



पावर ग्रिड कॉर्पोरेशन ऑफ इंडिया लिमिटेड
Power Grid Corporation of India Limited
सूचना का अधिकार अभिनियम 2005 के अंतर्गत केन्द्रीय लोक सूचना अधिकारी
Central Public Information Officer under the RTI Act, 2005
केन्द्रीय कार्यालय, 'सौदामिनी', प्लॉट नं.2, सेक्टर-29, गुडगांव, हरियाणा-122001
Corporate Centre, 'Saudamini', Plot No. 2, Sector-29, Gurgaon, Haryana-122001



CIN: L40101DL1989GOI038121

PGCIL/A/E/22/00047

Dated: 28th October, 2022

Shri Deepak Kumar,
House no 2020, Sector 46, Gurgaon , Pin:122003 Haryana
Email ID: kumardipak1095@gmail.com

Sub.: Your Appeal dated 1st October, 2022 (received on 3rd October, 2022) against RTI no. PGCIL/R/E/22/00294 under RTI Act, 2005

Dear Sir,

This has reference to the Order No. C/CP/AA/RTI Act, 2005 dated 28.10.2022 from the Appellate Authority on the subject matter. As directed by the Appellate Authority, the desired information is attached herewith at Annexure-I.

Thanking you,

भवदीय,
(ए. जगन्नाथ राव)
वरिष्ठ महाप्रबंधक (कें.आयोजना) एवं
केन्द्रीय लोक सूचना अधिकारी
Email ID: cpio.cc@powergrid.co.in

Encl: As above.

Annexure-I

As per compliance of Appellate Authority Order No. C/CP/AA/RTI Act, 2005 dated October 28, 2022, the requested information is given as below:

RTI Appeal Text:	<p>Particulars of information required:</p> <p>In my RTI application's para no.3, I have asked to provide latest dental reimbursement charges that can be reimbursed to powergrid employees. In reply of above para no.3, CIO has reply that dental reimbursement is restricted based on rates of Batra hospital, but he didn't provide Rate list of Batra hospital for all dental procedures & treatments. CIO has given me incomplete information of para no.3. Kindly instruct CIO to give latest rate of Batra hospital for all dental procedures & treatments on which powergrid employees are being reimbursed.</p>
Ground for Appeal:	<p>Provided Incomplete information.</p>
Reply to Appeal:	<p>As per extant Medical policy of the Company, consultation charges for treatment received from Dental Surgeons and the charges for various types of dental treatments are based on rates of M/s Batra hospital.</p> <p>The dental rate list of M/s Batra Hospital which are applicable to POWERGRID beneficiaries are attached herewith at Annexure-II. However, it may be noted that as per extant medical policy of the Corporation, certain dental procedures such as charges for supply of denture, cleaning, polishing of teeth, filling of teeth with gold, Orthodontia treatment etc are not admissible for reimbursement, though the same are cited in the attached rate list.</p> <p>The reimbursement for dental treatment charges shall be restricted to the specified percentage of rates depending upon classification of cities (100%, 80% & 60% for A, B1 & B2 and unclassified cities respectively).</p>

