



Context

The NIT Durgapur Alumni Association (NITDAA) in collaboration with Zopper is excited to launch the 2024 Enrolment Window of the NITDAA Super Top-up Health Insurance Program.

The Super top up insurance program brings to you group insurance benefits of a very high sum insured at very attractive terms and conditions, without any medical test. The additional advantage of this group insurance is that it helps our alums who may not be able to avail such benefits in retail policies owing to existing medical conditions and/or advanced age.

Alumni can Renew or Enrol for this plan from **1st August 2024** until **31st August 2024**.

Registration and overall policy related

1. Where can I see the premiums applicable to me?

A: You will be able to see the premium on the enrolment portal as part of your enrolment journey - based on the sum insured and deductible selection.

2. Who will administer this plan? Who is the insurer and who is the TPA?

A. The NITD Alumni association will administer the plan. Care Health Insurance Limited is the insurer and Zopper Insurance Broking Limited is the broker. Direct Claim settlement will be done by Care Health Insurance.

3. Will this plan work in conjunction with my group health insurance scheme provided by my employer?

A. Yes. Absolutely.

4. Will this plan work in conjunction with an individual health insurance plan that I have already purchased?

A. Yes. Absolutely.

5. Are there any complications in the claim process in case the base and Top up policy are not from the same insurance company?

A. No. This Super top-up policy is not dependent on any base policy and has its own coverages and works post the deductible chosen

6. Which account will my premium payment be transferred to?



A. The amount will be transferred to the account of the Care Health Insurance for the policy issuance of the Alumni.

7. Does the proposed plan apply to or is useful to those who are NRI- permanently based abroad but spending sizable time in India?

A. Yes-since this policy permits claim which arise in India and for hospitalizations within the borders of India.

8. Who is the TPA?

A. In-house TPA of Care Health Insurance.

9. Once this plan comes into force, are alumni allowed to join the plan at any point of time based on allowable age limit?

A. Alumni can buy new policy from 1st August till 31st August 2024. All alumni are eligible to join the plan. Hence it is in the best interest of the group that we don't defer the joining.

10. Would it require health check-up/tests before enrolment?

A. No, there is no requirement of a health check-up. In contrast, almost all individual plans require a medical test, which is often a hassle

11. i) How can I enrol for the program?

ii) Why is it only through the NITDAA Web Portal?

A. i) You can enrol for the program through the NITDAA Web Portal. You will find Insurance tab

ii) This program is limited to NITD alumni. Since all users of the NITDAA Web Portal are considered to be part of the NITD community and verified alumni, registration is enabled only through the NITDAA Web Portal. All registered members in NITDAA Alumni portal are eligible for program

iii) Please enrol through NITDAA Portal via www.nitdaa.org

12. If two NITDians are married does it make sense to have the younger spouse buy this for the family?

A. No. The age of the oldest member in the family unit is considered to arrive at the slab rate

13. If I get married in the future, will I be able to add my spouse at no extra cost? Also, children in future?

A. Yes. One can add both children/spouse on a future date when entry is allowed during renewal or during the Policy period through Endorsement in case of Natural occurring events (Childbirth / Marriage)

14. Who will determine the alumni status? For instance will executive or fellowship program students be considered as alumni?

A. All registered members in NITDAA Alumni portal are eligible for program



15. Are payments for Super Top Up Policy eligible for 80D or we get income tax rebate for insurance?

A. Yes

16. Can one exit the plan and join back again?

A. No it is not allowed.

17. If the premium is increased in the renewal year, can I pull back if I do not like the price?

A. Once you don't renew your insurance, you will not be able to re-enter the program on a future date

18. The age is sign-up age or actual age at the time of premium payment?

A. Age is the completed age as on the premium payment date

19. Are you exploring having a base policy also, for the interested folks?

A. It was observed that many NITD alumni were either covered by their employer or on their own for the base cover. Idea was to provide a second safety net to the NITD alumni community with much higher sum insureds

20. Is a base policy in my name a requisite for this plan? If I am covered up to 3 Lacs by my spouse's policy, can I go ahead and enrol in this Super top-up plan without having a base policy in my name?

A. A base policy is not a prerequisite. Yes, you can enrol with the minimum deductible option of 3 Lacs

21. What is the expected rise of premium from year next year?

A. The next year premium rise will depend on the claims ratio of the entire group as this is a group policy

22. If we have existing insurance, can this also be taken additionally or we can switch our existing plan with this insurance?

A. This is an additional Super top-up plan and hence we suggest holding onto your existing base.

23. The premium is annual or monthly?

A. Annual

24. In case of renegotiation, how will the PED of 1 Year work? If the insurer is changed, will the 1 Year clause kick in again?

A. PED waiver will be applicable in next year's policy renewal. During renewal, the 1 year wait period on PED will apply for fresh enrolments in the policy



25. I am an NITD alumni based in the UAE (NRI). I wanted to know how to enrol if we do not have an Indian mobile number?

A. Indian Mobile number is required for policy issuance. You can also share contact number of your family members if you don't have Indian Number. Also, you can add your International number as WhatsApp Number in the Enrolment Journey

26. Premium for people over 85 years vary each year?

A. The costs would be standard for people above 85 and would not vary by person but the costs for each slab would vary depending on claim ratio

27. Is entry into the policy possible at the time of renewal, if not opted now?

A. Yes. But it is advisable to register now as it will ensure that by next year, at the time of renewal, PED waiting period waiver can be availed.

