

OBJECTIVES

To ensure that personnel and family get free, comprehensive, high quality health care through regular disbursement of funds and materials to the Health Care providers and monitoring the standards of health care delivery regularly.

VISION

The vision is to become a leader in the healthcare maintenance organization business and act as the benchmark for the country.

MISSION

The mission is to promote, an efficient, effective and comprehensive free health care delivery to the officers and men of the Armed forces and their families.

INTRODUCTION

NHIS

The National Health Insurance Scheme (NHIS) is a social health insurance programme designed by the Federal Government of Nigeria to complement sources of financing the health sector and to improve access to health care for the majority of Nigerians. The main objectives of the scheme as set out in Act 35 of 1999 are:

- a. To ensure that every Nigerian has access to good health care services.
- b. To protect families from the financial hardship of huge medical bills.
- c. To limit the rise in the cost of health care services.
- d. To ensure equitable distribution of health care costs among different income group.
- e. To maintain high standard of health care delivery within the Scheme.
- f. To ensure efficiency in health care services.
- g. To improve and harness private sector participation in the provision of health care services.
- h. To ensure adequate distribution of health facilities within the Federation.
- i. To ensure equitable patronage of all levels of health care.
- j. To ensure the availability of funds to the health sector for improved services.

It was observed that costs for medical care were rising in both the civilian and military communities due to many complex factors such as.

- a. Improved technology that has imposed new diagnostic procedures, new machines and new treatments.
- b. Specifically, in the case of the military, a larger retired population versus active duty population has put new demands on the Military health facilities.

DEFENCE HEALTH MAINTENANCE LIMITED

In response to the challenge of maintaining medical combat readiness while providing the best health care for all eligible personnel, the Ministry of Defence established the Defence Health Maintenance Limited (DHML). DHML is one of the Health Maintenance Organisations (HMOs) authorized and regulated by the National Health Insurance Scheme. It brings together the health care resources of the Army, Navy and Air Force and supplements them with networks of civilian health care professionals and facilities. This arrangement provides better access and high quality service to beneficiaries, while maintaining the capability to support military operations, including conditions peculiar to the military environments and military health infrastructural development through regular annual budgeting..

At the primary care level, the DHML currently operates 138 health care facilities spread over the entire country. Those wishing to take advantage of DHML services must enroll so that adequate professional staffing and resources are available in both military and supporting facilities. Priority for treatment in military hospitals and clinics will be given to participants enrolled in DHML.

Another key feature of DHML is that all who enroll will be assigned a Primary Care Provider (PCP). A Primary Care Provider is a health care professional or medical establishment who patients see first for their health care needs. Primary Care Providers will be supported by military and civilian medical specialists to whom patients will be referred if they need specialty care.

HOW THE SCHEME WORKS

1. Each employer wishing to participate in the scheme registers with the NHIS and is assigned with a registration number.
2. The employer selects an accredited HMO and supplies all the necessary personal details.
The NHIS issue an ID card to the enrollee and their eligible dependant
3. The PCP takes care of all the primary health care issues of the enrollee based on the NHIS benefit. The PCP will refer the employee to a secondary or tertiary provider accredited by the NHIS for specialized cases, with the approval from the HMO, using the established referral guidelines as listed below in the referral section.
4. The HMO will pay the PCP a global capitation of the N550 per member per month, which has been pre agreed.
5. When the claim is presented, the HMO reimburses the specialist on the pre agreed fee-for- service tariff as prescribed by the NHIS. The appropriate referral must be made before payment is made.
6. Claims shall be submitted monthly by the 14th day of the month following the month in which the claims are incurred. The HMO will reimburse all clean claims within 14 days of receipt of the claim.

7. Standardized pharmacy prescription sheets shall be 3-4 ply for the distribution to the doctor, pharmacy and HMO for notification of claims.

2. VERIFYING NHIS ENROLLEE ELIGIBILITY

All Military NHIS enrollees must be registered with one Military health provider as Primary Care Provider. Eligibility should be verified before providing services and can be verified as follows.

1. Check NHIS Enrollee list
2. Check Enrollee's NHIS ID Card. {or service ID Card.from01dec06-31may07}
3. Contact DHML to Verify Enrollee's eligibility.

3. PROVIDING CARE TO ELIGIBLE NHIS ENROLLEES

The enrollee will present at a provider only when they have a health concern or need medical attention. It is important that the enrollee:

1. Consults with a medical doctor in their Assigned hospital.
2. Receive reasonable access to care and services.
3. Understand the treatment options including drugs, necessary diagnostic tests, and access to needed specialist Care.
4. Is treated with respect, dignity and privacy, as well as confidential treatment of their medical information.
5. Receives care in timely and caring manner.

