#### Government of India

# Ministry of Health & Family Welfare Central Government Health Scheme (CGHS)

# Public Notice / Advisory to CGHS Beneficiaries

Date: 12th October 2025

Subject: <u>Migration to TMS 2.0 and implementation of Revised CGHS Rates (effective 00:00 hrs, 13.10.2025)</u>-Instructions to Pensioner beneficiaries who are eligible for Credit

**Reference:** CGHS Office Memoranda on (i) on-boarding to NHA IT platforms dated 19.08.2025 and (ii) Revised CGHS Rates issued vide O.M. dated 03.10.2025.

The Central Government Health Scheme (CGHS) is migrating to the NHA platforms (TMS 2.0/UMP/HEM 2.0) and implementing **Revised CGHS Rates** with effect from **00:00 hrs** (midnight) of 13.10.2025. To ensure a smooth, safe, and transparent experience, all CGHS Pensioner beneficiaries who are eligible for credit to follow the instructions below.

#### A. Access to Care & Identification

- i. Care will not be denied due to referral issue date. All empanelled Health-Care Organisations (HCOs) have been instructed to provide treatment to eligible CGHS beneficiaries even for valid referrals issued before 13/10/2025.
- ii. **Use of Digital CGHS Card is valid.** If physical CGHS card (Both plastic and paper cards are acceptable, provided the card's validity is clearly indicated.) is not available beneficiary may share a **downloaded e-card** from:
  - the CGHS website (cghs.mohfw.gov.in),
  - the My CGHS 2.0 mobile app, or
  - DigiLocker

A clear soft copy is acceptable at HCOs.

## B. Mobile Number, OTP Verification & Consent

- OTP verification on beneficiary's registered mobile number is mandatory in TMS 2.0 for claim submission. Accordingly, beneficiaries are requested to share the same with the HCO upon request.
  - Please ensure mobile number is updated in the CGHS database. If beneficiary's number is missing on the TMS 2.0 portal, beneficiary will be requested to provide the correct contact number so the HCO can proceed with registration. To update mobile number, contact the nearest CGHS Wellness Centre (WC).
  - If an error occurs on the TMS portal because of missing beneficiary's photograph/ward entitlement, beneficiary may contact the Office of concerned Additional Director (AD) City where the card is registered and have the photo uploaded and ward entitlement updated

## **Sample OTP SMS (for awareness):**

"Dear User, use OTP 507978 to proceed with verification, if you have understood the Aadhaar consent.

Note: this OTP is set to expire in 10 minutes.

NHA"

ii. Under **exceptional circumstances**, the attendant's mobile number may be used for OTP verification. HCOs will record this in the TMS 2.0 portal along with the relation of the attendant.

# C. Geotagging, Feedback & Transparency

- i. Geotagged photo: HCOs have been issued guidelines for geotagging at the point of care. Beneficiaries are requested to co-operate when the HCO captures a geotagged photograph.
- ii. Mandatory feedback at discharge: As part of quality monitoring, please fill the CGHS feedback form at discharge. This form will be uploaded by the HCO with the claim. Beneficiary/Patient's Attendant must clearly state if any amount was collected during admission. (Annexure 1)

## D. Billing Rules Beneficiaries Must Know

- i. Revised vs Old Rates (date-wise):
  - Services on/after 13.10.2025 (00:00 hrs)  $\rightarrow$  Revised CGHS Rates apply.
  - Services up to 12.10.2025 (23:59 hrs)  $\rightarrow$  Old CGHS Rates apply.
- ii. Separate bill for inadmissible items:
  - If the HCO charges the beneficiary for **inadmissible items** (items not payable under CGHS rules), the HCO **must issue a separate bill/receipt**. (Annexure 2)
  - Such inadmissible items **must not be included** in the final bill to be claimed from CGHS.
  - No draft/temporary/running bills are acceptable. The HCO will upload a copy of any such separate inadmissible-items bill with the claim.
  - Beneficiary should collect and retain proper bills/receipts for any payments made.

