

**SEMI-CONDUCTOR LABORATORY
S.A.S. NAGAR**

I N D E X

S.NO.	PARTICULARS	PAGE NO.
1.	EMPANELMENT OF DIAGNOSTIC CENTERS IN MOHALI/CHANDIGARH/PANCHKULA	2-7
2.	APPLICATION FOR EMPANELMENT OF DIAGNOSTIC CENTER - PART 1	8-10
3.	APPLICATION FOR EMPANELMENT OF DIAGNOSTIC CENTRE FACILITIES AVAILABLE PART-II	11-12
4.	ANNEXURE - LIST OF INVESTIGATION/ PROCEDURES/TESTS	13-18

Semi-Conductor Laboratory
S.A.S. Nagar

**Empanelment of Diagnostic Centers in
Mohali/Chandigarh/Panchkula**

1. Introduction

Semi-Conductor Laboratory (SCL) is an autonomous body under the Ministry of Electronics & Information Technology (MeitY) located in Sector 72, S.A.S. Nagar, (Mohali), has 813 employees (Prime Beneficiaries). The total number of beneficiaries (Employees and their dependent family members) is about 2100. SCL Contributory Health Scheme (SCHS) under which medical attendance and treatment is provided to the contributing employees and their dependent family members through empanelled Authorized Medical Officers (AMOs), Specialist Doctors, Multi-Specialty Hospitals, Diagnostic Centers and Pathological Laboratories. All the beneficiaries are issued SCHS cards for identification to avail the services of Diagnostic Centers on referral (in prescribed referral forms) by the empanelled AMOs/Specialist Doctors/Multi-Specialty Hospitals.

2. Cashless Services

The Diagnostic Centers shall provide cashless service to the SCHS beneficiaries on referral by the AMO/Specialist Doctor/Multi-Specialty Hospital empanelled under SCHS. Payment shall be made by SCL to the Diagnostic Centre at the approved/accepted rates for the Investigations/Tests conducted against their bills within agreed period.

3. Rates

Proposed rates for the Investigations/Tests shall be quoted in the attached Annexure. Proposed rates are also to be sent in excel format through email to schs_admin@scl.gov.in . Upon receipt of applications and proposed rates in prescribed format, SCL shall communicate the rates acceptable as per Schedule of Rates (SOR). On agreement with SCL rates and fulfilling other conditions laid down, diagnostic centers will be considered for empanelment.

4. Eligibility for empanelment

- (i) Copy of NABH/NABL accreditation.
- (ii) Proof of the center being functional for at least two years, copy of the audited balance sheet, profit and loss account for the last financial year (Main document/summary sheet).
- (iii) Lists of investigation facilities available.
- (iv) Registration under PNDT Acts, if Ultra sonography facility is available.
- (v) AERB approval for imaging facilities, wherever applicable.
- (vi) Compliance with all statutory requirements including Bio Medical Waste (BMW). Certificate from respective State Govt. Pollution Control Board/AERB.
- (vii) PAN Number and GST Registration No. (if applicable).
- (viii) Documents regarding installation of fire safety mechanism.
- (ix) Provision for adequate sitting area in imaging center.
- (x) Empanelment shall be based on evaluation of multiple parameters as decided by the competent authority.

5. Radiological Center

- (i) Availability of Qualified Radiologists in respective field i.e.MD (Radio Diagnosis), DNB (Radio Diagnosis) or DMRD.
- (ii) Availability of Modern gadgets/machines to conduct the routine X-Ray/Digital X-Ray/USG, Color Doppler study, Barium Study, IVP etc. fulfilling the following requirement would be preferable. Radiographer with BSc in Medical Radiography and Imaging Technology, MSc in Medical Radio Imaging.

➤ For MRI Centers:

- (i) MRI Machine with magnet strength of 1.5 Tesla or more.
- (ii) Availability of Radiographer (technician) having requisite degree/diploma (B.Sc. in Radiography). Experience of at least one year would be preferable.
- (iii) Reports analysis and authentication by Medical officers having requisite degree.