28. Will we get a better rate if we increase the deductible to 10 Lakhs?

A. Yes, you can choose 10 Lakhs deductible for a better rate. It might be better to go for 10 Lakhs deductible if your base policy covers up to 10 Lakhs.

29. Will premium increase be the same for everyone or will it increase the basis of an individual's past claims?

A. This is a group plan and hence the price decrease or increase will be for the entire group, by age band.

30. Most people above 65 won't have kids below 25, so effectively you are paying a lot for 2 people?

A. Your pricing will be based on the rate applicable for 2 people

31. Who issues the receipt for the payment made by an individual - the insurance company or the alumni association?

A. Receipt against funds transferred would be issued by the Care Health Insurance Limited

Coverage

32. I have a base policy from my employer where there is no waiting period. If I take the NITDAA Super Top up this year but leave my job over the course of next year, what happens to the waiting period when I renew the Super Top up plan next year?

A. Super Top up policy has nothing to do with the base policy provided by your employer. Super Top-up will get triggered once you cross the deductible option chosen

33. Care Health Insurance is not a well-known company like New India, or large private companies. Are



they reliable? Will they pay up? Is there any escalation process if there is a dispute? Will NITDAA help out?

A. Care Health Insurance has a claims settlement ratio of 96% which is really good in the industry, there has been a proper assessment done. Please note all the players in the industry are highly regulated and monitored by IRDA. Therefore there is no doubt on the credibility of the insurer.

34. Why are aspects like maternity & AAYUSH not part of it?

A. AAYUSH & Maternity claims rarely go beyond Rs 3 Lacs, which typically gets covered in the base policy and also the event is limited to a certain section of the population. Furthermore, most corporate policies cover maternity

35. Would a consolidated list of coverage points be shared?

A. Yes; this will be provided by Care post policy issuance

36. Will there be an age bar at any time/renewal?

A. 85 years is the entry. Once an alum or a family member enters the program before 85 years of age, he/she can continue renewing the policy in subsequent years as long as the insurance program continues with NITDAA

37. I am an NRI having a global employer coverage and am 58 years old, retiring in 2 years. Should I take this now or should I take a base plan now for the 2 years and take this plan subsequently?

A. You can take this plan, as it will not disturb any of your base policy, this will be additional coverage apart from your base policy.

38. Will Covid-19 treatment be covered?

A. Yes.

39. Will the super top-up work even if there is no base plan? i.e. Can the deductible 5 Lakhs be covered through self-insurance if required?

A. Yes. This will also work in case you are paying the deductible out of pocket.

40. If the deductible chosen is 5 Lacs and I take 3 policies (immediate family, parents and in-laws), then will 5 L be deducted for each of the 3 policies OR just once whichever gets triggered first?

A. There are 3 policy combination in our program

1. Alumni, Spouse & Kids
2. Parents
3. Parents in Law

For claiming, deductible needs to be crossed in the respective policy combination



E.g. : If deductible is crossed for self (alumni), spouse of alumni can claim without crossing the deductible again, as they are part of the same floater.

But parent of the alumni in above example can claim post crossing the deductible separately, as it is a different floater policy combination

41. (i) How would cashless work, with a deductible of 5 / 10 Lakhs?

(ii) If deductible is paid by another medical insurance, will the limit of the other insurance have to be utilized before this policy kicks in?

A. (i) One has to submit the proof of bill payment upto 5/10 Lakhs post which cashless claim will work in all network hospitals of Care Health Insurance.

(ii) Not necessarily, but deductible chosen has to be paid either by you or any insurance policy taken by you before.

42. I have a Rs 5 lacs employer cover. If I have a Rs 5 lac claim, can I claim under this policy?

A. A claim in excess of 5 Lac will be covered if you have chosen a deductible of 5 Lac.

43. If an alum crosses 85 years, and the alum's spouse at that stage is less than 85 years, would the spouse continue to get enrolled in the policy after the alum crosses 85 years?

A. Once the alum enters the policy before 85 years of age, he/she can renew the policy even after crossing 85 years. It is mandatory for alumni to be the proposer, hence alumni have to take policy under eligible conditions, only then, he/she can add spouse and kids.

44. Is the policy open for Alums who are now foreign citizens, while Parents still hold Indian citizenship?

A. Yes. Alum will have to enroll himself/herself to avail the policy for parents/in-laws. Since the policy jurisdiction is India, this can be used for treatments in India after the deductibles are also spent in India.

45. Is there co-pay in the policy for anyone?

A. No

46. If the alum passes away does the policy continue for family?

A. Yes, family will remain to be covered till the next renewal. Post that Alumni's family members will have to reach out to the NITDAA team to provide login access to the family members on behalf of the Alumni

47. Both of us, husband and wife, are alumni. If the policy holder passes away can the cover pass on to the remaining alumni spouse?