### E. Grievance Redressal & Misuse Prevention

- i. **Hospital-level grievance desk:** Every empanelled HCO is required to maintain a **grievance redressal mechanism**. If needed, please approach the **Nodal officer** at the HCO (details to be displayed at the facility).
- ii. Report any suspicious intimation: If any beneficiary receives an SMS/any intimation for a service which was not availed from HCO, inform office of the respective AD City where card is registered immediately for verification and action.

Any misuse of the CGHS card—by a beneficiary or an empanelled HCO—constitutes an offence and will attract action under applicable rules and law.

These measures protect beneficiaries, improve service quality, and prevent misuse of the CGHS scheme.

This advisory takes effect immediately and shall remain in force along with the referenced Office Memoranda till further orders.

For assistance with mobile updates, e-card downloads, or complaints, please contact CGHS **Wellness Centre** or Office of the **Additional Director where the card is registered.** 

Director, CGHS

# Annexure 1: CGHS Beneficiary Feedback Form (लाभार्थी प्रतिक्रिया प्रपत्र)

| Name (नाम):  |                                 | S Card No. (कार्ड संख्या): |                                       |
|--|---------------------------------|----------------------------|---------------------------------------|
| Hospital (अस्पताल):  | Admission                       | (भर्ती):/                  |                                       |
| Discharge (छुट्टी)://  | Mobile (मोबाइल):                |                            |                                       |
| 1. Are you satisfied with the t                                  | waatmant van maaivad at         | the begnital? (ATT 2TT     | . थ्यानाल में मिले टलाज से            |
| ा. Are you saushed with the (<br>संतुष्ट हैं?)                   | reatment you received at        | the hospital: (44) Mi4     | जस्पताल म ।मल इलाज त                  |
| ा <u>१८</u> (१.)<br>□ Yes / हाँ □ No / नहीं                      |                                 |                            |                                       |
| If No (यदि नहीं), please specify                                 | <b>7:</b>                       |                            |                                       |
|  |                                 |                            |                                       |
| 2. Did the hospital provide yo<br>(क्या अस्पताल ने भर्ती के दौरा |                                 |                            | ring your hospitalization?            |
| (क्या अस्पताल न मता के दाराः<br>□ Yes / हाँ  □ No / नहीं         | 1 आवश्यक जानकारा आर             | सहायता दा?)                |                                       |
| ্র res / हा । এ No / गहा<br>If No (यदि नहीं), specify issues     |                                 |                            |                                       |
| Admission (भर्ती):   |                                 | Discharge (छुट्टी          | $\mathcal{V}$                         |
| ( ivii).   | , 11eutinont ( <b>Q</b> (11-1). | Discharge (&5              |                                       |
| 3. Were the hospital doctors,                                    |                                 | tive and courteous duri    | ng your stay? (क्या                   |
| डॉक्टर/नर्स/स्टाफ सहयोगी व ि                                     | शेष्ट थे?)                      |                            |                                       |
| □ Yes / हाँ   □ No / नहीं  |                                 |                            |                                       |
| If No (यदि नहीं), please specify                                 | 7 <b>:</b>                      |                            |                                       |
| 4. Did you pay any money fro                                     |                                 |                            | क्या आपने                             |
| 4. Did you pay any money iro<br>इलाज/टेस्ट/इम्प्लांट आदि के ति   |                                 |                            | प्या जायन                             |
| इसाज/८२८/इम्प्साट जादि के रि<br>□ Yes / हाँ □ No / नहीं          | ाए जपना जब त पत्ता ।द्या        | ()                         |                                       |
| if Yes (यदि हाँ), please give det                                | aila.                           | □ Only martial andi        | t was afford कित्रल आंशिक             |
| ता विड (पाप हा), please give dei<br>क्रेडिट दिया गया)            | alis.                           | _ 🗆 Only partial credit    | i was offered (4740) officially       |
| 9/10c 14(41 141)   |                                 |                            |                                       |
| 5. Did any doctor/hospital re                                    | fuse to treat you under C       | GHS? (क्या किसी डॉक्ट      | र/अस्पताल ने CGHS के तहत              |
| इलाज से मना किया?)   | •                               | `                          |                                       |
| □ Yes / हाँ □ No / नहीं  |                                 |                            |                                       |
| If Yes (यदि हाँ), please mention                                 | details:                        |                            |                                       |
|  |                                 |                            |                                       |
| 6. Was quality food provided                                     | during your hospital stay       | y? (क्या अस्पताल ने भती    | के दौरान गुणवत्तापूर्ण भोजन           |
| दिया?)<br>_॰ँः   |                                 |                            |                                       |
| □ Yes / हाँ   □ No / नहीं  |                                 |                            |                                       |
| 7. Were prescribed medicines                                     | s provided to you at the ti     | me of discharge? (क्या     | छुट्टी के बाद आपको दवाइयाँ            |
| दी गईं?)   |                                 |                            |                                       |
| □ Yes / हाँ □ No / नहीं  |                                 |                            |                                       |
| 8. Any other feedback (अन्य प्रा                                 | तेक्रिया):                      |                            |                                       |
|  |                                 |                            |                                       |
|  |                                 |                            |                                       |
| Date (तिथि)://   |                                 | Signature                  | (हस्ताक्षर):                          |
| ()   |                                 | Signature                  | · · · · · · · · · · · · · · · · · · · |