-----x-----
A
28/10/2022

Note No. #1

Attachment: Dental rate list of Batra Hospital.pdf

41

S.No.	Description	Amount	
ANA-38	Intercostal Nerve Radio-Frequency Block	3500	
ANA-39	Local Anesthetic Infiltration Into Scar/Trigger Point For Pain Relief	2000	
ANA-40	Nerve Block	2600	
ANA-41	Nerve Root Block	3500	
ANA-42	Programmable Intrathecal Pump Installation In OT	11500	
ANA-43	Sacroiliac Joint Injection Block	2600	
ANA-44	Spinal Cord Stimulation Implant (Permanent)	11500	
ANA-45	Trans-Foraminal Block	2600	
ANAESTHESIA CHARGES FOR RADIOTHERAPY/ECT			
ANA-46	Single Sitting -Anaesthetist Charges	1000	
ANA-47	Single Sitting-Drug	As per actual	
ANA-48	Multiple Sitzings -Anaesthetist Charges(Per Sitting)	700	
ANA-49	Multiple Sitzings -Drug (Per Sitting)	As per actual	
ANAESTHESIA CHARGES FOR ENDOSCOPIC PROCEDURES			
ANA-50	Diagnostic - Anaesthetist'S Fee For Endoscopic Procedure	900	
ANA-51	Drug Charges (Hospital) For Endoscopic Procedure	As per actual	
ANA-52	Therapeutic -Anaesthetist'S Fee For Endoscopic Procedure	1300	
ANA-53	Drug Charges For Endoscopic Procedure	As per actual	
D2	DENTAL		
Category - 1: Rates are applicable for PSUs/ Banks			
Category - 2: Rates are applicable for all other patients			
		CAT -1	CAT -2
DEN-001	Consultation	570	570
DEN-002	Flap Surgery Per-Quadrant	2530	3480
DEN-003	Flap Surgery Full Mouth	10120	13920
DEN-004	Restoration Light Cure Class I	640	640
DEN-005	Restoration Light Cure Class 2	890	890
DEN-006	Restoration Light Cure Class 3	1270	1270
DEN-007	Root Canal Anteriors	2090	2530
DEN-008	Root Canal Posteriors	2850	3480
DEN-009	Root Canal (Re- Treatment) Anteriors	2850	3480
DEN-010	Root Canal (Re- Treatment) Posteriors	3480	4110
DEN-011	Pulp Capping Dycal	1520	1900
DEN-012	Metal Free Ceramic	10120	10120
DEN-013	Zirconium Crown	15180	17710
DEN-014	Complete Denture (Regular Acrylic)	9490	12650
DEN-015	Complete Denture Lucitone	15180	18980
DEN-016	Single Denture - Acrylic	5060	6330
DEN-017	Single Denture - Lucitone	7590	9490
DEN-018	Partial Denture 1-3 Teeth	1520	1900
DEN-019	Each Additional Tooth	390	510
DEN-020	Relining Complete Denture (Per Denture)	2160	2530
DEN-021	Soft Liner Per Denture	830	1080
DEN-022	Ceramic Crown Alumina Coping	13920	13920

Note No. #1

Attachment:Dental rate list of Batra Hospital.pdf

42

S.No.	Description		Amount
DEN-023	Fixed Orthodontic Treatment (Esthetic Braces) Without	37950	37950
DEN-024	Fixed Orthodontics Esthetic Braces (With Material)	56930	56930
DEN-025	Fixed Orthodontic Metal Braces With Material	44280	44280
DEN-026	Invisible Lingual Braces (Without Material)	63250	63250
DEN-027	Fixed Orthodontic Metal BRACES Without Material	31630	34790
DEN-028	Splinting Grade I	1400	1900
DEN-029	Splinting Grade 2	2780	3420
DEN-030	Splinting Grade 3	3420	3800
DEN-031	Removal Of Archbar-Wires	1270	1270
DEN-032	Immidiata Loading Implant (Cost Of Implant & Material	25300	25300
DEN-033	Micro Orthodontics Implants For Anchorage(Cost Of Material Extra)	4430	4430
DEN-034	Bleaching (Cost Of Tray Extra)	8860	12020
DEN-035	In Office Bleaching	12650	15180
DEN-036	Ceramic Laminate Veneer	4430	6960
DEN-037	Complete Denture (Injection Moulded)	37950	37950
DEN-038	Crown To Load Implant	6330	6960
DEN-039	Night Guard	2090	2340
DEN-040	Composite Veneer	1580	1900
	PERIODONTICS		
DEN-041	Scaling-(Oral Prophylaxis)	1270	1520
DEN-042	Gum Treatment Grade -I	2780	4180
DEN-043	Gum Treatment Grade -II	4180	5060
DEN-044	Gum Treatment Grade -III	5060	5700
DEN-045	Gingivectomy Per Quadrant	1900	2280
DEN-046	Gingivectomy Full Mouth	3800	4110
DEN-047	Gingivoplasty Per-Quadrant	1520	1900
DEN-048	Curettage Per-Quadrant	2850	3040
DEN-049	Flap Bongraft Per Quadrant (Cost Of Bone Graft Extra)	1520	1900
DEN-050	Amalgam Class-I	570	950
DEN-051	Amalgam Class-II	830	1080
DEN-052	Miracle Mix Filling	830	1080
DEN-053	Glass Ionomer	690	830
DEN-054	Temporary	150	190
DEN-055	Comp-Veneer Direct	1270	1900
DEN-056	Comp-Veneer Indirect	1900	2530
DEN-057	Inlay Metal	3170	3800
DEN-058	Inlay Porcelain	2850	3360
DEN-059	Root Canall with Apicodectomy	2530	3170
DEN-060	Apicodectomy	2210	2920
DEN-061	Post & Core	1200	1520
DEN-062	Study Model Per Model	470	690
DEN-063	Enameloplasty	390	640
DEN-064	Extraction Pediatric Tooth Under La	640	950
DEN-065	Extraction Milk Tooth (Resorbed)	510	640
DEN-066	Interdental Wiring And Splinting	2780	3830
DEN-067	Lingual Frenectomy :	2600	3730
DEN-068	Additional Subgingival Scaling And Curettage	1520	2530
DEN-069	Curottage Per Tooth	510	760