4. NHIS BENEFITS

The NHIS enrollees are entitled to the following benefits:

1. Out-patient care, including necessary consumables
2. Prescribed drugs, pharmaceutical care and diagnostic tests- as contained in the National Essential Drug List and Diagnostic Test List.
3. Maternity care for up to four (4) live births for every insured contributor/couple in the Formal Sector Programme.
4. Preventive care, including immunization as it applies to the National Programme on Immunization, health education, family planning, antenatal and post-natal care.
5. Consultation with specialist such as physicians, pediatricians, obstetricians, gynecologists, general surgeons, orthopedic surgeons, ear nose and throat (ENT) surgeons, dental surgeons, radiologists, psychiatrists, ophthalmologists, physiotherapists.
6. Hospital care in a standard ward for a stay limited to a cumulative 15 days per year in non Military Hospitals and no limit in Military Hospitals . The primary provider shall pay per diem for the bed space for a total of 15 days cumulative per year. Thereafter, the beneficiary and/or the employer Pay.
7. Eye examination and care excluding provision of spectacles and contact lenses; a range of prostheses limited to artificial limbs produced in Nigeria.
8. Preventive dental care and pain relief including consultation, dental health education, amalgam filling, and simple extraction.

9. All providers are expected to provide counseling as an integral part of quality care.

5. REIMBURSEMENT

Reimburse to providers for services provided to DHML enrollees will be made via one of the following methods:

1. Capitation
2. Fee-For-Service (FFS)

1. Capitation: Primary Care Providers (PCP) are paid a fixed amount per member per month. The total capitation paid to the provider is N550 multiplied by the number of assigned membership. This amount is the contribution to the pool of funds created for the services listed under capitation. It is intended that from this pool of funds, PCP will purchase some primary care services such as drugs and diagnostic test from the third party provides accredited by the NHIS if and when these services are not available in-house.

2. Fee-For-Service: The secondary and tertiary providers will be paid on a fee-for service basis for all the services in the NHIS payment schedule that is not covered by capitation, based on referral guideline.

6. SERVICES COVERED BY CAPITATION

The primary health care global capitation of N550/pm payment shall cover the following services only:

1. Consultation
2. Emergency
3. Drugs including injections (based on the Federal Government Essential drug list as contained in the NHIS price list).
4. Laboratory test
5. Hospital stay (payment of bed space as per diem to a secondary provider) for a total of 15days per annum.
6. X-ray
7. Minor Surgery
8. Eye treatment
9. Dental treatment
10. Pregnancy (2nd, 3rd and 4th deliveries)

SERVICES COVERED BY FEE FOR SERVICE

Services covered by fee for service include all service not covered by capitation but included in the NHIS benefit package.

7. BASIC REFERRAL GUIDELINES

A referral can only be issued by a primary care physician to a secondary or tertiary provider and should follow the basic guidelines listed below.

1. A referral line must be established

2. There must be a clinical basis for referral
3. A referral letter must accompany every case
4. Primary care physicians are obliged to refer enrollees early enough to the next level of care
5. Personal and medical details must be contained in the referral letter
6. All investigations carried out at a lower level must be sent to a higher level for consideration
7. The outcome of a referral should be satisfactory and properly documented
8. After completion of treatment, referred cases must be sent back to the referring provider by the specialist, with a medical report and instruction for follow up management.

8. INFORMATION REQUIRED FOR THE REFERRAL

1. Client's name, gender, age and address
2. Referral location (dept/clinic)
3. Client's hospital number
4. Client NHIS number or service no
5. Referring provider's NHIS registration number
6. referral date
7. Clinical findings/investigations and results
8. Provisional diagnosis
9. Reasons for referral
10. The client's HMO and registration number
11. Referring person's name and signature.

9. EXCLUSIONS

The following conditions are excluded from the NHIS benefit package:

1. Occupational/industrial injuries. These would continue to be covered under the Workmen Compensation Act.
2. High technology investigations, except in life-threatening emergencies, e.g C.T Scan, MRI.
3. Injuries resulting from:
 - i. Natural disasters, e.g. Earthquakes, landslides (forces majeurs)
 - ii. Conflicts, social unrest, riots, wars
4. Epidemics
5. Family planning commodities, condoms.
6. Injuries arising from extreme sports, e.g. car racing, horse racing, polo, mountaineering, boxing, wrestling, etc.
7. Drug abuse/addiction, terminal illnesses including all cancers
8. Domiciliary visits
9. Periodic medical check-ups unrelated to illness
10. Surgery
 - A. Transplant and cosmetic surgeries
 - b. High cost surgical procedures including organ transplant e.g. open-heart surgery, neurosurgery (except Borehole), laminectomy, etc.