A. Yes. That is possible because for the next year the survivor can join the plan on the basis of his/her status as an alumni

48. If we choose base deductible as 10 lacs, we have base policy of 3 lacs with one insurance provider, 10



lacs Super top-up with another service provider with 3 lac deductible...Will this Super top-up work beyond 10 lacs. How cashless are settled in that case?

A. If in the Super top up plan you have chosen with deductible of 10 Lacs then you will have to produce receipt of payment up to 10 Lacs (that can be paid by you or any of your insurance plan) beyond which cashless will be settled in the network hospital up to sum insured

49. What happens in case of more than 1 claim in a single financial year? Will the deductible limit be applied for both claims or only for the first claim?

A. To be able to claim in this program, deductible chosen in the program needs to be crossed. Deductible amount is a cumulative amount & needs to be crossed only once in a policy year

This can be done by submitting payment receipts up to deductible amount, either by own self or payment through some other insurance program for any claim in the policy year of this program.

Post crossing the deductible, all other claims can be filled in this policy.

50. Is there any limit on the claim amount for each person in the policy?

A. For example Policy cover is 25L with 5L deductible. Alumni can claim max upto the sum insured chosen. The policy triggers after the deductible

51. Can you share the list of Day Care Treatment?

A. List of Day Care Treatment is given in the Annexure -1 at the end of the FAQ

52. Can you share the list of Specified Diseases / Named Ailments that have 1 year of Wait Period for New Enrolling Members?

List Of Specific Diseases/ Procedures (As per CARE Policy)
1. Any Treatment Related To Arthritis (If Non-Infective)
1.2. Osteoarthritis And Osteoporosis, Gout
1.3. Rheumatism, Spinal Disorders (Unless Caused By Accident)
1.4. Joint Replacement Surgery (Unless Caused By Accident)
1.5. Arthroscopic Knee Surgeries/Acl Reconstruction/Meniscal And Ligament Repair
2. Surgical Treatments For Benign Ear
2.1 Nose And Throat (Ent) Disorders and Surgeries (Including But Not Limited To Adenoidectomy, Mastoidectomy)
2.2. Tonsillectomy And Tympanoplasty
2.3. Nasal Septum Deviation
2.4. Sinusitis And Related Disorders
3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation And Curettage



6. Fissure / Fistula In Anus, Hemorrhoids / Piles , Pilonidal Sinus, Gastric And Duodenal Ulcers
7. Surgery Of Genito-Urinary System Unless Necessitated By Malignancy
8. All Types Of Hernia & Hydrocele
9. Hysterec To My For Menorrhagia Or Fibromyoma Or Prolapse Of Uterus Unless Necessitated By Malignancy
10. Internal Tumours, Skin Tumours, Cysts, Nodules, Polyps Including Breast Lumps (Each Of Any Kind) Unless Malignant
11. Kidney Stone / Ureteric Stone
11.1.Lithotripsy / Gall Bladder Stone
12. Myomectomy For Fibroids
13. Varicose Veins And Varicose Ulcers
14. Genetic Disorders
15. Parkinson's or Alzheimer's disease or Dementia

53. My daughter is 29 years old and stays with us. She has a base policy. Can she be included in this policy?

A. No, Age limit to add children is upto 24 years.

54. Can we increase or decrease the amount YoY? Ex: If in year 1, I start with 30 lac, can I reduce to 20 lac on year2? And visa-versa?

A. Increase of Sum Insured is not allowed. No restriction in decreasing the Sum Insured. It is recommended to take the highest Sum Insured during the first enrolment so that you are covered sufficiently in case of any unforeseen circumstances.

55. Can we take a multi-year Super top-up? Say 3 years?

A. No. The policy period is 1 year and will come up for renewal next year

56. Can siblings be included?

No. Only Spouses, kids and parents and in-laws are allowed.

57. What if your base plan is in the US but covers medical expenses out of the US, including India. Thus, will all expenses above deductible be covered by the Super top-up policy?

A. Yes, for hospitalization in India. The deductible has to be spent in India for the Super top-up policy to trigger.

58. How to declare pre-existing diseases for the risk-assessment / under-writing? This happens after the payment?

A. PED needs to be declared in the journey itself during the Enrolment.



59. If I am diagnosed outside of India can I avail this policy within India if I seek medical assistance within India?

A. Yes

60. What role will Zopper play in the claims process?

A. Zopper would assist the alumni in the claim process. It would help through the insurer and TPA (if any) to ensure that the interest of the alumni and family is protected

61. Can you share the list of Pre-Existing Chronic conditions that a person has suffered in the past or is currently suffering from are not allowed to enter in the program?

Member with the following Pre-Existing Conditions are not allowed to enter into the Program

Active Cancers or Benign tumors of Major organs (E.g. Brain, Lung, Kidney, Heart, Spleen, Pancreas, Liver)

Chronic Liver Disease: Hepatitis B,C, Chronic Hepatitis, Cirrhosis, Liver failure

Chronic Kidney Diseases: Diabetic and hypertensive Kidney disease, Nephrotic and Nephritic syndrome, Kidney Failure

Any type of Paralysis of hand/legs/body (excluding residual paralysis due to polio)

Chronic Lung diseases: COPD (chronic obstructive Pulmonary Disease), ILD (Interstitial Lung Disease) Cystic Fibrosis, Emphysema, Pneumoconiosis , Atelectasis , Chronic bronchitis .