Note No. #1

Attachment:Dental rate list of Batra Hospital.pdf

43

S.No.	Description		Amount
DEN-070	Desensivity Treatment	690	890
ENDODONTICS			
DEN-071	Apexification In RCT	2600	3800
DEN-072	Single Sitting Root Canal Anterior	3170	4110
DEN-073	Single Sitting Rct Posteriors	4110	4740
DEN-074	Metapex Intracanal Medicament Per Tooth	760	950
PROSTHODONTIC			
DEN-075	Crown Acrylic	1270	1520
DEN-076	Crown Metal	2970	3540
DEN-077	Crown Ceramic	5060	6330
DEN-078	Obturators	4430	4430
DEN-079	Composite Laminate Veneer	3170	3800
DEN-080	Porcelain Laminate Veneer	5060	5700
DEN-081	Repair Dentures	390	390
DEN-082	Tissue Conditioner (Per Jaw)	390	390
DEN-083	Precious Metal Crown Plain (By Weight) (Cost Of Metal Extra)	18980	18980
DEN-084	Precious Metal With Porcelain (By Weight) (Cost Of Metal Extra)	25300	25300
DEN-085	Flexible Denture 1-3 Teeth	12650	17710
DEN-086	Rebasing Denture	3290	3800
DEN-087	Removal Appliances (Per Plate)	3170	3170
DEN-088	Functional Appliances	3800	3800
DEN-089	Space Maintainer	5060	5060
DEN-090	Cast Partial Denture	11390	13920
DEN-091	Recementation Of Crown /Bridge Per Unit	440	690
DEN-092	Removal Of Old Crown / Bridge/Per Unit	610	760
DEN-093	Denture Medium To Large Repair	1580	2210
DEN-094	Vacumme Formed Occlusal Splint	3830	4590
DEN-095	Night Guard Appliance	4690	5060
DEN-096	Obturator (maxillofacial)	7590	10120
DEN-097	Feeding Appliance Fo Cleft Palate	5060	6330
DEN-098	Obturator Maxillary With Teeth	9490	12650
DEN-099	Flexible Denture Tooth Addition	640	830
DEN-100	Rubber Base Impresions Each	440	640
DEN-101	Velplast Replacement (per tooth)	7200	7200
DEN-102	FRS Replacement (per tooth)	7500	7500
DEN-103	Zirconia Monolith	9200	9200
DEN-104	Metal Monolith (Ti/Tilite)	7500	7500
DEN-105	Zirconia Layering Restoration	11500	11500
DEN-106	Tilite PFM	10500	10500
DEN-107	PFM Crown	4750	4750
ORTHODONTICS			
DEN-108	Fixed Orthodontics Metal Braces	50600	56930
DEN-109	Ceramic Braces	63250	69580
DEN-110	Lingual Braces	94880	101200

