



Chief Medical Superintendent
Divisional Railway Hospital
Sabarmati, AHMEDABAD-19.

No. MD/SBI/173/Diagnostic Radiological investigations including nuclear PET scan etc
Dtd: 05.9.2024

To,

Sub: Recognition/Empanelment of CGHS/ESI/ECHS empanelled diagnostic centres /Hospitals/ for Diagnostic Radiological investigations on OPD basis for the period of two years

Ref: EOI date: 05.09.2024

Submission of offers for diagnostic investigations from CGHS/ESI/ECHS empanelled diagnostic centers/hospitals only.

All the required radiological investigations and procedures (Annexure I), as per the CGHS-ADI rate list only

The under signed is interested to have a tie up with your Institute for performing the diagnostic investigations on OPD basis for Railway patients as given in the enclosed Annexure I as and when required.

TERMS AND CONDITION

1. The tie-up will be on contractual basis for the period of two years from the date of signing of MOU.
2. The investigations will be done on recommendation/referrals of Railway Doctors on prescribed Performa.
3. Payment will be made on monthly bill system. Payment will be made within 45 days of your submission of the bill through ECS/NEFT.
4. Investigation will not be stopped in case of delay in payment for reasons beyond one's control.
5. Pre-condition such as anesthetic charges, contrast charges and scan done during emergency hours should not be charged separately. No additional charges will be paid for procedures, if done in emergency.
6. The centre should have Radiologists of expertise for reporting, which should be given within 24 hours or immediately in case of emergent situation.
7. Copy of the investigation report should be enclosed with the bill.
8. Copy of the referral letter should be enclosed along with the monthly bill for cross verification.
9. In case of contrast studies, if required and not mentioned in memo, prior permission should be taken from CMS or the concerned Doctor through mobile which will be given by the nursing staff in the referral letter.
10. TDS will be deducted as per CBDT clause from the monthly bill.

11. The rate offered for any investigation would be on par with the prevailing CGHS-Ahmedabad rates for that particular investigation at the time of signing of MOU.
12. The hospital should submit willingness letter accepting the prevalent CGHS Ahmedabad rates for list of procedures given in Annexure -I(enclosed)
13. The in-charge /owner authorized signatory has to submit a declaration with the EOI, stating that the firm in-charge/owner is related or not to any Railway official.
14. The contract can be terminated by either side after giving one month notice period.
15. As per recent guidelines of Railway Board, Health Care organizations that are recommended for empanelment after the initial assessment shall have to furnish a Performance Bank guarantee (hospitals/Cancer units-rs.10 lakhs, single specialty hospitals -Rs.2.00 lakhs & Diagnostic centres-Rs.2.00lakhs) valid for the period of 30 months i.e six months beyond empanelment period to ensure efficient service and to safeguard against any default. PBG for charitable organization would be 50% of the above amount .Submit consent letter for PBG for single specialty of Rs.2.lakhs.
16. Incomplete application/format without mandatory enclosures/documents will summarily be with your offer for EOI.
17. The centre should fulfill all the criteria mentioned below for the radiological diagnosis and imaging.
18. Once you have agreed with MOU as per CGHS rates, the center should not deny or refuse any required diagnostic investigations.
19. If any diagnostic investigations are not available at your center as per CGHS-ADI rates, you must inform the Railway administration before entering into the MOU.
20. All rights reserved with Chief Medical Superintendent-Ahmedabad
21. Please note that offers for diagnostic investigations will only be accepted from centers/hospitals that are empanelled with CGHS/ESI/ECHS.

If interested, please submit your sealed EOI for the above investigations, in a sealed cover super scribed "EOI for empanelment of Diagnostic Centers" to the under signed along with your acceptance of terms and conditions, to reach the office of Chief Medical Superintendent, Sabarmati, Ahmedabad latest by 25.9.2024 at 14.00 hours and will be opened on the same day at 15.00 hours.