Member with the following Pre-Existing Conditions are allowed to enter in the Program with maximum Sum Insured of ₹20 Lacs & minimum ₹7 Lacs Deductible

All treated cancers with no relapse in last 5 years

All Heart/Cardiovascular disorders: CABG (bypass surgery), PTCA (Angioplasty), CAD (Coronary artery diseases), Heart attack (Myocardial infarction), valve diseases, Heart failure, Cardiomyopathy, Cardiac Hypertrophy, Pacemaker implantation

Disorders of Brain, Spinal Cord & meninges: Stroke/Haemorrhage/CVA, Brain Tumours, any disorder causing spontaneous or continuous body movement or failure to maintain balance (ataxia/chorea)

Neuromuscular disorders: Any disorder causing muscle/nerve cell wasting/Loss of movement/Abnormal movement - Motor neurone diseases, Muscular dystrophies, Cerebral Palsy

Pancreatitis, Sleep apnea, Polycystic kidney

Disorders of Immunity or Autoimmune: All Type of Disorders of Immunity (Like AIDS-HIV/Rheumatoid Arthritis/Ulcerative colitis, Chon's disease, SLE and Ankylosing Spondylitis)

Disorders of pituitary, Adrenal and Parathyroid glands except Hypothyroidism.

Any disorder causing growth and mental retardation

Disorders of Blood: Haemolytic disorders - Example; Sickle cell disease, Thalassemia major, Spherocytosis/ Disorders of coagulation/clotting - Example; Haemophilia/Disorders of bone marrow

62. Will NITDAA continue to provide this policy with the same or other provider? So that once alumni



are invested they get benefit for long term

A. Yes, definitely. NITDAA would continue to provide this program

63. I understand that 85 is only the entry criteria...and the policy will continue beyond 85 years of age too, for the life of this product. Please confirm this understanding.

A. Yes, this is correct.

64. Can we pay directly to CARE & take this plan for my siblings/friends/relatives?

A. This is an Exclusive Health Insurance Plan designed for the NITD alumni & the family members. The benefits of this plan are exclusive & not available in the retail market

65. Can we take only parent policy without ASK (Alumni, Spouse, Kid) policy?

A. It is mandatory for alumni to take at least policy for self, post which alumni can take policy for parents.

66. Can we involve Zopper in the claim process? Is there any 24/7 number or email?

A. Yes Zopper will help in claim processing, You can also email us at- NITDaahealthplan@zopper.com

67. Do I need to raise a claim of 3 Lakhs even when I know that it will not be approved as I chose deductible as 5 Lakh?

A. No, at the time of claiming in Super top-up policy, you can show bill receipt up to deductible and proceed with NITDAA Super top-up plan.

68. If my parent's medical expense is claimed through my employer group insurance, Can I claim after the deductible with this top up policy?

A. Yes, you can.

69. If I am self-insured i.e. no base insurance, then how will claim processing work? Will it be cashless? How will the insurers know that I have spent 5 L during the year?

A. When you want to claim in NITDAA Super Top Up policy, you will have to present the receipt of payment up to deductible to CARE and from there the Super top up policy will get picked up. For any assistance Zopper Team will be there for support.

70. Please mention the list of modern treatments.

- Uterine Artery Embolization and HIFU (High Intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral Chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra Vitreal injections



- Robotic Surgery
- Stereotactic radio surgeries
- Bronchial Thermoplasty
- Vaporisation of prostate (Green laser treatment or holmium laser treatment)
- IONM- (Intra Operative Neuro Monitoring)
- Stem Cell Therapy : Hematological conditions to be covered

71. Can we have the List of network hospitals?

A. Yes you can find it using this link - <https://www.careinsurance.com/health-plan-network-hospitals.html>

72. If the primary/base insurance holder is a non NITD spouse, with NITD spouse included in insurance cover, can the NITD spouse still purchase the Super top up?

A. Yes. NITD alumni can purchase this on behalf of self and family.

73. Can we enter for self and spouse and add kids later during subsequent renewals - will the PED / Waiting period be treated differently?

A. Addition of spouse & children is allowed during the renewal. The PED waiting period of anyone entering the policy will be 1 year. For existing members, the PED wait period during next renewal will be zero.

74. Post enrolment and waiting period of 12 months, porting of existing Super top up policy from another insurer - is it possible to consider , extension of Sum Insured being ported / or reduction in Premium proportion to the amount of Sum Insured being ported ?

A. Porting is not possible

75. Do we have to share any medical records during the enrolment?

A. Members with No Pre – Existing conditions do not have to share any medical documents. The Policy for the members with the Pre – Existing conditions will only be issued after Underwriting Evaluation. In case the underwriter feels that documents related to Pre Existing conditions are required to evaluate & accept the member in the program, they will intimate the Zopper team & Zopper team will reach out to you with the requirements. In any case, no Tele Medical or Physical Medical Examination will be conducted by the CARE

76. Will there be any no claim bonus for subsequent renewals, if no claim is made or proportional cover increased during renewal period.