11. Ophthalmology, provision of spectacles, contact lens, etc.
12. ENT- Hearing aids and associated appliances
13. Medicine
 - a. Management of CVA
 - b. Tuberculosis
 - c. Chronic renal failure
14. Paediatrics
 - a. Congenital abnormalities involving major/extensive surgical repairs, e.g. separation of Siamese twins, omphalocele etc.
 - b. Chronic congenital defects e.g. Hirschsprung disease.
15. Obstetrics and Gynecology, infertility management
16. Dental
 - a. Dentures, crowns, bridges, implants
 - b. Scaling and polishing
 - c. Maxillo-facial surgeries
 - d. Root-canal treatment.

Others

- i. Life-saving emergencies requiring high technology investigation: the HMO will pay 20% of the cost
- ii. Screening: PSA, pap smears, mammogram: the HMO will pay 20% of the cost.

10. SUBMISSION OF CLAIMS

All claims will be processed at:

DHML HEAD OFFICE

4B IKOLE STEET

AREA 11

ABUJA

1. Providers can submit their claims to DHML Regional Offices in Makurdi Lagos, Enugu, Bauchi, Kano and Port Harcourt which will then be forwarded to Abuja for processing.
2. A Referral or Pre-authorization must be obtained and included with the claim for services needing pre-authorization.
3. DHML receives the claim not later than the 14th day of the month following the month in which the claims are incurred.
4. Claims are submitted using the NHIS pre-approved format given to all participating providers.
5. All the necessary fields in the form are appropriately completed, with all the required elements:

. Enrollee NHIS and service Number and Name

- . Name of Doctor
- . Name of the Hospital providing the Service
- . The Date of Service
- . The Diagnosis
- . The Charges for the Service

Also note that the reimbursement of claims will only be paid based on the NHIS benefits.

11. DENIAL OF CLAIMS

Claims submitted by providers will be delayed or denied under the following circumstances:

1. A Referral or Pre-authorization was not obtained and included with the claim for services needing pre-authorization
2. Claims submitted for Non NHIS member
3. Claims submitted without a medical report.
4. Duplicate claims or claims for capitated Services

12. REPORTS AND DATA RETURNS TO DHML HMO

The provider is expected to render the following monthly reports to the HMO not later than the 12th day following the month of client encounter:

- a. Encounter data, specifying the name of the patient, patient's NHIS number, presenting complaints, diagnosis, treatment and admission day.
- b. Copies of prescriptions and referrals issued during the month
- c. Fee-for-service claim forms with a copy of the referral forms attached.

FEES FOR PROFESSIONAL SERVICE

GENERAL DESCRIPTION	PRICE
	=N=
1. SPECIALIST INITIAL CONSULTATION	1,000
2. SPECIALIST REVIEW	500/DAY
3. NURSING CARE	500/DAY
4. HOSPITAL BED OCCUPANY	700/DAY *
* After 21 days (cumulative) of admission in a standard room	
A. GENERAL SURGERY	
A.1 Group 1	-
A.1.1 Procedures Under This Group Include	N5, 000
1. GANGLION EXCISION	
2. SMALL CYST EXCISION	
3. BIOPSY OF TUMOUR OF ABDOMINAL WALL	
4. LUMPS EXCISION	
5. MINOR DEBRIDEMENT OF BURNS	
6. ELECTROFULGURATION OF CONDYLOMATA ACUMINATA	

7. INJECTION SCLEROTHERAPY OF VARICOSE VEINS
8. EXCISION OF TOPHI
9. POLLICISATION OF THE INDEX FINGER
10. RELEASE OF CHORDAE
11. REPAIR OF MINOR LACERATION

A.2 Group 2 - N10, 000

A.2.1 Procedures Under This Group Include

1. SURGICAL DRAINAGE IN HAEMATOMA OF RECTUS ABDOMINIS
2. ENDOSCOPY OF THE GIT
3. PROCTOSCOPY
4. SIGMOIDOSCOPY
5. POLYPECTOMY
6. INTERCOSTAL DRAINAGE INSERTION
7. SUPRAPUBIC CYSTOSTOMY
8. TRACHEOSTOMY
9. OESOPHAGOSCOPY
11. SURGICAL RELEASE IN STENOSING TENOSYNOVITIS
12. SYNDACTYLISIS
13. LIVER/KIDNEY/BONE MARROW BIOPSY
14. BRONCHOSCOPY
15. INGROWING TOE NAIL (EXCISION)
16. KELOID EXCISION
17. BIOPSY OF OESOPHAGEAL MASS
18. DISSECTION OF INGUINAL NODES
19. SUTURE OF MAJOR WOUNDS
20. SURGICAL DRAINAGE OF GALACTOCEOLE
21. SYNOVECTOMY