Note No. #1

Attachment:Dental rate list of Batra Hospital.pdf

44

S.No.	Description		Amount
DEN-111	Clearaligners	170780	177100
DEN-112	Removable Appliance	5700	6330
DEN-113	Fixed Retainer	6960	7590
ORAL SURGERY			
DEN-114	Extraction Local Anaesthetic/Tooth	390	510
DEN-115	Extraction G.A/Tooth	1520	1900
DEN-116	Extraction Of Decayed Tooth	690	950
DEN-117	Alveolectomy Per Jaw	2090	2340
DEN-118	Alveolectomy Both Jaws	4430	5060
DEN-119	Adveloplasty	1140	1520
DEN-120	Total Extractions Regular	5700	6330
DEN-121	Total Extractions Root Stumps	5700	6330
DEN-122	Intra Articular Injections	690	690
DEN-123	Reimplantation	2280	2660
DEN-124	Reimplantation With Splinting Per Tooth	1770	2020
DEN-125	Tumour Excision Small	3170	5700
DEN-126	Splint Removal	890	1140
DEN-127	Dry Socket Treatment Per Sitting	250	250
DEN-128	Apicoectomy Add Tooth	890	890
DEN-129	Arch Bar Fixation Imf Basalwire	5700	6330
DEN-130	Cyst Enucleation/Marsupilation - Small	5700	7590
DEN-131	Excision Pericoronal Flap	890	1080
DEN-132	Excision Biopsy	1140	1520
DEN-133	Incisional Biopsy	950	1200
DEN-134	Impaction- Bony	5060	7590
DEN-135	Incision And Drainage	1900	2280
DEN-136	Internal Wiring And Splinting (Per Quadrant)	3540	4430
DEN-137	Suture Removal	320	570
DEN-138	Suturing Extraction	1770	2280
DEN-139	Removal Of Archbar-Wires	640	950
DEN-140	Chemical Cauterization Per Visit	570	760
DEN-141	Dislocation Of TMJ Relocating	2530	4180
DEN-142	Intraarticular Injection	950	1200
DEN-143	Iodoform Dressing For Cyst	590	690
DEN-144	Nerve Block In Neuralgia	1710	2530
DEN-145	Oroantral Communication Closure	15180	21430
DEN-146	Inj For OSMF	950	1270
DEN-147	Suture Removal	440	640
DEN-148	Haemorrhage Extraction Site Control	1080	1270
DEN-149	Bleeding Control (Intra Oral)Mild	640	640
DEN-150	Bleeding Control (Intraoral)Moderate To Severe	2530	6330
DEN-151	Alveogyl Dressing Per Visit	250	320
DEN-152	Wisdom Tooth Curved Root	10500	10500
DEN-153	Wisdom Tooth with Bone Removal	7500	7500
DEN-154	Wisdom Tooth Removal (Envelope Flap)	4750	4750
DEN-155	Maxillary Wisdom Tooth Removal	3650	3650
DENTAL RADIOGRAPHY			