#### Annexure 2: Admissible and Non-Admissible Items.

This Annexure provides clarification on items and charges that are includable or excludable in bills as per CGHS. The HCO must adhere to these when billing CGHS or CGHS beneficiaries.

- **1. Consumables and Materials:** Common medical consumables (cotton, gauze, gloves, syringes, needles, catheters, IV sets, tubing, dressing materials, etc.)
  - These items are considered part of the treatment package for surgical procedures and included in respective package rates. No separate charge for such items is admissible in bills of surgical packages.
  - In non-surgical (medical management) cases where no package rate exists, reasonable use of consumables is allowed and can be billed under consumables head. The HCO must ensure rational use of all consumables. Billing for extraordinarily high quantities without clinical need will be viewed seriously as potential inflation and penalised.
  - Vague billing entries like "consumables kit" or "procedure kit" without specifics (e.g., "lumbar puncture kit", "dressing kit", "nebulization kit") are not acceptable. Such items shall be disallowed.
- **2. Non-Admissible Items:** The following categories of items shall not be reimbursed by CGHS and the amount may be collected from beneficiary:
  - Toiletries and Personal Use Items: e.g. soap, shampoo, toothbrush, toothpaste, comb, sanitary pads, diapers, hand sanitizers for personal use, mouthwash, tissue papers, etc. (These are considered personal hygienic items and not part of treatment costs.)
  - Cosmetics and Other Miscellaneous Personal Items: e.g. razors/shaving blades, beauty creams, powders, deodorants, oils (like coconut oil), talcum powder, makeup items, etc.
  - Non-Medical Services/Overheads: e.g. telephone charges for patient calls, bedside television charges, internet fees, patient's attendant food, hospital gown for attendant, carry bags for medicines or belongings, etc. (Basic cost of a patient's own gown/drapes is included in ward charge, but if a hospital bills a kit, it is not reimbursable).
  - Attendant Charges: Any charge for providing an attendant (ayah / ward boy) specifically to the
    patient or charges for extra bedding for the attendant (except one attendant bed included in a
    private ward) are not reimbursable. Professional nursing care is separate and included in the
    ward charges.
  - Mortuary or Cremation charges: If, sadly, a patient expires, any charge like mortuary fee or transportation for last rites is not a CGHS-covered expense.
  - Extra Bedding/Blankets beyond norm: already included in ward charges; cannot charge separately.
  - Implant Upgrades: If the patient opts for an implant or prosthesis of higher value than what CGHS covers the difference in cost is not reimbursable. The beneficiary has to bear that difference, with prior consent. Such differences should not be billed to CGHS.