A.3 Group 3 - N20, 000

A.3.1 Procedures Under This Group Include

1. CYSTIC HYGROMA EXCISION
2. SKIN GRAFTING
3. ORCHIDECTOMY
4. BIOPSY OF RETROPERITONEAL TUMOUR
5. ABDOMINAL RECTOPEXY
6. ANAL SPINCTEROPLASTY
7. SURGICAL DRAINAGE OF ANAL ABSCESS
8. ANAL FISTULECTOMY REPAIR
9. CYSTOURETHROSCOPY
10. PERICARDIOCENTESIS
11. HYDROCOELECTOMY
12. APPENDICECTOMY
13. EPIGASTRIC HERNIORRHAPHY
14. ORCHIDOPEXY
15. EXCISION OF INTRASCROTAL MASS

16. SURGERY OF TORSION OF SPERMATIC CORD
17. VARICOCELECTOMY
18. SYNOVECTOMY
19. DISSECTION OF FEMORAL TRIANGLE
20. MULTIPLE LIGATION OF VEINS
21. SURGICAL CORRECTION OF DUPUYTREN'S CONTRACTURE
22. HERNIORRAPHY INGUINAL/OTHERS
23. THORACOTOMY
24. VASECTOMY
25. HAEMORRHOIDECTOMY
26. FISTULA IN-ANO REPAIR

A.4 Group 4 - N35, 000

A.4.1 Procedures Under This Group

1. LAPAROTOMY
2. TENDON GRAFTING
3. OESOPHAGOSTOMY
4. ANAL PULL THROUGH
5. OOPHORECTOMY
6. DIVERTICULECTOMY
7. DRAINAGE OF HEPATIC ABSCESS
8. REPAIR OF SPLENIC LACERATION
9. LOCAL RESECTION OF PELVIC TUMOUR
10. RETROPERITONEAL DRAINAGE OF PERINEPHRIC ABSCESS
11. TRANSURETHRAL FULGURATION OF BLADDER LESION
12. TRANSURETHRAL EXCISION OF BLADDER LESION
13. TRANSCYSTOTOMY FULGARATION
14. TRANSCYSTOTOMY EXCISION
15. SEGMENTAL RESECTION OF BLADDER LESION
16. TRANSCYSTOTOMY LITHOTOMY
17. TRANS-PERINEAL BIOPSY OF PROSTATE
18. TRANSRECTAL BIOPSY OF PROSTATE
19. RESECTION OF MEDIAN BAR OBSTRUCTION
20. CORPOROSAVENOUS SHUNT
21. CAVERNOSPONGIOSUM SHUNT
22. TRANSURETHRAL DESSICATION OF CONGENITAL MEATAL STENOSES
23. URETHRECTOMY
24. SURGICAL EXPLORATION FOR ANORCHISM
25. STRIPPING AND LIGATION OF VEINS
26. THROMBECTOMY BY FORARTY'S CATHETERISATION
27. COLOSTOMY CONSTRUCTION/CLOSURE
28. ENTEROSTOMY
29. SURGERY OF UNCOMPLICATED INTESTINAL OBSTRUCTION WITHOUT RESECTION
30. HIATUS HERNIORRHAPHY

A.5 Group 5

N50, 000

A.5.1 Procedures Under This Group Include

1. OESOPHAGEAL ATRESIA AND TRACHEO-OESOPHAGEAL FISTULA REPAIR
2. HYPOSPADIS REPAIR
3. PYELOTOMY
4. CRANIOTOMY
5. PYELOROPLASTY
6. REPAIR OF OESOPHAGEAL LACERATIONS
7. CHOLEDOCHOSTOMY
8. REPAIR OF BOCHIDALEK DIAPHRAGMATIC CONGENITAL DEFEC
9. MECKEL'S DIVERTICULECTOMY
10. RENAL CYSTECTOMY
11. VESICAL DIVERTICULECTOMY
12. PENOPLASTY
13. PENECTIONY
14. MASTECTOMY
15. DIAPHRAGMATIC HERNIA REPAIR
16. EXPLORATORY LAPAROTOMY/LYSIS OF ADHENSIONS
17. GASTROENTEROSTOMY
18. INTUSSUSCEPTION OPERATION
19. PYLOROMYOTOMY
20. RESECTION AND ANSTOMOSES (SMALL/LARGE INTESTINES)
21. SPLENECTOMY
22. SPLENORRHAPHY
23. CYSTECTOMY PARTIAL/TOTAL
24. AXILLARY DISSECTION OF BREAST
25. EXTENSIVE (SMALL AND LARGE) BOWEL RESECTION AND ANASTOMOSES
26. SURGERY OF ACUTE INTRA ABDOMINAL VASCULAR DISEASE
27. REPAIR OF GASTRIC LACERATIONS
28. REPAIR OF SMALL BOWEL PERFORATIONS
29. SURGERY OF LARGE BOWEL PERFORATIONS
30. SURGERY OF HEPATIC TRAUMA
31. HEPATIC SEGMENTECTOMY
32. ODDIS SPHINCTEROPLASTY
33. CHOLEDOCHOJEJUNOSTOMY
34. TRANSDUODENAL CHOLEDOCHAL CYSTECTOMY
35. CHOLEDOCHAL CYSTOJEJUNOSTOMY
36. EXCISION OF LYMPHOEDEMATOUS LYMPH TISSUES
37. ROUX-EN-Y PANCREATICOJEJUNOSTOMY
38. SURGERY OF COMPLICATIONS OF APPENDICITIS
39. SURGERY OF COMPLICATIONS OF DIVERTICULAR DISEASE