5/19/24

(Dr.Bhanumathi Shekhar)
Chief Medical Superintendent
Divisional Railway Hospital
Ahmedabad

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER (CTSCAN)

A criteria for CT scan center:

- Whole body CT scan with scan cycle of less than 1 second(sub second)
- Housed in building as per AERB guidelines
- Sufficient workable space
- Waiting area separate from the radiation area. Provision for changing room.
- Provision of Radiation protective devices like Screen, Lead Apron, Thyroid & Gonads protective shield.
- Equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs to combat any allergic reactions due to contrast medium.
- Provision of sterilized instrument, disposable syringes & needles, catheter etc.
- Provision for washed clean lines.
- Qualified Radiologist –having post degree experience of 3 years.
- Qualified Radiographer –holding diploma (2 years) degree in Radiography from recognized institution.
- Provision of nursing staff/female attendant for lady patient.
- Provision for radiation monitoring of all technical staff & doctor, through DRP/BARC Coverage by Anesthetic during procedures involving contrast media.
- Disposal of waste
- Backup Generator, UPS and emergency light
- Center should be easily approachable
- Adequate workload
- Installation should be approved by AERB.

B CT SCAN Machine

The diagnostic machines should be of original make and purchased from original manufacture. Also provide the details of no of CT scan machines available. CT scan machine should be 64 multislice (Proof of purchase to be attached)

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER (MRI SCAN)

A Criteria for MRI Center

- MRI Machine minimum 1.5 TESLA or more
- Adequate space & patient waiting area
- Qualified Technician –having post degree experience of 3 years.
- Qualified Technician –holding diploma (2 years) degree from recognized institution
- Equipment for resuscitation of patient should be MRI compatible
- Facilities for computer printer report.
- Backup Generator, UPS, and Emergency light.
- MRI room should be easily approachable
- Automatic film processor unit.
- Adequate workload.

B MRI SCAN Machine

The diagnostic machines should be of original make and purchased from original manufacture. Also provide the details of number of MRI machines available. MRI Machine should be 1.5 or more & should be an open machine (proof of purchase to be attached)

Format for Medical imaging services

1. Name of the Centre /HCO:
2. Address:
3. Ownership:
4. Name of parent organization:

(If part of any other organization)

Telephone number/E.mail:

5. Name of Certificate if NABH Accreditation is granted
6. Contact person(s):
Chief Executive Officer/Head of Department /equivalent:
Designation
Contact number
Email.Id
7. Whether the Medical Imaging Service is registered with local Authority (Where applicable as per the State or Central Norms)

Yes/NO
8. Details regarding Ultrasound Equipment registration with PC-PNDT:

Equipment	Registration number & date	Valid upto	Remarks

9. Details regarding AERB approval of equipment, facility design and installation, Operation certificate and Personnel:

	Name of equipment	License /certificate	Number & date	Valid upto	Remarks if any
1		NOC/Type approval certificate of equipment			
		Site layout number			

		Installation /operation certificate			
		Personnel (RSO)			
2		NOC/Type approval certificate of equipment			
		Site layout number			
		Installation /operation certificate			
		Personnel (RSO)			
3		NOC/Type approval certificate of equipment			
		Site layout number			
		Installation /operation certificate			
		Personnel (RSO)			
4		NOC/Type approval certificate of equipment			
		Site layout number			
		Installation /operation certificate			
		Personnel (RSO)			

10. List of other relevant legal documents applicable:

Sn	License certificate	Number and date	Valid upto	Remarks if any
1	General			
2	Biomedical waste management and handling authorization			
3	PAN/TAN			
4	Registration of company			
5	Registration under clinical establishment ac(or Similar)			
6	Registration with local authorities			
7	Facility Management			
8	Building occupancy/completion certificate			
9	Fire (NOC)			
10	License for diesel storage			
11	License for electrical installations			
12	License to store compressed gas			
13	Sanction of lifts			
14	Prevention & control of Pollution Act			
15	Pharmacy (if over multiple locations license for each of them separately)			
16	Drugs bulk license			
17	Drug retail license			
18	License for possessions and use of methylated spirit, denatured spirit, methyl alcohol and ethyl alcohol			
19	Narcotic license			

20	Nuclear medicine and radiation therapy			
21	Authorization to use radiopharmaceuticals in humans			
22	Authorization for radionuclide			
23	Imaging			
24	NOC for procurement of radiopharmaceuticals			

Note: Please submit scanned copies of all the statutory requirements

11. Staff information:

Details with educational qualification and experience of all imaging Personnel (Radiological and technicians)

Sn	Name	Designation	Qualification	Experience in Medical Imaging Services (Yrs)
1				
2				
3				
4				

12. Equipment: Details of all equipment in the medical imaging Services

SN	Name of equipment	Make /Model	Date of Installation	AMC/CMS status	Average patient load
1					
2					
3					
4					
5					
6					
7					
8					

Noe: Each equipment name should be listed separately.