➤ For CT Scan Centers:

- (i) Facility for whole Body CT Scanner with scan cycle of less than one second (sub second).
- (ii) 256 Slice Scanner is preferred.
- (iii) Approval of AERB.
- (iv) Availability of Technician having DMLT diploma and Radiographer (technician) having requisite degree/diploma. Experience of at least one year would be preferable.
- (v) Reports analysis and authentication by Medical officers having requisite degree.

➤ For X-Ray Centers/Dental X-Ray/OPG Centers:

- (i) X-Ray machine with minimum current rating of 500 MA with image intensifier TV System.

- (ii) Portable X-Ray machine with minimum current rating of 60 MA.
- (iii) Dental X-Ray machine with minimum current rating of 6 MA.
- (iv) OPG X-Ray machine with minimum current rating of 4.5-10 MA.
- (vi) Approval of AERB.
- (vii) Availability of Technician having requisite degree/diploma and experience of at least one year would be preferable.
- (viii) Reports analysis and authentication by Medical officers having DMRD/MD (Radiology) degree.

➤ **For Mammography Center:**

- (i) Standard quality Mammography Machine with low radiations and biopsy attachment.

➤ **For USG/Colour Doppler Center/Echo:**

- (i) Standard equipment having convex, sector linear probes of frequency range from 3.5 to 10 MHz with minimum three Probes and provision/facilities of trans vagina/trans rectal probes.
- (ii) Registration under PNDT Act.
- (iii) Reports analysis and authentication by medical officers having requisite degree by Radiologist.

6. For Centers other than Pathology/ Microbiology & Radiology

- (i) Availability of special investigation facility like EEG (32 channels), EMG/NCV (+/- 10% error), ECG (12 lead), Nuclear Medicine investigation conducted and reported by the concerned specialist.

- (ii) Bone densitometry Center: capable of scanning whole body
- (iii) Nuclear Medicine Center: approved by AEPB/BARC.

7. Period of Empanelment

The empanelment will be initially for a period of three years or for the number of years NABH/NABL Accreditation is valid for the centre-whichever is less; subject to satisfactory services rendered. Performance of the Centre will be liable to be reviewed any time. If services are not found satisfactory, the empanelment will immediately be cancelled.

However, if services of the center are found to be satisfactory, further extension of empanelment will be done after following due procedure.

8. General Guidelines to the Applicants

- Do not change the format of the application and nomenclature of serial numbers of the Tests/Investigations etc. Use remarks column for any deviation/change from the prescribed Tests/Investigations.
- Hard copy of the Application along with rates must also be submitted with the soft copy which shall be emailed at schs_admin@scl.gov.in
- As part of the evaluation exercise, SCL may at its discretion visit the premises of the Diagnostic Centre/Pathological labs for an on spot assessment of the available infrastructure.
- Photo copy of PAN Card to be attached to the Application.

- SCL reserves the right to reject or accept any and/or all the Applications without assigning any reason.

9. **Monitoring & Medical Audit**

SCL reserves the right to visit the Diagnostic Centre at any time to verify compliance to the SCHS requirements. Diagnostic Centers found indulging in any corrupt or fraudulent practice shall be removed from the empanelment and disqualified for future empanelment under SCHS apart from panel financial recovery which shall be at least twice the amount fraudulently/falsefully claimed/charged.

10. **Criteria for De-Empanelment**

- (i) The number of visits of patients to a Diagnostic Centers being considered as inadequate/meagre.
- (ii) Owing to malpractice/misconduct or rendering unsatisfactory services
- (iii) Death of the owner of Diagnostic Center
- (iv) Debarment/Legal conviction by any State / Central Govt. Authority/ Court against the Diagnostic center.
- (v) Poor quality of reports.

