

No. BSNLCO-ADMN/12(12)/1/2025-ADMN

Dated 23.01.2025

Office Memorandum

Subject: BSNLMRS- Clarifications regarding.

In view of requests for clarifications and standardizing procedure under BSNLMRS following clarifications are being issued herewith:

- 1. Validity of prescription and purchase of medicine thereof under outdoor medical claim:**
 - (i) Validity of the prescription shall solely depend upon the time period for which Registered Medical Practitioner (RMP) is advising medicine(s).
 - (ii) In non-chronic cases, medicines can be purchased for a period of one month at a time.
 - (iii) In chronic treatment cases, medicine may be purchased for three months at a time during the entire treatment period indicating clearly (e.g., six months/one year) on the prescription.

- 2. Government Hospitals:**
 - (i) Vide para 1 of BSNLMRS O.M. Dated 08.08.2005, CGMs are empowered to approve the expenditure incurred on the treatment taken in Govt. Hospitals.
 - (ii) Definition of Government hospitals as defined under CGHS O.M. dated 09.10.2020 (enclosed) and subsequent amendments, if any, is equally applicable under BSNLMRS.
 - (iii) Reimbursement for treatment in government hospitals shall be:-
 - (a) Full reimbursement for the expenditure on invoices raised by the government hospitals subject to ward/room eligibility of the employee.
 - (b) Reimbursement for implants and any other third-party medical services from other private agencies on the advice of treating government doctor shall be restricted to CGHS prescribed ceiling rates.

- 3. Medical claim from two sources i.e. Insurance company and BSNLMRS:**
 - (i) Procedure for reimbursement of two sources has been defined under BSNLMRS O.M. dated 02.09.2009. (Copy enclosed)
 - (ii) Eligible amount of reimbursement from two sources i.e. medical insurance of the beneficiary and BSNL shall be restricted as per this office clarification dated 30.08.2022 (enclosed).

4. Reimbursement of Artificial appliances and eligibility criteria:

- (i) Guidelines and rates for Artificial appliances defined under CGHS order no.11011/25/2014/CGHS-(P) dated 08:07.2014 (enclosed) is equally applicable under BSNLMRS. However, reimbursement of the artificial appliances will be subject to outdoor medical ceiling of the employee/retiree.

Enclosure: As above.

Rup
23/01/2025
(Rupmala)
AGM (Admin)

To,

- (i) All CGMs, BSNL.
(ii) PPS to CMD, BSNL.
(iii) PPS/PS to all Directors of BSNL Board.
(iv) DG, P&T Audit.
(v) All recognized Unions/Associations of BSNL



Z15025/18/2020/DIR/CGHS
Government of India
Min. of Health & Family Welfare
Department of Health
Directorate General of CGHS

545-A Nirman Bhawan, New Delhi.
Dated the 9th October , 2020

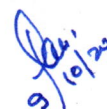
OFFICE MEMORANDUM

**Subject: Clarification regarding treatment of CGHS beneficiaries at government hospitals
- regarding**

With reference to the above subject the undersigned is directed to state that this Ministry is in receipt of several representations seeking clarifications about treatment at government hospitals. In this regard attention is drawn to Office memorandum No. S-11012/1/91-CGHS(P) (Vol.I) dt 18.03.1992 vide which guidelines regarding settlement of Claims were issued and to convey the approval of competent authority for issue of the following clarifications regarding treatment at government hospitals:

- i. CGHS beneficiaries have the option to avail Consultation from Specialists/ Investigations / treatment procedures from any Government Hospital Central /State)
- ii. The definition of "Government hospital" would include any hospital of Central Government /State Government/Government Departments such as Railways. Atomic Energy Commission, etc., as also hospitals of Public Sector Undertakings (such as those of the Steel Authority of India Limited/Coal India Limited, hospitals under Municipalities etc.
- iii. Normally, many services at government hospitals are free. However, in case any government hospital charges for certain treatments , the same can be availed by way of reimbursement from the authorities concerned as per CGHS approved rates.
- iv. CGHS beneficiaries shall be eligible for reimbursement as per the ward entitlement he/ she is entitled as per the criteria prescribed in case of AIIMS. In other government hospitals, where only General ward and Nursing home facility are available, CGHS beneficiaries, who are eligible eligible for semi-private ward and higher are eligible for treatment in Nursing Home wards.
- v. Reimbursement for Implants shall be limited to CGHS prescribed ceiling rates. The other treatment charges are applicable item wise as per eligible ward entitlement.