A. The overall claims performance of the group will decide the premium for the group across age bands.

You can also mail any further questions to NITDaahealthplan@zopper.com

Thank you!



Annexure I - List of Day Care Surgeries

- 1. Cardiology Related:**
 1. CORONARY ANGIOGRAPHY
 - 2. Critical Care Related:**
 2. INSERT NON- TUNNEL CV CATH
 3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
 4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
 5. INSERTION CATHETER, INTRA ANTERIOR
 6. INSERTION OF PORTACATH
 - 3. Dental Related:**
 7. SPLINTING OF AVULSED TEETH
 8. SUTURING LACERATED LIP
 9. SUTURING ORAL MUCOSA
 10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
 11. FNAC
 12. SMEAR FROM ORAL CAVITY
 - 4. ENT Related:**
 13. MYRINGOTOMY WITH GROMMET INSERTION
 14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION / RECONSTRUCTION OF THE AUDITORY OSSICLES)
 15. REMOVAL OF A TYMPANIC DRAIN
 16. KERATOSIS REMOVAL UNDER GA
 17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
 18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION /RECONSTRUCTION OF THE AUDITORY OSSICLES)
 19. REMOVAL OF KERATOSIS OBTURANS
 20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
 21. REVISION OF A STAPEDECTOMY
 22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
 23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
 24. FENESTRATION OF THE INNER EAR
 25. REVISION OF A FENESTRATION OF THE INNER EAR
 26. PALATOPLASTY
 27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
 28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
 29. TONSILLECTOMY WITH ADENOIDECTOMY
 30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
 31. REVISION OF A TYMPANOPLASTY
 32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
 33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
 34. MASTOIDECTOMY
 35. RECONSTRUCTION OF THE MIDDLE EAR
 36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
 37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
 38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
 39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
 40. OTHER OPERATIONS ON THE NOSE
 41. NASAL SINUS ASPIRATION
 42. FOREIGN BODY REMOVAL FROM NOSE
 43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
 44. ADENOIDECTOMY
 45. LABYRINTHECTOMY FOR SEVERE VERTIGO
 46. STAPEDECTOMY UNDER GA
 47. STAPEDECTOMY UNDER LA
 48. TYMPANOPLASTY (TYPE IV)
 49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
 50. TURBINECTOMY
 51. ENDOSCOPIC STAPEDECTOMY
 52. INCISION AND DRAINAGE OF PERICHONDRIITIS
 53. SEPTOPLASTY
 54. VESTIBULAR NERVE SECTION
 55. THYROPLASTY TYPE I
 56. PSEUDOCYST OF THE PINNA - EXCISION
 57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
 58. TYMPANOPLASTY (TYPE II)
 59. REDUCTION OF FRACTURE OF NASAL BONE
 60. THYROPLASTY TYPE II
 61. TRACHEOSTOMY
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62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY
- 5. Gastroenterology Related:**
 71. CHOLECYSTECTOMY AND CHOLEDOCHOJUNOSTOMY/ DUODENOSTOMY /GASTROSTOMY /EXPLOR ATION COMMON BILE DUCT
 72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
 73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
 74. RF ABLATION FOR BARRETT'S OESOPHAGUS
 75. ERCP AND PAPILOTOMY
 76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
 77. EUS + SUBMUCOSAL RESECTION
 78. CONSTRUCTION OF GASTROSTOMY TUBE
 79. EUS + ASPIRATION PANCREATIC CYST
 80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
 81. COLONOSCOPY ,LESION REMOVAL
 82. ERCP
 83. COLONOSCOPY STENTING OF STRICTURE
 84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
 85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
 86. ERCP AND CHOLEDOCHOSCOPY
 87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
 88. ERCP AND SPHINCTEROTOMY
 89. ESOPHAGEAL STENT PLACEMENT
 90. ERCP + PLACEMENT OF BILIARY STENTS
- 6. General Surgery Related:**
 91. SIGMOIDOSCOPY W / STENT
 92. EUS + COELIAC NODE BIOPSY
 93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
 94. INCISION OF A PILONIDAL SINUS / ABSCESS
 95. FISSURE IN ANO SPHINCTEROTOMY
 96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
 97. ORCHIDOPEXY
 98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
 99. SURGICAL TREATMENT OF ANAL FISTULAS
 100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
 101. EPIDIDYMECTOMY
 102. INCISION OF THE BREAST ABSCESS
 103. OPERATIONS ON THE NIPPLE
 104. EXCISION OF SINGLE BREAST LUMP
 105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
 106. SURGICAL TREATMENT OF HEMORRHOIDS
 107. OTHER OPERATIONS ON THE ANUS
 108. ULTRASOUND GUIDED\ASPIRATIONS
 109. SCLEROTHERAPY, ETC.
 110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
 111. THERAPEUTIC LAPAROSCOPY WITH LASER
 112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
 113. INFECTED KELOID EXCISION
 114. AXILLARY LYMPHADENECTOMY
 115. WOUND DEBRIDEMENT AND COVER
 116. ABSCESS-DECOMPRESSION
 117. CERVICAL LYMPHADENECTOMY
 118. INFECTED SEBACEOUS CYST
 119. INGUINAL LYMPHADENECTOMY
 120. INCISION AND DRAINAGE OF ABSCESS
 121. SUTURING OF LACERATIONS
 122. SCALP SUTURING
 123. INFECTED LIPOMA EXCISION
 124. MAXIMAL ANAL DILATATION