11. **Application submission date**

The last date for receipt of applications at SCL is **30 days from issue of Advertisement**. Application is to be sent to Head, P &GA, Semi-Conductor Laboratory, Sector 72, S.A.S. Nagar in a sealed envelope super-scribed '**Application for empanelment of Diagnostic Centers** ' or send via email to schs_admin@scl.gov.in

**Semi-Conductor Laboratory
S.A.S. Nagar**

**APPLICATION FORMAT FOR EMPANELMENT OF DIAGNOSTIC
CENTER**

PART 1

S.No.	Description	Details
1.	Name of Diagnostic Centre	
2.	Address with Telephone/ Fax/ e-mail/Website	
3.	Contact person & Designation; Mobile Number	
4.	Year of Establishment.	
5.	Registered (with State Health Authority/Central Health Authority	
6.	Accreditation, if any.	
7.	Private/Corporate	

S.No.	Description	Details
8.	Management (Individual/Corporate/ Trust / other)	
9.	Whether presently empanelled with SCL SCHS	
10.	Details of Empanelment with other Organizations/Companies	
11.	Payment Terms	
12.	Discount on tests/investigations not covered under SCL SCHS.	
13	Attach list of Diagnostic Tests	
14	Proof for centre being functional for last 2 years	
15	P & L statement for last Financial Year	
16	Proof of Installation of Safety Mechanism	

I hereby confirm and declare that all the information given above is correct, any discrepancy found at later stage holds me liable for disqualification. The diagnostic Centre has never been debarred/penalized by the corresponding regulatory authority at Central or state level.

Authorized Signatory

Name:

Date:

Stamp:

**Semi-Conductor Laboratory
S.A.S. Nagar**

APPLICATION FOR EMPANELMENT OF DIAGNOSTIC CENTRE

FACILITIES AVAILABLE

PART-II

S.No.	Description	Details
1.	Imaging facilities	
	(a) X Ray	
	(b) MRI	
	(c) CT	
	(d) Mammography	
	(e) USG/Colour Doppler	
	(f) ECG	
	(g) Any other	
2.	Other Information:	
	Emergency Services Available (Yes/No)	
a)	Timings on week days	
b)	Weekly off, if any	
c)	Services: In-house/ Out-sourcing	
3.	Staffing	

S.No.	Description	Details
	Consultants (Name & Qualification)	
	Lab Technicians (Give Name & Qualification)	
4.	Other facilities, if any.	

Authorized Signatory

Name:

Designation:

Date:

Stamp

SEMI-CONDUCTOR LABORATORY S.A.S. NAGAR			
			ANNEXURE
SCHS			
	Name of Treatment/ Procedure/Investigation	Rates (In Rs.) of Diagnostic Centre for General Public	Rates (In Rs.) offered to SCL
SECTION - II (B) X - RAY AND SCANS			
	(1) RADIOLOGY INVESTIGATIONS - ROUTINE X -RAY		
XXIV)	BONE MINERAL DENSITOMETRY		
1971	BMD Femur		
1972	BMD forearm		
1973	BMD hip joints		
1974	BMD Single Site		
1975	BMD spine		
1976	BMD whole body		
XXV)	C.T SCAN (CONTRAST CHARGES AT ACTUALS) FOR SPIRAL CT -1500 EXTRA		
1977	C.T. – Enteroclysis		
1978	C.T. – Brain Cisternography		
1979	C.T. – Cardiac/Coronary Angiogram		
1980	C.T. – Coronary Calcium Scoring screening		
1981	C.T. – Guided procedures		
1982	C.T. – Angio Abdomen/Renal/Peripheral/ Pulmonary		
1983	C.T. – Angio Cranial		
1984	C.T. – Angiogram bilateral lower limb		
1985	C.T. – Facial Bones		
1986	C.T. – Abdomen (including pelvis)		
1987	C.T. – Brain		
1988	C.T. – Cervical / Thoracic Spine		
1989	C.T. – Extremities		
1990	C.T. – for CSF Rhinorrhoea		
1991	C.T. – Hip/ Knee / Ankle / foot		

