

Approved w.e.f. 11-06-2016

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
265	CORONARY ANGIOGRAPHY – NORMAL RISK.	18,000	20,000	24,000	25,000	35,500
10858	CORONARY ANGIOGRAPHY – NORMAL RISK (OUT OF HOURS)	28,000	30,500	35,000	37,000	48,000
3102	CORONARY ANGIOGRAPHY – HIGH RISK / PRIMARY CAG	28,000	30,500	35,000	37,000	48,000
10859	CORONARY ANGIOGRAPHY – HIGH RISK / PRIMARY CAG (OUT OF HOURS)	34,500	37,000	41,500	43,500	55,000
8700	PERIPHERAL ANGIOGRAPHY - CAROTID / RENAL / UPERLIMB / LOWER LIMB	18,000	20,000	24,000	25,000	35,500
8701	PERIPHERAL ANGIOGRAPHY WITH CAG	23,000	26,000	30,500	32,500	43,000

Package Includes:

- 1) Cath procedure routine Consumables including 50ml of Omnipaque–non ionic dye (except Courmand & NIH Catheters, if & when required)
- 2) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 3) Cath Lab Charges.
- 4) Room Rent for 2 days (including 1 day in ICU).
- 5) Medicines worth TK.500.00
- 6) Routine Test as listed below (one unit each) :

Name of Investigation

ABO & RH Grouping

Creatinine - Serum

Electrolytes (NA,K,CL,HCO3) - Serum

CBC

Anti HIV I/II Rapid Test

HBSAG Rapid Test

Anti HCV Rapid test

- 7) Nursing Service Charges / Out of Hours Nursing Service Charges - For Nomal Risk - 2 Units & for High Risk - 3 units @1,000/- each
- 8) Out of Hours Technician Service Charges - for either normal or high risk 1 Unit @ 1,500/-

Package Excludes:

- 1) Any Other Test / Investigation If Done Which will be Charged extra.
- 2) Medicines (more than TK.500) & consumables other than Cath procedure consumables.
- 3) Echo & CSA If Done Will Be Charged Separately.
- 4) Room Tariff as Applicable In The Ward after Two days.
- 5) VCD (TK.1500) to be paid for by patient if he/she wants a copy.
- 6) Physiotherapy, Any other procedures & Services.

Approved w.e.f. 11-06-2016

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
3456	CORONARY ANGIOPLASTY WITHOUT STENTING	71,500	75,500	94,000	99,000	115,500
3457	CORONARY ANGIOPLASTY WITH STENTING (SVD)	71,500	75,500	94,000	99,000	115,500
8702	CORONARY ANGIOPLASTY WITH STENTING (DVD)	76,500	91,500	99,500	105,500	122,500
8703	CORONARY ANGIOPLASTY WITH STENTING (TVD / CTO)	81,500	97,500	106,000	112,500	130,500
10860	CORONARY ANGIOPLASTY – NORMAL RISK - SVD (OUT OF HOURS)	108,000	112,000	120,000	126,000	140,000
10861	CORONARY ANGIOPLASTY – NORMAL RISK - DVD (OUT OF HOURS)	125,000	129,000	137,000	143,000	157,000
10862	CORONARY ANGIOPLASTY – NORMAL RISK - TVD / CTO (OUT OF HOURS)	140,000	144,000	152,000	158,000	172,000
3458	PTCA - HIGH RISK / PRIMARY ANGIOPLASTY - SVD	108,000	112,000	120,000	126,000	140,000
10863	PTCA - HIGH RISK / PRIMARY ANGIOPLASTY - DVD	125,000	129,000	137,000	143,000	157,000
10864	PTCA - HIGH RISK / PRIMARY ANGIOPLASTY - TVD / CTO	140,000	144,000	152,000	158,000	172,000
8717	PTCA - HIGH RISK / PRIMARY ANGIOPLASTY - SVD (OUT OF HOURS)	140,000	145,000	155,000	163,000	173,000
10865	PTCA - HIGH RISK / PRIMARY ANGIOPLASTY - DVD (OUT OF HOURS)	157,000	162,000	172,000	180,000	190,000
10866	PTCA - HIGH RISK / PRIMARY ANGIOPLASTY - TVD / CTO (OUT OF HOURS)	172,000	177,000	187,000	195,000	205,000
3459	PERIPHERAL ANGIOPLASTY	77,500	93,500	100,500	105,500	131,500
3460	ABANDONED PTCA	50,000	57,500	64,500	69,000	100,000