CHECK LIST FOR EOI

SN	DETAILS	If attached, State YES/NO
1	Statutory and legal obligation as applicable with date, number & validity of registrations /license (attach the Photocopies of all legal documents)	
2	Mention if the organization is a public /government or a independent private sector provider	
3	Specify e.g clinical establishment ,shop, etc	
4	Indicate there are individuals holding recognized degrees managing the department .Please mention full time and part time consultants separately	
5	List of doctors, Nursing and technical staff with credentials and privileges	
6	Accreditation, if any-NABH/no-NABH (Copy of accreditation to be enclosed)	
7	Staff documents	
8	Equipment details	

Note: Checklist should be duly filled & complete in all respect with all annexures/documents duly countersigned by the designated signatory with your offer for EOI.

(Signature of the authorized signatory of the hospital)

Stamp/seal of the hospital

DECLARATION

I am / We are not related to any employee in any capacity on the Western Railway.

Signature of the In-charge/owner/director of Centre/hospital)

Address:

Annexure-1

LIST OF DIAGNOSTIC INVESTIGATIONS AS PER CGHS AHMEDABAD RATES

CGHS A'BAD SR NO	NAME OF INVESTIGATIONS	NON NABH RATE	NABH/NABL RATE
	CARDIOVASCULAR INVESTIGATIONS		
586	Holter analysis	850	978
592	2D echocardiography	1255	1475
594	Fetal Echo	1360	1600
602	CT coronary angiography	6030	6935
603	Cardiac CT scan	2272	2613
604	Cardiac MRI	6800	8000
605	Stress Cardiac MRI	3000	3450
606	MR angiography.	5072	5833
607	Cardiac PET	1500	1725
1339	Dental IOPA X-ray	50	58
1340	Occlusal X-ray	78	90
1341	OPG X-ray	196	225
	NAME OF INVESTIGATION/PULMONARY		
1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	3240	3726
1343	Lung Perfusion Scan	1800	2070
	NAME OF INVESTIGATION/ OSTEOLOGY		
1344	Whole Body Bone Scan with SPECT.	3079	3541
1345	Three phase whole body Bone Scan	3079	3541
	NAME OF INVESTIGATION/NEUROSCIENCES		
1346	Brain Perfusion SPECT Scan Technetium 99m radiopharmaceuticals	8798	10118
1347	Radionuclide Cisternography for CSF leak	3366	3871
	NAME OF INVESTIGATION/GASTRO AND HEPATO BILIARY		
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	3079	3541
1351	Meckel's Scan	1955	2248
	NAME OF INVESTIGATION/GENITOURINARY		
1354	Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)	3079	3541
1357	Dynamic Renography with Captopril	1960	2254
1358	Testicular Scan	1445	1700
	NAME OF INVESTIGATION/ ENDOCRINOLOGY		
1359	Thyroid Uptake measurements with 131-Iodine.	1408	1619
1360	Thyroid Scan with Technetium 99m Perchnetate.	1615	1900
1361	Iodine-131 Whole Body Scan	2800	3220
1362	Whole Body Scan with MIBG	15836	18211
1363	Parathyroid Scan	4399	5059
	NAME OF INVESTIGATION /CARDIOLOGY		
1372	Stress thallium / Myocardial Perfusion Scintigraphy	8505	9781
1373	Rest thallium / Myocardial Perfusion Scintigraphy	7200	8280
1375	Treadmill Test (TMT)	950	1120
	NAME OF INVESTIGATION PET/CT SCAN		
1380	FDG Whole body PET / CT Scan	18475	21246

