

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO.5633  
TO BE ANSWERED ON 26<sup>TH</sup> JULY, 2019**

**MEDICAL PROCEDURES UNDER AB-PMJAY**

**5633. MS. MALA ROY:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware that all the top five claims under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana are for medical procedures/packages already available free of cost under the National Programme, if so, the details thereof;
- (b) the rationale of the Government behind paying the private sector stakeholders involved, for the said procedure that the Government hospitals are fully equipped to handle; and
- (c) whether the Government proposes to exclude such procedure from the list of medical packages/procedures under AB-PMJAY, if so, the details thereof and if not the reasons therefor?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) to (c): The top five claims for Hospital admissions for medical procedures under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are given below :-

1. PTCA - single stent (medicated, inclusive of diagnostic angiogram)
2. Hemodialysis per sitting
3. High Risk Delivery
4. Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech
5. Coronary artery bypass grafting (CABG)

The procedures mentioned at sl. no. (2), (3), and (4) above are covered in national programme.

Treatment for most diseases/conditions is available free at public hospitals. Still, a large number of people including those from poor and vulnerable sections have to incur out of pocket expenditure to get treatment particularly for Secondary and Tertiary care hospitalization given India's large population. In order to provide health protection to poor and vulnerable sections, 1393 treatment packages have been approved under AB-PMJAY.

Since the launch of AB-PMJAY, feedback on certain aspects of benefit packages such as terminology, duplication and any anomalies like repetition of packages, different rates for same procedures in different specialities etc., have been received and National Health Authority is reviewing this feedback for possible rationalization, if required.