A.6 Group 6

N60, 000

A.6.1 Procedures Under This Group Include

1. CHOLECYSTECTOMY
2. GLOSSECTOMY-PARTIAL/TOTAL
3. THYROIDECTOMY
4. SUBMANDIBULAR SIALOADENECTOMY
5. THYROGLOSSAL CYSTS AND FISTULA EXCISION
6. ENCEPHALOCOELE EXCISION
7. RADICAL MASTECTOMY
8. OESOPHAGECTOMY
9. PNEUMONECTOMY
10. THORACECTOMY
11. URETHROTOMY
12. THORACOPLASTY
13. NEPHROLITHOTOMY
14. CYSTOLITHOTOMY
15. ABDOMINO-PERINEAL RESECTION
16. COLECTOMY-PARTIAL OR TOTAL
17. GASTRECTOMY PARTIAL/TOTAL
18. PYLOROPLASTY
19. VAGOTOMY/PYLOROPLASTY
20. NEPHRECTOMY
21. PROSTATECTOMY, RETROPUBIC/TRANSVESICAL
22. URETHROPLASTY
23. EXTENDED RADICAL MASTECTOMY
24. MAMMOPLASTY
25. SUBTOTAL THYROIDECTOMY
26. THYROID LOBECTOMY
27. THYROID LOBECTOMY WITH NECK DISSECTION
28. PARATHYROIDECTOMY
29. ECTOPIC PARATHYROIDECTOMY
30. ADRENALECTOMY
31. HELER'S PROCEDURE
32. CRICOPHARYNGEAL MYOTOMY
33. RESECTION AND REPLACEMENT OF STRICTURED OESOPHAGUS
34. SOMATIC TUBULAR REPLACEMENT OF REJECTED OESOPHAGUS
35. GASTROPLANTATION IN OESOPHAGEAL CARCINOMA
36. VAGOTOMY AND PYLOROPLASTY
37. SELECTIVE VAGOTOMY AND PYLOROPLASTY
38. SUPER SELECTIVE VAGOTOMY
39. SURGERY OF COMPLICATIONS OF PANCREATITIS
40. TRANSOESOPHAGEAL VARICELIGATION
41. PORTOCAVAL SHUNT
42. OESOPHAGEAL TRANSECTION

43. OESOPHAGOGASTRECTOMY WITH INTERPOSITION OF COLONIC/JEJUNAL GMENT
 45. LIGATION OF HEPATIC/LEFT GASTRIC SPLENIC ARTERY
 46. SUBCUTANEOUS VENOUS OMPHALO SAPHENOUS SHUNT
 47. LONGITUDINAL PANCREATICOJEJUNOSTOMY
 48. PARTIAL PANCREATECTOMY
 49. TOTAL PANCREATECTOMY
 50. PANCREATIC CYSTECTOMY
 51. PANCREATICOUDODENECTOMY
 52. PANCREATICOJENUNOSTOMY
 53. RADICAL PANCREATECTOMY
 54. SPLENECTOMY
 55. SPLENIC ARTERY ANEURYSMECTOMY
 56. HEMINEPHRECTOMY
 57. URETEROLITHOTOMY
 58. RENAL ANEURYSMECTOMY
 59. RECOSTRUCTION OF THE URETER
 60. URETERAL REINPLANTATION INTO THE BLADDER
 61. RADICAL CYSTECTOMY
 62. PELVIC EVISCERATION
 63. PERINEAL PROSTATECTOMY
 64. RADICAL PROSTATECTOMY
 65. SURGERY OF SEMINAL VESSICLE
 66. VASOPLASTY
 67. RENOPELVIC LYMPHATECTOMY
 68. RENAL DECAPSULATION
 69. PULMONARY EMBOLECTOMY
 70. LYMPATIC CHANNEL TRANSPLANTATION
 71. SYMPATHECTOMY
 72. VEIN PATCH ANGIOPLASTY
 73. DECORTICATION
 74. PLEURECTOMY
 75. PLEUROPNEUMONECTOMY
 76. THORACOPLASTY
 77. PULMONARY RESECTION
 78. TRACHEAL RESECTION
 79. DISSECTION OF THE MEDIASTINUM
 80. PERICARDIECTOMY
- B. ORTHOPAEDIC SURGERIES
- B.1 Group 1 - N15, 000
- B.I.I Procedures Under This Group Include
1. CLOSE REDUCTION OF FRACTURE AND APPLICATION CAST
 2. DRAINAGE OF SEPTIC ARTHRITIS
 3. EXOSTECTOMY
 4. EXCISIONAL BIOPSY