(In summary, anything that is not directly related to treatment and is primarily for patient convenience or personal preference is non-admissible.)

**3. Inadmissible Additional Charges**: The HCO shall not separately bill for the following components, as they are considered part of standard charges for related services. Hence these are neither to be billed to CGHS nor amount to be collected from Beneficiaries:

- Glucometer strips Cost of blood glucose test strips is included as part of performing a Random Blood Sugar (RBS) test at bedside. No separate charge per strip is admissible if bedside glucose monitoring is done; it's covered under investigation or ward service.
- ECG leads/electrodes included in the cost of an ECG. The hospital cannot charge for ECG electrodes or leads separately when billing for an ECG test.
- Ventilator circuits or consumables when a patient is on a ventilator, the disposables (tubing, filters, circuits) are considered included in the ventilator/ICU charge. No separate line item for "ventilator consumables" should be billed.
- Ward facilities included in room charge: Items such as an airbed, water bed, alpha bed or ripple
  mattress for bed sore prevention, routine air conditioning or heating charges, infusion pumps,
  DVT pump usage in ward, pulse oximeter or basic monitors, medical record photocopy charges,
  etc., are all included in the room/ward daily charge. They must not appear as separate charges.
- Issuance of Medical Records/Films: Providing the patient with discharge summary, lab reports, X-ray/CT/MRI films or CD copies of scans is part of the treatment rates. No fee should be charged for giving these to patient (aside from very exceptional cases like multiple copies of a large file, but even then CGHS doesn't pay for it).
- Vacutainers, syringes for investigations: Blood collection tubes, needles, lancets used for drawing samples are part of the lab test cost and not billable as separate "consumable" to CGHS.

(Essentially, any item that is by nature a part of doing a test or procedure or running a ward facility cannot be carved out to charge extra.)

1. **Common List of Non-Admissible Items:** The table below lists common items and services that cannot be billed to CGHS (many of which align with points above). This list is illustrative but not exhaustive – analogous items are also non-admissible. The HCO should use judgment to identify similar non-payable items.

Table 5

| Sl.<br>No. | Item Description                             | Admissibility      | Category (if applicable)              |
|------------|--|--------------------|---------------------------------------|
| 1          | Home visit/home consultation charges         | Non-<br>Admissible | General (Not covered by CGHS)         |
| 2          | Bed pan (utensils for patient use)           | Non-<br>Admissible | Consumables (basic patient care item) |
| 3          | Urine container, Urine can,<br>Urobag        | Non-<br>Admissible | Consumables (part of nursing care)    |
| 4          | Moisturizer (for skin care)                  | Non-<br>Admissible | Personal Care item                    |
| 5          | Underpad/Chux, Sanitary pad,<br>Bath wipes   | Non-<br>Admissible | Consumables (personal hygiene)        |
| 6          | Room fresheners (air freshener sprays, etc.) | Non-<br>Admissible | Hygiene (ambience item)               |