Note No. #1

Attachment:Dental rate list of Batra Hospital.pdf

45

S.No.	Description	Amount	Amount
DEN-156	Intra Oral Peri Apical	140	140
DEN-157	Intra Oral Occlusal	250	250
	Implants		
	Tooth Replacement Single/Multiple		
DEN-158	Stage I Per Implant (Cost Of Implant Extra)	25300	25300
DEN-159	2Nd Stage (Cost Of Implant & Crowns Extra)	6330	6330
	Edentulous Jaw		
DEN-160	Stage I Per Implant (Cost Of Implant Extra)	25300	25300
DEN-161	2Nd Stage Up To 3 Implants (Cost Of Parts Extra)	7590	7590
DEN-162	Bar Superstructure Non Precious (Up To Span Of 2 Implants+ Abutment Cost Extra)	10120	10120
DEN-163	Bar Superstructure Precious (Up To 2 Implants + Abutment & Material Cost Extra)	Rs.10100 + Cost of Material	Rs.10100 + Cost of Material
	Bar Superstructure Addition (Per Implant)		
DEN-164	Non Precious	6330	6330
DEN-165	Precious (Cost Of Alloy Additional)	8860	8860
	1)Only the initial Consultations and Treatment planing is charged.		
	2) Procedure charges do not include the Investigations charges,Dental lab charges,which will be charged on actual usage.		
	3) Procedure charge includes Consumables except Implant,Bone Graft and Ceramic Brackets.These items will be charged separately.		
	GRAFTS/AUGMENTATIONS		
DEN-166	Bone Splinting/Expansion (Up To 2 Implant Placement)	5060	5060
DEN-167	Sinus Lift Closed(In Addition To Implant Procedure)	5060	5060
DEN-168	Sinus Lift Open(In Addition To Implant Procedure)	10120	10120
DEN-169	Sinus Lift Open Without Implant Placement	15180	15180
DEN-170	Chin Plate Graft	10120	10120
DEN-171	Repair Of Implant Dentures	3800	3800
DEN-172	Miscellaneous Work On Implants	3800	3800
Note:-	All Graft materials will be charged at actual rates.		
	PREVENTIVE DENTISTRY		
DEN-173	Pit And Fissure Sealants /Tooth	570	690
DEN-174	Fluoride Application Per Quadrant	830	1200
DEN-175	Cavity Sealants Per Tooth	760	760
DEN-176	Fluoride Treatment	1900	2530
DEN-177	Mouth Guard (Removable Appliance Therapy)	3800	3800
	RESTORATIVE DENTISTRY		
DEN-178	Gi Liner Under Filling	150	150
DEN-179	Dycal Liner	510	640
DEN-180	Flowable Liner Under Filling	410	660
DEN-181	Post -Fibre	2850	3170
DEN-182	Custom Made Posts	1580	2780
DEN-183	Core Build Up	1270	1900
DEN-184	Aesthetic Composite Restorations Ant	3500	
DEN-185	Stain/Crack Coverage Anterior LC	1500	

Note No. #1

Attachment:Dental rate list of Batra Hospital.pdf

46

S.No.	Description	Amount	Amount
DEN-186	Crack Coverage Posterior-I.C	1500	
ESTHETIC DENTISTRY			
DEN-187	With Light Cure Bleach Per Arch	7590	10120
DEN-188	Bleaching Tray	2530	2780
DEN-189	Walking Bleach Per Tooth	1900	2780
MAXILLOFACIAL SURGERY			
DEN-190	Maxillo\Mandibular Treatment Of Fracture Class I	12650	12650
DEN-191	Maxillo\Mandibular Treatment Of Fracture Class II	18980	18980
DEN-192	Maxillo\Mandibular Treatment Of Fracture Class III	25300	25300
DEN-193	Maxillo\Mandibular Treatment Of Fracture Class IV	31630	31630
Other Procedures			
DEN-194	Diode Laser Application-Single	1140	1140
DEN-195	Laser Site treatment for sockets	1900	1900
DEN-196	Diode Laser stimulation (Tigeminal Neuralgia)	1900	1900
DEN-197	Hemi Section of Tooth	690	830
DEN-198	Laser Hypersensitivity treatment	1270	1580
DEN-199	Laser localised application soft tissue	390	390
D3 DERMATOLOGY (SKIN DISEASE)			
DMT-01	Skin Biopsy		1150
DMT-02	Punch Biopsy		2000
DMT-03	Excision		3000
DMT-04	Removal of Moles,Warts Small		1150
DMT-05	Removal of Moles,Warts Small		2000
DMT-06	Removal of Moles,Warts Small		3000
DMT-07	Cautrization/Scraping Wart (per wart)		700
DMT-08	Molluscum Contagiosum (per Molluscum)		250
DMT-09	Incision And Drainages Of Cysts Of Acne		1000
DMT-10	Local Aneasthesia Charges		300
DMT-11	In case O T used minimum fee		1000
DMT-12	Chemical Peeling Face Single scssion		1730
DMT-13	Chemical Peeling Face Three session		4500
DMT-14	Chemical Peeling Face Six session		6000
DMT-15	Chemical Peeling Back Single session		3450
DMT-16	Chemical Peeling Back Three Session		9000
DMT-17	Chemical Peeling Back Six Session		15000
DMT-18	Microdermabrasion		1730
DMT-19	Kooh preparation & staining collection for demonstration of Fungus from Nail, Skin & Hair		700