1992	C.T. – Internal Ear Canal		
1993	C.T. – KUB		
1994	C.T. – L.S. Spine		
1995	C.T. – Limited study		
1996	C.T. – Mastoid		
1997	C.T. – Neck		
1998	C.T. – Orbits		
1999	C.T. – Paranasal Sinuses/Osteomeatal Complex		
2000	C.T. – Pelvis		
2001	C.T. – Shoulder / elbow / wrist / Hand		
2002	C.T. – Skull base		
2003	C.T. – T.M. Joints		
2004	C.T. – Whole spine		
2005	C.T. – Cone Beam (CBCT/Dental)		
2006	C.T. – Chest/ Thorax		
XXVI)	DOPPLER		
2007	Arterial & Venous Doppler – upper limb-One Side		
2008	Arterial & Venous Doppler –lower limb –Both sides		
2009	Arterial & Venous Doppler –lower limb –one side		
2010	Arterial & Venous Doppler-upper limb – Both sides		
2011	Arterial Doppler Lower limb- Both sides		
2012	Arterial Doppler Lower limb- One side		
2013	Arterial Doppler Upper limb- Both sides		
2014	Arterial Doppler Upper limb- One side		
2015	AV fistula Patency Doppler		
2016	Carotid and Vertebral Doppler studies		
2017	Doppler of Aorta, IVC, Pelvic vessels		
2018	Doppler of Specific Abdominal organs		
2019	Obstetric Doppler		
2020	Renal Doppler		
2021	Screening Doppler		
2022	Trans cranial Doppler		
XXVII)	INTERVENTIONAL RADIOLOGY		
2023	Angioembolisation (Cost of consumables at actuals)		
2024	IVC Filter Placement (Cost of consumables at actuals)		
2025	IVC Filter Retrieval (Cost of consumables at actuals)		
2026	Peripheral vessel thrombolysis		
XXVIII)	MRI SCANNING [CONTRAST CHARGES AT ACTUALS		
2027	MRI chest		
2028	MRI internal auditory canal/Temporal bone		
2029	MRI Joint / Region		

2030	MRI Mammography/Breast		
2031	MRI Orbit		
2032	MRI PNS		
2033	MRI Scan Abdomen		
2034	MRI Scan Brain		
2035	MRI Scan Cervical / Lumbar Spine		
2036	MRI Scan Dorsal Spine		
2037	MRI Scan Knee		
2038	MRI Scan Neck		
2039	MRI Scan Pelvis		
2040	MRI Screening / Limited Study		
2041	MRI Shoulder		
2042	MRI Skull base		
2043	MRI TM joint		
2044	MRI Whole spine		
2045	MRI wrist		
2046	MRA (Peripheral/Renal)		
2047	MRI Angiogram brain and neck / Intracranial & Neck		
2048	MRI Angiogram only Neck Vessels		
2049	MRI MRCP		
2050	MRI Spectroscopy		
2051	MRI Urography		
XXIX)	NUCLEAR MEDICINE		
2052	Bone Scan		
2053	DEXA scan dorsal spine		
2054	DEXA scan whole body		
2055	Hepatobiliary Gamma Imaging Scan		
2056	Lung Perfusion Scan		
2057	MIBG Scan		
2058	Nuclear Parathyroid SPECT Scan		
2059	Nuclear whole body Bone SPECT Scan		
2060	Renal Scan		
2061	Samarium therapy / Pain palliative therapy		
2062	Thyroid Scan		
2063	Whole body iodine scan		
2064	Sentinel Node imaging		
2065	I-131 Between 10-20 mci		
2066	I-131 Between 20-29 mci		
2067	I-131 High dose ablation therapy		
2068	I-131 Upto 10 mci		
XXX	PET SCAN		
	[CONTRAST CHARGES AT ACTUALS		