| Sl.<br>No. | Item Description   | Admissibility      | Category (if applicable)   |
|------------|--|--------------------|--|
| 7          | Hand Sanitizer solutions<br>(Microshield, Sterillium),<br>Mouthwash (Listerine), Depilatory<br>creams (hair removal), hand wash<br>liquids | Non-<br>Admissible | Hygiene/Personal use   |
| 8          | Spectacles or Contact lenses (if given post eye surgery)   | Non-<br>Admissible | Personal Item (corrective device, not covered)   |
| 9          | Food charges for attendant / extra meals, Mineral water bottles  | Non-<br>Admissible | Dietary (only patient diet included in room charge)  |
| 10         | Telephone, Email or Internet charges (patient communication)   | Non-<br>Admissible | Communication convenience  |
| 11         | Mortuary sheet or shroud   | Non-<br>Admissible | Equipment/Supplies (post-mortem)   |
| 12         | Protein supplements, Sugar-free tablets, Artificial sweeteners   | Non-<br>Admissible | Nutrition (not medication)   |
| 13         | Baby feeding bottles, infant formula, baby food  | Non-<br>Admissible | Infant Care (routine baby supplies)  |
| 14         | Toiletries kit: Toothpaste,<br>Toothbrush, Coconut oil, Talcum<br>powder, Comb, Ear buds, Soap,<br>Shower gel, etc.                        | Non-<br>Admissible | Personal Hygiene kit   |
| 15         | "Baby set" (general term for<br>newborn care items like baby soap,<br>oil, etc.)   | Non-<br>Admissible | Infant Care (not treatment)  |
| 16         | Barber charges or Beauty parlor<br>services (shaving, haircut for<br>patient)  | Non-<br>Admissible | Personal Services  |
| 17         | Welcome kit, Carry bags (for medicines or reports)   | Non-<br>Admissible | Miscellaneous (overhead)   |
| 18         | Vaccinations (Baby/Adult) – when not part of treatment   | Non-<br>Admissible | Medical (Preventive vaccines not covered unless part of treatment protocol; All essential vaccines a provided free of cost by GOI under immunization programme. Hence no separate reimburses |
| 19         | Cosmetic procedures (e.g., LASIK eye surgery purely for refractive error removal, cosmetic dental implants for aesthetics)                 | Non-<br>Admissible | Cosmetic (not medically necessary as per CGHS)   |

| Sl.<br>No. | Item Description   | Admissibility      | Category (if applicable)                            |
|------------|--|--------------------|---|
| 20         | Tests or medications not relevant<br>to the diagnosis on record (e.g., an<br>unrelated screening test without<br>indication) | Non-<br>Admissible | Unwarranted diagnosis – will be disallowed in audit |
| 21         | Equipment repair or maintenance charges (if hospital equipment fails during treatment, etc.)                                 | Non-<br>Admissible | Equipment (hospital overhead, not patient's cost)   |

Note: The above categories being non-admissible means CGHS will not reimburse these costs. If the HCO chooses to provide some of these as part of hospitality, they may do so at their own cost or charge the patient directly (for select personal items) but must inform the patient that it's not covered by CGHS. No such charges should appear on CGHS claim bills except possibly on a separate retail bill settled by the patient.

This list is not all-inclusive; any other item analogous to the ones above or which is clearly not a part of necessary treatment should be treated as non-admissible. In case of doubt, the decision of CGHS will be final.

2. **Items Included Under Package Rates:** The following items/services are integral to inpatient package treatments or ward charges and hence must not be billed separately. They are deemed included in the rates (either in procedure package or daily room charge, as applicable):

Table 6

| Sl.<br>No. | Item/Service Description  | Inclusion<br>Status | Included Under   |
|------------|---|---------------------|--|
| 1          | Registration/Admission charges (hospital admin fees)                                  | Included            | Ward/Procedure Package (no separate charge)                |
| 2          | Administrative discharge processing or TPA handling charges                           | Included            | Ward/Package (any administrative overhead is within rates) |
| 3          | Special beds: Alpha bed, Air bed,<br>Water/Nimbus mattress for bed sore<br>prevention | Included            | Ward/Package (ward charges covers basic bed needs)         |
| 4          | Charges for portable X-ray/ECG/ultrasound or bedside services in ward                 | Included            | Ward/Package (when done as part of IP care)                |
| 5          | Routine housekeeping charges (cleaning of room, etc.)                                 | Included            | Ward/Package (hospital overhead)                           |
| 6          | Biomedical waste management fee   | Included            | Ward/Package (hospital overhead)                           |