5. SKIN TRACTION
6. SIMPLE CONGENITAL TALIPES REPAIR

B.2 Group 2 - N25, 000

1. SUBPERIOSTEAL DRAINAGE OF ACUTE OSTEOMYELITIS
2. CHONDROMECTOMY
3. SEQUESTRECTOMY
4. SAUCERISATION OF CHRONICALLY INFECTED BONE

B.3 Group 3 - N40, 000

1. AMPUTATION AND DISARTICULATION OF JOINTS.
2. SURGICAL REPAIR OF CONGENITAL TALIPES
EQUANOVARUS/VALGUS
3. TENDON TRANSPLANT
4. TENOPLASTY
5. ARTHROPLASTY
6. ARTHRODESIS
7. OPEN REDUCTION AND INTERNAL FIXATION OF FRACTURES

OF:

- | | | | |
|------|--|-------|---------------|
| I. | PECTORAL GIRDL | ii. | UPPER ARM |
| iii. | FORE-ARM | iv. | HAND |
| v. | PELVIC GIRDL | vi. | THIGH |
| vii. | LEG | viii. | FOOT |
| ix. | RIBS | x. | SPINAL COLUMN |
| 8. | OSTEOCLASIS, INTERNAL FIXATION OF MALUNION | | |
| 9. | BONE GRAFTING | | |
| 10. | AMPUTATION AND LIMB SUBSTITUTION | | |

MAXILLO-FACIAL SURGERIES - N45, 000

Procedures Under This Group;

1. CYSTIC/FIBROUS DYSPLASIA/ CANCER SURGERY
ODONTOGENIC TUMOURS.
2. CLEFT LIP AND PALATE REPAIRS.
3. AESTHETIC AND RECONSTRUCTIVE SURGERY
4. PAROTIDECTOMY
5. SUBMANDIBULAR GLAND EXCISION

D. OTORHINOLARYNGOLOGY

D. Group 1 - N5, 000

D.1.1 Procedures Under This Group

- | | | |
|--------|----|---|
| THROAT | 1. | FOREIGN BODY REMOVAL FROM THE EAR, NOSE AND |
| | 2. | ELECTROCAUTERY OF NOSE |
| | 3. | NASAL PACKING |
| | 4. | AURAL AND NASAL SUCTION/CLEARANCE |
| | 5. | INCISION AND DRAINAGE OF ABSCESS |

6. DEBRIDEMENT AND TOILET OF WOUNDS
7. SUTURING OF LACERATIONS
8. MANIPULATION OF NOSE
9. PURE TONE AUDIOMETRY
10. TYMPANOMETRY

Group 2 - N8, 500

D.1.2 Procedures Under This Group Include;

1. INDIRECT LARYNGOSCOPY
2. ANTRAL LAVAGE
3. TRACHEOSTOMY
4. TONSILECTOMY
5. ADENOIDECTOMY
6. MULTIPLE NASAL POLYPECTOMY
7. NASAL SINUS SURGERY E.G CALDWELL LUC
8. TYMPANOPLASTY
9. MASTOID SURGERY
10. PAROTIDECTOMY
11. SUBMANDIBULAR GLAD EXCISION
12. LARYNGEAL SURGERY

E. OPHTHALMOLOGY

E.1 Group 1 - N12, 000

E.1.1 Procedures Under This Group

1. CYCLOCRYOABLATION
2. TRAUMATIC LID LACERATION REPAIR
3. REMOVAL OF FOREIGN BODIES FROM CONJUNCTIVA
AND CORNEA
4. CONJUNCTIVAL LACERATION REPAIR
5. DIODE LASER PANRETINAL PHOTOCOAGULATION
6. DIODE LASER CYCLOABLATION
7. BOWMAN'S CAUTERY
8. CHALAZION EXCISION
9. GRANULOMA EXCISION
10. SYRINGING AND PROBING
11. TUMOUR EXCISION FROM LID
12. ENTROPION AND ECTROPION REPAIRS
13. PTERYGIUM EXCISION.