2069	P E T Bone Scan		
2070	P E T Brain		
2071	P E T Cardiac Viability		
2072	P E T Whole Body CT Scan		
2073	P E T Whole Body MRI Scan		
2074	PET CT chest		
2075	PET CT Single Region		
2076	PET Ga-68 PSMA		
XXXI)	ROUTINE X-RAY		
2077	X'ray charges - Portable (extra)		
2078	Abdomen (K.U.B.)		
2079	Acromioclavicular Joint / Shoulder-One side		
2080	Ankle Joint (AP & Lat)		
2081	C. Spine AP & Lat		
2082	Chest X'ray - (PA View / AP View/ oblique view		
2083	Clavicle		
2084	Elbow joint (AP & Lat)		
2085	Femur (AP & Lat)		
2086	Fluroscopy		
2087	Foot AP & Oblique		
2088	Forearm (AP & Lat)		
2089	Full spine/ full limb view/scolioqram		
2090	Hand (AP & Lat)		
2091	Humerus (AP & Lat)		
2092	Infantogram		
2093	Knee (AP & Lat)		
2094	Knee skyline exposure		
2095	L.S. Spine (AP & Lat)		
2096	Leg (AP & Lat)		
2097	Mandible		
2098	Optic Foramen		
2099	Pelvis / Hip Joint (AP & Lat)		
2100	Scapula		
2101	Skull (AP/Lat), Orbit, PNS, Mastoids, (PA)		
2102	Thoraco Lumbar Spine (AP/Lat)		
2103	Toes (2 views)		
2104	Wrist (AP & Lat)		
XXXII)	RADIOLOGY- SPECIAL INVESTIGATION		
2105	AV Fistulogram		

2106	Barium enema (4 films)		
2107	Barium Meal - Upper G.I. Tract (3 films)		
2108	Barium Meal Follow through (6 films)		
2109	Barium Swallow (2 films)		
2110	Bronchogram		
2111	Cavernosography		
2112	Cerebral Angiogram		
2113	Cystourethrogram		
2114	Dacryocystogram		
2115	Distal Colonogram/Loopogram		
2116	IVU / IVP		
2117	Mammography (Bilateral) 2 views		
2118	Mammography (for each additional exposure)		
2119	Mammography (Unilateral) 2 views		
2120	Myelogram (4 films)		
2121	P.T.C. (6 films) Percutaneous Transhepatic Cholangiography		
2122	R.G.P. (2 films) Retro grade pyelography		
2123	RGU (Micturating Cysto Urethrogram / Retro Grade Urethrogram)		
2124	Selective Embolisation (any vessel)		
2125	Sialogram (2 films)		
2126	Sinogram & Fistulogram		
2127	Small Bowel Enema - Contrast Study		
2128	Sonomammography (Bilateral) 2 views		
2129	Sonomammography (Unilateral) 2 views		
2130	Spleno Venogram		
2131	Spleno Venogram using C-Arm		
XXXIII)	ULTRASOUND		
2132	Abdominal Ultrasound including Pelvis		
2133	Breast ultrasound		
2134	Extra charges for portable ultrasound		
2135	Obstetric Scan Twin Gestation		
2136	Obstetric Scan/Ultrasound Pelvis		
2137	Thyroid Ultra Sound scan / Ultra Sound of Neck		
2138	Trans Vaginal Ultrasound (TVS)		
2139	Ultra Sound guided procedures		
2140	Ultra sound Abdomen + TVS		
2141	Ultra Sound of Brain		
2142	Ultra sound scan for follicular studies (ovulation studies) per day		

2143	Ultra sound scan of KUB		
2144	Ultra sound scan of soft tissue / joint/Extremities/chest		
2145	Ante-Natal -Anomaly Scan for Twin Pregnancy Uterine artery doppler		
2146	Ante-Natal Anomaly Scan with Uterine artery doppler		
2147	Endoscopic Bronchial Ultrasound (EBUS)		
2148	Endoscopic Ultrasound (Gastroenterology/ Urology)		
2149	Fetal Echo with Doppler scan		
2150	Intra operative Ultra sound		
2151	Intra Vascular Ultrasound (IVUS)		
2152	Scrotal USG + Doppler studies		
2153	Trans Rectal Ultra Sound (TRUS)		
2154	Ultrasound Fibroscan/ Elastography for Liver disorders		