- vi. In case of treatment at ILBS , New Delhi , NIMS Hyderabad the reimbursement shall be as per CGHS rates.
- vii. Medical claims are to be submitted through concerned CGHS Wellness Centre in case of Pensioners, ex-MPs , etc., and to the concerned Ministry /department /Office in case of serving employees and to the Rajya Sabha Secretariat / Lok Sabha Secretariat in case of Members of Parliament and to the concerned Autonomous body in case of CGHS beneficiaries of Autonomous Bodies for reimbursement



(Sanjay Jain)

Director, CGHS

To

1. All Ministries / Departments, Government of India
2. Director, CGHS, Nirman Bhawan, New Delhi
3. Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health & Family Welfare
4. Admn.I / Admn.II Sections of Dte.GHS
5. Addl. Director, CGHS(HQ) / Addl.DDG(HQ)/Addl. Directors Directors of CGHS Cities
6. Rajya Sabha / Lok Sabha Secretariat
7. Registrar, Supreme Court of India /Punjab & Haryana High Court, Chandigarh
8. Under Secretary, U.P.S.C.
9. Under Secretary Finance Division
10. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor Saradar Patel Bhawan, Sansad Marg , New Delhi
- 11.PPS to AS&MD, NRHM / AS (H) /DGHS
12. Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
- 13.Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
- 14.All Offices / Sections / Desks in the Ministry
- 15.UTI Infrastructure Technology And Services Limited, UTI-ITSL Tower, Plot No3 Sector - 11, CBD Belapur, Navi Mumbai-400614
- 16.Nodal Officer, MCTC, CGHS with a request to upload a copy of OM on CGHS Web-site
- 17.All Hospitals empanelled under CGHS through Addl. Director, CGHS of concerned city.
- 18.Office Order folder

Copy to

- PPS to Secretary, HFW
- PPS to AS&DG, CGHS, MoHFW
- PPS to JS(AS), MoHFW
- PS to Director,CGHS
- US, EHS , MoHFW

Copy for information to

PPS to Hon'ble HFM

PPS to Hon'ble MOS

BHARAT SANCHAR NIGAM LIMITED

(A Government of India Enterprise)

Corporate Office

Admn. Branch

No. BSNL/Admn.I/15-2/05 (pt.)

Dated: August 8th, 2005

OFFICE ORDER

Sub: BSNLMRS – Guidelines for regulation of expenditure on Indoor treatment.

The issue of restoration of powers to field units for sanctioning of Indoor medical expenditure beyond five times Basic + DA of the employee was in consideration at Corporate Office for some time. The following decision has been taken by the competent authority for streamlining the process of sanction of indoor expenditure:

1. CGMs shall have full powers to approve the expenditure incurred on the treatment taken in Govt. hospitals.
2. In respect of Indoor treatment, taken in empanelled hospitals, CGMs shall have full powers to settle the claims, where at least 90% of the total expenditure are covered under the rate list prescribed by CGHS for specialized and general purpose treatment and diagnostic procedure.
3. In case of treatment taken in non-empanelled hospitals in emergency condition with approval of competent authority, CGMs shall have full powers to settle the claim by restricting it to CGHS rates.
4. The financial powers shall not be sub-delegated by CGM.
5. In all cases involving hospitalization of two or more than two days, a designated officer of BSNL shall visit the hospital and give a certificate as per enclosed format. The certificate shall be attached to the claim while forwarding the same to CGM's office for approval.
6. The instruction regarding attaching a certificate by the concerned doctor identifying the patient in the copy of the BSNLMRS Card as conveyed by this office O.M. No. BSNL/Admn.I/15-4/04 (Pt.) dated 15.10.2004 should be strictly followed.

Encl: as above.

Bhatia

(Amarjit Bhatia)

Assistant Director General (Admn.)

Tel. No. 23037241 fax No. 23734260

8-8-05

To

1. All CGMs, BSNL
2. PPS/PS to CMD/All Director of BSNL Board
3. All Sr. DDsG/DDsG, BSNL CO

Copy to:

1. DG Audit (P&T)
2. ~~BSNLE.U.~~



No. BSNL/Admn.I/14-14/09

Dated: September 2, 2009

OFFICE MEMORANDUM

The Management Committee has approved the introduction of reimbursement of medical expenses from two sources for BSNLMRS beneficiaries i.e., from insurance agencies and BSNL under BSNLMR Scheme as allowed to CGHS beneficiaries.


Under this scheme,

- (i) The BSNLMRS beneficiaries can subscribe to mediclaim policy and prefer his claims from both the sources i.e., insurance agency and the BSNL.
- (ii) Under this arrangement the beneficiary shall prefer claim against the original vouchers/bills first on the insurance company, which would issue a certificate indicating the amount reimbursed to the BSNL employee. The insurance company concerned will retain the original vouchers/bills in such cases.
- (iii) The beneficiary then prefer his/her medical claim along with photocopies of the vouchers/bills duly certified in ink, along with stamp of the insurance company on reverse of the vouchers/bills to BSNL.
- (iv) Reimbursement from BSNL will be restricted only to the admissible amount as per approved package rates subject to the condition that the total amount reimbursed by the two organizations does not exceed the total expenditure incurred by the beneficiary.

Contd.....2.

It is a voluntary scheme and employees who are interested can avail the benefit of the scheme.

The OM should be widely circulated for information of all the employees.


(J.P. Meena)

Assistant General Manager (Admn.)

Tel. No. 23037241 fax No. 23734260

To

1. All CGMs, BSNL
2. PS to CMD, PPS/PS to all Directors of BSNL, PS to all EDs of BSNL CO
3. All PGMs, GMs,, CS & GM (Legal), BSNL CO,
4. DG, P&T Audit
5. All recognized Associations/Unions of BSNL



No: BSNLCO-ADMN/12(11)/1/2021-ADMN

Dated:30.08.2022

To,

The Chief General Manager, BSNL
QA & Inspection Circle, Bangalore-560041.

Sub.: Clarification on reimbursement of medical expenses from two sources by
BSNLMRS beneficiaries.

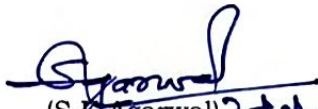
Ref.1: Your office letter No. DGM(Admn/Tech)/BG/Genl. Corr/2022-23/4 dated
11.07.2022 from Deputy General Manager (Admn/Tech) O/o CGM, QA&
Inspection Circle, Bangalore.

Ref.2: BSNLMRS OM No. BSNL/Admin.I/14-14/09 dated 02.09.2009.

Kindly refer your office letter under reference vide which clarification has
been sought from Corporate Office on the guidelines issued under BSNLMRS vide
OM No. BSNL/Admin.I/14-14/09 dated 02.09.2009 regarding reimbursement of
medical expenses from two sources i.e. Insurance Company and BSNL for
BSNLMRS beneficiaries.

It is intimated that there is no ambiguity in OM dated 02.09.2009 on the
subject matter and may be elaborated again that Medical claim is settled item wise
as per approved rates/CGHS rates applicable and total reimbursable amount is
sum total of item wise admissible amounts. The provision of admissible amount in
the said O. M. dated 02.09.2009 is applicable item wise, not on total claimed/billed
amount. If payment made by Insurance Company for any item is less than approved
CGHS rate then difference amount for that particular item may be reimbursed by
BSNL, subject to condition that total payment does not exceed the billed amount for
that particular item.

This is issued with the approval of the Competent Authority.


(S. K. Agarwal)
AGM(Admin)

Issued
6/8/14

No.S-11011/25/2014/CGHS-(P)
Government of India
Ministry of Health and Family Welfare
Department of Health and Family Welfare

Nirman Bhawan, New Delhi,
Dated the 8th July, 2014.

OFFICE MEMORANDUM

Sub: Revision of lists and rates of artificial appliances for CGHS/CS(MA) beneficiaries and general guidelines for eligibility criteria therefor.

The undersigned is directed to state that the rates of artificial appliances were revised in 1997 vide OM No. S-11011/5/95-CGHS-(P) dated 25.6.1997. The matter of revision of rates and updation of lists of artificial appliances has been under consideration of this Ministry for some time. The matter has been examined in consultation with the experts in Directorate General of Health Services and it has been decided to update the list of the artificial appliances and revised as per the details given in ongoing paras.

2. Keeping in view the various categories of appliances, the lists of artificial appliances have been categorized as per the following three Annexure and rates of artificial appliances will be as per the Annexure-I, II and III to this OM:

Annexure-I: This contains list, rates and specifications of various types of Prosthetics (i.e. artificial limbs) like prosthetics for lower extremity, prosthetics for upper extremity [**Annexure-I has been divided into Annexure IA, IB, IC, ID and IE according to type**].

Annexure-II: This contains the list, rates and specifications pertaining to the orthotics (i.e. callipers & braces) including lower extremity, upper extremity and spinal orthotics. [**Annexure-II has been divided into Annexure-IIA, IIB and IIC**].

Annexure-III: This contains specifications and rates for items related to mobility aids.

3. The general guidelines for admissibility and reimbursement of expenses in respect of appliances mentioned in Annexures-I, II & III will be as under:

- (i). Maintenance Cost will be borne by the beneficiary.
- (ii). The appliances will be allowed for re-issue on completion of 5 years in case of adults and 2 years in the case of children except motorized wheel chair and tricycle.

contd....2/-

- (iii). Motorized wheel chair and tricycle will be re-issued after 5 years irrespective of age.
- (iv). High end prosthetics/appliances will be reimbursed only to the following category of Govt. Servants & their dependent family members subject to fulfilling of other criteria :-
 - (a) Govt. Servants & their dependent family members participating at the State level sport activities duly certified by the competent Sports Authority.
 - (b) Upper Age limit for the sophisticated prosthetic appliances will be 45 years.
 - (c) Military or para-military personnel duly certified by their respective Medical Boards that the person has sustained injury while on field duty or undergone amputation because of injury sustained while performing such duty.
 - (d) The reimbursement will be made within the ceiling limit fixed for such appliances beyond which the beneficiary will bear the cost
- (v). For admissibility of reimbursement, the appliances need to be prescribed by a Professor/Senior Specialist or Specialist of equivalent rank working in any Govt. hospitals in the specialties of Physical Medicine and Rehabilitation (PMR) or Orthopaedic surgery. The prescription should be in generic name and not by proprietary name.
- (vi). Prosthetic components and Orthotic joints used in appliances should have BIS/CE (European) Certification for the purposes of reimbursement and fabricated by firms having qualified Prothesist/Orthotists.
- (vii). Keeping in view, the physical growth into consideration, individuals upto 12 years of age will be considered as children for the purpose of these guidelines in general. However, in order to rationalize the rates for some of the items, specific age group has been mentioned against the individual items in Annexure-I and Annexure-II, based on the size of the appliances.
- (viii). There may be certain items which are not included in Annexure, but may be prescribed by qualified Government Rehabilitation Specialist/Orthopaedic Surgeon, (not below the level of Consultants), depending on individual disabled patient's requirements for example disability car gadgets. In such cases, items costing below Rs.50,000/- can be purchased with three quotations as per prescribed specifications with the permission of HOD of the concerned departments. For items costing above Rs. 50,000/- prior permission will have to be obtained from Additional Directors, CGHS of the concerned city or concerned DDG in the Dte.GHS looking after CS(MA) Rules, on the basis of three quotations and approval of Technical Standing Committee.

- (ix). The artificial appliances should be procured from any Government Undertaking/ Authorised Alimco dealers, N.G.Os approved by Ministry of Health & Family Welfare/and private manufactures. It should be certified by the prescribing Government Orthopaedic Surgeon/Government Rehabilitation Specialists (PMR) to the effect that the appliances are as per Specification and working satisfactorily.
- (x). The list of items and rates will be revised every 5 years.
- (xi). Reimbursement of items in the enclosed list will be made by HODs of the departments and CGHS in case of Pensioner CGHS beneficiaries, etc.
4. This OM supersedes all earlier orders issued from time to time under CGHS/CS (MA) Rules, 1944 on the subject for allowing reimbursement in respect of artificial appliances for CGHS/CS(MA) beneficiaries.
5. This OM will come into effect from the date of issue and will be valid till revision of the rates after five years.
6. This issues with the approval of Secretary (H&FW) and concurrence of Integrated Finance Division.



(Ravi Kant)

Under Secretary to the Government of India

1. All Ministries/Departments, Government of India
2. DDG(M), Dte.GHS/CMO(SRA), Dte.GHS, Dte.GHS, MoHFW
3. Director, CGHS, Nirman Bhawan, New Delhi
4. Addl.DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
5. AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
6. All Addl. Directors/Joint Directors of CGHS cities outside Delhi
7. Additional Director (SZ)/(CZ)/(EZ)/(NZ)/(MSD), CGHS, New Delhi
8. JD(HQ), JD (Grievance)/JD (R&H), CGHS, Delhi
9. Rajya Sabha/Lok Sabha Secretariat, New Delhi
10. Registrar, Supreme Court of India, New Delhi
11. U.P.S.C. Dholpur House, New Delhi
12. Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi
13. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
14. PPS to DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MoHFW, New Delhi
15. CGHS(P) Section/MS Section/Hospital Empanelment Cell, CGHS/MG-II Section, Dte.GHS, Nirman Bhawan, New Delhi

contd....4/-

16. CGHS-I/II/III/IV, MoHFW, Nirman Bhawan, New Delhi
17. Estt.I/Estt.II/Estt.III/Estt.IV Section, MoHFW, Nirman Bhawan, New Delhi
18. Admn.I/Admn.II Section, Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
19. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi
20. All Officers/Sections/Desks in the Ministry
21. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi
22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
23. All Staff Side Members of National Council (JCM)
24. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi - 110001
25. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
26. Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
27. UTI-ITSL, 153/1, First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
28. Swamy Publishers (P) Ltd., P.B. No.2468, R.K. Puram, Chennai-600028
29. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Dayaganj, New Delhi
30. Sr.Technical Director, NIC, MoHFW, Nirman Bhawan, New Delhi with the request to upoad this OM on the Ministry's website under the link of CS (MA) Rules - OMs and Circulars
31. Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.
32. Guard file

ANNEXURE-IA**LOWER EXTREMITY PROSTHETICS (Above 12 years)**

Sl. No.	Name of Prosthesis	Approved Rate/Price
1.	Transtibial prosthesis (Below Knee Prosthesis) (Its components include-S.S. Pylon/tube, SACH FOOT, Foot Adapter , Bonded Pylon/Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam Cover, Covering Socks, Socket charges, etc.)	Rs.20,000/-
2.	Transtibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner	Rs. 37000/-
2.a	Transtibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner with shuttle lock mechanism	Rs.45500/-
3.	Symes Prosthesis Its component includes- SYME'S FOOT, Foot Adapter Sleeve Suspension, Socket Mounting Adaptor, Covering Socks Socket charges, etc.	Rs.19300/-
4.	Partial Foot Prosthesis (Shoe with filler)	Rs.7000/-
5.	Trans Femoral Prosthesis (Above Knee Prosthesis) (Its components include-S.S. Pylon/tube, SACH FOOT, Foot Adapter, Bonded Pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 40840/-
6.	Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve	Rs.40840 + 3800=44640/-
7.	Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon/ PU liner	Rs.61140/-
7.a	Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon /PU liner with shuttle lock mechanism	Rs. 69640/-
8.	Knee Disarticulation Prosthesis (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)Rs. 51940/-
9.	Hip Disarticulation Prosthesis (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.)	Rs.60300/-

ANNEXURE-IB

LOWER EXTREMITY PROSTHETICS (CHILD UPTO THE AGE OF 12 YEARS)

Sl. No.	Name of Prosthesis	Approved rate/Price (Child 7-12 years)	Approved rate/Price (Child 0-6 years)
1.	Transtibial prosthesis (Below Knee Prosthesis) (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam cover, Covering Socks, Socket charges, etc.)	Rs.18,140/-	Rs.5000/-
2.	Trans Tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner	Rs. 35,140/-	Not applicable
2.a	Trans Tibial Prosthesis with silicone / PU liner with shuttle lock mechanism	Rs. 35140+ 8500 =43640	Not Applicable
3.	Symes Prosthesis Its component includes- SYME,S FOOT , Foot Adapter Sleeve Suspension, Socket mounting adaptor, Covering Socks Socket charges	Rs.19300/-	Rs.5000/-
4.	PARTIAL FOOT PROSTHESIS (Shoe with filler)	Rs.4000/-	Rs.1500/-
5.	Trans Femoral Prosthesis (Above Knee Prosthesis) (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 49,980/-	Rs.12000/-
6.	Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve	Rs.49980 + 3800=53,780/-	Not Applicable
7.	Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner	Rs.70,280/-	Not Applicable
7.a.	Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon/PU liner with shuttle lock mechanism	Rs. 70280+ 8500=78780	Not Applicable
8.	Knee Disarticulation Prosthesis (Its components include-S.S. Pylon/		

	tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 49,980/-	Rs.12000/-
9.	Hip Disarticulation Prosthesis (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.)	Rs.60300/-	Rs.15000/-

NOTE:

1. Prescription of Trans Tibial Prosthesis may be considered as Below Knee Prosthesis.
2. Prescription of Trans Femoral Prosthesis may be considered as Above Knee Prosthesis.

ANNEXURE-IC

HIGH END LOWER EXTREMITY PROSTHETICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	Transtibial prosthesis (Below Knee Prosthesis) (Its components include-S.S. Pylon/ tube, DYNAMIC RESPONSE FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam cover, Covering Socks, Socket charges, etc.)	Rs.26,700/-	Not Applicable	Not Applicable
2.	Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner	Rs.43700/-	Not Applicable	Not Applicable
3.	Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner with shuttle lock mechanism	Rs.52200	Not Applicable	Not Applicable
4.	Trans Femoral Prosthesis (Above Knee Prosthesis) (Its components include-S.S. Pylon/ tube, DYNAMIC FOOT, Foot Adapter, Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs. 47,540/-	Not Applicable	Not Applicable
5.	Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve	Rs.47540 + 3800=51,340/-	Not Applicable	Not Applicable
6.	Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner	Rs.64,540/-	Not Applicable	Not Applicable

7	Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner with shuttle lock mechanism	64540+ 8500=73040/-	Not Applicable	Not Applicable
8.	Knee Disarticulation Prosthesis (Its components include- S.S. Pylon/ tube, DYNAMIC FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges)	Rs.58640/-	Not Applicable	Not Applicable
9.	PARTIAL FOOT PROSTHESIS			
9a.	Shoe filler with carbon plate	Rs.9000/-	Rs.5000/-	Rs.3000/-
9b.	GREAT TOE SILICON PROSTHESIS	Rs.9000/-	Rs.5000/-	Rs.3000/-
9c.	Silicone Prosthesis For Second Toe to Vth Toe	Rs.7500/-each	Rs.4000/-	Not Applicable

RECOMMENDED CRITERIA FOR HIGH END PROSTHESIS

1. Dynamic foot can be prescribed only for Military, paramilitary, commando persons / police personals sustaining amputation in saddle and likely go back to active and strenuous work.
2. Dynamic foot can also be prescribed for young / children and dynamic athletes of University, cultural activities, State/ National or international level.
3. Shoe filler with carbon plate can be prescribed only for Military, paramilitary, commando persons / police personals sustaining amputation in saddle and likely go back to active and strenuous work.
4. Shoe filler with carbon plate can also be prescribed for young / children and dynamic athletes of University, Participating in cultural activities, at State / National or international level.
5. In case of Bilateral Upper Limb amputation, Externally Powered Prosthesis /Myoelectric Prosthesis may be prescribed for one side and body powered Prosthesis or Passive Prosthesis for the other side.

UPPER EXTREMITY PROSTHETICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	Trans Radial or Below Elbow / Wrist Disarticulation Passive Prosthesis	Rs.10,000/-	Rs.5000/-	Rs.2000/-
2.	Body Powered Prosthesis (Trans Radial or Below Elbow / Wrist Disarticulation) Its components includes trans radial kit and socket	17000/-	12000/-	Not Applicable
3.	Trans Humeral or Above Elbow / Elbow Disarticulation Passive Prosthesis	Rs.20,000/-	Rs.10,000/-	Rs.5,000/-
4.	Body Powered Prosthesis (Trans Humeral or Above Elbow / Elbow Disarticulation)	28000/-	22000/-	Not Applicable
5.	Shoulder Disarticulation Passive Prosthesis	Rs.30,000/-	Rs.20,000/-	Rs.10,000/-
6.	Shoulder Disarticulation body powered Prosthesis	Rs. 37,000/-	28000/-	Not Applicable

HIGH END UPPER EXTREMITY PROSTHETICS (ADULT)

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved rate/Price CHILD (0-6) Years
1.	Externally Powered below elbow or Trans radial / Wrist Disarticulation prosthesis (It includes:- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible inner Liner and socket, etc)	Rs.1,29,500/-	Not Applicable	Not Applicable
2.	Externally Powered Trans Humeral / Elbow Disarticulation Prosthesis (It includes:- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit, Mechanical Elbow, Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible inner Liner and sockets, etc)	Rs.1,76,500/-	Not Applicable	Not Applicable
3.	Silicone Finger Prosthesis each	Rs.7000/-	Rs.5000/-	Not Applicable
4.	Silicone Thumb Prosthesis	Rs.8000/-	Rs.6000/-	Not Applicable
5.	Silicone Partial Hand Prosthesis	Rs.35000/-	Rs.25000/-	Rs.10,000/-

SPINAL ORTHOTICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	Soft / Semi rigid Cervical Collar	200/-	200/-	Not Applicable
2.	Philadelphia or Two post Cervical collar / Head Cervical Orthosis (Moulded collar)	1500/-	1500/-	1200/-
3.	Soft L.S. corset / Belt	700/-	500/-	Not Applicable
4.	SOMI BRACE / Three Post Cervical Orthosis	2000/-	2000/-	Not Applicable
5.	Four Post Cervical Orthosis	1200/-	1000/-	800/-
6.	Rigid L.S.O / Chair Back Orthosis	1200/-	1000/-	Not Applicable
7.	Rigid TLSO / Taylor,s brace, Knight Taylor,s brace, William,s brace	1500/-	1200/-	1000/-
8.	Hyperextension brace / ASH / CASH / JEWETT BRACE	1200/-	1000/-	Not Applicable
9.	CTLSO (MILWAUKEE BRACE)	5000/-	5000/-	Not Applicable
10.	Head Cervical Thoraco Orthosis (HCTO)	1500	1500/-	1200/-
11.	TLSO BI- Valve / Body Jacket	3000/-	3000/-	2500/-
12.	UNDER ARM BRACE (Boston Brace / Miami Brace / Wilmington Brace / NYOH Brace)	3500/-	3500/-	Not Applicable
13.	HALO BRACE	15000/-	Not Applicable	Not Applicable

Abbreviations:

- 1. L.S.O--- Lumbo Sacral Orthosis**
- 2. ASH- Anterior Spinal Hyperextension Brace**
- 3. CASH-- Cruciform Anterior Spinal Hyperextension**
- 4. TLSO---- Thoraco Lumbo Sacral Orthosis**
- 5. CTLSO----- Cervical Thoraco Lumbo Sacral Orthosis**

LOWER EXTREMITY ORTHOTICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	Soft Heel Pad / M.T. Pad with Insole (One Piece)	200/-	200/-	Not Applicable
2.	Arch Support (Unilateral)	300/-	200/-	200/-
3.	Silicone / PU arch support (One Piece)	350/-	250/-	Not Applicable
4.	Medial / Lateral Wedge	100/-	100/-	100/-
5.	Soft Insole cross link polymer (One Piece)	100/-	100/-	Not Applicable
6.	Soft Insole (Plastozone) One Piece	300/-	200/-	Not Applicable
7.	Silicone / PU Insole (One Piece)	500/-	Not Applicable	Not Applicable
8.	Silicone Heel Cushion (One Piece)	300/-	Not Applicable	Not Applicable
9.	Molded / customized Insole (One Piece)	600/-	500/-	400/-
10.	Silicone Toe separator (One Piece)	200/-	100/-	Not Applicable
11.	UCBL (Unilateral)	800/-	600/-	500/-
12.	SMO without shoes (One Piece)	1200/-	1000/-	800/-
13.	Flat Feet / CTEV Shoes Pair (Leather)	1200/-	800/-	700/-
14.	Molded Shoe (Leather)-one side normal & one side affected	2200/-	1600/-	Not Applicable
15.	Molded Shoe (Leather)-both side affected	3000/-	2000/-	Not Applicable
16.	Shoe Raise	Rs. 50 per ½ inch	Rs. 50 per ½ inch	Not Applicable
17.	Open toe shoes for paraplegic one pair	1500/-	-Not Applicable	Not Applicable
18.	D.B. Splint with / without shoe	Not Applicable	Not Applicable	800/-
19.	AFO Conventional (One Side)	2500/-	2000/-	1500/-
20.	AFO Conventional (Bilateral)	3500/-	2700/-	2000/-

