	MRI –Breast	1450	2000	4600
	MRI- Guided Breast biopsy	3000	4000	12000
	MRI –Abdomen & Pelvis	2100	3000	7000
	MRI –Upper Abdomen	1450	2000	4600
	MRI –Pelvis	1450	2000	4600
	MRI-Prostate	1550	2200	4850

	MRI –Penis	1550	2200	4850
	MRI –Cervix	1550	2200	4850
	MRI –Tongue	1450	2000	4600
	MRI –Spine screening	1100	1800	3600
	MRI –Spine (one region)	1450	2000	4600
	MRI –Whole spine	1700	2500	5800
	MRI –Temporal bone (HRCT Cuts)	1750	2500	6400
	MRI –Functional (additional charge)	1100	1800	3600
	MRI –Diffusion (additional charge)	550	1000	2000
	MRI –Perfusion (additional charge)	1100	1800	3600
	MRI –Whole Body	3300	5500	12000
	MRI Abdomen +MRCP	1750	2500	6400
	MRCP	1100	1800	3600
	MRI-Therapy Planning	1100	1800	3600
CODE	**MAMMOGRAPHY**	**NC**	**G**	**P #**
	MMG single breast	50	200	500
	MMG Both Breast	100	300	850
	MMG-Biopsy	50	400	1100
	MMG-localization	50	400	1700
	Specimen MMG	50	200	500
CODE	**PET CT SCAN (excluding radiopharmaceutical)**	**NC**	**G**	**P #**
	FDG PET CT scan Whole Body	2000	6000	10000
	Ga-68 DOTA PET/CT Scan	2000	5000	9000
	Ga-68 PSMA PET/ CT Scan	2000	5000	9000

SURGICAL ONCOLOGY

CODE	Hospital charges- Surgical Oncology	NC	G	P
	Consultation (New case)	0	0	400
	Cross consultation (referred)	0	0	265
	Follow-up consultation	0	0	275
	Trucut Biopsy (OPD)/ radiology suit Hospital Charge	0	150	1050

	Dressing (follow-up) hospital charge	0	20	200

CODE	**Hospital Charges- Dental & prosthetic services**	**NC**	**G**	**P#**
	Cross Consultation (referred)	0	0	265
	Follow-Up Consultation	0	0	275
	Extraction per tooth	0	50	300
	Surgical extraction per tooth	0	100	550
	Impaction	0	350	1800
	Radiation protection prosthesis(upper/lower)	0	780	3800
	Fluoride gel application per sitting	0	100	500
	RCT	0	500	2300
	TEP	0	650	3000

CODE	**Hospital Service Charge-OT**	**NC**	**G**	**P (Prevailing Charges of the respective package as per CGHS rates will apply)**
	MINOR –OT service charge	50	250	1000
	MINOR- OT Drugs/Consumables (without GA)	00	100	500
	MINOR OT- Drugs/Consumables (with GA)	50	300	750
	MAJOR –OT service charge-<2hrs	150	1000	5000
	MAJOR –OT service charge-2 to 4 hrs	250	2000	10000
	MAJOR –OT service charge- > 4 hrs	350	4500	20000
	MAJOR –OT service charge- 6 to 8 hrs			
	MAJOR –OT service charge >8 hrs			
CODE	**Surgery Charges**	**NC**	**G**	**P**
	MINOR-OT	0	50	870
	GRADE I surgery	0	150	5000
	GRADE II surgery	0	200	12500
	GRADE III surgery	0	300	20000
	GRADE IV surgery	0	550	25000
	GRADE V surgery	0	800	35000
	GRADE VI surgery	0	1000	45000