1381	Brain I Heart FDG PET / CT Scan	13197	15177
1382	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	15000	17250
	USG,X-RAY,CT,MRI,BONE DENSITOMETRY		
1590	USG for Obstetrics - Anomalies scan	1700	2000
1591	Abdomen USG/KUB	680	800
1592	Pelvic USG (prostate, gynae, infertility etc)	425	500
1593	Small parts USG (scrotum, thyroid , parathyroid etc)	349	401
1594	Neonatal head (Tranfontanellar)	425	489
1595	Neonatal spine	450	518
1596	Contrast enhanced USG	810	932
1597	USG Breast	680	800
1598	USG Hysterosalpingography (HSG)	2040	2600
1599	Carotid Doppler	765	880
1600	Arterial Colour Doppler	635	730
1601	Venous Colour Doppler	635	730
1602	Colour Doppler, renal arteries/any other organ	720	828
1603	USG guided intervention- FNAC	1530	1800
1604	USG guided intervention - biopsy	648	745
1605	USG guided intervention - nephrostomy	720	828
	X-ray CONTRAST STUDIES		
1618	Barium Swallow	459	528
1619	Barium Upper GI study	720	828
1620	Barium Upper GI study (Double contrast)	842	968
1621	Barium Meal follow through	842	968
1622	Barium Enema (Single contrast/double contrast)	765	880
1623	Small bowel enteroclysis	1020	1173
1624	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2250	2588
1625	General:Fistulography / Sinography/Sialography /Dacrocystography/ T-Tube cholangiogram /Nephrostogram	574	660
1626	Percutaneous transhepatic cholangiography (PTC)	1296	1490
1627	Intravenous Pyelography (IVP)	1400	1650
1628	Micturating Cystourethrography (MCU)	950	1120
1629	Retrograde Urethrography (RGU)	950	1120
1630	Contrast Hystero-Salpingography (HSG)	1020	1173
1631	X-ray Arthrography	700	805
1632	Cephalography	150	173
1633	Myelography	2475	2846
1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011
	MAMMOGRAPHY		
1635	X-ray Mammography B/L	1170	1375
1636	MRI Mammography	2550	2933
	Computed Tomography (CT) Scan		
1637	CT Scan Head-Without Contrast/NCCT HEAD	880	1035

1638	CT Scan Head- with Contrast -With Contrast including CT angiography	1350	1553
1639	CT Scan Chest - without contrast (for lungs)	1700	1955
1640	CT Scan Lower Abdomen (incl. Pelvis) With Contrast	1700	1955
1641	CT Scan Lower Abdomen (Incl. Pelvis) Without Contrast	1500	1725
1642	CT Scan Whole Abdomen Without Contrast	2700	3105
1643	CT Scan Whole Abdomen With Contrast	4050	4658
1644	Triple Phase CT abdomen	4050	4658
1645	CT Scan angiography abdomen/ Chest	4050	4658
1646	CT Scan Enteroclysis	5400	6210
1647	CT Scan Neck – Without Contrast	1500	1725
1648	CT Scan Neck – With Contrast	1870	2151
1649	CT Scan Orbits - Without Contrast	1190	1369
1650	CT Scan Orbits - With Contrast	1615	1857
1651	CT Scan of Para Nasal Sinuses- Without Contrast	900	1035
1652	CT Scan of Para Nasal Sinuses - With Contrast	1600	1840
1653	CT Scan Spine (Cervical, Dorsal, Lumbar, Sacral)–without Contrast	1500	1725
1654	CT Scan Temporal bone – without contrast	893	1027
1655	CT Scan- Dental	1275	1466
1656	CT Scan Limbs -Without Contrast	1700	1955
1657	CT Scan Limbs -With Contrast including CT angiography	2253	2591
1658	CT Guided intervention –FNAC	1200	1380
1659	CT Guided Trucut Biopsy	1200	1380
1660	CT Guided intervention -percutaneous catheter drainage/tube placement	1305	1501
	MRI		
1661	MRI Head/MRI Brain – Without Contrast	2125	2500
1662	MRI Head – With Contrast	2848	3275
1663	MRI Orbits – Without Contrast	1445	1700
1664	MRI Orbits – With Contrast	2000	2300
1665	MRI Nasopharynx and PNS – Without Contrast	2450	2818
1666	MRI Nasopharynx and PNS – With Contrast	3500	4025
1667	MR for Salivary Glands with Sialography	2700	3105
1668	MRI Neck - Without Contrast	3000	3450
1669	MRI Neck- with contrast	4500	5175
1670	MRI Shoulder – Without contrast	2000	2300
1671	MRI Shoulder – With contrast	2600	2990
1672	MRI shoulder both Joints - Without contrast	3000	3450
1673	MRI Shoulder both joints – With contrast	4000	4600
1674	MRI Wrist Single joint - Without contrast	2550	3000
1675	MRI Wrist Single joint - With contrast	3400	4000
1676	MRI Wrist both joints - Without contrast	2125	2444
1677	MRI Wrist Both joints - With contrast	5000	5750
1678	MRI knee Single joint - Without contrast	2550	3000