E.2 group 2 - N30, 000

.1.2 Procedures Under This Group

1. CONJUNCTIVECTOMY AND CRYOAPPLICATION
2. TRAUMATIC CANNALICULAR REPAIR
3. PARACENTESIS (A/C WASHOUT)
4. SQUINT SURGERY
5. PTOSIS REPAIR

6. EXTRACAPSULAR CATARACT EXTRACTION WITH INTRAOCULAR LENS MPLANTATION
7. INTRACAPSULAR CATARACT EXTRACTION WITH INTRAOCULAR LENS MPLANTATION
8. COMBINED CATARACT EXTRACTION WITH TRABECULECTOMY
9. TRABECULECTOMY WITH ANTIMET ABOLITE
10. SCLERAL BUCKLING PROCEDURES
11. EVISCERATION/ENUCLEATION/EXTENTERATION
12. TRAUMATIC CORNEAL AND/OR SCLERAL LACERATION REPAIR
13. DACROCYSTORHINOSTOMY
14. PENETRATING KERATOPLASTY (PKP)
15. RETINAL DETACHMENT SURGERY

F. DENTAL SURGERY

- | | | | |
|-----|-------------------------------|---------------------------|---------|
| 1. | X-RAY | | N |
| | i. | - PERIAPICAL | - 1,000 |
| | ii. | - BITEWINGS | - 1,000 |
| | iii. | - PANORAMIC VIEW | - 1,500 |
| 2. | SIMPLE EXTRACTION | - | 2,000 |
| 3. | SIMPLE AMALGAM FILLING | - | 2,500 |
| 4. | CLASS II AMALGAM FILLING | - | 2,000 |
| 5. | ROOT CANAL TREATMENT | - | 3,000 |
| 6. | - 1 ROOT | - | 3,000 |
| 7. | 2 ROOTS | - | 5,000 |
| 8. | ¾ ROOTS | - | 7,500 |
| 9. | PULPAL TREATMENT FOR CHILDREN | - | 3,000 |
| 10. | SURGICAL EXTRACTION | - | 5,000 |
| | 12. | PERIODONTAL GUM TREATMENT | - 2,500 |
| | 13. | FISSURE SELANT | - 1,500 |
| | 14. | SCALING AND POLISHING | - 2,500 |
| | 15. | COMPOSITE FILLING | - 3,000 |

G. OBSTETRICS AND GYNAECOLOGY

- | | | | |
|--|------------------------------|---|-------|
| | ANTENATAL CARE | - | 5,000 |
| | DELIVERY | - | 7,000 |
| | ULTRASOUND SCAN (OBSTETRICS) | - | 1,000 |

- | | | | |
|-----|---------|---|---------|
| H.1 | Group 1 | - | N10,000 |
|-----|---------|---|---------|

H.1.1 Procedures Under This Group Include

1. COLPOSCOPY
2. HYSTEROSCOPY
3. DYE TEST

4. CERVICAL CAUTERY
5. PUNCH BIOPSY
6. EXAMINATION UNDER ANAESTHESIA (EUA)
7. REMOVAL OF IUCD UNDER GENERAL ANAESTHESIA
8. DILATATION AND CURETAGE
9. EVACUATION OF RETAINED PRODUCTS OF CONCEPTION
10. EXCISION/DIATHERMY OF WARTS
11. EXCISION OF VAGINAL SEPTUM
12. CERVICAL CONE BIOPSY

H.1 Group 2 - N20, 000

H.1.2 Procedures Under This Group Include

1. REPAIR OF THIRD DEGREE TEAR
2. MARSUPIALISATION
3. BILATERAL TUBAL LIGATION
4. MINI LAPAROTOMY
5. DIAGNOSTIC LAPAROSCOPY
6. LAPAROSCOPY & DYE TEST
7. CERVICAL CIRCLAGE/SHIRODKAR SUTURE
8. FORCEPS/VENTOUSE DELIVERY
9. DESTRUCTIVE DELIVERY (CRANIOTOMY-EMBRYOTOMY)

H.1.3 Group3 - N40, 000

H.1.3 Procedures Under This Group Include

1. VULVECTOMY
2. DEDGE RESECTION OF THE OVARY
3. AMPUTATION OF CERVIX
4. RECONSTRUCTION OF VAGINA
5. ECTOPIC PREGNANCY
6. OVARIECTOMY
7. VAGINOCLEISIS
8. SALPINGO-OOPHOREICTOMY
9. OVARIAN BIOPSY
10. LAPAROTOMY DIAGNOSTIC/THERAPEUTIC, INTER-SEX
11. CAESAREAN SECTION
12. OVARIAN CYSTS
13. BROAD LIGAMENT HAEMATOMA
14. COLPORRHAPHY/COLPOPERINEORRHAPHY
15. VAGINAL HYSTERECTOMY/MANCHESTER REPAIR
16. VENTROSUSPENSION OF THE BLADDER
17. HYSTERECTOMY
18. HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY
19. RECONSTRUCTION SURGERY e.g STRAUSSMAN OPERATION
20. VENTROSUSPENSION PROCEDURES OF CORRECTION OF UTERINE