ANAESTHESIOLOGY,CRITICAL CASE AND PAIN MANAGEMENT

CODE	Charges-Anaesthesiology	NC	G	P
	CONSULTATION (PAC-New case)	0	0	400
	CROSS Consultation (referred)	0	0	265
	Follow-up Evaluation	0	0	275
	Round /Consultation charges	0	0	200
	Anaesthesia Fees-Grade I	0	0	2700
	Anaesthesia Fees-Grade II	0	0	5000
	Anaesthesia Fees-Grade III	0	0	8000
	Anaesthesia Fees-Grade IV	0	0	10000
	Anaesthesia Fees-Grade V	0	0	14000
	Anaesthesia Fees-Grade VI	0	0	18000
	Minor OT fees (ANA)	0	0	900
	Anaesthesia fees for DL scopy EUA	0	0	450
	Anaesthesia fees for BM aspiration Biopsy	0	0	450
	Anaesthesia fees for Diagnostic CT	0	0	450
	Anaesthesia fees for Diagnostic Endoscopy (GA)	0	0	1100
	Anaesthesia fees for Endoscopy +Procedure (Stent/Prosthesis) GA	0	0	1850
	SEDATION charges	0	0	450
	Lumbar Puncture	0	100	500
	ICU-Intubation &ventilator initiation charge	0	0	350
	Arterial Line	0	0	300
	CVP access / Dialysis catheter insertion	0	0	600
	ICU- charge per day	0	0	800
	MINOR (peripheral nerve block)	0	0	400
	MAJOR (Neurolytic, Coeliac plexus, Epidural)	0	0	850
	PCA (patient Controlled analgesia)	0	0	1400
	Epidural Catheterization	0	100	1100

GASTROINTESTINAL ONCO SERVICES & OTHER PROCEDURES

CODE	PROFESSIONAL CHARGES-Digestive diseases	NC	C	P
	First consultation	0	0	400
	Cross Consultation(referral)	0	0	265

	Follow up evaluation	0	0	275

CODE	(HOSPITAL SERVICE CHARGES)	NC	G	P
	Endoscopy room Charges	100	500	1000
	Endoscopy room Sedation (NAAS)	20	100	500
	Endoscopy room Video Recording	0	100	200
	Endoscopy room colour print images/Report	20	100	200
CODE	**CHARGES-PROCEDURES**	**NC**	**G**	**P#**
	H. Pylori Breath test	20	250	1000
	Rigid Sigmoidoscopy	0	0	1200
	Flexible sigmoidoscopy	0	0	3500
	Colonoscopy	0	0	4100
	Colonoscopy(repeat)	0	0	3000
	Rectal /Colonic dialatation	0	0	5250
	Clip marking	0	0	4100
	Side viewing Duodenoscopy	0	0	4100
	Diagnostic Upper GI Endoscopy	0	0	3750
	Diagnostic Upper GI Endoscopy(repeat)	0	0	2850
	Tissue sampling-biopsy	0	0	1200
	Tissue sampling- Cytology	0	0	1100
	Peg tube removal/ Exchange	0	0	550
	Nasogastric tube placement over wire& non-fluroscopic	0	0	1200
	Ryle's tube placement endoscopic	0	0	1200
	Esophageal dialatation	0	0	2850
	Esophageal stenting	0	0	6000
	PEG tube placement	0	0	6000
	ERCP diagnostic (non-cholangioscopic)	0	0	4700
	ERCP sphincterotomy	0	0	8000
	ERCP nasobilliary drainage	0	0	6000
	ERCP billiary stenting (single)	0	0	8000
	ERCP Pancreatic stenting	0	0	8000
	ERCP billiary stone extraction	0	0	8000
	EUS: Endobronchial	0	0	13800
	EUS: Pancreas & Bile ducts	0	0	6000
	EUS: Rectum/Sigmoid colon	0	0	4700
	EUS: guided FNA	0	0	8000
	Gastric Lavage / Decompression	0	0	650
	Ascitic fluid Aspiration	20	150	900
	Pleural Fluid Tapping	20	150	900

	CSF tapping	20	150	700
	Liver Biopsy	0	0	2000
	Percutaneous Ethanol Injection	0	0	2000
	PTBD	100	850	2900
	PTBD stenting	300	2100	7000
	Fluoroscopy guided Biopsy	50	400	1400
	Fluoroscopy guided J needle Bone biopsy	50	400	1400
	Fluoroscopy guided NGT insertion	50	350	1200
	NJ-Tube placement	0	0	6000
	NJ-T placement Fluoroscopy guided	0	0	5200
	PCN (single kidney)	100	850	2850
	PCN (B/L kidney)	150	1400	4900
	PCN stenting	100	1000	3450
	DJ stenting	150	1150	3750
	Sclerotherapy	100	950	3250
	PFT(Spirometry)	50	200	750
	PFT with Diffusion and lung Volume study	50	250	1100
	Echocardiogram	50	250	1200
	ECG	00	50	275