Package Includes:

- 1) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 2) Three days Room Rent – 2 Days in ward and 1 Day in ICU. For High Risk / Primary Angioplasty - 3 days CCU. For failed PTCA 1 one day room rent is included.
- 3) Cath Lab Charges
- 4) Routine consumables including 150ml of Omnipaque (non ionic dye)
- 5) Medicines worth Tk. 4500.00
- 7) Nursing Service Charges / Out of Hours Nursing Service Charges - For Normal Risk - 2 Units & for High Risk - 3 units @1,000/- each
- 8) Out of Hours Technician Service Charges - for either normal or high risk 1 Unit @ 1,500/-

Package Excludes:

- 1) Investigation If Done Will Be Charged Separately.
- 2) VCD (TK.1500) to be paid for by patient if he/she wants a copy.
- 3) Physiotherapy, Any other procedures & Services.
- 4) COST OF STENT/STENTS IS/ARE EXTRA.

Approved w.e.f. 11-06-2016

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
5971	CORONARY ANGIOGRAPHY & ANGIOPLASTY WITHOUT STENTING	88,500	94,000	117,000	122,500	149,500
5972	CORONARY ANGIOGRAPHY & ANGIOPLASTY WITH STENTING (SVD)	88,500	94,000	117,000	122,500	149,500
8704	CORONARY ANGIOGRAPHY & ANGIOPLASTY WITH STENTING (DVD)	88,500	94,000	117,000	122,500	149,500
8705	CORONARY ANGIOGRAPHY & ANGIOPLASTY WITH STENTING (TVD / CTO)	98,500	116,500	129,000	135,500	164,500
10867	CORONARY ANGIOGRAPHY & ANGIOPLASTY – NORMAL RISK - SVD (OUT OF HOURS)	132,500	139,000	151,500	159,500	184,500
10868	CORONARY ANGIOGRAPHY & ANGIOPLASTY – NORMAL RISK - DVD (OUT OF HOURS)	149,500	156,000	168,500	176,500	201,500
10869	CORONARY ANGIOGRAPHY & ANGIOPLASTY – NORMAL RISK - TVD / CTO (OUT OF HOURS)	164,500	171,000	183,500	191,500	216,500
5973	HIGH RISK - CAG & PTCA / PRIMARY CAG & PTCA -SVD	136,000	142,500	155,000	163,000	188,000
10870	HIGH RISK - CAG & PTCA / PRIMARY CAG & PTCA - DVD	153,000	159,500	172,000	180,000	205,000
10871	HIGH RISK - CAG & PTCA / PRIMARY CAG & PTCA -TVD / CTO	168,000	174,500	187,000	195,000	220,000
8718	HIGH RISK - CAG & PTCA / PRIMARY CAG & PTCA - SVD (OUT OF HOURS)	170,000	177,500	192,000	202,000	223,500
10872	HIGH RISK - CAG & PTCA / PRIMARY CAG & PTCA - DVD (OUT OF HOURS)	187,000	194,500	209,000	219,000	240,500
10873	HIGH RISK - CAG & PTCA / PRIMARY CAG & PTCA - TVD / CTO (OUT OF HOURS)	202,000	209,500	224,000	234,000	255,500
5974	CORONARY ANGIOGRAPHY & PERIPHERAL ANGIOPLASTY	94,500	112,500	123,000	129,000	165,500
5975	CORONARY ANGIOGRAPHY & ABANDONED PTCA	67,000	76,000	87,500	92,500	134,000

Package Includes:

- 1) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 2) Cath procedure routine Consumables including 150ml of Omnipaque–non ionic dye (except Courand & NIH Catheters, if & when required)
- 3) Five days Room Rent – 3 Days in ward and 2 Day in ICU. For High Risk / Primary CAG & PTCA - 2 Days in ward and 3 days CCU. For failed PTCA 1 one day room rent is included.
- 4) Cath Lab Charges
- 5) Medicines worth Tk. 5000.00
- 6) Routine Test as listed below (one unit each) :

Name of Investigation

Creatinine - Serum
 Electrolytes (NA,K,CL,HCO3) - Serum
 CBC
 Anti HIV I/II Rapid Test
 HBSAG Rapid Test
 Anti HCV Rapid test

- 7) Nursing Service Charges / Out of Hours Nursing Service Charges - For Normal Risk - 2 Units & for High Risk - 3 units @1,000/- each
- 8) Out of Hours Technician Service Charges - for either normal or high risk 1 Unit @ 1,500/-
- 9) In case of CAG + PTCA in same sitting, only 2 units for normal risk or 3 units for high risk of nursing & 1 unit of technician (out of hours) service charge shall be applicable.