| Sl.<br>No. | Item/Service Description  | Inclusion<br>Status | Included Under   |
|------------|---|---------------------|--|
| 7          | Infection control surcharges (e.g., fumigation, PPE for staff)  | Included            | Ward/Package (hospital overhead)   |
| 8          | Water and electricity charges for hospital stay   | Included            | Ward/Package (hospital overhead)   |
| 9          | Laundry charges for bed linen, gown, etc.   | Included            | Ward/Package (basic linen service)   |
| 10         | Air conditioning, room heating, HVAC usage  | Included            | Ward/Package (if applicable to ward)   |
| 11         | Surcharges or Luxury tax (some states had luxury tax on ward charges)                                 | Included            | Ward (CGHS won't pay tax separately; the rate is all-inclusive)  |
| 12         | Bedside consumables: bed sheet, blanket, patient gown, foot covers, caps, etc.                        | Included            | Ward/Package (part of ward charges )   |
| 13         | CSSD/sterilization charges, razor for site prep, alcohol swabs for IV line, etc.                      | Included            | Ward/Package (part of procedure/ward)  |
| 14         | Patient's diet and dietician consultation   | Included            | Ward (patient meals included, dietician's routine advice part of care)                                 |
| 15         | Duty Doctor charges (the cost of RMO/CMO rounds)  | Included            | Ward (the hospital's doctors on duty cost is in overhead)  |
| 16         | Documentation: preparation of discharge<br>summary, billing file, medical record<br>copying for claim | Included            | Ward/Package (administrative)  |
| 17         | Booking services: e.g., blood reservation charges, OT booking charges                                 | Included            | Ward/Procedure (no extra booking fee)  |
| 18         | Temperature charting, blood sugar monitoring chart, intake-output chart maintenance                   | Included            | Ward/Nursing care (nursing duties)   |
| 19         | Routine maintenance charges for equipment used in care (infusion pumps, monitors)                     | Included            | Ward/Package (overhead)  |
| 20         | Charges towards Infusion pump, DVT pump, syringe pump,Flowtron  | Included            | Ward / package(overhead)   |
| 21         | Rental charges for equipment used in ward (e.g., oxygen cylinder, BiPAP machine)                      | Included            | Ward (except for ventilator in ICU which is separately charged, other minor equipment is part of care) |

| Sl.<br>No. | Item/Service Description  | Inclusion<br>Status | Included Under  |
|------------|---|---------------------|---|
| 22         | Handling/procurement of implants or medicines (the service of getting an implant – aside from implant cost) | Included            | Ward/Package (no handling fee allowed)                              |
| 23         | Attendant bed charges in private ward (one attendant couch/bed is expected in private wards)                | Included            | Ward (private ward definition includes attendant bed)               |
| 24         | Medication administration by nurses (IV infusions, injections)  | Included            | Nursing care (part of ward service)                                 |
| 25         | Tracheostomy care, suctioning, nursing of catheters/tubes   | Included            | Nursing care (no separate "ICU nursing" charge; it's in ICU charge) |
| 26         | Ryle's (NG) tube feeding, enema administration, etc.  | Included            | Nursing care duties   |
| 27         | IV cannulation, IM/IV injections, IV-line setup (labour of it)  | Included            | Nursing care (nurse service)  |

(The above is drawn from standard CGHS package definitions and hospital practices. Essentially, anything that forms part of routine patient care, the hospital's own operational costs, or a necessary adjunct to a procedure is built into the rates.)

**Important:** The HCO must carefully review the CGHS package definitions for surgeries they perform. If an item is listed as excluded (e.g., cost of a specific high-value implant, or chemotherapy drug in a surgery package), only then can it be charged separately, that too within CGHS ceiling. If it's not listed as excluded, it is deemed included.

All billing personnel at the HCO should be trained on these admissibility rules to avoid claim deductions. The CGHS and BCA will use these guidelines when auditing bills.

(The above annexure is subject to revisions by CGHS. The latest CGHS Office Memoranda on admissible/non-admissible items will prevail if there is any discrepancy.)