HISTOPATHOLOGY

CODE	SERVICE DESCRIPTION	NC	G	P #
	Outside(stained) Slide review	0	200	750
	Small Biopsy/Cell block Except Lymph node & Breast	50	400	2000
	Soft Tissue tumor: small biopsy/cell block	50	650	3150
	Breast: small biopsy/outside block	50	650	3150
	Lymph node: small biopsy/outside block	50	750	3700
	Breast: Big specimen	100	900	4500
	Big specimen: except breast	100	850	4200
	Frozen section	100	500	1000
	Big specimen-Whipples resection	100	800	4200
	Big specimen- post Chemotherapy Resection	100	800	4200
	Big specimen-Wertheim's resection	100	800	4200
	Big specimen-Esophagectomy Resection	100	800	4200
	Big specimen-Amputation	100	920	4600
	Big specimen-Hemimandibulectomy	100	920	4600
	Big specimen-APR	100	920	4600
	Big specimen-Radical Prostatectomy	120	1200	6400

	Big specimen-Radical Cystectomy	120	1200	6400
	Big specimen-Colorectal resection	100	800	4200
	IHC on smears	100	720	1550
	IHC P16	100	650	3150
	IHC on special request (up to 3 antibodies)	250	750	1450
	FDA-Cerb B2	100	400	2000
	IHC ALK amplification IHC kit	3500	3500	3500
	Extended IHC panel (up to 6 markers)	400	1400	2750

CYTOPATHOLOGY

CODE	**SERVICE DESCRIPTION**	**NC**	**G**	**P #**
	Cytology (FNA)	20	160	750
	Pap smear Cytology	20	80	450
	Cytology Non-Gynaec	20	100	480
	Sputum Cytology	20	25	100
	Cytopathology: outside slides	20	120	500
	Bronchial lavage + Brushings Cytology	20	120	480
	Pleural/Peritoneal/Pericardial Fluid Cytology	20	100	480
	Urine/Bladder washing/Ileal conduit urine cytology	20	100	480
	Esophageal/gastric/colon/ano-rectal Brushing+ Lavage cytology	20	100	480
	Nipple Discharge Cytology	20	100	480
	Oral scrapping cytology	20	100	480
	Bile/CBD brushing Cytology	20	100	480
	USG guided FNA with adequacy test by cytologist (prof charges)	20	175	700
	CT guided FNA/Biopsy with adequacy test by cytologist (prof charges)	20	185	700
	Immuno-cytochemistry on smears (ICC)	50	350	1800
	Liquid based Cytology (LBC)	20	200	1000
	CSF cytology	20	120	480

MICROBIOLOGY/BIOCHEMISTRY/SPECIAL INV.

	SERVICE DESCRIPTION	NC	G	P #
1	CBC (Hb/TC/DC/Platelet)	0	100	320
2	BLOOD SUGAR (F/PP/R)	0	40	80
3	Electrolytes (Na/K/Cl)	0	150	250
4	Seum UREA	0	50	80
5	Seum CREATININE	0	50	80
6	HbA1C	120	300	520
7	Serum Magnesium	0	100	170
8	CRP	0	250	400
9	Lipid Profile	100	300	700
10	Liver Function Test	0	250	750
11	T3 T4 TSH	130	400	700
12	Serum Folate	150	400	720
13	VB12	150	250	600
14	PTH	200	500	1200
15	Calcitonin	400	500	1200
16	Serum lactate	0	350	550
17	**Serum Total PSA**	100	300	500
18	Serum Protein Electrophoresis	250	400	600
19	**AFP**	100	300	650
20	**Beta HCG**	100	300	650
21	**Beta2 microglobulin**	400	600	960
22	Urine Examination (RE)	0	40	60
23	Stool RE	0	40	60
24	Urine/Stool Culture/Sensitivity	0	250	500
25	Blood culture/sensitivity (Aerobic)	300	600	800
26	Routine culture (Fungi)	0	400	600
27	Fungal Blood culture	350	650	850
28	Anaerobic culture	300	600	800
29	Automatic identification and antibiotic sensitivity	1000	1700	2000
30	PUS CULTURE & SENSITIVITY	0	250	500
31	BAL CULTURE & SENSITIVITY	0	250	500
32	BODY SPECIMEN CULTURE & SENSITIVITY	0	250	500
33	GRAM STAIN (ANY SPECIMEN)	0	100	200
34	Z N STAIN (AFB STAIN)	0	100	200
35	SPECIAL AUTOMATED TECHNIQUE FOR MICROBIAL IDENTIFICATION	300	800	1500
36	CEA	150	340	600
37	CA 19.9	150	600	800
38	CA 125	150	600	800
39	CA15.3	150	200	600