125. PILES
 126. A) INJECTION SCLEROTHERAPY
 127. B) PILES BANDING
 128. LIVER ABSCESS- CATHETER DRAINAGE
 129. FISSURE IN ANO - FISSURECTOMY
 130. FIBROADENOMA BREAST EXCISION
 131. OESOPHAGEAL VARICES SCLEROTHERAPY
 132. ERCP - PANCREATIC DUCT STONE REMOVAL
 133. PERIANAL ABSCESS I&D
 134. PERIANAL HEMATOMA EVACUATION
 135. UGI SCOPY AND POLYPECTOMY ESOPHAGUS
 136. BREAST ABSCESS I& D
 137. FEEDING GASTROSTOMY
 138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
 139. ERCP - BILE DUCT STONE REMOVAL
 140. ILEOSTOMY CLOSURE
 141. COLONOSCOPY
 142. POLYPECTOMY COLON
 143. SPLENIC ABSCESES LAPAROSCOPIC DRAINAGE
 144. UGI SCOPY AND POLYPECTOMY STOMACH
 145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
 146. FEEDING JEJUNOSTOMY
 147. COLOSTOMY
 148. ILEOSTOMY
 149. COLOSTOMY CLOSURE
 150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
 151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
 152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
 153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
 154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
 155. ZADEK'S NAIL BED EXCISION
 156. SUBCUTANEOUS MASTECTOMY
 157. EXCISION OF RANULA UNDER GA
 158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
 159. EVERSION OF SAC
 160. UNILATERAL
 161. ILATERAL
 162. LORD'S PPLICATION
 163. JABOULAY'S PROCEDURE
 164. SCROTOPLASTY
 165. CIRCUMCISION FOR TRAUMA
 166. MEATOPLASTY
 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
 168. PSOAS ABSCESS INCISION AND DRAINAGE
 169. THYROID ABSCESS INCISION AND DRAINAGE
 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
 171. ESOPHAGEAL GROWTH STENT
 172. PAIR PROCEDURE OF HYDATID CYST LIVER
 173. TRU CUT LIVER BIOPSY
 174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
 175. EXCISION OF CERVICAL RIB
 176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
 177. MICRODOCHECTOMY BREAST
 178. SURGERY FOR FRACTURE PENIS
 179. SENTINEL NODE BIOPSY
 180. PARASTOMAL HERNIA
 181. REVISION COLOSTOMY
 182. PROLAPSED COLOSTOMY- CORRECTION
 183. TESTICULAR BIOPSY
 184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
 185. SENTINEL NODE BIOPSY MALIGNANT MELANOM
 186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)
 7. **Gynecology Related:**
 187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
 188. INCISION OF THE OVARY
 189. INSUFFLATIONS OF THE FALLOPIAN TUBES
 190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
 191. DILATATION OF THE CERVICAL CANAL
 192. CONISATION OF THE UTERINE CERVIX
 193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/ BIOPSY /DIATHERMY / CRYOS URGERY/
 194. LASER THERAPY OF CERVIX FOR VARIOUS
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- LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA
204. D&C
205. HYSTEROSCOPIC RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIOLYSIS
209. LEEP
210. CRYOCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY(IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARATUBAL CYST EXCISION
226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTIONY
232. SURGERY FOR SUI
233. REPAIR RECTO- VAGINA FISTULA
234. PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
235. URS + LL
236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS
- 8. Neurology Related:**
238. FACIAL NERVE PHYSIOTHERAPY
239. NERVE BIOPSY
240. MUSCLE BIOPSY
241. EPIDURAL STEROID INJECTION
242. GLYCEROL RHIZOTOMY
243. SPINAL CORD STIMULATION
244. MOTOR CORTEX STIMULATION
245. STEREOTACTIC RADIOSURGERY
246. PERCUTANEOUS CORDOTOMY
247. INTRATHECAL BACLOFEN THERAPY
248. ENTRAPMENT NEUROPATHY RELEASE
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250. VP SHUNT
251. VENTRICULOATRIAL SHUNT
- 9. Oncology Related:**
252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC



- THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
 273. HELICAL TOMOTHERAPY
 274. SRS-STEREOTACTIC RADIOSURGERY
 275. X-KNIFE SRS
 276. GAMMAKNIFE SRS
 277. TBI- TOTAL BODY RADIOTHERAPY
 278. INTRALUMINAL BRACHYTHERAPY
 279. ELECTRON THERAPY
 280. TSET-TOTAL ELECTRON SKIN THERAPY
 281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
 282. TELECOBALT THERAPY
 283. TELECESIUM THERAPY
 284. EXTERNAL MOULD RACHYTHERAPY
 285. INTERSTITIAL BRACHYTHERAPY
 286. INTRACAVITY BRACHYTHERAPY
 287. 3D BRACHYTHERAPY
 288. IMPLANT BRACHYTHERAPY
 289. INTRAVESICAL BRACHYTHERAPY
 290. ADJUVANT RADIOTHERAPY
 291. AFTERLOADING CATHETER BRACHYTHERAPY
 292. CONDITIONING RADIOTHERAPY FOR BMT
 293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
 294. RADICAL CHEMOTHERAPY
 295. NEOADJUVANT RADIOTHERAPY
 296. LDR BRACHYTHERAPY
 297. PALLIATIVE RADIOTHERAPY
 298. RADICAL RADIOTHERAPY
 299. PALLIATIVE CHEMOTHERAPY
 300. TEMPLATE BRACHYTHERAPY
 301. NEOADJUVANT CHEMOTHERAPY
 302. ADJUVANT CHEMOTHERAPY
 303. INDUCTION CHEMOTHERAPY
 304. CONSOLIDATION CHEMOTHERAPY
 305. MAINTENANCE CHEMOTHERAPY
 306. HDR BRACHYTHERAPY
- 10. Operations on the salivary glands & salivary ducts:**
307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
 308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
 309. RESECTION OF A SALIVARY GLAND
 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
- 11. Operations on the skin & subcutaneous tissues:**
312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
 317. FREE SKIN TRANSPLANTATION, DONOR SITE
 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
 319. REVISION OF SKIN PLASTY
 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
 321. CHEMOSURGERY TO THE SKIN.
 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
 324. EXCISION OF BURSIRTIS
 325. TENNIS ELBOW RELEASE
- 12. Operations on the Tongue:**
326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
 327. PARTIAL GLOSSECTOMY
 328. GLOSSECTOMY
 329. RECONSTRUCTION OF THE TONGUE
 330. OTHER OPERATIONS ON THE TONGUE
- 13. Ophthalmology Related:**
331. SURGERY FOR CATARACT
 332. INCISION OF TEAR GLANDS
 333. OTHER OPERATIONS ON THE TEAR DUCTS
 334. INCISION OF DISEASED EYELIDS
 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION



338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
 341. INCISION OF THE CORNEA
 342. OPERATIONS FOR PTERYGIUM
 343. OTHER OPERATIONS ON THE CORNEA
 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
 349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
 350. ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/CYCLOCRYO-THERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
 351. ENUCLEATION OF EYE WITHOUT IMPLANT
 352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
 353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
 354. BIOPSY OF TEAR GLAND
 355. TREATMENT OF RETINAL LESION
 - 14. Orthopedics Related:**
 356. SURGERY FOR MENISCUS TEAR
 357. INCISION ON BONE, SEPTIC AND ASEPTIC
 358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
 359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
 360. REDUCTION OF DISLOCATION UNDER GA
 361. ARTHROSCOPIC KNEE ASPIRATION
 362. SURGERY FOR LIGAMENT TEAR
 363. SURGERY FOR HEMOARTHROSIS / PYOARTHROSIS
 364. REMOVAL OF FRACTURE PINS/NAILS
 365. REMOVAL OF METAL WIRE
 366. CLOSED REDUCTION ON FRACTURE, LUXATION
 367. REDUCTION OF DISLOCATION UNDER GA
 368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
 369. EXCISION OF VARIOUS LESIONS IN COCCYX
 370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
 371. CLOSED REDUCTION OF MINOR FRACTURES
 372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
 373. TENDON SHORTENING
 374. ARTHROSCOPIC MENISCECTOMY - KNEE
 375. TREATMENT OF CLAVICLE DISLOCATION
 376. HAEMARTHROSIS KNEE-LAVAGE
 377. ABSCESS KNEE JOINT DRAINAGE
 378. CARPAL TUNNEL RELEASE
 379. CLOSED REDUCTION OF MINOR DISLOCATION
 380. REPAIR OF KNEE CAP TENDON
 381. ORIF WITH K WIRE FIXATION- SMALL BONES
 382. RELEASE OF MIDFOOT JOINT
 383. ORIF WITH PLATING- SMALL LONG BONES
 384. IMPLANT REMOVAL MINOR
 385. K WIRE REMOVAL
 386. POP APPLICATION
 387. CLOSED REDUCTION AND EXTERNAL FIXATION
 388. ARTHROTOMY HIP JOINT
 389. SYME'S AMPUTATION
 390. ARTHROPLASTY
 391. PARTIAL REMOVAL OF RIB
 392. TREATMENT OF SESAMOID BONE FRACTURE
 393. SHOULDER ARTHROSCOPY / SURGERY
 394. ELBOW ARTHROSCOPY
 395. AMPUTATION OF METACARPAL BONE
 396. RELEASE OF THUMB CONTRACTURE
 397. INCISION OF FOOT FASCIA
 398. CALCANEUM SPUR YDROCORT INJECTION
 399. GANGLION WRIST HYALASE INJECTION
 400. PARTIAL REMOVAL OF METATARSAL
 401. REPAIR / GRAFT OF FOOT TENDON
 402. REVISION/REMOVAL OF KNEE CAP
 403. AMPUTATION FOLLOW-UP SURGERY
 404. EXPLORATION OF ANKLE JOINT
 405. REMOVE/GRAFT LEG BONE LESION
 406. REPAIR/GRAFT ACHILLES TENDON
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407. REMOVE OF TISSUE EXPANDER
408. BIOPSY ELBOW JOINT LINING
409. REMOVAL OF WRIST PROSTHESIS
410. BIOPSY FINGER JOINT LINING
411. TENDON LENGTHENING
412. TREATMENT OF SHOULDER DISLOCATION
413. LENGTHENING OF HAND TENDON
414. REMOVAL OF ELBOW BURSA
415. FIXATION OF KNEE JOINT
416. TREATMENT OF FOOT DISLOCATION
417. SURGERY OF BUNION
418. INTRA ARTICULAR STEROID INJECTION
419. TENDON TRANSFER PROCEDURE
420. REMOVAL OF KNEE CAP BURSA
421. TREATMENT OF FRACTURE OF ULNA
422. TREATMENT OF SCAPULA FRACTURE
423. REMOVAL OF TUMOR OF ARM/ELBOW UNDER RA/GA
424. REPAIR OF RUPTURED TENDON
425. DECOMPRESS FOREARM SPACE
426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
427. LENGTHENING OF THIGH TENDONS
428. TREATMENT FRACTURE OF RADIUS & ULNA
429. REPAIR OF KNEE JOINT
- 15. Other operations on the mouth & face:**
430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431. INCISION OF THE HARD AND SOFT PALATE
432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
434. OTHER OPERATIONS IN THE MOUTH
- 16. Pediatric surgery Related:**
435. EXCISION OF FISTULA-IN-ANO
436. EXCISION JUVENILE POLYPS RECTUM
437. VAGINOPLASTY
438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
439. PRESACRAL TERATOMAS EXCISION
440. REMOVAL OF VESICAL STONE
441. EXCISION SIGMOID POLYP
442. STERNOMASTOID TENOTOMY
443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
445. MEDIASTINAL LYMPH NODE BIOPSY
446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
447. EXCISION OF CERVICAL TERATOMA
448. RECTAL-MYOMECTOMY
449. RECTAL PROLAPSE DELORME'S PROCEDURE)
450. DETORSION OF TORSION TESTIS
451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
452. CYSTIC HYGROMA - INJECTION TREATMENT
- 17. Plastic Surgery Related:**
453. CONSTRUCTION SKIN PEDICLE FLAP
454. GLUTEAL PRESSURE ULCER-EXCISION
455. MUSCLE-SKIN GRAFT, LEG
456. REMOVAL OF BONE FOR GRAFT
457. MUSCLE-SKIN GRAFT DUCT FISTULA
458. REMOVAL CARTILAGE GRAFT
459. MYOCUTANEOUS FLAP
460. FIBRO MYOCUTANEOUS FLAP
461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
462. SLING OPERATION FOR FACIAL PALSY
463. SPLIT SKIN GRAFTING UNDER RA
464. WOLFE SKIN GRAFT
465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
- 18. Thoracic surgery Related:**
466. THORACOSCOPY AND LUNG BIOPSY
467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
468. LASER ABLATION OF BARRETT'S OESOPHAGUS
469. PLEURODESIS
470. THORACOSCOPY AND PLEURAL BIOPSY
471. EBUS + BIOPSY
472. THORACOSCOPY LIGATION THORACIC DUCT
473. THORACOSCOPY ASSISTED EMPYEMA DRAINAGE
- 19. Urology Related:**
474. HAEMODIALYSIS
475. LITHOTRIPSY/ NEPHROLITHOTOMY FOR RENAL CALCULUS
476. EXCISION OF RENAL CYST
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477. DRAINAGE OF PYONEPHROSIS /PERINEPHRIC ABSCESS
478. INCISION OF THE PROSTATE
479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482. RADICAL PROSTATOVESICULECTOMY
483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484. OPERATIONS ON THE SEMINAL VESICLES
485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486. OTHER OPERATIONS ON THE PROSTATE
487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488. OPERATION ON A TESTICULAR HYDROCELE
489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491. INCISION OF THE TESTES
492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493. UNILATERAL ORCHIDECTOMY
494. BILATERAL ORCHIDECTOMY
495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496. RECONSTRUCTION OF THE TESTIS
497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498. OTHER OPERATIONS ON THE TESTIS
499. EXCISION IN THE AREA OF THE EPIDIDYMIS
500. OPERATIONS ON THE FORESKIN
501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502. AMPUTATION OF THE PENIS
503. OTHER OPERATIONS ON THE PENIS
504. CYSTOSCOPICAL REMOVAL OF STONES
505. CATHETERISATION OF BLADDER
506. LITHOTRIPSY
507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VEIN SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE.
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO URETERIC REFLUX CORRECTION
528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529. ANDERSON HYNES OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE-CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB