



# The Mizoram Gazette

## EXTRA ORDINARY

### Published by Authority

RNI No. 27009/1973

Postal Regn. No. NE-313(MZ) 2006-2008

Rs. 1/- per page

VOL - XLI Aizawl, Tuesday 6.3.2012 Phalguna 16, S.E. 1933, Issue No. 100

#### NOTIFICATION

**No. B. 16011/18/10-HFW, the 28<sup>th</sup> February, 2012.** In the interest of public service, the Governor of Mizoram is pleased to notify implementation of Revised Mizoram State Health Care Scheme on self-financing basis for the year, 2011-2012 with effect from 1<sup>st</sup> September, 2011.

This Revised Mizoram State Health Care Scheme shall be implemented through the services of a Third Party Administrator (TPA) duly selected through competitive bidding. The specification etc. will be as per Annexure enclosed.

**M. Zohmingthangi,**  
Secretary to the Govt. of Mizoram,  
Health & Family Welfare Department.

**SPECIFICATION OF SCHEME BENEFITS 2011-2012**

**Name of the Scheme**

1. Mizoram State Health Care Scheme

**Objective of the Scheme**

2. The objective of the Scheme is to improve access of families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of Health Care Providers Each family shall cover all eligible family members under this Scheme.

**Covered Benefits**

3. **Hospitalisation** - The Scheme shall provide coverage for meeting expenses of hospitalization and surgical procedures of BPL beneficiary members up to Rs. 70,000/- per family per year subject to limits, in any of the network hospitals, after having exhausted RSBY cover of Rs. 30,000/- only. The cover shall be on family floater basis.
4. **Critical Illness** - A buffer floater amounting to Rs. 2,00,000/-, over and above the normal cover can be availed of individually or collectively, by members of the BPL family suffering from below listed critical illness. APL families will avail benefits only under this critical illness cover within a sum insured of Rs. 3,00,000/-. This buffer floater will be made available for beneficiaries with identified critical illness (excluding related ailments except where specified) as given under :

**I. CARDIOLOGY AND CARDIOTHORACIC SURGERY**

- a. Coronary By-pass Surgery (CABG).
- b. Valve Replacement/Repair or Valvuloplasty.
- c. Correction of Congenital Heart Diseases eg. VSD, ASD, TOF, etc.
- d. Angioplasty and PTCA Stent.
- e. Permanent and Temporary Pacemaker Implantation.
- f. Surgeries for Repair of Aneurysm.
- g. Electrophysiologic Study and Radiofrequency Ablation.
- h. Pericardial Surgery & Pericardial Effusion requiring Drainage.
- i. Acute Coronary Syndrome (Unstable Angina, Myocardial Infraction).
- j. Heart Failure/Cardiogenic Shock.

**II. ONCOLOGY**

- a. Surgical Management of all Malignant Tumours.
- b. Radiation Treatment of Malignancies.
- c. Chemotherapy/Targeted Therapy for Treatment of Malignancies.
- d. Complications and Toxicities of treatment of Malignancies.

**III. MEDICINES**

**1. NEPHROLOGY**

- a) Kidney Failure.

**2. RESPIRATORY SYSTEM :**

- a) Respiratory Failure.
- b) Pulmonary Thromboembolism.

**3. GI TRACT**

- a) GI bleed requiring Surgical Intervention.
- b) Acute Pancreatitis with Complications.

**4. ENDOCRINOLOGY**

- a) Diabetic ketoacidosis.

- b) Other Metabolic emergencies (eg. Thyrotorix Crisis, Myxoedemic Coma, Pheochromocytoma, Cushing's Disease, etc).
- 5. CNS**
  - a) Acute Stroke - any Cerebro Vascular incident producing permanent Neurological Sequelae.
  - b) Acute Myelopathies requiring Medical Board Referral.
  - c) Hydrocephalus requiring Surgical Intervention.
  - d) Myasthenic Crisis.
- 6. HEPATOLOGY**
  - a) Liver Abscess requiring Surgical Intervention.
  - b) Hepatic Encephalopathy.
  - c) Hep B&C on Interferon/Antiviral Therapy treated only at Civil Hospital, Aizawl & Lunglei.
- 7. HEMATOLOGY**
  - a) Complicated Cytopenias (eg : Aplastic/Hypoplastic Anaemias, Neutropenias, Thrombocytopenias)
  - b) Hemoglobinopathies requiring Splenectomy (Thalassemia/Sickle Cell Anemia).
  - c) Thromboembolic Disease (eg : DVT, Mesenteric Artery thromboembolism, Pulmonary Thromboembolism, etc).
  - d) Bleeding disorders (eg : Hemophilia).
- 8. CONNECTIVE TISSUE DISEASE**
  - a) SLE, Mixed Connective tissue disease, etc.
- 9. INFECTIVE DISEASES**
  - a) Complicated Malaria (identified according to WHO criteria).
  - b) Multi Drug Resistant Tuberculosis.
- 10. ORGAN TRANSPLANT : Renal/Bone Marrow/Liver/Heart/Stem Cell (for treatment of Malignancies, etc), and including 'the' donor only.**

#### **IV SURGERY**

- 1) UROLOGY/NEPHROLOGY**
  - a) Nephrectomy and Surgery for Perinephric Abscess
  - b) Urinary Stone cases requiring surgery under GA
- 2) GASTROENTEROLOGY**
  - a) Acute Abdomen requiring major surgery : eg - Gut Perforation, Acute Appendicitis, Vulvulus, Intussusception, Peritonitis, Intra-Abdominal Abscess etc.
  - b) Pseudocyst of Pancreas requiring Surgery.
- 3) NEWROLOGY AND NEUROSURGERY**
  - a) Life saving surgeries on Brain (eg : Intracranial Hematomas/Abscess) and Spinal Cord.
- 4) PLASTIC SURGERY**
  - a) Treatment of major burns with complications.

#### **V. OPHTHALMOLOGY (Mit lampang)**

- a. Surgery and other procedures for Detachment of Retina.
- b. Surgery for Glaucoma.
- c. Vitreous Hemorrhage, Vitrectomy.
- d. Laser treatment of Retinopathies (to SSN referred cases only).
- e. Orbital fracture and penetrating eye ball injury.
- f. Intracranial blood disorders involving eye.

#### **VI. ENT**

- a. Mastoidectomy.
- b. Middle Ear Disease requiring Operation in Children (excluding Intracranial Implants like Cochlear Implants, etc).
- c) Stapedectomy.

**VII. ORTHOPAEDIC SURGERY**

- a. Joint Replacement (Hip/Knee, etc).
- b. Surgery for correction of Fractures of Bones and Joints.
- c. Arthroscopic Repair of Ligaments.
- d. Major limbs amputations (legs/arms/foot) due to any diseases excluding single digits/terminal Phalanged Amputations (with Prosthesis).
- e. Correction of Locomotor disabilities due to Congenital & Acquired Contractures.
- f. PIVD with Severe Cord Compression requiring Surgery.

**VIII. ICU CARE**

- a. Any seriously ill patient requiring ICU admission to sustain life (excluding routine post-operative patients and uncomplicated surgeries).

**IX. PAEDIATRICS**

- a. CNS - Meningitis/Encephalitis.
- b. Respiratory System - Severe Pneumonia with related complications.
- c. Nephrology - Complicated Nephrotic Syndrome.  
- ARF.
- d. New borns - Birth Asphyxia and related complications.  
- Preterm/VLBW requiring NICU care.  
- Congenital Malformations requiring Major Surgery.

**X. DERMATOLOGY**

- a. Steven Johnson's Syndrome - drug induced

**XI. PSYCHIATRY**

- a. Psychiatric Emergencies (eg : Manic/Ac Psychotic Disorder).

**XII. OBS AND GYNAECOLOGY**

- a. Emergency life saving operations (eg : Ruptured Ectopic Pregnancies, DUB, Twisted Ovarian Cyst, etc).
- b. LSCS complicated by Rupture Uterus, Re-opening of Abdomen.

**XIII. DENTAL SURGERIES**

- a. Post Traumatic Maxillofacial fractures requiring Surgery.

**Eligibility of Beneficiaries**

5. Any non-Governemnt Servant (Central or State) or their dependents who is a bonafide citizen of India and residing in Mizoram, with the Head of the Family thereby being in the Voters list or the Head of the Family having Voter ID Card shall be eligible to be covered under this Scheme, irrespective of age. The Scheme will also cover dependents of Government Servants (Central or State), who are not covered under the existing Medical Attendance Rules such as Grandchild, daughter/son-in-law, overage children, sister/brother, uncle/aunty, niece/nephew, etc. The Scheme will also cover personnel and their dependents working under the Government of Mizoram eg. Contracts, Muster roll, etc who are not entitled to medical reimbursement under the existing rule in force. The Scheme will not cover persons and their dependents working under church organizations and who can thus be eligible for claiming their medical reimbursements their respective church organization.
6. Coverage under the Scheme would be provided for all family and their members as per the photo ID Card/Smart Card issued to them Prior to issue of Photo ID Card/Smart Card, copy of enrollment form with Voter ID may be used as proof of coverage.

7. **Family** - A family would be defined as anyone living under one roof, irrespective of their relationships and duly ascertained by the Family Ration Card. Any addition/deletion of family members e.g. death, birth, divorce, marriage, adoption etc. the same will have to be recommended by the concerned Health Worker/Medical Officer/Senior Medical Officer/Chief Medical Officer and certified by the Mizoram State Health Care Society.

8. **Proposed Payment of Premium** : The family members will be restricted to 5 members for APL families, while for BPL families, this number limit will not be applicable. Payment of premium for a family of 5 or families whose number is above 5, payment of Premium may be as follows :

**Table III : Details of Premium Payment :**

<b>BPL, family members &lt; 5</b>	<b>APL</b>	<b>APL, family members &lt; 5</b>	<b>APL, Additional family member &gt; 5</b>
Nil	Sum insured up to Rs. 1 lakh	Rs. 500/-	Rs. 100 per additional member
	Sum insured up to Rs. 2 lakhs	Rs. 750/-	Rs. 200 per additional member
	Sum insured up to Rs. 3 lakhs	Rs. 1,000/-	Rs. 300 per additional member

9. **Dependents** - The dependents should be living in the same household. "Dependents" are those who depend upon the Head of the household for their basic subsistence/care.

**Insured Benefits**

10. Pre-existing conditions to be covered, subject to minimal exclusions as per clause 19.

11. **Transport Allowance** - Provision for transport allowance as part of the sum insured will be allowed for the patient along with one attendant by any public service vehicle at the rate as may be fixed by the State Transport Authority from time to time. In case of an emergency/exceptional case, hiring of private vehicle may also be allowed, provided it is duly certified by the Medical officer i/c of the Hospital. The cost of travel that would be reimbursable for a patient that has to be shifted from residence to hospital in case of admission in Emergency or from one Hospital/Nursing Home to another Hospital/Nursing Home for better medical facilities. Expenses for travel (Fares only) would have a ceiling of Rs. 1,000/- within the State and Rs. 10,000/- for travel outside the State per claim. Reimbursement for travel outside the State would be considered for treatment of named Critical Illnesses only. Further, only the lowest fare available for the journey shall be considered for reimbursement.

12. Relevant medical expenses incurred for the period up to 1 clear day prior to hospitalization and up to 10 clear days from the date of discharge from the hospital shall be part of the benefit. This pre-hospitalization coverage would also include all pre-admission investigations pertaining to the particular hospitalization and not subject to the 1 clear day pre-hospitalization coverage and duly certified by the treating doctor. However, in cases of organ transplantation patients, post hospitalization coverage would be extended up to 30 clear days.

**13. Maternity and New Born Benefit :**

- a. This means treatment taken in Hospital/Nursing Home arising from childbirth including normal delivery/caesarean section and/or miscarriage or abortion induced by accident or other medical emergency except voluntary medical termination of pregnancy.
- b. Newborn child shall also be covered from day one up to the expiry of the Policy and expenses incurred for treatment taken in hospital as in-patient. This benefit shall be a part of basic sum insured and new born will be considered as a part of insured family member till the expiry of the policy. However, hospitalization prior to delivery can be taken under medical procedures and will not be included under this benefit.

- c. The maximum benefit allowable under this benefit allowable under this benefit will be up to Rs. 10,000/-. For complicated cases such as Cesarean Section, the amount covered will be subject to actuals, provided certification from the treating doctor is included in the claim. This benefit shall be a part of basic sum insured.

**Note :**

- I.** *For the Policy period, new born will be provided all benefits under the Scheme and will NOT be counted as a separate member*
- II.** *Verification for the new born can be done by any of the existing family members who are getting the Scheme benefits.*

- 14. Minimum period of hospitalization :** The minimum period for which a beneficiary is admitted in the hospital as inpatient and stays there for the sole purpose of receiving the necessary and reasonable treatment for the disease/ailment contracted/injuries sustained under the Scheme shall be at least 24 hours.

- 15. Day Care Procedures :** Given advances in treatment techniques, many health services formerly requiring hospitalization can now be treated on a day care basis. Examples of such services which are included for coverage under hospitalization benefits are :

- a. Dialysis
- b. Parenteral Chemotherapy
- c. Hepatitis B
- d. Hepatitis C
- e. Drug Resistant TB
- f. Radiotherapy
- g. Epilepsy
- h. Eye Surgery
- i. Lithotripsy (Kidney stone removal)
- j. Tonsillectomy
- k. D&C (not MTP)
- l. Dental Surgery following an accident
- m. Hysterectomy
- n. Surgery of Hernia
- o. Surgery of Hydrocele
- p. Surgery of Prostrate
- q. Gastrointestinal Surgery
- r. Genital Surgery
- s. Surgery of Nose
- t. Surgery of Throat
- u. Surgery of Ear
- v. Surgery of Appendix
- w. Surgery of Urinary System
- x. Treatment of Fractures/Dislocation (excluding hair line fracture). Contracture releases and minor reconstructive procedures of limbs which require hospitalization.
- y. Laparoscopic Therapeutic Surgeries.
- z. Any surgery under General Anaesthesia
- aa. Any disease/procedure mutually agreed upon by the Society and the Insurance Company/TPA before treatment.

The above listed procedures can also be treated/claimed under normal hospitalization benefits.

- 16. Fraudulent Bills/Claims :** If fraudulent bills are detected from beneficiaries, hospitals or Government Staffs, the following actions will be initiated.  
**For Beneficiaries :** The fraudulent claims will be rejected and further claims from the particular family will not be entertained for the current Policy period or as may be determined by the Executive Committee.  
**For Hospitals :** the bills of the hospitals will be out rightly rejected. Further, if the hospital is found to be directly attributable to the false claims as referred to in the Specification of Scheme Benefits or included later under the clause, the concerned hospital will be de-panelled.  
**For Government Staff working in Hospitals, etc :** Appropriate Government proceedings will be initiated against them.

**Benefit Exclusions**

- 17.** Common exclusions from the benefits would include :
- Conditions that do not require hospitalization or that can be treated at home or conditions that do not fall under Day Care Procedures specified in paragraph 16.
- i) Sterilization and Fertility related procedures.
  - ii) Circumcision unless necessary for treatment of a disease not excluded hereinabove or as may be necessitated due to an accident.
  - iii) Vaccination or Inoculation.
  - iv) Change of life or cosmetic or anesthetic treatment of any description other than as may be necessitated due to an accident or as a part of any illness.
  - v) Cost of spectacles, contact lenses and hearing aids.
  - vi) Dental treatment or surgery of any kind unless requiring hospitalization.
  - vii) Convalescence, general debility, 'run-down' condition or rest cure.
  - viii) Congenital external diseases, except where intervention is required to maintain the functionality of the individual.
  - ix) Sterility, venereal or sexually transmitted diseases.
  - x) Intentional self-injury, unlawful activity associated injury (intentional/unintentional), suicide and direct consequence of use of intoxicating drugs/alcohol.
  - xi) All expenses arising out of any condition, directly or indirectly, caused to or associated with human T-Cell Lymphotropic Virus type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV, if otherwise treatable under Mizoram State Aids Control Society (MSACS) Programme.
  - xii) Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalization as defined.
  - xiii) Expenses on vitamins and tonics unless forming part of treatment for disease or injury as certified by the Medical Practitioner.
  - xiv) Domiciliary Treatment, Naturopathy Treatment.
  - xv) Disease or injury directly or indirectly caused by or arising from attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not), disasters (man made, natural).
  - xvi) Disease or injury directly or indirectly caused by or contributed to by nuclear weapons/materials.

**Rates**

- 18.** The rates will include Bed charges (General Ward only), Nursing, diet charges, Surgeons, Anesthetists, Medical Practitioner, Consultants Fees, Anesthesia, Blood Oxygen, O.T. Charges, Cost of Surgical Appliances, medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray

and Diagnostic Tests, etc as notified by the Government of Mizoram and will be applicable for all medical/surgical cases for hospitals within the State of Mizoram vide No. A. 17014/7/07-HFW, Dt. 22<sup>nd</sup> July, 2008. For hospitals outside Mizoram, rates will be as current CGHS rates will be adhered Costs of drugs would be as per distributor prices.

### **Specific Provisions for the Scheme**

#### **19. Enrolment Procedure**

- a) Beneficiary Enrollment is the responsibility of the Mizoram State Health Care Society. **Enrolment period will be opened for 2 months in each district only and beyond this period, enrollment would not be opened whatsoever.**
- b) Enrollment of the Head of the Family in the current electoral roll or having Voter ID Card of the State published by the Election Commission of India shall be used as proof of eligibility for enrollment under the Scheme.
- c) For BPL families, a Certificate/Card as proof thereof issued by GoM authorized Department (identified from time to time) and certified by a Gazetted Officer or Health Worker in remote villages of the Government of Mizoram has to be attached.
- d) Coverage under the Scheme would be provided for all family and their family members as per the Enrollment/Photo ID Card.
- e) The period for enrolment would be from the date of commencement of enrolment for a period of 60 days only, beyond which it would not be possible to enroll, Enrolment period would be widely publicized.
- f) Enrollment under the Scheme at the time of hospital admission within the enrolment period will also be considered.

#### **20. Cashless Access Service**

- a) Within the limits of coverage, BPL beneficiaries only shall be provided cashless treatment for all conditions, illness or disease covered under the Scheme. The Health Care Provider shall be reimbursed according to the packaged cost specified in Paragraph 18.
- b) For APL beneficiaries, the facility of cashless treatment shall be restricted only to Critical Illness as listed in Paragraph 4. The basis of reimbursements shall be limited to the rates specified in Paragraph 18.

#### **21. The Mizoram State Health Care Society shall formulate Rules and Procedures relating to the following :**

- a. Pre-authorization requirements, when applicable.
- b. Access to network and out-of-network providers.
- c. Emergency care and treatment of beneficiaries.
- d. Any other matter as may be deemed necessary by the Mizoram State Health Care Society.

#### **22. Referral of Patients from Mizoram to Hospitals outside the State :**

The existing Medical Boards constituted by the Government of Mizoram at Aizawl and Lunglei will be utilized under the Scheme for referring cases outside the State of Mizoram. However, Final Authority shall lie with the Society and the recommendations of the Boards for utilization of hospitals referred by it will not be binding on the Mizoram State Health Care Society. The Mizoram State Health Care Society may recommend other hospitals with similar facilities but providing the same treatment at lower rates as negotiated by the Society.

#### **23. Eligible Health Care providers**

- i) Both public and private health care providers which provide hospitalization and/or daycare services, with desired infrastructure would be eligible for inclusion under the Scheme, subject to such requirements for empanelment as accepted by the Mizoram Health Care Society.



- ii) All Government Hospitals (including Primary and Community Health Centres) will be automatically eligible for empanelment under the Scheme. However, claims from beneficiaries taking treatment at Government Hospitals would only be allowed for expenses incurred by them on drugs, consumables, etc., purchased from the marked (on production of Cash Memos/Bills) and on minimal investigation/Laboratory charges levied by the Government Hospitals (on production of Cash Memos/Bills/Receipts). Expenses such as Diet, Nursing, Bed Charges, Doctor Consultation, Surgical Charges and other expenses which the Government Hospitals provide free will not be payable under the Scheme.

**24. Empanelment of Private Hospitals for Inpatient and Day Case Services :**

- i) Hospitals and other Health Facilities shall be empanelled that conform to the eligibility criteria as detailed below :
  - a. It has a minimum of 15 beds.
  - b. It is equipped with properly functioning of Computer, Telephone and Fax facilities.
  - c. It is fully equipped and engaged in providing medical and/or surgical care, including a Pharmacy and Laboratory and Diagnostic Services that could handle at least testing of clinical (blood and urine) specimens, X-rays and ECG.
  - d. The facilities undertaking Surgical Operations have a fully equipped Operating Theatre which it owns and is located on the premises of the facility.
  - e. The facility employs fully qualified Doctors and Nursing Staff on a 24 hours a day basis.
  - f. The facility employs fully qualified laboratory technicians.
  - g. The facility has the requisite system and procedures of maintaining patient's records required to be provided to the patient or his representative, the Insurance Company/TPA, Governemnt/Nodal Agency as and when required.
  - h. The facility preferably agrees to packaged costs for each identified medical/surgical intervention/procedures provided as covered benefits under the Scheme.
  - i. The Hospital should be in a position to provide following additional benefits to the BPL beneficiaries related to identified systems ;
    - i) Free OPD consultation.
    - ii) Fixed/agreed discounts on diagnostic tests and medical treatment required where hospitalization is not required.

## Annexure-I

## Lists of Expenses Not Admissible under Mizoram State Health Care Scheme

<u>Sl. No.</u>	<u>Expenses Not Admissible</u>	<u>Payable</u>	<u>Clarification</u>
1.	Abdominal Belt	Not Payable	
2.	Abdomen Binder	Not Payable	
3.	Additional Room Charges for Attendant	Not Payable	
4.	Admission Kit	Not Payable	
5.	Air Conditioner Charges	Not Payable	
6.	Alpha Bed/Water Bed, etc.	Not Payable	
7.	Ambulatory Devices (like Walker/Crutches, etc.)	Not Payable	
8.	Apron Drape Linen	Not Payable	
9.	Arm Sling	Not Payable	
10.	Arthroscopy & Endoscopy Instruments	Not Payable	Only rental charged by the Hospital allowed. Purchase of instruments not allowed.
11.	Attendant Charges	Not Payable	
12.	Attendants Extra Bed Charges	Not Payable	
13.	Attendant Food Charges	Not Payable	
14.	Aya Charges	Not Payable	
15.	Baby Food	Not Payable	
16.	Baby Set	Not Payable	
17.	Band Aid	Not Payable	
18.	Barber Charges	Not Payable	
19.	Beauty Services	Not Payable	
20.	Belts	Not Payable	
21.	Birth Certificate Charges	Not Payable	
22.	Blade	Not Payable	
23.	Blanket/Warmer Blanket	Not Payable	
24.	Braces	Not Payable	
25.	Caps	Not Payable	
26.	CD/Video Casette	Not Payable	
27.	Cost of Organ Charges for Transplantation	Not Payable	
28.	Clean Sheet	Not Payable	
29.	Cold Pack/Hot Pack	Not Payable	
30.	Collars	Not Payable	
31.	Commode	Not Payable	
32.	Cosmetics	Not Payable	
33.	Contact Lenses	Not Payable	
34.	Cozy Sheet/Cozy Towel	Not Payable	
35.	CPAP Equipments	Not Payable	Hospital Rental for the period of Hospitalisation only payable.
36.	Crepe Bandage	Not Payable	Payable only in case of Varicose Vein Surgery/ Accident with open wounds
37.	Crutches	Not Payable	Rental charges are payable (up to 5 days)
38.	Daily Chart Charges	Not Payable	
39.	Delivery Kit	Not Payable	

40.	Diabetic Foot Wear	Not Payable	
41.	Diabetic Test Strips	Not Payable	
42.	Diaper	Not Payable	
43.	Dietician fee	Not Payable	
44.	Drapes	Not Payable	
45.	Eau-de-cologne/Room Fresheners	Not Payable	
46.	Elastic Stockings	Not Payable	Payable in case of Varicose Vein
47.	Email/Internet Charges	Not Payable	
48.	Entrance Pass/Visitors Pass Charges	Not Payable	
49.	Eye Drape	Not Payable	
50.	Eye Drape/Eye Shield	Not Payable	
51.	Eye Pad	Not Payable	
52.	Eye Kit	Not Payable	
53.	File Opening Charges	Not Payable	
54.	Food for Attendants	Not Payable	
55.	Food Cover	Not Payable	
56.	Gauze	Not Payable	
57.	Gloves	Not Payable	
58.	Glucometer	Not Payable	
59.	Glucos Strips	Not Payable	
60.	Gown	Not Payable	
61.	Guest Services	Not Payable	
62.	Gynae Bundle	Not Payable	
63.	Health Drinks-Horlicks, Viva Bournvita & Protein Powder including Lactogen	Not Payable	
64.	Hearing Aids	Not Payable	
65.	Home Visit Charges	Not Payable	
66.	Hormone Replacement Therapy	Not Payable	
67.	Hospitalisation for Evaluation/Diagnosis Purpose	Not Payable	
68.	Incidental Expenses (Not Explained)	Not Payable	
69.	Infertility/Sub Fertility/Assisted Conception Procedure	Not Payable	
70.	Infusion Pump-Cost	Not Payable	
71.	Internet Charges	Not Payable	
72.	Kit with no details mentioned (Delivery Kit, Orthokit, etc)	Not Payable	
73.	Knee Braces (long/short/hinged)	Not Payable	
74.	Knee Immobilizer/Shoulder Immobilizer	Not Payable	
75.	Laundry Charges	Not Payable	
76.	Leggings	Not Payable	
77.	Lumbo Sacral Belt	Not Payable	
78.	Luxury Tax	Not Payable	
79.	Mask	Not Payable	
80.	Med Kit	Not Payable	
81.	Medical Certificate Charges	Not Payable	
82.	Medicine Box	Not Payable	
83.	Medico Legal Charges (MLC)	Not Payable	
84.	Microscope Cover	Not Payable	
85.	Mineral Water	Not Payable	
86.	Miscellaneous Charges-Details not provided	Not Payable	
87.	Mortuary Charges	Not Payable	

88.	Napkins	Not Payable	
89.	Nebulizer (Equipment)	Not Payable	
90.	Nebulizer Kit	Not Payable	
91.	Nutrition Planning Charges-Dietician Charges	Not Payable	
92.	Obesity (including Morbid Obesity) Treatment	Not Payable	
93.	Ortho Bundle	Not Payable	
94.	Orthokit	Not Payable	
95.	Outstation Consultant's/Surgeon's Fees	Not Payable	
96.	Ounce Glass	Not Payable	
97.	Oxygen Cylinder (for usage outside the Hospital)	Not Payable	
98.	Oxygen Mask	Not Payable	
99.	Patient Identification Band/Name Tag Charges	Not Payable	
100.	Pelvic Traction Belt	Not Payable	
101.	Preparation Charges	Not Payable	
102.	Private Nurses Charges-Special Nursing Charges	Not Payable	
103.	Referral Doctor's Fees	Not Payable	
104.	Registration Charges	Not Payable	
105.	Rib Binder	Not Payable	With in the Hospital, usage charges are permissible
106.	Room Freshener, Eau-de-cologne	Not Payable	
107.	Sanitary Pad	Not Payable	
108.	Service Charges where Nursing Charge also charged	Not Payable	
109.	Slings	Not Payable	
110.	Soap, Powder, Shampoo, etc.	Not Payable	
111.	Spacer	Not Payable	
112.	Spectacles	Not Payable	
113.	Spirometre	Not Payable	
114.	Splint	Not Payable	
115.	SPO2 Probe	Not Payable	
116.	Sputum Cup	Not Payable	
117.	Stem Cell Implantation/Surgery	Not Payable	
118.	Sterility Treatment	Not Payable	
119.	Stockings	Not Payable	
120.	Surcharges	Not Payable	
121.	Telephone Charges	Not Payable	
122.	Television Charges	Not Payable	
123.	Thermometer	Not Payable	
124.	Tissue Paper	Not Payable	
125.	Toiletry Items	Not Payable	
126.	Urine Can	Not Payable	
127.	Urometre	Not Payable	
128.	Vaccine Charges for Baby	Not Payable	
129.	Walker	Not Payable	
130.	Warmer Blanket	Not Payable	
131.	Washing Charges	Not Payable	
132.	Water Bed	Not Payable	
133.	Weight Control Programs/Supplies/Services	Not Payable	
134.	Wheel Chari	Not Payable	
135.	Xerox Copies Charges	Not Payable	
136.	X-Ray Film Charges	Not Payable	

137. Kidney Tray	Not Payable	
138. Under Pads	Not Payable	
139. Tooth Paste	Not Payable	
140. Tooth Brush	Not Payable	
141. Comb	Not Payable	
142. Shoe Cover	Not Payable	
143. Slippers	Not Payable	
144. Surgical Drill	Not Payable	
145. IM IV Injection Charges when Nursing is charged	Not Payable	
146. Examination Gloves	Not Payable	
147. Paper Gloves	Not Payable	
148. TED Stockings/Stockings	Not Payable	
149. Tourniquet	Not Payable	Payable-as specified by the Treating Doctor