21.	MYOMECTOMY	
22.	REPAIR OF INVERTED UTERUS	
23.	REPAIR OF PERFORATED UTERUS	
24.	TUBAL RECONSTRUCTION	
25.	PELVIC/ABDOMINAL ABSCESS DRAINAGE	
26.	PELVIC HAEMATOCOELE	
27.	REPAIR OF RUPTURED UTERUS	
28.	RECTOVAGINAL FISTULA REPAIR	
29.	VESICOVAGINAL FISTULA REPAIR	
I.	INTERNAL MEDICINE	
		N
1.	CRITICAL CARE (IN ICU)	3,000/day
2.	OXYGEN THERAPY	700/day
3.	NEBULISATION	700/day
4.	GASTRIC LAVAGE	1,000
5.	ASPIRATIONS/PARACENTESIS	1,000
6.	TISSUE BIOPSIES E.G. LIVER, KIDNEY ETC.	10,000
7.	LUMBAR PUNCTURE	2,000
8.	ECHOCARDIOGRAPHY	3,000
9.	ELECTRO-ENCEPHALOGRAPHY (EEG)	3,000
10.	ECG (ELECTROCARDIOGRAPHY)	2,000
J.	PHYCHIATRIC SERVICES	
		= N=
1.	ELECTRO-CONVULSIVE THERAPY i. (COURSE OF 6 TREATMENTS)	3,500
2.	ELECTRO-NARCOSIS (COURSE OF 10)	3,500
3.	SLEEP (REM) DEPRIVATION THERAPY	3,500
4.	MANAGEMENT OF DRUG USE PROBLEMS DETOXIFICATION IN HOSPITAL FOR 7-10 DAYS	3,500
5.	MANAGEMENT OF DRUG PROBLEMS MEDICATION, PSYCHOTHERAPY, FAMILY ERVENTION	3,500
6.	ABREACTION DIAGNOSTIC AND FORESIC	2,500
7.	COMPREHENSIVE PSYCHIATRIC ASSESSMENT	2,000
8.	PSYCHOMETRIC ASSESSMENT, SCORING & INTERPRETATION	2,000
9.	BRIEF PSYCHOTHERAPIES	2,000
10.	BEHAVIOUR MODIFICATIONS	2,000
11.	REHABILITATION SKILLS DEVELOPMENT	2,000
12.	RECREATIONAL THERAPY	2,000
13.	OTHER THERAPIES: PSYCHOTHERAPIES (X 10 SESSIONS)	5,000
K.	PAEDIATRICS	
1.	CRITICAL CARE (IN ICU)	3,000/day
2.	OXYGEN THERAPY	700/day
3.	NEBULISATION	700/day
4.	GASTRIC LAVAGE	1,000

5.	ASPIRATIONS/PARACENTESIS	1,000
6.	TISSUE BIOPSIES E.G. LIVER, KIDNEY ETC.	10,000
7.	LUMBAR PUNCTURE	2,000
8.	PHOTOTHERAPY	700
9.	INCUBATOR CARE	700
10.	EXCHANGE BLOOD TRANSFUSION	8,000
11.	SUBDURAL TAP	2,000
12.	ECHOCARDIOGRAPHY	3,000
13.	ELECTROENCEPHALOGRAPHY	3,000
14.	ECG	2,000

L. PHYSIOTHERAPY

=N=

L.1 Medical Conditions

1. CEREBROVASCULAR ACCIDENT (Max 12 Visits) 700/Visit
2. CHEST CONDITIONS (Max 6 visits) 700/Visit

L.2 Surgical/Orthopaedic Conditions

1. ARTHRITIS (Max 6 Visits) 700/Visit
2. LIMITATION OF MOVEMENT FROM FRACTURE 700/Visit Max
6 Visits)
3. SLIPPED DISC/LOW BACK PAIN (Max. 4 Visits) 700/Visit

L.3 Paediatric Conditions

1. CORRECTION OF DEFORMITIES AND DISABILITIES
ROM POLIOMYELITIS (Max 12 Visits) 700/Visit
2. ERB'S PALSY (Max 8 Visits) 700/Visit
3. TALIPES MANIPULATION 700/Visit
4. CEREBRAL PALSY (Max 12 Visits) 700/Visit
5. INJECTION PALSY (Max 8 Visits) 700/Visit