1679	MRI knee Single joint - With contrast	4500	5175
1680	MRI knee both joints - Without contrast	3400	4000
1681	MRI knee both joints - With contrast	5000	5750
1682	MRI Ankle Single joint - Without contrast	4250	5000
1683	MRI Ankle single joint - With contrast	4500	5175
1684	MRI Ankle both joints - With contrast	5525	6500
1685	MRI Ankle both joints - Without contrast	2500	2875
1686	MRI Hip - With contrast	2500	2875
1687	MRI Hip – without contrast	2125	2444
1688	MRI Pelvis – Without Contrast	2125	2444
1689	MRI Pelvis – with contrast	4500	5175
1690	MRI Extremities - With contrast	4500	5175
1691	MRI Extremities - Without contrast	2125	2444
1692	MRI Temporomandibular – B/L - With contrast	4000	4600
1693	MRI Temporomandibular – B/L - Without contrast	2125	2444
1694	MR Temporal Bone/ Inner ear with contrast	4000	4600
1695	MR Temporal Bone/ Inner ear without contrast	2500	2875
1696	MRI Abdomen – Without Contrast	2125	2444
1697	MRI Abdomen – With Contrast	5000	5750
1698	MRI Breast - With Contrast	4250	4888
1699	MRI Breast - Without Contrast	2125	2444
1700	MRI whole Spine Screening - Without Contrast	1700	2000
1701	MRI Chest – Without Contrast	2125	2444
1702	MRI Chest – With Contrast	4000	4600
1703	MRI Cervical/Cervico Dorsal Spine – Without Contrast	3400	4000
1704	MRI Cervical/ Cervico Dorsal Spine – With Contrast	4000	4600
1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	2125	2444
1706	MRI Dorsal/ Dorso Lumbar Spine – With Contrast	4000	4600
1707	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast	2125	2444
1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	4500	5175
1709	Whole body MRI (For oncological workup)	5100	5865
1710	MR cholecysto-pancreatography.	4950	5693
1711	MRI Angiography - with contrast	4500	5175
1712	MR Enteroclysis	2125	2444
	BONE DENSITOMETRY (DEXA SCAN)		
1713	Dexa Scan Bone Densitometry - Two sites	1500	1725
1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip &extremity)	2000	2300
1715	Dexa Scan Bone Densitometry Whole body	2450	2818
	ADDED W.E.F. 14.01.2020		
1784	CECT Chest/Thorax	2445	2875
1785	MRI-Prostate (Multi-parametric)	6000/- including CD	6900 Including CD
1789	Fibroscan Liver	1000	1150
	ADDED W.E.F. 05.06.2020		

1810	CT Urography	3825	4500
1812	CT Angio-Neck Vessels	5100	6000
	ADDED W.E.F. 07.02.2021		
1834	High resolution computed Tomography (HRCT Chest)	1700	2000

- We are willing to accept the CGHS Ahmedabad rates for the above listed Procedures/Investigations.

(Signature of the authorized signatory of the hospital)

Stamp/Seal of the hospital

Annexure -II

List of investigation/scan/above mentioned annexure I not available in-----

----- (center /hospital name)

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