Package Excludes:

- 1) Any Other Test / Investigation If Done Will Be Charged Separately.
- 2) VCD (TK.1500) to be paid for by patient if he/she wants a copy.
- 3) Echo & CSA If Done Will Be Charged Separately.
- 4) Room rent will be Applicable after three days.
- 5) Physiotherapy, Any other procedures & Services.
- 6) Medicines (more than TK.3500) & consumables other than Cath procedure consumables.
- 7) COST OF STENT/STENTS IS/ARE EXTRA.

Approved w.e.f. 21-01-2015

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
3463	PULMONARY/MITRAL/AORTIC VALVULOPLASTY	51,000	62,500	71,000	76,000	94,500

Package Includes:

- 1) Room For 2 Days including one day in ICU.
- 2) Medicine worth Tk. 3000.00 & routine Consumables including 50 ml of non ionic Omnipaque
- 3) Cath Lab Charges.
- 4) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 5) Cost of Balloon - 25% of Balloon Cost

Name of Investigation

- ABO & RH Grouping
 - CBC
 - Anti HIV I/II Rapid Test
 - HBSAG Rapid Test
 - Anti HCV Rapid test
- 6) Nursing Service Charges

Package Excludes:

- 1) Stay Beyond two days will be charged according to the Room / ICU tariffs.
- 2) Any Other Test / Investigation If Done will be Charged Separately.
- 3) VCD (TK.1500) to be paid for by patient if he/she wants a copy.

Approved w.e.f. 21-01-2015

Code	NAME OF PACKAGE
4051	ELECTRO PHYSIOLOGY STUDY

STDB	SS	S	DLX	SUITE
120,500	127,500	135,500	141,000	175,500

Package includes:

- 1) Three ECG & One X-Ray Chest P.A View
- 2) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 3) Three days Room Rent – 2 Days in ward and 1 Day in ICU.
- 4) Cath Lab Charges
- 5) Routine consumables including 150ml of Omnipaque (non ionic dye)
- 6) Medicines worth Tk. 5500.00
- 7) **Routine Test:**
 - Creatinine
 - Urea
 - Electrolytes
 - Glucose (R)
- 8) Nursing Service Charges

BT	ABO & RH Grouping
CT	ANTI HIV (I&II) ELISA/
CBC (HB, TLC, DLCC, ESR)	HBS AG (ELISA)/ HBS
Platelet Count & APTT/ PTTK	

Package Excludes:

- 1) Any other Test / Investigation if done will be charged separately.
- 2) VCD (TK.1500) to be paid for by patient if he/she wants a copy.
- 3) Physiotherapy, Any other procedures & Services.
- 4) COST OF STENT/STENTS IS/ARE EXTRA AT ACTUALS.

Approved w.e.f. 21-01-2015

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
4052	RIGHT & LEFT HEART STUDY	19,500	23,500	25,500	27,000	39,500

Package Includes:

- 1) Cath procedure routine Consumables including 50ml of Omnipaque – non ionic dye
- 2) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 3) Cath Lab Charges.
- 4) Room Rent for 2 days (including 1 day in ICU).
- 5) Medicines worth Tk. 2000.00

Name of Investigation

- ABO & RH Grouping
 - CBC
 - Anti HIV I/II Rapid Test
 - HBSAG Rapid Test
 - Anti HCV Rapid test
- 6) Nursing Service Charges

Package Excludes:

- 1) Any Other Test / Investigation If Done Which will be Charged extra.
- 2) Medicines (more than TK.500) & consumables more than TK 1500.
- 3) Echo & CSA If Done Will Be Charged Separately.
- 4) Room Tariff as Applicable In the ward after Two days.
- 5) VCD (TK.1500) to be paid for by patient if he/she wants a copy.
- 6) Physiotherapy, Any other procedures & Services.