40	LDH	50	100	200
41	Serum Free PSA	150	350	600
42	Bence Jones Protein (24 hours Urine)	150	300	700
43	Urine Osmolality (Random)	20	40	150
44	Urine Osmolality (24 hour)	20	40	150
45	Serum Osmolality	20	40	150
46	Sodium (24 hour urine)	20	40	150
47	Protein (Random urine)	20	50	350
48	Serum FSH	20	50	300
49	Serum Estradiol	20	80	400
50	Serum Testosterone	20	150	600
51	Corrected Creatinine Clearance (24 hour urine)	20	40	150
52	VMA (24 hours urine)	50	450	2300
53	Pancreatic Enzymes	20	100	500
54	Serum Amylase	20	80	400
55	Serum Lipase	20	80	400
56	Serum Calcium	20	50	200
57	Serum Acid Phosphatase	20	120	550
58	Serum Prostatic Acid Phosphatase	20	150	800
59	Serum Iron	20	60	250
60	CSF Glucose	20	40	200
61	CSF Protein	20	80	400
62	Serum Ferritin	20	150	500
63	Serum NSE	40	250	1200
64	Serum uric acid	20	40	150
65	Total Bilirubin	20	40	150
66	Direct Bilirubin	20	40	150
67	Indirect Bilirubin	20	40	150
68	Immunofixation electrophoresis	100	1000	5000
69	Serum Immunoglobulins	20	150	850
70	Serum IgA	20	50	250
71	Serum IgG	20	50	250
72	Serum IgM	20	50	250
73	Serum Light Chains	20	150	900
74	Serum Light Chain Lambda	20	100	500
75	Serum Light Chain Kappa	20	100	500
76	Urine Immunoglobulins	20	200	900
77	Urine Light Chains	20	250	1000

RADIATION ONCOLOGY

CODE	CHARGES- Radiation Oncology	NC	G	P
	CONSULTATION (New case)	0	0	400
	CROSS CONSULTATION (referred)	0	0	265
	Follow-Up CONSULTATION	0	0	275

Service Description (Radiotherapy Package)	NC	G	P##
Cobalt- Radical Therapy	0	5000	**Prevailing Charges of the respective package as per CGHS rates will apply.**
Cobalt- Palliative Therapy	0	3000	
Cobalt- Single Fraction	0	500	
Linear Accelerator- 2D Planning charges	0	0	
Linear Accelerator- 3D Planning charges	0	0	
Linac – Radical Therapy **(Conventional)**	4500	12000	
Linac -Palliative Therapy **(conventional)**	3000	9000	
Linac- Single Fraction	500	1500	
Electron beam therapy (more than 10 fraction)	4000	10000	
Electron beam therapy (less than 10 fractions)	2000	5000	
3DCRT	5000	21000	
3D CRT with image guidance	6000	24000	
IMRT	6000	24000	
VMAT	6000	24000	

VMAT with IGRT	7500	28000	
IMRT with IGRT	7500	28000	
SBRT with IGRT	8000	30000	
SRS	7000	26000	
SRT	7000	26000	
IGRT with 4D CT	8000	30000	
Brachytherapy, per fraction: Surface mould	0	1000	
Brachytherapy, per fraction: CVS	0	750	
Brachytherapy, per fraction: ICRT/ILRT	0	1000	
Brachytherapy, per fraction: Interstitial	0	2000	

- 35% of the charges can be considered as professional charges in **P** category.

- 50% of the charges can be considered as professional charges in **P** category.