21	Polypropylene / Customized A.F.O without shoes	1200/-	1000/-	800/-
22.	FRO (Floor Reaction Orthosis)	1800/-	Not Applicable	Not Applicable
23.	Pneumatic walker	3500/-	Not Applicable	Not Applicable
24.	Knee Orthosis Polypropylene (Valgum /Varus, immobilizer etc.)	1500/-	1200/-	900/-
25.	P.T.B Brace without shoes	1800/-	1500/-	1200/-
26.	Knee Sleeve without hinge	500/-	500/-	Not Applicable
27.	Knee Sleeve with hinge	800/-	800/-	Not Applicable
28.	Off loader Knee Orthosis	17000/-	Not Applicable	Not Applicable
29.	KAFO conventional with shoe (One side)	4000/-	3200/-	2000/-
30.	Bilateral KAFO conventional with shoe	5500/-	4500/-	4000/-
31.	KAFO custom molded without shoe (One side)	4000/-	3200/-	2000/-
32.	Femoral Fracture Brace Non weight relieving	1500/-	1000/-	800/-
33.	Femoral Fracture Brace weight relieving	4000/-	3200/-	2000/-
34.	HKAFO Conventional with shoes (One side)	5000/-	4000/-	3000/-
35.	Bilateral HKAFO Conventional with shoes	6500/-	5500/-	4500/-
36.	HKAFO Polyproxyline custom moulded without shoes (One side)	5000/-	4000/-	3000/-
37.	Trilateral Orthosis	4000/-	3200/-	2000/-
38.	HIP Abduction Orthosis (Conventional)	Not Applicable	1000/-	1000/-
39.	Pavlik Harness for CDH	Not Applicable	Not Applicable	2500/-
40.	Hip Bracing (Immobilizer)	2000/-	1500/-	Not Applicable
41	SWASH Brace	Not Applicable	18000/-	18000/-
42	Reciprocating Gait Orthosis	32000/-	Not Applicable	Not Applicable

UPPER EXTREMITY ORTHOTICS

Sl. No.	Name of Prosthesis	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	Finger orthosis static (One Piece)	150/-	100/-	100/-
2.	Finger orthosis dynamic (One Piece)	200/-	100/-	100/-
3.	Hand Orthosis	400/-	300/-	300/-
4.	Thumb Spica / stabilizer	300/-	200/-	200/-
5.	Knuckle bender	500/-	350/-	Not Applicable
6.	Wrist Hand Orthosis (Static) P.P	700/-	500/-	400/-
7.	Wrist Hand Orthosis (dynamic)	1000/-	700/-	500/-
8.	Elastic Wrist Hand Orthosis	400/-	300/-	200/-
9.	Tennis Elbow support	200/-	200/-	Not Applicable
10.	Adjustable arm sling	300/-	300/-	Not Applicable
11.	Elbow orthosis (static)	900/-	700/-	500/-
12.	Elbow orthosis (Dynamic)	1000/-	800/-	600/-
13.	Fracture Brace (Below Elbow)	1200/-	800/-	700/-
14.	shoulder brace (Immobilizer)	1000/-	800/-	700/-
15.	Gun slinger shoulder orthosis	1000/-	Not Applicable	Not Applicable
16.	Humeral fracture brace without elbow hinge and forearm support	1200/-	800/-	800/-
17.	Humeral fracture brace with elbow hinge and forearm support	1600/-	1200/-	1000/-
18.	Shoulder Elbow Wrist Hand Orthosis (Air plane splint)	2200/-	1600/-	1400/-

ANNEXURE-III**MOBILITY AIDS**

S.NO.	NAME OF ORTHOSIS	Approved Rate/Price (Above 12 years of age)	Approved Rate/Price CHILD (7-12 Years)	Approved Rate/Price CHILD (0-6) Years
1.	Walking Stick (Adjustable) Aluminium	350/-	350/-	Not Applicable
2.	Tripod / Quadripod walking stick Aluminium	750/-	Not Applicable	Not Applicable
3.	Auxillary Crutch / Elbow crutch (Aluminum) Adjustable	850/-	650/-	Not Applicable
4.	Walker/Rollator (Aluminium)	1500/-	1200/-	900/-
5.	C.P.Chair / C.P.Stand	Not applicable	7300/-	7000/-
6.	Commode Chair	2500/-	2500/-	Not Applicable
7.	Wheel Chair Folding (Chrome Plated)	7000/-	4000/-	Not Applicable
8.	Motorized Wheel chair (i) Quadriplegic wheel chair with Chin and Head Control (ii) Quadriplegic wheel chair with joy stick (iii) Motorized wheel chair (Handle driven)	1,10,000/- 60,000/- 35,000/-	Not Applicable Not Applicable Not Applicable	Not Applicable Not Applicable Not Applicable
9.	Tricycle Hand Propelled	6000/-	Not Applicable	Not Applicable