Approved w.e.f. 19-06-2016

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
4035	TEMPORARY PACEMAKER IMPLANTATION	16,000	16,000	16,000	16,000	16,000
8706	TEMPORARY PACEMAKER IMPLANTATION - URGENT	20,000	20,000	20,000	20,000	20,000
10879	TEMPORARY PACEMAKER IMPLANTATION - URGENT (OUT OF HOURS)	27,000	27,000	27,000	27,000	27,000
4036	IABP INSERTION	17,500	17,500	17,500	17,500	17,500

Package Includes:

- 1) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 2) Cath Lab Charges
- 3) Pace Maker Lead - 20% Lead Cost
- 4) Nursing Service Charges / Out of Hours Nursing Service Charges - 2 Units @ 1,000/- each
- 5) Out of Hours Technician Service Charges - 1 Unit @ 1,500/-

Package Excludes:

- 1) Any Test / Investigation If Done Will Be Charged Separately.
- 2) Room rent
- 3) Medicines
- 4) Physiotherapy, Any other procedures & Services.
- 5) COSTS OF PACEMAKER/CONSUMABLES (FOR IABP) ARE EXTRA.

Approved w.e.f. 11-06-2016

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
4037	PERMANENT PACEMAKER IMPLANTATION (SINGLE CHAMBER)	62,000	70,500	78,500	83,500	127,000
4038	PERMANENT PACEMAKER IMPLANTATION (DUAL CHAMBER)	62,000	70,500	78,500	83,500	127,000
4039	BI-VENTRICULAR PPI	96,000	105,000	112,500	118,500	161,000
6574	AICD	78,500	87,000	95,500	100,500	143,000
10857	PERMANENT PACEMAKER IMPLANTATION - SINGLE CHAMBER (OUT OF HOURS)	71,500	80,500	88,500	93,500	137,500
10856	PERMANENT PACEMAKER IMPLANTATION - DUAL CHAMBER (OUT OF HOURS)	71,500	80,500	88,500	93,500	137,500

Package Includes:

- 1) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 2) Five days Room Rent – 3 Day in ward and 2 Day in ICU Cath Lab Charges
- 3) Routine cath consumables
- 4) Routine Test as listed below (one unit each)

Name of Investigation

- Creatinine - Serum
 - Electrolytes (NA,K,CL,HCO3) - Serum
 - Glucose (Random)
 - CBC
 - Anti HIV I/II Rapid Test
 - HBSAG Rapid Test
 - Anti HCV Rapid test
 - ECG
 - Chest AP (X-ray)
- 5) Nursing Service Charges / Out of Hours Nursing Service Charges - 3 Units @ 1,500/- each
 - 6) Out of Hours Technician Service Charges - 1 Unit @ 2,000/-

Package Excludes:

- 1) Any Other Test / Investigation If Done Will Be Charged Separately.
- 2) Physiotherapy, Any other procedures & Services.
- 3) COSTS OF PACEMAKER ARE EXTRA.

Approved w.e.f. 21-01-2015

Code	NAME OF PACKAGE	STDB	SS	S	DLX	SUITE
7812	ASD DEVICE CLOSURE / PDA DEVICE CLOSURE	55,500	69,000	74,000	77,000	94,500
8707	IVC FILTER	40,000	49,500	53,000	55,000	68,500

Package Includes:

- 1) Cardiologist Consultation Fees (Except from the patients admitted through Emergency Department)
- 2) Two days Room Rent – 1 Day in ward and 1 Day in ICU Cath Lab Charges
- 3) Routine cath consumables
- 4) Medicines worth Tk. 2250.00
- 5) Routine Test as listed below (one unit each)

Name of Investigation

- Creatinine - Serum
 - CBC
 - Anti HIV I/II Rapid Test
 - HBSAG Rapid Test
 - Anti HCV Rapid test
 - ABO & RH Grouping
- 6) Nursing Service Charges

Package Excludes:

- 1) Any Other Test / Investigation If Done Will Be Charged Separately.
- 2) Physiotherapy, Any other procedures & Services
- 3) COSTS OF AMPLATZER SEPTAL OCCLUDER, ASD DEVICE CLOSURE DELIVERY SYSTEM & SIZING